

PA Ease Policy Conditions

Important Notice pursuant to Section 25(5) of the Insurance Act

For any claims under this Policy to be valid: -
 You and/or the Insured Person(s) must disclose all facts that You and/or the Insured Person(s) know or ought to know which may affect the insurance cover being applied for.

This document contains the Policy Conditions of Your PA Ease insurance policy. These Policy Conditions, the Schedule and any subsequent endorsements shall be read together as one contract, and shall be referred to as the **"Policy"**.

Eligibility

Insured Person must be:

- the Policyholder, the Policyholder’s Spouse, or the Policyholder’s Child(ren);
- between 1 month and 65 years old when he/she is first enrolled onto the Policy. This Policy may be renewed up to the Insured Person reaching 75 years old, subject to our review;
- a Singapore Citizen, Singapore Permanent Resident or foreigner holding a valid Singapore identification document (employment pass, work permit, dependent pass, or student pass);
- residing in Singapore; and
- physically absent from Singapore for no more than 180 consecutive days at any one time.

Table of Cover

The following section limits will apply according to the Insured Person’s selected Plan:

Section	Benefit	Per Insured Person		
		Plan 1	Plan 2	Plan 3
A	Accidental Death	\$50,000	\$100,000	\$150,000
B	Permanent Disablement (per Policy Year)	\$75,000	\$150,000	\$225,000
C	Coma (once per lifetime)	\$5,000	\$10,000	\$15,000
D	Medical Expenses (per Accident)	\$1,000	\$2,000	\$3,000
E	Ambulance Fees (per Accident)	\$100	\$150	\$200
F	Infectious Disease Cover (for sections A to E)	Per section limits		

1. Definitions

1. **Accident** or **Accidental** means a sudden, unforeseen and unexpected event which happens to the Insured Person during the Period of Insurance and which is the sole cause of the Injury to the Insured Person.
2. **Accidental Death** means death which is caused directly and solely by an Accident and which occurs within 12 months from the date of the Accident.
3. **Act of Terrorism** means an act, including but not limited to the use of force or violence and/or 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 or reasons including the intention to influence any government and/or to put the public or any section of the public in fear.

4. **Child(ren)** means the natural children, legal step-children and legally adopted children of the Policyholder who are between 1 month old and 21 years old on the Effective Date of Cover, and who are unmarried, unemployed and depend on the Policyholder for financial support. However, for a Child of the Policyholder who is enrolled in a full-time

tertiary institution, the age limit for that Child will be extended to 24 years old.

5. **Chiropractor** means a legally licensed or registered practitioner in chiropractic medicine, who is practising within the scope and geographical area of his licensing. This person cannot be You, the Insured Person or the spouse, relative or employee of the Insured Person.
6. **Chinese Physician** means a person (which may include a herbalist, acupuncturist or bonesetter) legally licensed or registered to practise Chinese medicine, who is practising within the scope and geographical area of his licensing. This person cannot be You, the Insured Person or the spouse, relative or employee of the Insured Person.
7. **Coma** means a state of profound unconsciousness, characterised by the absence of spontaneous eye openings, response to painful stimuli, and vocalisation.
8. **Disablement** means incapacity resulting from Injury, which is certified by a Registered Medical Practitioner.
9. **Effective Date of Cover** means the start date of the Period of Insurance stated in the Policy Schedule.
10. **Fractured Leg or Patella with Established Non-Union** means a complete break of the leg or patella into two or more pieces, and which will, for the rest of the Insured Person's life, not mend properly and function normally.
11. **General Practitioner** means any person registered and legally qualified by a medical degree in western medicine and authorised by the medical licensing authority of that country to provide general medical care. This should cover a variety of medical problems in patients of all ages. This person must not be You, the Insured Person or the spouse, relative or employee of the Insured Person.
12. **Hospital** means an establishment registered under the relevant laws and regulations to care for and treat sick and injured persons as paying patients, and which
 - a. has facilities for diagnosis, treatment and major surgery;
 - b. provides 24-hour a day nursing services by registered nurses;
 - c. is under the supervision of Registered Medical Practitioners; and
 - d. is not primarily a nature cure clinic, a place for alcoholics or drug addicts, a nursing, rest or convalescent home, home for the aged, community hospital or similar establishment.
13. **Hijack** means any seizure, or exercise of control by force or violence or by threat of force or violence and with wrongful intent, of an aircraft or other conveyance in which the Insured Person is travelling as a passenger.
14. **Illness** means any sudden and unexpected pathological deviation from the normal healthy state, marked by interruption, cessation or disorder of body functions, systems or organs as certified by a Registered Medical Practitioner.
15. **Injury** means damage or harm to the Insured Person's body caused by an external force during the Period of Insurance which is caused directly and solely by an Accident.
16. **Infectious Disease** means clear, final and confirmed diagnosis of an infectious disease, as defined by internationally accepted medical diagnostic criteria, by a Registered Medical Practitioner, supported by acceptable clinical, radiological, histological and laboratory evidence. A list of Infectious Diseases under this definition is set out below:
 - a. COVID-19
 - b. Severe Acute Respiratory Syndrome (SARS)
 - c. Dengue Fever / Dengue Haemorrhagic Fever
 - d. Variant Creutzfeldt-Jakob Disease (vCJD) or 'Mad Cow Disease'
 - e. Nipah Viral Encephalitis
 - f. Japanese Viral Encephalitis
 - g. Malaria
 - h. Pulmonary Tuberculosis
 - i. Measles
 - j. Rabies
 - k. Melioidosis
 - l. Hand, Foot and Mouth Disease (HFMD)
 - m. Avian Influenza or 'Bird Flu' due to Influenza A viral strains H1N1, H5N1, H9N2, H7N7 or H7N9
 - n. Chikungunya Fever
 - o. Mumps
 - p. Rubella
 - q. Middle East Respiratory Syndrome (MERS)
 - r. Zika Virus
 - s. Anthrax
 - t. Ebola
 - u. Legionnaires' disease
 - v. Plague
 - w. Yellow fever
 - x. Cholera
17. **Insured Person(s)** means the person(s) named in the Schedule as Insured Person(s) who are insured under this Policy.
18. **Loss of Sight** means physical loss of an eye, or permanent, total and irrecoverable loss of sight in an eye. We will consider total loss of sight shall as having occurred in an eye, if the degree of sight remaining in that eye after correction is 3/60 or less on the Snellen Scale (this means seeing at 3 metres what you should see at 60 metres) as confirmed by a fully qualified ophthalmic Specialist.

19. **Loss of Speech or Hearing** means permanent, total and irrecoverable loss of the sense of speech or hearing as certified by a Registered Medical Practitioner.
20. **Loss of Use** means permanent, total and irrecoverable loss in terms of physical incapacity or disability and not in terms of professional or occupational incapacity or disability of the Insured Person.
21. **Medical Expenses** means the cost of medical, dental and/or surgical treatment given or prescribed by a Registered Medical Practitioner and all Hospital, MRI and X-ray charges incurred within 12 months from the date of the Accident as a direct result of Injury sustained from the Accident. This does not include cost incurred for treatment by Chiropractors or Chinese Physicians. For the purposes of this definition, dental treatment shall only mean treatment to restore natural teeth and shall exclude damage to dentures, crowning, dental implants, braces or treatment to the gums.
22. **Occupation** means the Insured Person's full-time and/or part-time gainful employment and/or any other work for remuneration or profit which the Insured Person is able to do by knowledge and/or training.
23. **Period of Insurance** means the period between the coverage start date and coverage end date (both dates inclusive) as stated in the Schedule.
24. **Permanent Disablement** means the Insured Person suffering from an item of disablement caused directly and solely by an Accident which is listed in the Table of Compensation, where (i) such disability is certified by a Registered Medical Practitioner to have lasted continuously for 12 months from the date of the Accident, and (ii) it is certified by the Registered Medical Practitioner that there will be no improvement in such disability after the 12 month period.
25. **Permanent Total Disablement** means the Insured Person's permanent inability to find gainful employment of any and every kind caused directly and solely by an Accident, where (i) such incapability is certified by a Registered Medical Practitioner to have lasted continuously for 12 months from the date of the Accident, and (ii) it is certified by the Registered Medical Practitioner that there will be no improvement in such incapability after the 12 month period.
26. **Pre-Existing Conditions** means any injury(ies), illness(es) or Disablement including any complications that may arise which
- (i) You/Insured Person have prior knowledge of or should reasonably know about, including manifestations and symptoms which existed before the Period of Insurance;
 - (ii) You/Insured Person have received any diagnosis, consultation, medical treatment or prescribed drugs for within 12 months before the Period of Insurance; or
 - (iii) You/Insured Person have been asked to obtain medical treatment or treatment had been recommended by a Registered Medical Practitioner.
27. **Plan** means the type of plan stated in the Schedule.
28. **Policy Year** means a 12 month period from the start date indicated in the Schedule as Period of Insurance.
29. **Policyholder** means the person named in the Schedule as Policyholder
30. **Registered Medical Practitioner** means a person qualified by degree in Western medicine and legally licensed or registered to practise medicine and/or surgery, and who in providing such services is practising within the scope and geographical area of his licensing and training, provided this person is not You, the Insured Person or the spouse, relative or employee of the Insured Person.
31. **Relevant Proof of Claim** means any medical certificates and other evidence which We may require in support of the claim, which must be produced by You and/or Insured Person at Your own expense.
32. **Schedule** means the document issued to You which lists among other things the details of Insured Person(s), the Plan type and the Period of Insurance covered under this Policy.
33. **Specialist** means a Registered Medical Practitioner who has the necessary qualifications and expertise to practice as a recognised specialist of diagnostic techniques, treatment and prevention, in a particular field of medicine like psychiatry, neurology, paediatrics, endocrinology, obstetrics, gynaecology, orthopaedics, optometry, and dermatology. This person must not be You, the Insured Person or the spouse, relative or employee of the Insured Person.
34. **Spouse** means Your legal husband or wife.
35. **Table of Cover** means the separate table showing the list of benefits We will pay the Insured Person(s) according to their Plan upon the occurrence of particular event(s), subject to terms, conditions, limits, exclusions and qualifications of this Policy.

36. **We, Our** and **Us** means Sompo Insurance Singapore Pte Ltd.
37. **You** and **Your** means the Policyholder and/or person(s) or entity named in the Schedule who acts on behalf of the Insured Person(s) in making the declarations in the Proposal Form / Application which forms the basis of this Policy.

2. Policy Cover

Section A – Accidental Death

If the Insured Person suffers an Injury which results in Accidental Death, We will pay the limit as stated in the Table of Cover.

What We do not pay for under Section A

We will not pay if:

- the death is due directly or indirectly to Illness (for example, a heart attack or a stroke).

The exclusion above applies in addition to the General Exclusions in this Policy.

Section B – Permanent Disablement

If the Insured Person suffers an Injury which results in Permanent Disablement, We will pay according to the Table of Compensation below.

Table of Compensation		
Item	Description	% of sum insured as shown in the Table of Cover
1.	Permanent Total Disablement	100%
2.	Total and permanent Loss of Sight of	
	- both eyes	100%
	- one eye	50%
3.	Loss of Sight of one eye, except perception of light	50%
4.	Total loss of lens of one eye	50%
5.	Total Loss of Hearing	
	- both ears	50%
	- one ear	20%
6.	Total Loss of Speech	50%
7.	Total Loss of Speech & Hearing (both ears)	100%
8.	Total loss by physical severance or total and permanent Loss of Use of	
	- two whole limbs or two feet / hands	100%
	- one leg at hip or between hip and ankle	50%
	- one arm at shoulder or between shoulder and wrist	50%
	- one hand or one foot	50%
9.	Total loss by physical severance or total and permanent Loss of Use of both thumbs and all fingers on both hands	100%
10.	Total loss by physical severance or total and permanent Loss of Use of thumb and all fingers of one hand	50%

11. Total loss by physical severance or total and permanent Loss of Use of four fingers of one hand 40%
12. Total loss by physical severance or total and permanent Loss of Use of thumb
- both phalanges 25%
 - one phalanx 10%
13. Total loss by physical severance or total permanent Loss of Use of index finger
- three phalanges 15%
 - two phalanges 10%
 - one phalanx 5%
14. Total loss by physical severance or total permanent Loss of Use of middle finger
- three phalanges 10%
 - two phalanges 7%
 - one phalanx 3%
15. Total loss by physical severance or total permanent Loss of Use of ring finger
- three phalanges 10%
 - two phalanges 7%
 - one phalanx 3%
16. Total loss by physical severance or total permanent Loss of Use of little finger
- three phalanges 10%
 - two phalanges 7%
 - one phalanx 3%
17. Total loss by physical severance or total permanent Loss of Use of toes
- all toes of one foot 18%
 - great, both phalanges 6%
 - great, one phalanx 3%
 - other than great, each 3%
18. Fractured leg or patella with established non-union of leg 10%
19. Shortening of leg by at least five centimetres 10%
20. Third Degree Burns
- a. Head - damage as a Percentage of Total Body Surface Area
 - equals to or greater than 2% but less than 5% 50%
 - equals to or greater than 5% but less than 8% 75%
 - equals to or greater than 8% 100%
 - b. Body - damage as a Percentage of Total Body Surface Area
 - equals to or greater than 10% but less than 15% 50%
 - equals to or greater than 15% but less than 20% 75%
 - equals to or greater than 20% 100%

For avoidance of doubt, We will not pay more than 100% of the section limit for any one Policy Year.

We will not pay for any Item under Section B if it forms part of a greater Item for which We are already making payment under Section B. If We are already paying for Loss of Use of a whole member of the body, We will not pay for parts of the member of the body.

In the event of an Accidental Death, We will deduct what We have paid out due to the same Accident under the Table of Compensation within the same Policy Year.

What We do not pay for under Section B

We will not pay if:

- the disablement is due directly or indirectly to Illness (for example, a heart attack or a stroke).

The exclusion above applies in addition to the General Exclusions in this Policy.

Section C – Coma

If the Insured Person suffers an Injury which results in the Insured Person staying as an inpatient in a Hospital and in a Coma state within 30 days of the date of the Accident, We will pay the limit as stated in the Table of Cover. The diagnosis must be supported by all of the following evidences:

- no response to external stimuli for at least seven (7) days;
- life support measures are necessary to sustain life; and
- brain damage resulting in permanent neurological deficit which must be assessed after the onset of the Coma and confirmed as beyond hope of improvement.

This benefit is only payable once per lifetime.

What We do not pay for under Section C

We will not pay if:

- the Coma is medically induced; or
- the Coma is due directly or indirectly to Illness (for example, a heart attack or a stroke); or
- the Coma is resulting from alcohol or drug abuse.

The exclusions above apply in addition to the General Exclusions in this Policy.

Section D – Medical Expenses

If the Insured Person suffers an Injury and requires medical treatment by a Registered Medical Practitioner, We will pay for the Medical Expenses incurred up to the limit as stated in the Table of Cover for any one Accident or up to 12 months from the date of Accident, whichever comes first.

Treatment by a Specialist (with the exception of paediatrics) at Specialist clinics must be deemed necessary and referred by a General Practitioner to be eligible for a claim under this section. We will also pay for the reasonable and necessary physiotherapy

if they are referred by a Registered Medical Practitioner.

Treatment by a Specialist at Specialist clinics and physiotherapy treatment will be subject to the sub-limit as indicated in the table below or up to 90 days from the date of Accident, whichever comes first.

	Plan 1	Plan 2	Plan 3
Sub-Limit per Accident	\$500	\$1,000	\$1,500

What We do not pay for under Section D

We will not pay if:

- the date of first treatment is not within 30 days from the date of Accident; or
- the medical treatment is due directly or indirectly to Illness (for example, a heart attack or a stroke).

The exclusions above apply in addition to the General Exclusions in this Policy.

Section E – Ambulance Fees

If the Insured Person suffers an Injury and needs to be transported to the Hospital by an ambulance, We will reimburse the Insured Person for the ambulance fees incurred, up to the limit as stated in the Table of Cover for any one Accident.

Section F – Infectious Disease Cover

If any of the losses covered under Sections A to E arises from the Insured Person contracting an Infectious Disease, We will cover the loss up to the limit as stated in the Table of Cover.

What We do not pay for under Section F

We will not pay if:

- diagnosis of the Infectious Disease is made within 14 days of the first inception date of the Policy; or
- diagnosis of the Infectious Disease is made outside of Singapore; or
- diagnosis of the Infectious Disease is made within 14 days of the return to Singapore from overseas; or
- the Insured Person suffers any side effects or post COVID condition upon full recovery of COVID-19; or
- the claim is directly or indirectly related to any breach of the Singapore government's advisories for COVID-19.

Policy Extensions

i. Accidental Miscarriage

If the Insured Person suffers an Injury or Infectious Disease resulting in an Accidental miscarriage, We will pay up to the limit under the respective sections shown in the Table of Cover.

ii. Disappearance

If the Insured Person cannot be found after the sinking, wrecking or destruction of the aircraft or conveyance in which he was travelling during the Period of Insurance, and his body is not found within 1 year after the date of the disappearance, We will deem him to have suffered Accidental Death, for the purposes of a claim under Section A of this Policy.

The Policyholder and/or the administrator/executor of the estate of the Insured Person must provide a signed undertaking to Us to guarantee that if the Insured Person is subsequently found alive, they undertake to repay Us any sums We have paid under this Policy for the Accidental Death.

iii. Exposure

We will cover an Injury suffered by the Insured Person from being unavoidably exposed to the natural elements due to an Accident, up to the limit under the respective sections shown in the Table of Cover.

iv. Food Poisoning

If the Insured Person is hospitalised for at least 6 consecutive hours due to food poisoning within the Period of Insurance, We will pay up to the limit under the respective sections shown in the Table of Cover.

v. Full Terrorism Cover

This Policy will cover Injury suffered by the Insured Person, due to an Act of Terrorism within the Period of Insurance, up to the limit under the respective sections shown in the Table of Cover. Where an Insured Person is insured under more than one Policy with Us covering Act of Terrorism, Our maximum liability per Insured Person regardless of the number of Policies will be limited to S\$1,000,000.00 per Insured Person and subject to the Conveyance Limit and/or Event Limit imposed on the Policy (if applicable) as stated in the Schedule, whichever is the lower.

However, We will not pay for any claim directly or indirectly in connection with the Insured Person's participation in any Act of Terrorism or the Insured Person taking action in controlling, preventing or suppressing any Act of Terrorism.

vi. Insect / Animal Bites

If the Insured Person suffers Injury through a bite or sting by an insect or animal within the Period of

Insurance, We will pay up to the limit under the respective sections shown in the Table of Cover.

vii. Motorcycling

We will cover an Injury suffered by the Insured Person due to an Accident while motorcycling (whether as a rider or a pillion-rider) provided that at the time of Injury, the Insured Person is wearing a safety helmet, and not engaging in or practising for racing or hill climbing contests, reliability trials, or speed or duration testing. This extension is only applicable if the Insured Person holds a valid licence for that class of motorcycle and recognised by the regulation. This does not include provisional driving licence.

We will pay up to the limit under the respective sections shown in the Table of Cover.

viii. Reservist Training

We will cover Injury suffered by the Insured Person due to an Accident whilst on part-time National Service as an NSman / Reservist in the Navy, Army, Air Force, Civil Defence or Police Force, provided that he is not taking part in or is present at any military, naval or air force operation during actual warfare or any uprising or any expedition or operation of a war-like character either as combatant or non-combatant.

We will pay up to the limit under the respective sections shown in the Table of Cover.

ix. Riot, Strike, Civil commotion, Hijack, Murder and Assault

We will cover Injury suffered by the Insured Person due to riot, strike, civil commotion, Hijack, murder or assault, provided that such Injury does not arise out of or in connection with the Insured Person's participation, collaboration or provocation of such act.

We will pay up to the limit under the respective sections shown in the Table of Cover.

x. Suffocation by Smoke, Poisonous Fumes, Gas & Drowning

We will cover Injury suffered by the Insured Person due to suffocation by smoke, poisonous fumes, gas or drowning, up to the limit under the respective sections shown in the Table of Cover.

3. General Exclusions

1. These Exclusions apply to every section of this policy, and are in addition to the specific provisos and/or exclusions contained in each section.
2. We shall not pay any claims directly or indirectly caused by the following: -

- a. war, invasion, act of foreign enemy, hostilities, warlike operations (whether war is declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, confiscation, detention, nationalisation, requisition, martial law or state of siege or any events or causes which lead to the proclamation or maintenance of martial law or state of siege;
- b. intentional self-injury, mental problems or insanity, suicide or attempted suicide while sane or insane, wilful and/or intentional act, provoked assault, intoxication, insanity;
- c. Illness, disease, bacterial or viral infections (except as provided under Section F – Infectious Disease Cover);
- d. childbirth or pregnancy (except as provided under Extension i – Accidental Miscarriage) or abortion or any complication(s) following from these matters;
- e. caving, mountaineering or rock climbing (except on man-made walls wearing safety equipment) involving 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, any kind of racing or any sports in a professional capacity unless otherwise agreed in writing by Us;
- f. private aerial activities or air travel, except as a fare paying passenger in any properly licensed aircraft operated by a licensed airline or in a properly licensed multi-engine aircraft operated by a licensed commercial air carrier;
- g. military, naval or air force service, police, civil defence activities unless the Insured Person is serving full-time national service as a full-time National Serviceman (NSF) or on Reservist Training during peacetime;
- h. the Insured Person engaging in the following Occupations / work scope unless otherwise agreed by Us and stated in the Schedule:
 - i. Pilots, or aircrew whilst on duty or any Occupation involving aviation activities
 - ii. Full-time military personnel
 - iii. Police force personnel
 - iv. Fire fighters
 - v. Construction / unskilled workers
 - vi. Ship crew or workers on board vessels, oil and gas rig workers, offshore workers, stevedores, shipbreakers
- vii. Welding
- viii. Professional sportsperson
- ix. Work involving height (exceeding 30 feet above ground or floor level), works underground, travel beyond normal speed on land, handling of hazardous chemical and/or handling of explosives
- x. Woodworking machinists
- xi. Professional divers and jockeys
- xii. Crane Operators
- i. illegal acts of the Insured Person or an Insured Person's beneficiary;
- j. the effect or influence of drugs, unless the drugs are taken on proper medical advice and is not for the treatment of drug addiction;
- k. Pre-Existing Conditions, congenital anomalies or physical defects;
- l. venereal disease or HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variations of HIV;
- m. Ionizing, radiation or contamination by radioactivity from any nuclear fuel or from nuclear waste from the combustion of nuclear fuel. In this Exclusion, combustion includes any self-sustaining process of nuclear fusion;
- n. Nuclear weapons materials;
- o. cosmetic (aesthetic), plastic or reconstructive surgery/treatment, or any treatment which relates to or is needed because of previous cosmetic treatment, except as necessitated due to an event covered by the Policy;
- p. health supplements, vitamins, prebiotics, probiotics and skin care products whether purchased over the counter or prescribed by a Registered Medical Practitioner;
- q. any Infectious Disease which is announced or notified as an epidemic or pandemic by the health authority in Singapore or the Government of the Republic of Singapore, or a pandemic by the World Health Organisation (WHO). The cover for the epidemic or pandemic Infectious Disease shall stop from the date of such announcement or notification, and will resume on the date that it is declared to no longer be an epidemic or pandemic, or when We notify

You that cover has resumed, whichever is earlier.

3. Sanction Limitations and Exclusion Clause

No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer 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.

4. General Conditions

1. Interpretation

These Policy Conditions and the Schedule together with the Proposal Form, Application, endorsements, memoranda and any other information furnished by You and/or Insured Person shall be read together as one Policy. Any word or expression which has been given a specific meaning in any part of the Policy will have the same meaning wherever it may appear.

2. Conditions Precedent to Liability

You and the Insured Person must comply with all the terms of this Policy. We will not be liable to make payment under this Policy unless You and the Insured Person are truthful in the Proposal and/or Declaration and in any other information provided to Us.

3. Duplication of cover

If the Insured Person is covered under more than one PA Ease Policy at any one time, only the Policy with the highest limit will respond to any claims made.

4. Claims Notification

You and/or the Insured Person must notify Us within 30 days after the happening of any Accident which may give rise to a claim under this Policy.

5. Evidence Required and Medical Examination

You and/or the Insured Person must provide to Us, at Your own expense, the Relevant Proof of Claim. If We consider it necessary, the Insured Person must undergo a medical examination in any form by a Registered Medical Practitioner(s) appointed by Us, which We will pay for, as often as We may require. In the event of the death of the Insured Person, We are entitled to have a post-mortem conducted at Our own expense. If there is any conflict of opinion between Our Registered Medical Practitioner and the Insured Person's Registered Medical Practitioner, the

opinion of Our appointed Registered Medical Practitioner will prevail even with no physical medical examination with the Insured Person and be binding on the Insured Person or the Insured Person's estate.

6. Payment of Claim

a. We will make any payment under this Policy to the Policyholder or Insured Person or, in the event of the Insured Person's death, the administrator / executor of his estate provided that the Letters of Administration or Probate are provided to Us. Once We have made payment to the Policyholder, the Insured Person or the administrator/ executor of the Insured Person's estate, as the case may be, We shall have fully discharged Our liability under the Policy.

b. We will pay all claims in Singapore currency. Charges incurred in any other currency shall be payable in Singapore Dollars on the basis of the exchange rate as stipulated by Us. We will not bear any bank charges or credit charges.

7. Interest

Interest will not be added to any payment.

8. Forfeiture

We will forfeit all payments under this Policy if:

- a. any claim on this Policy is in any way fraudulent or if any fraudulent means or devices are used by You and/or Insured Person or anyone acting on Your or his behalf to obtain any payment under this Policy;
- b. If the Injury is caused by the wilful act or with the knowledge of Yourself and/or the Insured Person.

9. Notice of Material Changes

a. You must give Us reasonable notice of any change in the Insured Person's country of residence or business or Occupation which is likely to result in a material increase in hazard to Us and must pay any additional premium that may be required by Us for the continuance of coverage as indicated in writing by Our authorized representative. If You fail to give notice to Us, and there is a claim for any payment thereafter, We may reject such claim or, at Our absolute discretion, adjust the payment.

b. We will inform You in writing of any changes to the terms and conditions of the Policy by giving You 30 days' notice. Any accidental omission by Us to inform You of such changes shall not invalidate the changes.

10. Termination of Insurance

Our liability under this Policy will end on the earliest of the following events:

- a. The Insured Person reaching the age of seventy-six (76) years old;
- b. The Insured Person ceasing to meet the eligibility criteria stated in the Policy;
- c. Coverage for any Insured Person will end automatically if he/she has been physically absent from Singapore for more than 180 consecutive days, unless We have given our prior written agreement for the Policy to continue despite such absence from Singapore and You have made payment of the additional premium chargeable, if any. In such event, the Insured Person's cover will be considered terminated at 23:59 standard Singapore time on the 180th day after the departure from Singapore;
- d. The death of the Insured Person. Where the Insured Person is the Policyholder, cover for all other Insured Persons will also end at the expiry of the Period of Insurance following the date of the death;
- e. Once We have paid out more than 50% under Section B to an Insured Person for any one Accident, Our liability to that Insured Person shall terminate;
- f. The Insured Person's imprisonment;
- g. Change in the Insured Person's employment, Occupation or business, where such employment, Occupation or business is excluded in this Policy.

11. Cancellation

This Policy may be terminated at any time at the request of the Policyholder or We can terminate this Policy by giving 7 days' notice by mail to the Policyholder at his last known address.

We will refund the premium based on the following formula:

$85\% \text{ of the premium paid} \times (\text{number of unused days} / \text{Period of Insurance})$

We will not refund if there is a claim made under this Policy or if the amount is less than \$5.

12. Other Insurances (Applicable to Section D, E and F only)

If at the time of any claim the Insured Person is insured under any other insurance policy which makes payment of medical expenses and/or compensation for other costs which are the subject of a claim under this Policy, You must give Us the details of such other policy or policies and We shall not be liable to contribute more than the rateable proportion of such expenses and costs.

13. Dispute Resolution

Any dispute or matter arising under, out of or in connection with Your Policy shall first be referred to the Financial Industry Disputes Resolution Centre Ltd (FIDREC) to be dealt with and applies if it is a dispute that can be brought before FIDREC. If the dispute cannot be referred to or dealt with by FIDREC, the dispute must be referred to and finally resolved by arbitration in Singapore in accordance with the Arbitration Rules of the Singapore International Arbitration Centre which apply at that time.

14. Renewal Procedure

At each renewal of this Policy, You must tell Us in writing of any important matter affecting this Policy which You are aware of which affects an Insured Person. Where We do not receive any notice, We will take it to mean that there has been no change to the facts declared prior to the renewal. If We subsequently discover any material change in facts which was not declared to us, the Policy shall be void.

We may amend the clauses, conditions and rates of premium of the insurance at renewal and We will inform You of the amendments at least 30 days before the Renewal Date, at which time the amendments will apply.

15. Misrepresentation

We have the right to treat this Policy as void in the event of misrepresentation, misdescription or non-disclosure or concealment of any circumstances by You and/or the Insured Person material to or in connection with

- a. the health of the Insured Person, and in particular
 - i. whether the Insured Person is suffering from a disease, illness, disability or handicap; or
 - ii. whether the Insured Person is aware of circumstances suggesting that he may be suffering from a disease, illness, disability or handicap;
- b. the Insured Person's previous claim history;
- c. the Insured Person's insurance record, including previous insurance refusals.

16. Rights of Subrogation

We have the right to bring recovery proceedings at Our expense in Your name against any third party who may be responsible for an occurrence of an event giving rise to a claim under this Policy.

17. Governing Law

Singapore law will apply to this Policy.

18. Free Look Period (Applicable to Policy issued to an Individual)

You can decide to cancel this Policy during the "Free Look" period and You will receive a full refund of the premium paid to Us provided that no claim has been made under the Policy. The Policy will then be deemed as void.

"Free Look" period means the period up to 14 business days from the time this Policy is received by You and this Policy is deemed to have been delivered and received by You on the same day that We email it.

This provision is, however, not applicable to any Policy with Period of Insurance less than 1 year and/or to policy renewals.

19. Condition Precedent

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

- a. for the risk insured, the Policyholder has never had any insurance terminated in the last 12 months due solely or in part to a breach of any premium payment condition; or
- b. if the Policyholder has declared that it has breached any premium payment condition in respect of a previous policy taken up with another insurer in the last 12 months
 - i. the Policyholder 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
 - ii. a copy of the written confirmation from the previous insurer to this effect is first provided by the Insured to Us before cover incept.

20. 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.

21. Personal Data Protection

In relation to the personal data collected for this Insurance, You agree and acknowledge that

- a. We may collect, use and disclose the personal data for the purposes stated in Our Privacy Policy, which include underwriting and administering the insurance Policy (including reinsurance/

underwriting, claims processing, investigation, payment and other related purposes);

- b. We will not use, disclose or process the personal data for purposes which are not stated in the Privacy Policy or for which Your consent has not been obtained. If We wish to use, disclose or process the personal data for another purpose We will seek Your prior written consent;
- c. We 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.

22. Payment Before Cover Warranty

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

23. 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 contact Sompo or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).