

healthcare

optimum healthcare coverage for
the entire family



SmartCare Optimum^{Enhanced}

redefining / insurance



Caring for Our Customers

AXA Insurance will make every effort to provide a high level of service expected by all Our policyholders. If on any occasion Our service falls below the standard of Your expectation, the procedure below explains what You can do:

- Your first point of contact should always be Your insurance agent or broker. Alternatively, You may submit Your feedback to the AXA Manager in charge of the matter You are raising.
- We will acknowledge receipt of Your feedback within 3 working days whilst We look into the matter You raised. We will contact You for further information if required within 7 working days and provide You with a full reply within 14 working days.
- If the outcome of Your complaint is not handled to Your satisfaction, You can write to:

Chief Executive Officer
AXA Insurance Pte Ltd
8 Shenton Way, #24-01 AXA Tower,
Singapore 068811

We will respond to Your appeal within 14 working days.

- If You are still dissatisfied with the CEO's response, We will refer You to a dispute resolution organisation, Financial Industry Disputes Resolution Centre Ltd (FIDReC) who is an independent organisation. FIDReC's contact details are:

Financial Industry Disputes Resolution Centre Ltd
36 Robinson Road #15-01
City House
Singapore 068877

Telephone : 6327 8878
Fax : 6327 8488
Email : info@fidrec.com.sg
Website : www.fidrec.com.sg

Important - Please remember to quote Your Policy reference in Your Communication.

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YOUR SmartCare Optimum^{Enhanced} Policy

(Individual Medical Insurance)

Welcome to Your **SmartCare Optimum^{Enhanced}** Policy.

Please read this Policy carefully together with Your Schedule to ensure that You understand the terms and conditions and that the Cover You require is being provided. Do keep these documents in a safe place as they are legal documents.

If You have any questions after reading these documents, please contact Your insurance adviser or Us at 1800 8804 888.

If there are any changes that may affect the insurance provided, please notify Us immediately.

IMPORTANT NOTICE

1. Before We provide cover, You and all Insured Persons must fully and faithfully tell Us everything You know (or could reasonably be expected to know) that is relevant to Our decision in whether or not to insure the Insured Persons, otherwise You may receive no benefit from Your Policy.
2. The insurance cover under this Policy is based on the information submitted to Us, as set out in the accompanying documents. Please read these documents carefully. If they contain any information that is incorrect, please notify Us immediately, otherwise You may receive no benefit in the event of a claim and/or Your Policy may be voided and Our liabilities shall be restricted to a refund of premiums paid for that Period of Insurance without interest. If any information, which You subsequently provide Us, differs materially from the information submitted to Us earlier, We may offer cover on different terms or decline it altogether. If We do not hear from You within 14 business days from the date of issue of this Policy, We will take it that the information is complete and correct.
3. You have a free-look period of 14 business days from the date that You receive this Policy to review it. You are deemed to have been received the Policy within 3 days after We have despatched it. If You decide that this Policy does not suit Your needs, You may request to cancel it by giving Us clear, written instructions and returning the Policy to Us within the free-look period. Provided that no claims have been made during this period, We shall refund the premiums paid by You without interest. This free-look period shall not apply to policies with terms of less than 1 year. It will also not apply to policy renewals.

HOW YOUR INSURANCE OPERATES

Your Policy is a contract between You and Us, and comprises:

- Your Application and any enrolment forms submitted to Us;
- any declarations made by the Insured Persons;
- this Policy document;
- the Schedule;
- any supplementary agreements or riders; and
- any Endorsements.

and shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part shall bear the same meaning wherever it appears.

This Policy shall become effective on the date specified in the Schedule and end at 23:59 Standard Singapore Time on the last day of the Period of Insurance.

Having received and accepted all requisite premiums, We will provide the Cover shown in the relevant sections of the Policy, up to the sums insured or limits of indemnity stated in the Schedule and/or Endorsements.

(A) ELIGIBILITY AND SCOPE

1. Persons Eligible

- (a) Cover under this Policy shall be subject to the fulfillment of all of the following eligibility requirements by the Insured Persons:
 - (i) satisfy the entry age
 - You and Your Spouse are from 18 to 65 years old (Age Next Birthday); and
 - Your Child is from 15 days to 18 years old (Age Next Birthday);
 - (ii) are Residents of Singapore;
 - (iii) are insurable in accordance with Our terms and standards of acceptance; and
 - (iv) You pay the applicable premiums.

- (b) Subject to Our approval, Cover for You and Your Spouse may be renewed up to 80 years old (Age Next Birthday). Cover for Your Children may be renewed up to 25 years old (Age Next Birthday) provided that they are unmarried, unemployed and full-time students.

2. Addition of Dependants

- (a) Provided that Your Dependants satisfy the eligibility requirements set out in Section A Part 1a above, they may be included as Insured Persons under this Policy.

- (b) You must:
 - (i) provide written request of such inclusion of Your Dependants and provide all necessary information on enrolment forms in the form prescribed by Us;
 - (ii) provide evidence of insurability of such Dependants; and
 - (iii) pay any additional premiums.

Subject to Section A Part 3 below, Cover for Your Dependants will only commence on the Effective Date.

3. Further conditions concerning Cover

- (a) If an Insured Person is confined in a Hospital on the date when his Cover would otherwise become effective, such Cover shall not become effective until the date following his discharge from the Hospital as stated on an Endorsement.

- (b) An Insured Person's Cover shall cease automatically if he remains outside of his Country of Residence for a period in excess of ninety (90) consecutive days. In such event, the Insured Person's Cover shall terminate at 23:59 Standard Singapore Time on the ninetieth (90th) day after date of the Insured Person's departure from his Country of Residence.

4. Geographical Scope

This Policy Covers an Insured Person in his/her Country of Residence and also while he/she is outside his/her Country of Residence for periods not exceeding ninety (90) consecutive days at a time and provided that where the treatment is otherwise than Emergency Treatment, Our liability is limited to charges for equivalent treatment in Singapore General Hospital, subject to the relevant maximum limits set out in the Schedule.

(B) DEFINITIONS

In this Policy, where consistent with the context, the singular shall include the plural and vice versa and words importing the masculine gender shall include the feminine gender and each of the following words and expressions shall have the following meanings:

TERM	MEANING
Accident	A sudden, unforeseen and unexpected event during the Period of Insurance that independently of any other cause is the sole and direct cause of bodily Injury and excludes all medical conditions, illnesses or diseases.
Age Next Birthday	An Insured Person's age at his next birthday.
Alternative Practitioner	A person (other than an Insured Person or a member of his Immediate Family or his business associates including any business partners, employers or employees) who, being recognised by Us, is registered and qualified to practice by the relevant licensing authority where the treatment is given any of the following alternative form of medicine such as and limited to acupuncture, chiropractic, homeopathy, naturopathy, osteopathy, podiatry, traditional Chinese medicine and nutrition advice.
A & E Department	The accident and emergency department of any Hospital located within Singapore.
Annual Limit	The amount stated in the Schedule or Endorsement and is the maximum amount payable by Us under this Policy in respect of any one Insured Person during the Period of Insurance. When the aggregate total Benefits paid under this Policy in any one Period of Insurance reaches the Annual Limit for any Insured Person, no further Benefits shall be payable in respect of that Insured Person for the remainder of that Period of Insurance.
Application	The forms completed by the Insured Persons to request for Coverage from Us and the information, documents and declarations provided by the Insured Persons in applying for this Policy, including any medical examination reports and forms, correspondence, representations and statements made by the Insured Persons and any supplementary questionnaires completed by the Insured Persons, all of which contain information which We rely or have relied on in deciding whether or not to insure the respective Insured Persons.
Appointed Panel	The Clinics located within Singapore made available on our health claims portal, as the same is or may from time to time be updated, amended or revised.
Benefits	The amounts payable by Us in accordance with the terms and conditions of this Policy.
Cancer	A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma.
Child(ren)	Your natural or step or legally adopted Child who is unmarried, unemployed and whose Age Next Birthday is from 15 days to 25 years old, provided that the Age Next Birthday of 19 to 25 years old shall be applicable to renewals only.

TERM	MEANING
Chronic Conditions	<p>Refers to medical condition or episode of ill health which persists for a long period or indefinitely. The list of chronic conditions include:</p> <ul style="list-style-type: none"> • All forms of Diabetes • Asthma • Brain Tumour • Benign Prostatic Hyperplasia • Cancer • Crohn's disease • Chronic Obstructive Pulmonary Disease • Dementia • Heart Disease • Hepatitis B &C • Hypertension • Hypothyroidism • Kidney failure • Lipid Disorders • Liver Cirrhosis • Multiple sclerosis • Nephrosis/Nephritis • Osteoarthritis & Rheumatoid arthritis • Parkinson's Disease • Systemic Lupus Erythematosus • Stroke • Ulcerative Colitis
Clinic	<p>An establishment duly constituted and licensed in the geographical area in which it is located as a center for medical treatment of sick and injured persons, and which:</p> <p>(a) provides facilities for diagnosis and treatment of Illnesses and injuries;</p> <p>(b) is supervised by a full-time staff of Physicians during its business hours; and</p> <p>(c) is not a mental hospital or institution, a place for custodial care or facility for alcoholics or drug addicts, a spa, or hydroclinic or a nursing or rest or convalescent home or a home for the aged, or such similar establishment.</p>
Congenital Conditions	Refers to birth defects, including hereditary conditions, congenital sickness or abnormalities, existing at or before birth regardless of cause.
Co-Payment	The percentage of a claim that has to be borne by the Insured Person.
Country of Residence	The country in which the Insured Person is residing and which will be shown as Your address and place of residence in Our records.
Cover / Coverage	Insurance cover in accordance with the terms of this Policy, as applicable to each Insured Person.
Covered Expenses	Expenses incurred for any Medically Necessary treatment recommended by a Physician and provided to any Insured Person for any Illness or Injury during the Period of Insurance and which may be payable, in accordance with the terms and conditions of this Policy. Reimbursement of Covered Expenses shall include any goods and services tax and/or government tax that may be levied thereto.

TERM	MEANING
Community Hospital	Refers to a community hospital approved by the Ministry of Health of Singapore that provide intermediate healthcare for the convalescent sick and aged who do not require the care of Hospitals. For the avoidance of doubt, hospices, convalescent centres and homes are not Community Hospitals.
Critical Illness	Means any of the following Illnesses: <ul style="list-style-type: none"> • Major Cancers • Heart Attack • Stroke • Coronary Artery By-pass Surgery • Kidney Failure • Aplastic Anaemia • End Stage Lung Disease • End Stage Liver Failure • Coma • Heart Valve Surgery • Major Burns • Major Organ / Bone Marrow Transplantation • Multiple Sclerosis • Parkinson's Disease • Surgery to Aorta • Alzheimer's Disease / Severe Dementia • Fulminant Hepatitis • Motor Neurone Disease • Primary Pulmonary Hypertension • Terminal Illness • Benign Brain Tumour • Viral Encephalitis • Poliomyelitis • Bacterial Meningitis • Major Head Trauma • Apallic Syndrome • Other Serious Coronary Artery Disease • Angioplasty & Other Invasive Treatment For Coronary Artery • Progressive Scleroderma • Systemic Lupus Erythematosus with Lupus Nephritis
Day Surgery	Surgery on an Insured Person for the treatment of an Illness or Injury and which is pre-planned and carried out by a Surgeon, at a Hospital or Clinic, but not on an Inpatient basis.
Dentist	A person qualified as a dental practitioner (other than an Insured Person or a member of his Immediate Family or his business associates including any business partners, employers or employees) by a degree in dentistry and duly licensed and registered with the relevant statutory dental board or council to provide dental treatment and who, in rendering dental treatment, is practicing within the scope of his licensing and training in the geographical area of practice.
Dependants	Any of the following persons: <ul style="list-style-type: none"> (a) Your Spouse; (b) Your Child.
Effective Date	The date on which Cover under this Policy for the respective Insured Persons becomes effective and which is stated on the Schedule or Endorsement, whichever is later.

TERM	MEANING
Emergency Treatment	Urgent remedial treatment to avoid death or impairment to the Insured Person's immediate or long term health prospects.
Endorsement	An authorised amendment to this Policy.
General Practitioner	A Physician whose practice is based on a broad understanding of all illnesses and who does not restrict his practice to any particular field of medicine.
Heart Attack	<p>Death of heart muscle due to obstruction of blood flow, that is evident by at least three of the following criteria proving the occurrence of a new Heart Attack:</p> <ul style="list-style-type: none"> • History of typical chest pain; • New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block; • Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above; • Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company. <p>For the above definition, the following are excluded:</p> <ul style="list-style-type: none"> • Angina; • Heart attack of indeterminate age; and • A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. <p>• Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml</p>
Hospital	<p>An establishment duly constituted and licensed in the geographical area in which it is located as a medical and surgical Hospital for the care and treatment of sick and injured persons as bed-paying patients, and which:</p> <ol style="list-style-type: none"> (a) provides facilities for diagnosis, treatment and minor or major Surgery; (b) provides twenty-four (24) hours nursing services by Registered Nurses; (c) is supervised by a full-time staff of Physicians at all times; and (d) is not primarily a Clinic, a mental hospital or institution, a place for custodial care or facility for alcoholics or drug addicts, a spa, or hydroclinic or a nursing or rest or convalescent home or a home for the aged, or such similar establishments.
Illness	A physical condition marked by a pathological deviation from the normal healthy state.
Immediate Family	<p>Any of the following people, related to an Insured Person by blood, marriage or adoption:</p> <ol style="list-style-type: none"> (a) parents and parents-in law; (b) siblings and brothers-in-law and sisters-in-law; (c) Spouse; and (d) Children.
Injury	An external and visible bodily injury caused solely and directly by an Accident and does not include any Illness or naturally occurring medical conditions or degenerative process.

TERM	MEANING
Inpatient	Admission and confinement of an Insured Person in a Hospital for treatment of an Illness or Injury for which the Hospital levies a daily room and board charge.
Insured Person(s)	The persons so named and described in the Schedule.
Intensive Care Unit	A section within a Hospital which is designated as an intensive care unit and operates on a twenty four (24) hour basis to provide specialised medical services and facilities. For the avoidance of doubt, a high dependency unit, coronary care unit and such other similar units or sections in a Hospital shall not be considered as an Intensive Care Unit.
Multiple Sclerosis	The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following: <ul style="list-style-type: none"> • Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; • Multiple neurological deficits which occurred over a continuous period of at least 6 months; and • Well-documented history of exacerbations and remissions of said symptoms or neurological deficits. Other causes of neurological damage such as Systemic Lupus Erythematosus (SLE) and Human Immunodeficiency Virus (HIV) are excluded.
Medically Necessary	Refers to a medical service treatment, service and/or supply which is: <ul style="list-style-type: none"> • consistent with the diagnosis and customary medical treatment, service and/or supply for an Illness or Injury; • in accordance with standards of good medical practice, consistent with current standard of professional medical care, and proven medical benefits; • not for the convenience of the Insured Person or the Physician or Specialist; and • not of an experimental, investigation or research nature, preventive or screening nature.
Period of Insurance	The period of Cover for the respective Insured Persons as shown in the latest Schedule or Endorsement.
Physician	A person qualified as a medical practitioner (other than an Insured Person or a member of his Immediate Family or his business associates including any business partners, employers or employees) by a medical degree in western medicine and duly licensed and registered with the relevant statutory medical board or council to provide medical treatment and who, in rendering treatment, is practicing within the scope of his licensing and training in the geographical area of practice. A reference to a "Physician" in this Policy shall be construed to mean, wherever appropriate, a General Practitioner and/or a Specialist.
Policy	Refers to a policy contract between You and Us. Its full terms are set out in the current versions of the following documents as sent to You from time to time: <ul style="list-style-type: none"> • any application form We ask You to fill in, • the terms and the benefit table setting out the Cover under your plan in your Schedule, • Schedule, • Endorsements.

TERM	MEANING
Polyclinic	Polyclinics located within Singapore, as listed on the Singapore Ministry of Health website, as the same is or may be updated, amended or revised from time to time.
Pre-existing Condition	An Injury or an Illness which, prior to the date on which an Insured Person is first Covered under the Policy: <ul style="list-style-type: none"> (a) has been diagnosed; (b) for which Insured Person has received medication, advice or treatment; (c) which Insured Person should reasonably, based on Our appointed Physician's opinion, have known about; or (d) for which Insured Person has experienced symptoms even if Insured Person has not consulted a Physician.
Prescription Drugs	Out-patient drugs (excluding supplements, vitamins and traditional Chinese medicine) which are Medically Necessary as prescribed by a Physician for the treatment of a medical condition .
Prophylaxis/Cleaning	The professional cleaning by a Dentist of filmy deposit on tooth surfaces and underneath the gum by removing gloss plaque and calculus from teeth.
Reasonable and Customary Charges	Charges for medical treatment which do not exceed the general level of fees or charges made by others of similar professional standing in the same locality where the charges are incurred, when furnishing like or comparable treatment, services or supplies for a similar Illness or Injury and which in accordance with accepted medical standards, could not have been omitted without adversely affecting the Insured Person's medical condition. We may proportionately reduce any claim to reflect what would have been reasonably incurred, based on the professional opinion of Our Physician. In the event of any differences in opinions between Our Physician and Your Physician, Our Physician's opinion shall prevail.
Registered Nurse	A person qualified as a nurse (other than an Insured Person or a member of his Immediate Family or his business associates including any business partners, employers or employees) by a nursing qualification and duly licensed and registered with the relevant statutory nursing board or council to provide nursing services and who, in rendering such services, is practicing within the scope of his licensing and training in the geographical area of practice.
Residents of Singapore	Singapore citizens and permanent residents (holders of re-entry permits) as well as holders of employment passes, work permits, students' passes or dependant's passes issued by the Ministry of Manpower.
Schedule	Any Schedule to this Policy containing Your particulars and those of the Insured Persons, the Benefits payable under this Policy, the respective limits for each benefit including the Annual Limit, premiums payable and any other details and/or features of this Policy, as may be applicable.
Short-stay Ward	A ward where emergency department patients stay for up to 24 hours for observation to allow the Physicians to decide whether the patient is fit for discharge or should be admitted to a Standard Room of a Hospital as an inpatient.
Specialist	A Physician who is classified by the appropriate statutory health authorities in the geographical area of his practice as a Physician with special expertise in a selected medical specialty to treat the type of Injury or Illness for which a claim may be made, for treatment provided to the Insured Person.

TERM	MEANING
Spouse	Your husband or wife under a marriage by law and whose Age Next Birthday is from 18 to 80 years old, provided that the Age Next Birthday of 66 to 80 years old shall be applicable to renewals only.
Standard Room	With respect to rooms in a Hospital with an equivalent number of beds in each of such rooms, the standard accommodation Covered under this Policy shall mean the grade or class of room for which the Hospital levies the lowest charges for room and board.
Stroke	<p>A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis. This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> • Evidence of permanent clinical neurological damage confirmed by a neurologist at least 6 weeks after the event; and • Findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques consistent with the diagnosis of a new Stroke. <p>The following are excluded:</p> <ul style="list-style-type: none"> • Transient Ischaemic Attacks; • Brain damage due to an Accident or injury, infection, vasculitis and inflammatory disease; • Vascular disease affecting the eye or optic nerve; and • Ischaemic disorders of the vestibular system <p>Permanent means expected to last throughout the lifetime of the Insured Person.</p> <p>Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Insured Person. Symptoms that are Covered include numbness, paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.</p>
Surgeon	A Specialist who is qualified to perform Surgery.
Surgery	A medical treatment of surgical intervention.
Traditional Chinese Medical Practitioner	A person qualified as a traditional Chinese medicine practitioner (other than an Insured Person or a member of his Immediate Family or his business associates including any business partners, employers or employees) engaged in the practice of traditional Chinese medicine, and who is duly licensed and registered with the relevant statutory traditional Chinese medical practitioners board or council to practice traditional Chinese medicine and who in rendering treatment, is practicing within the scope of his licensing and training in the geographical area of his practice.
We / Our/ Us	AXA Insurance Pte Ltd
You / Your/Policyholder	The party named in the Schedule as the owner and policyholder of this Policy.

(C) DESCRIPTION OF BENEFITS

Important Notice

- The Benefits described below in Parts I, II, III and IV are subject to various limits and are as stated on the Schedule or Endorsement. The Annual Limit is not applicable to Part IV.

Plan Type	Platinum	Gold	Silver
Annual Policy Limit S(\$) Applicable to Part I, II and III	1,000,000	500,000	250,000

- If an Insured Person incurs Covered Expenses during the Period of Insurance, We will pay the Benefits below in accordance with the Schedule or any Endorsements. If an event Covered under this Policy occurs during the Period of Insurance, but continues or extends beyond such Period of Insurance, We will only pay the Benefits applicable to that Insured Person in respect of the relevant Period of Insurance where such event first occurred. Additionally, under no circumstances shall any Benefits be payable for expenses incurred after termination or cancellation of the Policy, or of Coverage for such Insured Person, whether or not such expenses were due to Illness or Injury occurring before the termination or cancellation.
- In the event that an Insured Person shall choose (whether voluntary or otherwise) to be treated and/or confined in a non Standard Room, We shall pay only the charges incurred in respect of a Standard room.
- Unless otherwise provided, this Policy is issued for a period of one year. If the Period of Insurance stipulated in the latest Schedule or Endorsement is less than one year, the Benefits (on a per year basis) payable under this Policy shall be pro-rated accordingly.

Reimbursement and Indemnity Basis

We will pay the Benefits under (I) A to L and (II) A to F up to the respective limits (as specified in the Schedule or Endorsement), in the following manner:

- (a) The Covered Expenses actually incurred by an Insured Person; or
- (b) Reasonable and Customary Charges;

whichever is lower, provided that all Benefits payable under this Policy (with the exception of Part IV) shall be always subject to the Annual Limit in respect of any one Period of Insurance for each Insured Person.

We will pay the Benefits Part (II) G & H an amount equivalent to the actual charges incurred (including charges for Prescription Drugs), or the Reasonable and Customary Charges (whichever is the lower), up to the maximum sum specified in the Schedule.

(I) INPATIENT & DAY SURGERY TREATMENT**Table of Benefits**

A	Hospital & Surgical Benefits	Per Year S(\$)		
		Platinum	Gold	Silver
	Bed Type (Standard)	Single	Single	Single
1	Daily Hospital Room & Board	As-charged	As-charged	As-charged
2	Intensive Care Unit			
3	Hospital Miscellaneous Expenses			
4	Ambulance Services			
5	Surgeon's Fee			
6	Anesthetist's Fee			
7	Inpatient Physician's Visit			
8	Pre-Hospitalisation/ Pre-Day Surgery Specialist's Consultation			
9	Pre-Hospitalisation/ Pre-Day Surgery Diagnostic Services			
10	Post-Hospitalisation/ Post-Day Surgery Treatment			
B	Major Organ Transplant			
C	Living organ donor (insured) transplant benefit			
D	Congenital Conditions Benefit	6,000	4,000	3,000
E	Inpatient Psychiatric treatment	5,000	3,000	1,000
F	Miscarriage Due to accident only	5,000	4,000	3,000
G	Ectopic Pregnancy	5,000	4,000	3,000
H	Surgical Implants	10,000	8,000	5,000
I	Medical Report Fees	As-charged	As-charged	As-charged
J	Parent Accommodation			
K	Home Nursing			
L	Community Hospital Confinement			

A. HOSPITAL AND SURGICAL BENEFITS

The following Benefits A(1) to A(10) are subject to an Insured Person contracting an Illness or sustaining an Injury, and as a result of which requires either:

- (a) Confinement in a Hospital as an Inpatient; or
- (b) Day Surgery.

For the avoidance of doubt, some Benefits shall be applicable and payable only if the Insured Person is confined in a Hospital as an Inpatient.

1. Daily Hospital Room and Board

Charges incurred for Standard Room accommodation (including meals and general nursing services) incurred per day while the Insured Person is confined to a Hospital. This includes staying in a Short-stay Ward but excluding (i) pre-Hospitalisation treatment which is given before and (ii) post-Hospitalisation treatment which is given after the stay in a Short-stay Ward that does not result in Hospitalisation confinement.

In the event that an Insured Person shall be confined as an Inpatient in a high dependency unit or coronary care unit or such other similar care units or sections in a Hospital, We shall pay under this Benefit and the Intensive Care Unit A(2) Benefit shall not be payable.

2. Intensive Care Unit

Charges for confinement as an Inpatient in the Intensive Care Unit of the Hospital.

3. Hospital Miscellaneous Expenses

(a) **Prescription Drugs**

Charges for medicines or drugs prescribed by a Physician which are Medically Necessary, but excluding charges for medicines or drugs prescribed for use beyond one hundred and twenty (120) days after the date of the last discharge from the Hospital or the date of the Day Surgery, for which the Insured Person had been receiving treatment in respect to such Illness or Injury.

(b) **Inpatient Diagnostic Procedures and Inpatient Physiotherapy**

Charges for Inpatient diagnostic procedures or Inpatient physiotherapy that are Medically Necessary, arising out of or in connection to an Illness or Injury.

The Inpatient physiotherapy Benefit is payable only following Inpatient treatment.

(c) **Nursing, Theatre Consumables and Other Ancillary Charges**

Charges for nursing and Medically Necessary ancillary services and consumable items.

(d) **Operating Theatre Charges**

Charges for usage of an operating theatre necessary for Surgery or Day Surgery.

4. Ambulance Services

Charges for Medically Necessary ambulance service (land-based only) to and/or from the Hospital provided that the Insured Person is admitted as an Inpatient for treatment of an Illness or Injury.

5. Surgeon's Fees

Fees for Surgery or Day Surgery, provided that such Surgery or Day Surgery was performed by a Surgeon.

6. Anesthetist's Fees

Fees for the supply and administration of anesthesia by an anesthetist duly licensed and registered with the relevant statutory medical board or council for a Surgery or Day Surgery.

7. Inpatient Physician's Visit

Fees charged by attending Physicians for daily bedside visits to the Insured Person after Inpatient treatment, subject to one (1) visit by each Physician per day.

8. Pre-Hospitalisation or Pre-Day Surgery Specialist's Consultation

Charges for consultation (including medication) with:

(i) a General Practitioner, or

(ii) a Specialist, if recommended in writing by a General Practitioner,

within ninety (90) days prior to an Inpatient treatment or Day Surgery but excluding pre-Hospitalisation treatment which is given before stay in Short-stay Ward that does not result in Hospitalisation confinement.

9. Pre-Hospitalisation or Pre-Day Surgery Diagnostic Services

Charges for diagnostic procedures and laboratory examinations, which are recommended in writing by a Physician, which are incurred within ninety (90) days prior to an Inpatient treatment or Day Surgery, but excluding pre-Hospitalisation treatment which is given before stay in Short-stay Ward that does not result in Hospitalisation confinement.

10. Post-Hospitalisation or Post-Day Surgery Treatment

Charges incurred in follow-up treatment, after Inpatient treatment or Day Surgery, given by or recommended by the same attending Physician, within ninety (90) days immediately following the date of the last discharge from Hospital for which the Insured Person was confined as an Inpatient or the date of the Day Surgery, as a result of an Illness or Injury,

The following are excluded:

- (i) charges for medicines or drugs prescribed for use beyond one hundred and twenty (120) days after such discharge.
- (ii) Post-Hospitalisation treatment which is given after stay in Short-stay Ward that does not result in Hospitalisation confinement.

B. MAJOR ORGAN TRANSPLANT

Charges for the transplantation of the major organs of the kidneys, heart, liver, lung or bone marrow by Surgery from a human donor to an Insured Person, excluding the costs of acquisition of the organ (including but not limited to, transportation costs) or any expenses incurred by the donor, in the event that an Insured Person shall contract an Illness or sustain an Injury and requires major organ transplantation.

C. LIVING ORGAN DONOR (INSURED) TRANSPLANT BENEFIT

Charges for Inpatient treatment for the Insured Person if they are a living organ donor of any organs specified under Benefit B Major Organ Transplant and the following conditions are met:

- (a) The transplant is approved under Human Organ Transplant Act (Cap. 131A) (HOTA) and carried out in a Hospital;
- (b) The person receiving the specified organ must have been first diagnosed by a Physician or the symptoms of their organ failure must first appear :
 - (i) after 24 months from 1 August 2015 , which is the date on which this Living Organ Donor Transplant Benefit first became effective; or
 - (ii) after 24 months from the Effective Date of the policy;whichever is later; and

the Reasonable and Customary Charges to treat the Insured Person for the transplant and the treatment is, in the opinion of a Physician or a Specialist, appropriate and necessary for the transplant.

Reasonable expenses for the treatment will include pre-Hospitalisation treatment, post-Hospitalisation treatment and any post-Surgery complications provided the transplant is legal and does not arise from any illegal transaction or practice.

D. CONGENITAL CONDITIONS BENEFIT

Charges for Inpatient treatment for birth defects including hereditary conditions and congenital sickness or abnormalities.

These birth defects must either be first diagnosed by a Physician or have symptoms which first appeared:

- (a) after 24 months from 1 August 2015 , which is the date on which this Congenital Conditions Benefit first became effective; or
 - (b) after 24 months from the Effective Date of the policy,
- whichever is later.

E. INPATIENT PSYCHIATRIC TREATMENT

Charges for Inpatient psychiatric treatment, provided to the Insured Person while in Hospital by a psychiatrist .

The following is excluded:

Pre-Hospitalisation treatment which is given before and post-Hospitalisation treatment which is given after Inpatient psychiatric treatment.

F. MISCARRIAGE (DUE TO ACCIDENT ONLY)

Charges incurred for necessary Emergency Treatment by a Physician for miscarriage suffered by an Insured Person as a result of an Accident.

This Benefit shall be payable for each occurrence of a miscarriage suffered by an Insured Person as a result of an Accident in each Period of Insurance, up to the limits shown on the Schedule or Endorsement.

In the event that an Insured Person shall suffer from an ectopic pregnancy and miscarries as a result of an Accident, We shall pay under this benefit and the Ectopic Pregnancy Benefit shall not be payable.

Any claims arising, directly or indirectly from Benefit (F) shall not be eligible for any claims under Benefit (A).

G. ECTOPIC PREGNANCY

Charges incurred by an Insured Person for any treatment arising out of or in connection to her pregnancy in which the embryo is located or the foetus develops, outside such Insured Person's womb, as certified by a Specialist and which subsequently results in the termination of the pregnancy.

This benefit shall be payable for each occurrence of such ectopic pregnancy in the Period of Insurance, up to the limits shown on the Schedule or Endorsement.

Any claims arising, directly or indirectly from Benefit (G) shall not be eligible for any claims under Benefit (A).

H. SURGICAL IMPLANTS

Charges incurred by an Insured Person for any lens, prostheses, braces (excluding braces for teeth), pacemakers, artificial limbs or similar orthopaedic appliances and implants, provided that they are surgically implanted, and certified to be Medically Necessary and not implanted for cosmetic reasons.

All charges for implant payable under this Benefit (H) is subject to the applicable limits stated in the Schedule or Endorsement. Except for any excess cost of such implant, all other eligible charges payable from other Benefits herein shall be paid under the relevant benefit.

I. MEDICAL REPORT FEES

Charges incurred by an Insured Person for any medical reports requested by Us in respect to an Illness or Injury suffered or sustained by the Insured Person in relation to a claim submitted to Us under this Policy.

J. PARENT ACCOMMODATION AS COMPANION FOR CHILD

Accommodation charges for each night at a Hospital, up to a maximum of sixty (60) days, incurred by one (1) parent of an Insured Person, provided that:

- (a) such Insured Person is under twelve (12) years of age at the commencement of the confinement in the Hospital as an Inpatient;
- (b) the Insured Person was receiving treatment for Illness or Injury as an Inpatient at a Hospital, and such Inpatient confinement is for a period of six (6) days or more in accordance with his Coverage under this Policy; and
- (c) the treating Physician has advised in writing that a parent should remain with the Insured Person.

K. HOME NURSING

Charges incurred up to a maximum of 182 days for the nursing services of a Registered Nurse attending to an Insured Person, provided that such home attendance:

- (a) is prescribed by a Physician for medical reasons;
- (b) is necessary as without which the Insured Person would require confinement in a Hospital as an Inpatient;
- (c) is carried out in the Insured Person's own home; and
- (d) immediately follows the date of discharge of the Insured Person from Inpatient Hospital stay.

L. COMMUNITY HOSPITAL CONFINEMENT

Charges incurred at a Community Hospital for accommodation, meals, inpatient Prescription Drugs, professional charges, investigations and general nursing services that are Medically Necessary up to a maximum of ninety (90) days, provided that :

- (a) is prescribed by a Physician for medical reasons;
- (b) is necessary as without which the Insured Person would require confinement in a Hospital as an Inpatient; and
- (c) immediately follows the date of discharge of the Insured Person from Inpatient Hospital stay.

(II) OUTPATIENT TREATMENT

	Outpatient Benefits	Per Year S(\$)		
		Platinum	Gold	Silver
A	Alternative Treatment	500	250	Nil
B	Outpatient Emergency Treatment Due to accident only	As charged up to Annual Policy Limit		
C	Dental Treatment Due to accident only	10,000	8,000	5,000
D	Cancer Treatment	150,000	100,000	75,000
E	Kidney Dialysis	150,000	100,000	75,000
F	Maintenance of Chronic Conditions 12 mths waiting period	Included under outpatient General Practitioner (non panel) & Specialist Care		

A. ALTERNATIVE TREATMENT

Subject to the availability of this Benefit, charges incurred by an Insured Person for consultation and treatment provided and prescribed by a qualified Alternative Practitioner (registered chiropractor, podiatrist, dietitian, nutritionist, naturopath, acupuncturist, homeopath, osteopath and traditional Chinese medicine practitioner) and physiotherapist.

Within this benefit and up to the limits stated in the Schedule, We will also pay for vitamins, supplements, and Chinese traditional medicine when such are prescribed by the Alternative practitioner or Physician. You should obtain a non-contraindication for the use of alternative treatment from their treating physician as We will not pay for any complications arising from such alternative treatment in excess of the limit shown for this Benefit.

B. OUT-PATIENT EMERGENCY TREATMENT (Due To Accident Only)

- (a) Charges for Emergency Treatment of an Insured Person for an Injury and such Emergency Treatment was performed by a Physician or a Traditional Chinese Medical Practitioner within twenty four (24) hours following the date of an Accident.
- (b) Charges for follow-up treatment by the same Physician or Traditional Chinese Medical Practitioner up to thirty (30) days from the date of the Accident, including any charges for medication prescribed on a written basis by the attending Physician or Traditional Chinese Medical Practitioner for that same treatment or consultation.

Provided That:

Where an Insured Person has been treated by a Traditional Chinese Medical Practitioner, Our total aggregate liability under this Benefit B shall not exceed S\$300.00 for each Accident in any Period of Insurance.

C. OUTPATIENT DENTAL EMERGENCY TREATMENT (Due To Accident Only)

- (a) Charges for Medically Necessary dental Emergency Treatment of an Insured Person by a Dentist within twenty-four (24) hours following the date of an Accident in the event that the Insured Person shall suffer injuries or damage to his natural teeth and/or gums as a result of an Accident.
- (b) Charges for follow-up treatment by the same Dentist up to thirty (30) days from the date of the Accident, including any charges for medication prescribed on a written basis by the attending Dentist.

D. OUTPATIENT CANCER TREATMENT

Charges for treatment of an Insured Person for Cancer at a duly licensed and legally registered cancer treatment centre.

E. OUTPATIENT KIDNEY DIALYSIS

Charges for Medically Necessary Kidney Dialysis of an Insured Person as recommended by a Specialist. The following are excluded under this Outpatient Kidney Dialysis Benefit:

- (a) Complications that arise out of or in connection to Kidney Dialysis; and
- (b) Costs for the acquisition of any device, apparatus, appliance, machine and equipment for Kidney Dialysis. Without prejudice to the foregoing, We do not Cover the costs of acquisition of a cyclor device or such similar equipment for peritoneal dialysis.

For such purposes, "Kidney Dialysis" shall mean dialysis treatment by either:

- (a) haemodialysis (where waste products and excess water from the blood is removed by rerouting the blood out of the body through a machine) that is carried out at a legally registered dialysis centre; or
- (b) peritoneal dialysis (where a dialysis solution is passed through the Insured Person's abdomen to drain waste products and excess water from the blood through the peritoneum membrane lining).

F. MAINTENANCE OF CHRONIC CONDITIONS

Charges incurred for outpatient treatment for Chronic Conditions by a General Practitioner and Specialist Care.

We will reimburse the charges actually incurred by the Insured Person, up to the limits and maximum number of payable visit specified under our Outpatient General Practitioner (Non Panel) & Specialist Care Benefit.

There is a twelve (12) months waiting period for Treatment of Chronic Conditions to be applicable.

G. GENERAL PRACTITIONER (GP) – PRIMARY CARE

Table of Benefit

G	General Practitioner - Primary Care	Per Visit (S\$)		
		Platinum	Gold	Silver
1	General Practitioner (Panel)	As Charged	As Charged	As Charged
2	Treatment at an A&E Department	100	100	100
3	Overseas Treatment	70	50	35
4	General Practitioner (Non Panel) Maximum 12 visits for each Period of Insurance	70	50	35

We shall pay the following charges (including charges for Prescription Drugs) for treatment of an Insured Person for Illness or Injury as follows:

1. General Practitioner Treatment (Appointed Panel)

Charges incurred for outpatient treatment by a General Practitioner located at a Clinic on Our Appointed Panel or at a Polyclinic.

This Benefit shall not be applicable to treatment provided to an Insured Person whether on or resulting in Inpatient confinement in a Hospital.

This Benefit shall be subject to presenting the AXA medical card to the Clinic on Our Appointed Panel, failing which the reimbursement amount for the charges incurred will be considered under Non Panel Outpatient General Practitioner Treatment, up to the limits and maximum number of payable visit stated in the Schedule.

2. Treatment at an A & E Department

Charges incurred for outpatient treatment in an A & E Department in a Hospital in Singapore, up to the limits stated in the Schedule for each visit.

This Benefit shall not be applicable to treatment provided to an Insured Person currently in or resulting in Inpatient confinement in a Hospital.

Charges incurred for outpatient treatment in 24 hours Walk-in Clinic in A & E Department will be considered under Non Panel Outpatient General Practitioner Treatment, up to the limits and maximum number of payable visit stated in the Schedule.

3. Overseas Treatment

Charges for outpatient treatment outside Singapore up to the limits stated in the Schedule.

An Insured Person who remains outside Singapore for periods exceeding ninety (90) consecutive days at a time shall only be Covered up to the ninetieth (90th) day for each such period. There shall be no reimbursement in respect of charges incurred when an Insured Person travels expressly for treatment outside Singapore.

4. General Practitioner Treatment (Non Panel)

- (a) Charges incurred for outpatient treatment by a General Practitioner not on Our Appointed Panel or a Polyclinic,
- (b) Charges incurred for outpatient treatment for Chronic Conditions by a General Practitioner on Our Appointed Panel or a Polyclinic or Non Panel Clinics.

We will reimburse the charges actually incurred by the Insured Person, up to the limits and maximum number of payable visit stated in the Schedule.

5. **Additional Exclusions Applicable to General Practitioner – Primary Care**

We shall not Cover charges in respect of the following:

- (a) More than one outpatient visit per day.
- (b) Visits at home or office.
- (c) Prescription Drugs obtained without consultation.
- (d) Any Chronic Conditions treatment by an Insured Person that commence within twelve (12) months from the date an Insured Person is first Covered under the Policy
- (e) Kidney dialysis and Cancer treatment
- (f) Any laboratory test and diagnostic test, including but not limited to X-rays, Magnetic Resonance Imaging (MRI), computerised tomography (CT scan), Positron Emission Tomography (PET), gait scans ultrasound, radioisotope and barium studies.
- (g) Congenital Conditions or genetic defects including hereditary conditions existing from the time of birth regardless of the time of discovery of such anomalies or defects.

H. **OUTPATIENT SPECIALIST CARE**

Table of Benefit

	Specialist Cover (GP referral required)	Per Year S(\$)		
		Platinum	Gold	Silver
1	Specialist Consultation	2,000	1,000	500
2	Diagnostic Scan, X-Ray and Lab Test	2,000	1,000	500
3	Pediatrician Consultation (waiver of GP referral letter for child below 36 months)	500	250	150

We shall pay the following charges (including charges for Prescription Drugs) for treatment of an Insured Person for Illness or Injury as follows:

1. **Specialist Consultation**

Charges incurred for outpatient treatment by a Specialist where such treatment is recommended by the General Practitioner in writing, up to the limits as stated in the Schedule.

This Benefit shall not be applicable to treatment provided to an Insured Person currently in or resulting in Inpatient confinement in a Hospital.

2. **Outpatient Diagnostic Scan, X-ray & Laboratory Test**

Charges incurred for outpatient Diagnostic Scans carried out in Singapore recommended by a Specialist in writing for diagnostic purposes other than routine medical check-up, up to the limits as stated in the Schedule.

"Diagnostic Scans" include and are limited to laboratory examinations, X-ray, ultrasound, Mammogram, Magnetic Resonance Imaging (MRI), computerised tomography (CT scan), Positron Emission Tomography (PET), and gait scans received as part of an outpatient treatment.

3. **Pediatrician Consultation**

Charges incurred for outpatient treatment by a Pediatrician at any Clinic where such treatment is recommended by the General Practitioner in writing, up to the limits as stated in the Schedule.

Referral letter from General Practitioner shall be waived for treatment render to Children up to 36 months old.

4. **Additional Exclusions Applicable to Outpatient Specialist Care**

We shall not Cover charges in respect of the following:

- (a) More than one outpatient visit per day.
- (b) Visits at home or office.
- (c) Prescription Drugs obtained without consultation.
- (d) Any Chronic Conditions treatment by an Insured Person that commence within twelve (12) months from the date an Insured Person is first Covered under the Policy
- (e) Kidney dialysis and Cancer treatment
- (f) Chiropractic treatment and any type of therapy including physiotherapy
- (g) Congenital Conditions or genetic defects including hereditary conditions existing from the time of birth regardless of the time of discovery of such anomalies or defects.

(III) **OTHER BENEFITS**

Specified Sum Basis

Benefits payable for A, B and C below are the specified sums as stated in the Schedule or Endorsement and are payable as one lump sum.

	Benefits	Specified Sum Basis S(\$)		
		Platinum	Gold	Silver
A	Daily Recovery Benefits	250	200	150
B	Dread Disease Recuperation	20,000	15,000	10,000
C	Special Grant	10,000	8,000	5,000

A. DAILY RECOVERY BENEFIT

In the event that an Insured Person shall be confined in a Hospital as an Inpatient for at least three (3) consecutive days as a result of an Illness or Injury, We shall pay this Daily Recovery Benefit for each day that the Insured Person is confined in the Hospital as an Inpatient, provided that this benefit shall be payable up to thirty (30) days after the first day of confinement.

This benefit shall not be payable for confinement in a Community Hospital.

B. DREAD DISEASE RECUPERATION BENEFIT

This policy will pay the lump sum benefit specified on the Schedule if an Insured Person is diagnosed as suffering from any one of the following 4 Critical Illnesses*: Major Cancers, Multiple Sclerosis, Heart Attack, Stroke.

*The Life Insurance Association Singapore (LIA) has standard definitions for 37 severe-stage Critical Illnesses (Version 2014). These Critical Illnesses fall under Version 2014. You may refer to www.lia.org.sg for the standard Definitions (Version 2014).

For all other conditions, the definitions are determined solely by Us.

We will pay this Dread Disease Recuperation Benefit provided that such Cancer, Multiple Sclerosis, Stroke or Heart Attack is contracted or takes place after ninety (90) days following the date on which an Insured Person is first Covered under this Policy.

We will pay the benefit under this Benefit B only for the first instance suffered by an Insured Person after the commencement of this Policy and only once during the lifetime of this Policy in respect of each Insured Person.

In respect of Cancer, the following are excluded under this Dread Disease Recuperation Benefit:

- All tumours which are histologically classified as any of the following:
 - Pre-malignant;
 - Non-invasive;
 - Carcinoma-in-situ;
 - Having borderline malignancy;
 - Having any degree of malignant potential;
 - Having suspicious malignancy;
 - Neoplasm of uncertain or unknown behavior; or
 - Cervical Dysplasia CIN-1, CIN-2 and CIN-3;
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate Cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate Cancers of another equivalent or lesser classification;
- All Thyroid Cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3; and
- All tumours in the presence of HIV infection

C. SPECIAL GRANT

If, during the Period of Insurance, an Insured Person dies from:

- (a) an Injury;
- (b) an Illness during or after treatment for such Illness, where such treatment was carried out at a Hospital or in Day Surgery; or
- (c) a Critical Illness;

We shall pay the Special Grant Benefit.

(IV) EMERGENCY ASSISTANCE

	Benefit	Platinum	Gold	Silver
A	Emergency Medical Evacuation / Repatriation	Unlimited	Unlimited	Unlimited
B	Repatriation of Mortal Remain or Local Burial			

The following Emergency Assistance Service Benefits are provided to an Insured Person:

- (a) while he/she is outside of his/her Country of Residence not exceeding ninety (90) consecutive days;
- (b) in the event of a Serious Medical Condition arising out of and in the course of his/her journey;
- (c) provided that such journey is not undertaken against the advice of a Physician

“Serious Medical Condition” refers to a condition that in the opinion of the EAC constitutes a serious medical emergency requiring urgent remedial treatment to avoid death or serious impairment to the Insured Person’s immediate or long-term health prospects. The seriousness of the medical condition will be judged within the context of the Insured Person’s geographical location, the nature of the medical emergency and the local availability of appropriate medical care or facilities.

The Benefits are provided by the Emergency Assistance Centre (EAC) appointed by Us. We shall pay directly to the EAC the expenses specified below, up to the limits stated on the Schedule or Endorsement.

The expenses Covered are as follows:

A.

- **Arrangement of and payment for emergency medical evacuation:**

The Medically Necessary expense of air and/or surface transportation, medical care during transportation, communications and all usual ancillary charges incurred by the EAC in moving the Insured Person when in Serious Medical Condition to the nearest Hospital where appropriate medical care is available and not necessarily to the Country of Residence.

The EAC retains the absolute right to decide whether the Insured Person's medical condition is sufficiently serious to warrant emergency medical evacuation. The EAC reserves the right to decide the place to which the Insured Person shall be evacuated and the means or method by which such evacuation will be carried out having regard to all the assessed facts and circumstances of which the EAC is aware at the relevant time.

- **Arrangement of and payment for repatriation :**

The expenses Medically Necessary and unavoidably incurred by the EAC returning the Insured Person to the Country of Residence, following an emergency medical evacuation to a place outside the Country of Residence. The EAC reserves the right to decide the means or method such as by scheduled commercial airline by which such repatriation will be carried out having regard to all the assessed facts and circumstances of which the EAC is aware at the relevant time.

B.

- **Arrangement of and payment for transportation of mortal remains:**

The expenses reasonably and unavoidably incurred by the EAC for transporting the Insured Person's mortal remains from the place of death to the Country of Residence or the cost of local burial at the place of death as approved by the EAC.

SPECIFIC CONDITIONS APPLICABLE TO EMERGENCY ASSISTANCE

1. Immediate notification of any circumstances that may require emergency medical evacuation or repatriation of mortal remains must be given to the EAC.
2. The EAC should be contacted to obtain advance approval for any evacuation and to make the necessary transportation arrangements. Failure to do so will invalidate a claim for such cost.

This limitation shall not apply to emergency medical evacuation from remote or primitive areas when the EAC cannot be contacted in advance and delay might reasonably be expected to result in loss of life or extreme prejudice to the Insured Person's prospect.

ADDITIONAL EXCUSIONS APPLICABLE TO ALL EXCEPT PART II (G & H)

No Benefits shall be payable under this Policy for any one of the following occurrences and any events and medical conditions arising therefrom (whether directly or indirectly, partially or wholly):

1. Any period of Hospital confinement unless the entire confinement and all special Hospital services so rendered and performed had been recommended and approved by a Physician and in accordance with the diagnosis and treatment of the Illness or Injury for which the Hospital confinement was required.
2. All Pre-existing Conditions.
3. Any Illnesses suffered by an Insured Person that commence within thirty (30) days from the date an Insured Person is first Covered under the Policy except for Injuries sustained during an Accident which occurs after the date an Insured Person is Covered under the Policy.

DENTAL RIDER (OPTIONAL)

Important Notice:

The Benefits described below may be subject to maximum limits or to a co-payment.

Benefits are payable only if the insured event affects an Insured Person while he/she is Covered under this Policy. If an insured event occurs or commences while an Insured Person is Covered, but continues or extends beyond the Period of Insurance, We will only pay Benefits pertaining to the period while the Insured Person was Covered.

The Benefits below are payable on a reimbursement and indemnity basis. We will pay an amount equivalent to the actual charges incurred (including charges for Prescription Drugs), or the Reasonable and Customary Charges (whichever is the lower), up to the maximum sum specified in the Schedule.

This Dental Rider may be offered to You and Your Dependants on or before:

- (i) Application for Coverage under the Policy; and/or
- (ii) Renewal of the Policy.

The following additional terms shall be applicable with respect to Coverage under this Rider:

- (i) Coverage under these Rider is only applicable if there is a valid and subsisting underlying Policy for all Insured Persons.
- (ii) All Insured Persons under a Policy are required to take up the Dental Rider (exception only for Children where Cover is not compulsory).

Cover under these Riders shall be subject to Your:

- (a) Submission of an Application for Coverage under this Rider;
- (b) The provision of all necessary information on the Insured Persons to be Covered under this Rider (including satisfactory evidence of insurability and eligibility to be determined at Our sole discretion); and
- (c) Payment of any applicable premiums.

Table of Benefits

Dental Rider	Plan 1	Plan 2
Annual Limit up to	\$1,000	\$500
Co payment apply	20%	20%

Subject to the availability of the benefit, we shall reimburse eighty percent (80%) of all eligible charges for restorative dental services, extraction, fillings, root canal treatment, bridgework, crowns, implants, x-ray, sealant, inlays and onlays, and the treatment of gum disease, up to the limits as stated in the Schedule.

Restorative dental services which includes oral examination, Prophylaxis (teeth Cleaning) and flouride application are limited to one (1) visit per Period of Insurance (or once per calendar year if Period of Insurance exceeds one (1) year).

1) Additional Exclusions applicable to Dental Rider

- (a) Orthodontic treatment and dentures.
- (b) Treatment consisting of cosmetic or plastic Surgery or for beautification not necessitated by Injury or Illness.
- (c) Expenses for toothbrushes, toothpaste, dental floss, mouthwash, and other consumables for intraoral hygiene.

2) Additional Conditions applicable to Dental Rider

- (a) Automatic Termination

Cover under this Rider for the respective Insured Person shall automatically terminate on the earliest occurrence of any of the following events:

- (i) upon cancellation or termination of the Insured Person's Coverage under the Policy;
- (ii) death of such Insured Person; or
- (iii) any of the other grounds of termination specified under the Policy,

Provided that the expiration, cancellation or termination of the Policy shall result in the automatic termination of this Rider for all Insured Persons.

- (b) Cancellation/ Termination of this Rider
 - (i) You have the right to cancel this Rider at any time by giving written notice of 14 days to Us. No refund of premium will be granted.
 - (ii) You have the right to terminate Cover under this Rider for any Insured Person at any time by giving written notice of fourteen (14) days to Us. No refund of premium will be granted.

(D) POLICY EXCLUSIONS

No Benefits shall be payable under this Policy for any one of the following occurrences and any events and medical conditions arising therefrom (whether directly or indirectly, partially or wholly):

1. Routine or preventative physical examinations, investigation, medical check-up, vaccinations, treatments or follow-up consultations.
2. Treatment for conditions relating to physiological or natural cause such as aging, menopause, or puberty and which is not due to any underlying disease, illness or injury.
3. Vitamins, supplements or any traditional Chinese medicine whether prescribed or not unless You are eligible for 'Alternative Treatment' benefit and it is prescribed by an Alternative Practitioner or Physician who is qualified to do so and up to the limits stated in the Schedule.
4. Cryopreservation, or harvesting or storage of stem cells as a preventative measure against possible future disease/illness/injury.
5. Standard toiletries such as, but not limited to shampoos, soaps, tooth-pastes, contraceptives, proprietary headache and cold cures nor do We pay for mouthwash, lotions, moisturisers, cleansers, shower gels.
6. Administrative expenses and non-medical personal service such as charges for telephone calls, television, radio, newspaper, guests' meals and other ineligible nonmedical items whilst confined as an Inpatient or for Day Surgery.
7. Dental care or Surgery including Temporo-Mandibular Joint disorder and its related treatment except as specifically Covered under this Policy.
8. Pregnancy, childbirth, abortion, miscarriage, infertility, pre and post natal care and all complications arising therefrom; Birth control measures, assisted reproduction, sterilisation (or its reversal) or any events arising out of or in connection thereto.
9. Circumcision unless Medically Necessary, varicocele, impotence or any consequence of it.
10. Sickness or disease directly or indirectly arising from sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS), any AIDS related condition, or infection by Human Immune-Deficiency Virus (HIV).
11. Treatment which arises from, or is in any way attributable to, sex change.
12. Psychological, emotional, mental or psychiatric conditions (except as specifically Covered under this Policy), nervous breakdown mental disorder and alcoholism or substance abuse, suicide or attempted suicide, self-inflicted injuries or any attempt thereat whether sane or insane.
13. Eye tests, refractive errors of the eyes, spectacles and contact lenses.
14. Provision of implants, medical appliances and prosthetic devices such as but not limited to hearing aids, wheelchairs, artificial limbs, lenses and dialysis machine except as specifically Covered under this Policy.
15. Treatment incurred as a result of engaging in racing of any kind (except on foot), parachuting, skydiving, hang-gliding and bungee jumping.

16. Treatment incurred as a result of engaging in or training for any sport for which Insured member receives a salary or monetary reimbursement, including grants or sponsorship (unless Insured member received travel costs only).
17. Flying or other aerial activity except as a fare-paying passenger in a fully licensed aircraft operated by a licensed commercial air carrier or recognised charter company.
18. Nuclear or chemical contamination, war, invasion, losses by terrorist acts using chemical and/or biological substances, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, direct participation in riot, strike and civil commotion, insurrection or military or usurped power, or active duty in any of the armed forces.
19. Experimental or pioneering medical or surgical techniques and medical devices not approved by the Institutional Review Board and the Centre of Medical Device Regulation or medical trials for medicinal products whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority of Singapore.
20. Genetic tests, nor for any counselling made necessary following genetic tests, even when those tests are undertaken to establish whether or not Insured member may be genetically disposed to the development of a medical condition in the future.
21. All types of learning disorders, educational problems, behavioural problems, physical development, or psychological development, including assessment or grading of such problems.
22. Cosmetic or plastic Surgery except for reconstruction Surgery necessary to restore function or appearance caused by Accident or following Surgery for a medical condition, treatment of acne and alopecia.
23. Treatment of obesity or any medical condition which arises from, or is related to, obesity in any way including but not limited to the use of gastric banding or stapling, the removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons; weight improvement; supplements or medications for weight loss or weight improvement.
24. All types of sleep disorder including snoring, insomnia, obstructive sleep apnoea, sleep study test.
25. Violation or any attempted violation of the law or resistance or attempted resistance to lawful arrest.
26. Full-time military, naval or air service personnel, except national reservist duty under the Enlistment Act(Cap. 93)

(E) GENERAL CONDITIONS

1. Liability

We will have no liability to pay any Benefits under this Policy if You or any Insured Person:

- (a) fail to fully and truthfully disclose to Us, all material information known (or which could reasonably be expected to be known) by You or any Insured Person, before inception of this Policy and upon each renewal;
- (b) fail to properly observe and fulfil the terms and conditions of this Policy;
- (c) make any untrue statement;
- (d) omit, suppress or incorrectly state any material information affecting the risk;
- (e) make any claim that is fraudulent or exaggerated, or make any false declaration or statement in support of a claim.

2. Changes in Circumstances

If there is any change in circumstances affecting the risk, You must give Us immediate written notice. In particular, You must notify Us of any changes in occupation/business or health affecting You or any Insured Person.

3. Misstatement of Age

- (a) If the age of any Insured Person has been misstated and the premium paid as a result is insufficient, any claim payable under this Policy shall be pro-rated based on the ratio of the actual premium paid to the correct premium which should have been charged for the Period of Insurance.
- (b) Any excess premium that may have been paid as a result of any misstatement of age shall be refunded without interest.
- (c) If at the correct age an Insured Person would not have been eligible for Cover under this Policy, no benefit shall be payable, and Our liability shall be limited to the refund of the premium paid without interest.

4. Policy Renewal/ Renewal Premium

- (a) This Policy is renewable yearly. On or before the expiry of Your Policy and subject to Our acceptance, You may renew this Policy by paying the premium applicable at the time of renewal. This shall not apply in the event that the Policy expires, is terminated or cancelled in accordance with the terms of this Policy and You subsequently wish to reapply for insurance Cover under this Policy.
- (b) Premium rates are not guaranteed and the premium payable at renewal shall be determined at each renewal based on the Insured Persons' Age Next Birthday, the premium rates then in effect.
- (c) We will not change the terms of Your Policy alone simply as a result of Your personal claims. However, We will make changes only to reflect any past or foreseeable changes in medical practice or procedures and overall claims experience of all Insured Persons covered under the same plan as You. The purpose of such changes will be to seek, as far as possible, to maintain substantially the same level and type of cover in place while ensuring that the plan remains affordable.

5. Policy Plan Upgrading/ Downgrading

Upon Your written request, We may agree to a change in policy Coverage, but any such change to Your Policy, as agreed by Us, shall be applicable only at the next renewal of the Policy and after You have paid any additional premiums as may be applicable.

For any Illness or Injury occurring, contracted or sustained during the period of twelve (12) months after the Effective Date of the upgrade, We shall not be liable beyond the limits applicable for the immediately preceding Period of Insurance, if such Illness or Injury directly or indirectly arises or results from a condition or Accident occurring or sustained during the preceding Period of Insurance.

For any Illness or Injury occurring, contracted or sustained at any time on or after the Effective Date of a downgrade, notwithstanding that such Illness or Injury may be a direct or indirect result of a condition or Accident occurring, contracted or sustained during the preceding Period of Insurance, Our liabilities shall be restricted to the limits applicable to the downgrade.

6. Automatic Termination

- (a) Cover under this Policy for the respective Insured Person shall automatically terminate on the earliest occurrence of any of the following events:
 - (i) the date the Policy is terminated;
 - (ii) the date the Insured Person's Coverage is terminated;
 - (iii) when the applicable premiums are not paid in accordance with the terms of the Policy;
 - (iv) death of such Insured Person;
 - (v) upon such Insured Person ceasing to satisfy any of the eligibility requirements set out in this Policy; or
 - (vi) at 23:59 Standard Singapore Time on the ninetieth (90th) day on which such Insured Person remains outside his Country of Residence for a consecutive period of more than ninety (90) days.

provided that if an Insured Person satisfies the age eligibility requirement at the Effective Date, his Cover shall not automatically terminate when he attains a higher age during that Period of Insurance.

- (b) Termination of Your Cover shall automatically terminate Cover for all of Your Dependants as well.

7. Cancellation / Termination of Cover

- (a) You have the right to cancel this Policy at any time by giving fourteen (14) days' written notice to Us. Provided that no claim has been made during the Period of Insurance, We will grant You a pro-rated refund of the total premium paid corresponding to the unexpired Period of Insurance subject to Us retaining a minimum premium amount of S\$53.50 (inclusive of GST).
- (b) You have the right to terminate Cover for any Insured Person at any time by giving Us fourteen (14) days' written notice, and upon such termination, You will be granted a pro-rated refund of the premium paid in respect of that Insured Person corresponding to the unexpired Period of Insurance, provided that no claims have been made during the Period of Insurance and subject to Us retaining a minimum premium amount of S\$53.50 (inclusive of GST).
- (c) We have the right to terminate this Policy at any time by giving You at least thirty (30) days' written notice of such termination and upon such termination You will be granted a pro-rated refund of the total premium paid corresponding to the unexpired Period of Insurance provided that no claims have been made during the Period of Insurance.

8A. Payment Before Cover Warranty

- (a) This clause 8A only applies to Your Policy if the Policyholder is an individual.
- (b) Notwithstanding anything herein contained but subject to clauses 8A(c) and 8A(d) hereof, it is hereby agreed and declared that the total premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) on or before the inception date ("the inception date") of the Coverage under the Policy, or Endorsement.
- (c) In the event that the total premium due is not paid and actually received in full by Us (or the intermediary through whom this Policy was effected) on or before the inception date referred to above, then the Policy, and Endorsement shall be deemed to be cancelled immediately and no Benefits whatsoever shall be payable by Us. Any payment received thereafter shall be of no effect whatsoever on the cancellation of the Policy, Renewal Certificate, Cover Note and Endorsement.
- (d) In respect of Coverage with "Free Look" provision, You may return the original policy document to Us or to the intermediary within the "Free Look" period if You decide to cancel the Cover during the "Free Look" period. In such an event, You will receive a full refund of the premium paid to Us without interest provided that no claim has been made under the insurance.

8B. Premium Payment Warranty

- (a) This clause 8B only applies if the Policyholder is a business or commercial establishment.
- (b) Notwithstanding anything herein contained but subject to clause 8B(c) 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 Us (or the intermediary through whom this Policy was effected) within 60 days of the:
 - (i) inception date of the Coverage under the Policy, Renewal Certificate or Cover Note; or
 - (ii) Effective Date of each Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note.
- (c) In the event that any premium due is not paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within the 60-day period referred to above, then:
 - (i) the Cover under the Policy, Renewal Certificate, Cover Note or Endorsement is automatically terminated immediately after the expiry of the said 60-day period;
 - (ii) the automatic cancellation of the Cover shall be without prejudice to any liability incurred within the said 60-day period; and
 - (iii) We shall be entitled to a pro-rata time on risk premium subject to a minimum premium amount of S\$26.75 (inclusive of GST).
- (d) If the Period of Insurance is less than 60 days, any premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within the Period of Insurance.

9. Condition Precedent

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

- (a) for the risk insured, the You have 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
- (b) if You have declared that You have breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months:
 - (i) You have 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 You to Us before Cover incept.

10. Determination of Premiums

For the purposes of determining premiums payable, an Insured Person's age shall be deemed to be his Age Next Birthday, and any premium tables or other material We provide in this connection shall be read accordingly.

11. Payment of Benefits

We shall pay all Benefits to You or Your estate (in the event of Your death). You or Your estate's receipt of any Benefit payable under this Policy shall in all cases be deemed full and final discharge of all claims, demands, liabilities and damages whatsoever. We may, at Our sole discretion, pay the Benefits to an Insured Person unless You request otherwise in writing. We may appoint independent administrators to settle claims on Our behalf. Notwithstanding the generality of the foregoing, indemnities under Emergency Assistance Benefit shall be payable directly to the emergency assistance center appointed by Us.

12. Expenses Covered by Other Sources

The Benefits of this Policy are payable on a reimbursement and indemnity basis.

If You or any Insured Person is entitled to claim Benefits under the Work Injury Compensation Act (Cap. 354), other group or individual insurance policies, any governmental programme or insurance provided by law, the Benefits payable will be limited to the balance of the expenses not Covered by those other group or individual insurance policies, governmental programme or insurance provided by law .

13. Right of Recovery

In the event that payment is authorised and/or made by Us or the Emergency Assistance Centre (EAC) for expenses that are not Covered under this Policy, We or the EAC shall be entitled to recover all sums in respect of any liabilities incurred by Us or the EAC thereto.

14. Subrogation

We shall at any time be entitled to undertake in the name and on behalf of an Insured Person the absolute conduct, control, defence and/or settlement of any proceedings, and at any time to take proceedings at Our expense and own behalf, but in the name of the Insured Person, to recover compensation or secure indemnity from any third party in respect of anything Covered under this Policy. The Insured Person shall cooperate fully with Us in this respect; and shall not do anything to prejudice Our rights.

15. Claim Procedures

It shall be condition precedent that You comply with the following stipulated time limits and procedures before any Benefits are payable under this Policy:

- (a) Written notice shall be given to Us as soon as possible and in any event, within thirty (30) days after the occurrence of any event, which may give rise to a claim under this Policy.
- (b) A claim form obtainable from Us upon request and all necessary supporting evidence of the occurrence, nature and extent of loss shall then be submitted to Us within sixty (60) days after the occurrence of the event giving rise to a claim under this Policy.
- (c) All certificates, receipts, information and evidence required by Us shall be borne by You and supplied free of expense to Us, in the form prescribed by Us.
- (d) We shall have the right and the opportunity through Our medical representatives to examine any Insured Person whenever and as often as may be reasonably required during Our assessment of any claim. In addition, We shall have the right to require an autopsy in the case of death, where this is not forbidden by law or such religious beliefs that are recognised by the law. We will bear the expenses incurred in such examinations, unless We deny Your claim, in which case We shall be entitled to recover all the expenses so incurred from You.

16. Specific claims conditions

- (a) The payment of any claim does not discharge Your obligations regarding the fulfilment of the terms and conditions under this Policy; and
- (b) We are not obliged to pay the ongoing costs of continuing, or similar, treatment, even where We have previously paid for this type of or similar treatment, if it is subsequently noted that this claim is in fact not eligible.

17. Difference in Opinions

In the event of any differences in opinions between Our Physician and Your Physician, Our Physician's opinion shall prevail.

18. Legal Proceedings

No proceedings in law or in equity may be commenced against Us prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the terms of this Policy. In any event, such proceedings shall not be commenced against Us after the expiration of a period of one (1) year from the date written proof of loss has been or should have been so furnished in accordance with the terms of this Policy.

19. Mediation/Arbitration

All disputes arising out of this Policy may be submitted to the Financial Industry Disputes Resolution Centre Ltd (FIDReC) for settlement by mediation and/or adjudication in accordance with the mediation and/or adjudication procedure for the time being in force, if the parties so agree. The parties agree to take part in the mediation and/or adjudication in good faith and undertake to honour the terms of any settlement reached. If any dispute is not referred to FIDReC or if mediation and adjudication fails in FIDReC, the dispute has to be referred to arbitration. Arbitration shall be conducted in accordance with the Arbitration Rules of the Singapore International Arbitration Centre. The arbitration shall be in English and heard by a single arbitrator to be agreed by the parties within fourteen (14) days from the notice of arbitration failing which the arbitrator shall be appointed in accordance with and subject to the provisions of the Arbitration Rules (as may be amended from time to time). Where any dispute is by this condition to be referred to arbitration, the making of an award shall be binding to You and Us.

20. Applicable Law/ Jurisdiction

This Policy shall be governed by and interpreted in accordance with the laws of Singapore.

21. Rights of Third Parties

A person or any entity who is not a party to this Policy shall have no right under the Contracts (Rights of Third Parties) Act (Cap. 53B) and any amendments or modifications thereof to enforce any of its terms.

22. Non-Assignment

This policy is not assignable. We shall not be affected by notice of any trust, charge, lien, assignment or other dealing with this Policy.

23. Alterations

We reserve the right to vary the Benefits, Cover and amend the terms and conditions of this Policy. We will inform You of the intended amendment at least thirty (30) days prior to the renewal. Unless specifically mentioned, such amendment shall not affect any special conditions or Endorsements applicable at the time of commencement of Cover. No alteration to this Policy shall be valid unless approved in writing by Our authorised representative and reflected in an Endorsement. No intermediary has the authority to amend or to waive any of the terms and conditions of this Policy.

24. Currency Exchange Rates

Payment of all claims and Benefits will be made in Singapore currency. Charges incurred in any other currency shall be payable in Singapore Dollars on the basis of the exchange rate in effect on the date such charges were incurred as stipulated by Us.

25. Clerical Error

A clerical error by Us shall not invalidate insurance Cover otherwise validly in force, nor continue insurance Cover otherwise not validly in force.

26. Sanction Clause

We and other service providers will not provide Cover or pay claims under this Policy if doing so would expose Us or the service provider to a breach of international economic sanctions, laws or regulations, including but not limited to those provided for by the European Union, United Kingdom, United States of America, Singapore or under a United Nations resolution. If a potential breach is discovered and where permissible by law, We will advise You in writing as soon as We can.

27. Illegality Clause

Under no circumstances shall this Policy be deemed to provide Cover and no liability be incurred to pay or provide any Benefit hereunder to the extent that the provision of such Cover, payment of such claim or provision of such Benefit would cause Us to be in breach of, or expose Us to any prohibition, or restriction under the laws or regulations of Singapore.

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This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Us or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

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