MaidGR8

Whereas the Insured by a proposal and declaration which shall be the basis of this contract and is deemed to be incorporated herein has applied to Great Eastern General Insurance Limited (hereinafter called “the Company”) for the insurance hereinafter contained and in consideration of the payment of the premium by the Insured to the Company.

NOW THIS POLICY WITNESSETH that in respect of events occurring during the Policy Period and subject to the Terms, Conditions and Exclusions contained herein or endorsed hereon (hereinafter collectively referred to as “Terms”) the Company will indemnify the Insured in the Terms stated in the various Sections of the Policy.

IMPORTANT NOTICE

The insurance cover provided under this Policy is based on the information the Proposer has provided to Us.

Please be reminded that You must fully and faithfully declare to Us the facts that You know or ought to know, otherwise no benefit may be received from this Policy.

You are also requested to read this Policy. If any error or misdescription is found, the Policy should be returned to the issuing office for correction.
DEFINITION

**Accident / Accidental**
An event which is sudden, unforeseen and unexpected.

**Bodily Injury**
Physical injury to the body sustained by an Insured Person and is caused by an Accident solely and independently of any other cause and not by any medical condition, sickness, disease, natural occurring condition, gradual physical wear and tear or mental disorder.

**Certificate of Insurance**
The document containing details of Insured, Insured Person, Policy Period and plan selected. The Certificate of Insurance forms part of the Policy.

**Chinese Physician**
A registered herbalist, chiropractor, acupuncturist, bone setter or osteopath all licensed under any applicable laws of the country in which the practice is granted including a traditional chinese medical practitioner registered with the Traditional Chinese Medicine Practitioners Board, other than the Insured, Insured Person or the immediate family or relatives or the business partners or employers or employees of either.

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

1. has facilities for diagnosis and major surgery, provides twenty-four (24) hours a day nursing services by registered graduate nurses and is under the constant supervision of a Registered Medical Practitioner.

2. is not a community hospital, clinic, an alcoholic or drug rehabilitation centre, a nursing, rest or convalescent home, a spa or a hydroclinic or similar establishment.

**Illness**
Any sudden and unexpected deterioration of physical health of the Insured Person, not caused by an Accident but is due to a medical condition which requires the treatment by a Medical Practitioner, provided the Illness is not a Pre-Existing Condition and the nature of the Illness is not excluded from this Policy.

**Insured**
The person named in the Certificate of Insurance who is the employer of the Insured Person.

**Insured Person**
The foreign domestic worker named in the Certificate of Insurance who holds a valid work permit.

**Medical Expenses**
Expenses incurred for medical and surgical treatment by a Physician, for hospitalization or for employment of a trained nurse including expenses for ambulance hire which is actual, medically necessary and reasonable and customary for such treatment or services. Medical Expenses exclude the expenses incurred for treatment provided by a family member of the Insured or the Insured Person or self- treatment by the Insured Person including the prescription of drugs and the consequences of such treatment.
Permanent Disablement
Any disablement as stated in the Permanent Disability Scale and having lasted for a continuous and uninterrupted period of at least twelve (12) calendar months from the date of Accident and at the expiry of that period be beyond hope of improvement as certified by a Physician.

Personal Effects and Belongings
Articles or accessories carried or worn by the Insured Person but excluding jewellery, watch, mobile phone, pager, portable computer and the like, camera and video equipment.

Physician
Any registered medical practitioner qualified by degree in western medicine who is legally licensed and authorized to practice medicine and surgery in the geographical area of his practice, other than the Insured, the Insured Person or the immediate family or relatives or the business partners or employers or employees of either.

Policy Period
The period specified in the Certificate of Insurance and during which the Insured Person is in the immediate employment of the Insured and holds a valid work permit in respect of such employment that has not been cancelled whether temporarily or otherwise but excluding any period when the Insured Person returns to her home country.

For the purpose of this condition, where the Insured Person returns to her home country:
1. Cover ceases from the time:
   (a) she leaves Singapore; or
   (b) expiry of her work permit unless special extension pass is granted by Ministry of Manpower; or
   (c) expiry of the Policy Period
   whichever is the earliest.

2. Cover resumes upon her return to Singapore or upon the renewal of her work permit whichever is the later.

Pre-Existing Condition(s)
1. Any condition, illness, disease, disability or defect for which the Insured Person has sought medical advice, been investigated, been diagnosed, been hospitalized, received medical treatment, undergone surgical operation, or been prescribed drugs in the last twelve (12) months prior to the effective date of Insurance; or

2. Any signs and symptoms manifested in the last twelve (12) months prior to the effective date of Insurance which would have caused a prudent person to seek counselling, seek medical advice, undergo investigation or diagnostic tests, receive medical treatment, undergo surgery, be hospitalized, or be prescribed drugs.

We / Us / Our / the Company
Great Eastern General Insurance Limited
SECTION 1 – INSURANCE GUARANTEE (NOT APPLICABLE TO PLAN A)

We will provide a Letter of Guarantee to the Ministry of Manpower of Singapore in accordance with Section 12 of the Employment of Foreign Manpower (Work Passes) Regulations or Section 21 of the Immigration Regulations subject to the Insured’s obligation to indemnify Us against loss and consequently to repay any sum which We may pay in settlement of liability under the Guarantee including any expenses incurred.

General Conditions and General Exclusions under this Policy shall not apply to this Section.

SECTION 2 – PERSONAL ACCIDENT

We will subject to the Terms of this Section pay to the Insured Person or her legal personal representatives for Benefit A and B, and to the Insured for Benefit C and D if during the Policy Period the Insured Person shall sustain Bodily Injury caused by an Accident resulting directly and independently of any other cause within twelve (12) calendar months in death or disablement or expenses as stated below.

BENEFIT A – DEATH

We shall pay the limit as specified in the Certificate of Insurance if the Insured Person sustains Bodily Injury as a result of an Accident during the Policy Period and within twelve (12) calendar months of the Accident results in death.

BENEFIT B – PERMANENT DISABLEMENT

We shall pay the percentage as specified in the Permanent Disability Scale below, up to the limit applicable as specified in the Certificate of Insurance, if the Insured Person sustains Bodily Injury as a result of an Accident during the Policy Period and within twelve (12) calendar months of the Accident results in Permanent Disablement.

### Permanent Disability Scale

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total &amp; permanent disablement from attending to or following any occupation or employment</td>
<td>100%</td>
</tr>
<tr>
<td>2. Loss of two limbs</td>
<td>100%</td>
</tr>
<tr>
<td>3. Loss of both hands, or all fingers and both thumbs</td>
<td>100%</td>
</tr>
<tr>
<td>4. Loss of arm</td>
<td></td>
</tr>
<tr>
<td>- at shoulder</td>
<td>100%</td>
</tr>
<tr>
<td>- between shoulder and elbow</td>
<td>100%</td>
</tr>
<tr>
<td>- at elbow</td>
<td>100%</td>
</tr>
<tr>
<td>- between elbow and wrist</td>
<td>100%</td>
</tr>
<tr>
<td>5. Loss of hand at wrist</td>
<td>100%</td>
</tr>
<tr>
<td>6. Loss of leg</td>
<td></td>
</tr>
<tr>
<td>- at hip</td>
<td>100%</td>
</tr>
<tr>
<td>- between knee and hip</td>
<td>100%</td>
</tr>
<tr>
<td>- below knee</td>
<td>100%</td>
</tr>
<tr>
<td>7. Total and irrecoverable loss of sight in both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>8. Total and irrecoverable loss of sight in one eye, except perception of light</td>
<td>50%</td>
</tr>
<tr>
<td>9. Total and irrecoverable loss of lens in one eye</td>
<td>50%</td>
</tr>
<tr>
<td>10. Loss of thumb and four fingers of one hand</td>
<td>50%</td>
</tr>
<tr>
<td>11. Loss of four fingers of one hand</td>
<td>40%</td>
</tr>
<tr>
<td>12. Loss of thumb</td>
<td></td>
</tr>
<tr>
<td>- both phalanges</td>
<td>25%</td>
</tr>
<tr>
<td>- one phalanx</td>
<td>10%</td>
</tr>
<tr>
<td>13. Loss of index finger</td>
<td></td>
</tr>
<tr>
<td>- three phalanges</td>
<td>10%</td>
</tr>
<tr>
<td>- two phalanges</td>
<td>8%</td>
</tr>
<tr>
<td>- one phalanx</td>
<td>4%</td>
</tr>
<tr>
<td>14.</td>
<td>Loss of finger other than thumb or index finger</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Loss of all toes</td>
</tr>
<tr>
<td>16.</td>
<td>Loss of great toe</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Loss of any other toe</td>
</tr>
<tr>
<td>18.</td>
<td>Total and irrecoverable loss of hearing or speech</td>
</tr>
<tr>
<td>19.</td>
<td>Total and irrecoverable loss of hearing in one ear</td>
</tr>
</tbody>
</table>

**BENEFIT C – MEDICAL EXPENSES**
We shall pay the Medical Expenses incurred, up to the limit applicable as specified in the Certificate of Insurance for any one Accident and in the aggregate during the Policy Period, if the Insured Person sustains Bodily Injury as a result of an Accident during the Policy Period and receives treatment by a Physician within twelve (12) calendar months of the Accident, provided that the first such expenses is incurred by the Insured Person within four (4) weeks of the Accident.

**BENEFIT D – TRADITIONAL CHINESE MEDICINE TREATMENT**
We shall pay the Medical Expenses incurred, up to the limit applicable as specified in the Certificate of Insurance for any one Accident, for the treatment by a Chinese Physician if the Insured Person shall sustain Bodily Injury as a result of an Accident during the Policy Period and receives treatment by a Chinese Physician within twelve (12) calendar months of the Accident, provided that the first such expenses is incurred by the Insured Person within four (4) weeks of the Accident.

The compensation payable under Benefit C shall be reduced by any compensation already paid under Benefit D during the Policy Period such that Our maximum liability under Benefit C and Benefit D during the Policy Period shall not exceed the limit specified under Section 2 Benefit C of the Certificate of Insurance.

**SPECIAL PROVISIONS TO SECTION 2**
1. “Loss” of limb or member or part thereof shall mean loss by actual physical severance or total and permanent loss of use.
2. The total sum payable for Permanent Disablement in respect of injury to more than one portion of a limb or member or part thereof shall not exceed the sum payable in respect of such injury to the whole of that limb or member or part thereof.
3. The total sum payable for Permanent Disablement shall not exceed the limit specified under Section 2 Benefit B of the Certificate of Insurance.
4. The compensation payable under Benefit A shall be reduced by any compensation already paid under Benefit B during the Policy Period such that Our maximum liability under this Section during the Policy Period shall not exceed the limit specified under Section 2 Benefit A of the Certificate of Insurance.
5. The payment of either Benefit A or the maximum of Benefit B shall with effect from the date of the Accident resulting in such payment discharge Us from any liability for any further claim under this Section except for expenses incurred under Benefit C and/or Benefit D arising from the same Accident.
6. Notwithstanding anything contained in the Policy, We will pay the benefits under this Section when the Insured Person travels out of Singapore provided the Insured Person is travelling with the Insured. For Benefit C and Benefit D, We will reimburse the actual expenses incurred or the
reasonable expenses that would have been incurred for equivalent medical treatment in Singapore, whichever is lower.

SECTION 3 – HOSPITAL AND SURGICAL EXPENSES

We will subject to the Terms of this Section reimburse the Insured for the necessary expenses incurred in respect of Hospital confinement or surgery of the Insured Person as a result of Bodily Injury or Illness sustained by the Insured Person commencing or occurring during the Policy Period provided such expenses are incurred in a Class B2 or C ward in a Singapore government Hospital or re-structured Hospital. In the event the Insured Person is admitted to a ward better than Class B2 or C, the final claimable Hospital and Surgical Expenses shall be reduced and computed accordingly by using the Pro-Ration Factor Table.

Notwithstanding anything contained in the Policy, We will pay the benefits under this Section when the Insured Person travels out of Singapore provided the Insured Person is travelling with the Insured. We will reimburse the actual expenses incurred or the reasonable expenses that would have been incurred for equivalent medical treatment in a Class B2 or C ward in a Singapore government Hospital or re-structured Hospital, whichever is lower.

The aggregate total sum payable per year during the Policy Period under this Section shall not exceed the limit applicable as specified in the Certificate of Insurance.

Hospital and Surgical Expenses shall include the following:

1. **Daily Room and Board**
   We shall pay the actual charges for room and board (including ward charges incurred in respect of intensive care unit) inclusive of meals and general nursing care when the Insured Person is confined as an inpatient in the Hospital if certified as essential by a Physician.

2. **Hospital Miscellaneous Services**
   If an amount is payable under the benefit described in Daily Room and Board above,
   We shall pay the actual charges made by the Hospital in connection with the confinement for:
   (a) supplies and services customarily supplied by the Hospital to the Insured Person for her use during her Hospital confinement,
   (b) drugs or medicines prescribed by a Physician,
   (c) dressings, ordinary splints and plaster casts, X-ray examinations, electrocardiograms, basal metabolism tests, laboratory tests, intravenous infusions, blood transfusions, gastroscopy, head/brain scan and ultrasound that are medically necessary,
   (d) anaesthesia and oxygen and their administration,
   (e) the use of an operating theatre that is necessary for surgery, and
   (f) the use of an ambulance subject to maximum of S$150 per disability.

3. **Surgery**
   We shall pay the actual charges made by the surgeon or Physician for such surgical operation performed on the Insured Person in a Hospital or a legally licensed clinic.
4. **In-Hospital Attending Physician’s Visit**
   We shall pay the actual charges made by the Physician for consultation during the hospitalisation period of the Insured Person. Subject to a maximum of only one visit per day when no surgery is performed.

5. **Pre-Hospitalisation Specialist Consultation**
   We shall pay the actual charges made by a legally licensed and duly qualified medical specialist ("Specialist") for his opinion and advice sought within ninety (90) days prior to hospitalisation when the Insured Person who on the recommendation of a Physician consults a Specialist in connection with a disability resulting from Illness or Bodily Injury of the Insured Person. No benefit shall be payable if the Specialist’s consultation does not lead to hospitalisation or surgical treatment within the covered period.

6. **Pre-Hospitalisation Diagnostic X-ray and Laboratory Tests**
   We shall pay the actual charges for diagnostic X-rays and laboratory examinations or tests which are recommended by a Physician in connection with a disability resulting from an Illness or Bodily Injury of the Insured Person within 90 days prior to hospitalisation. No benefit shall be payable if the diagnostic X-ray and laboratory examinations or tests do not lead to hospitalisation or surgical treatment within the covered period.

7. **Post Hospitalisation /Surgery Treatment**
   We shall pay the actual charges incurred for follow-up treatment following the discharge from the Hospital or after day-surgery done in a Hospital or legally licensed clinic including the necessary and reasonable charges for Specialist consultation and diagnostic X-ray and laboratory tests (provided that such treatments are provided or recommended by the attending Physician) up to a period of ninety (90) days immediately following the discharge from the Hospital or legally licensed clinic.

### PRO-RATION FACTOR TABLE

<table>
<thead>
<tr>
<th>Ward Type</th>
<th>Amount Claimable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Hospital</td>
<td>40% of total bill</td>
</tr>
<tr>
<td>A1 ward in Singapore government or restructured Hospital</td>
<td>50% of total bill</td>
</tr>
<tr>
<td>A2 ward in Singapore government or restructured Hospital</td>
<td>60% of total bill</td>
</tr>
<tr>
<td>B1 ward in Singapore government or restructured Hospital</td>
<td>70% of total bill</td>
</tr>
</tbody>
</table>

### LIMITATION

Each hospital confinement must be for a minimum of six (6) consecutive hours before any benefits are payable. However, no minimum period of hospital confinement is required if the confinement is due to a surgical operation or if the Hospital makes a charge for room & board.

### EXCLUSIONS TO SECTION 3

This insurance shall not apply to:

1. Any sickness or disease occurring and/or operation performed or known by the Insured Person to be necessary prior to or at the commencement of the insurance.

2. Any expense in respect of any hospital confinement, surgical operation, treatment or service which have not been recommended by a Physician.

3. Any expense in respect of treatment in mental hospitals or homes or infant welfare centres.

4. Any expense in respect of normal dental inspection and/or treatment or in obtaining dentures, eye glasses or the like, hearing aids, implants or any equipment or prosthetic devices unless otherwise resulting from an Accident as defined in Section 2 – Personal Accident above.
SECTION 4 – REPATRIATION EXPENSES

We will subject to the Terms of this Section reimburse the Insured for the actual Repatriation Expenses incurred during the Policy Period up to the limit applicable as specified in the Certificate of Insurance if the Insured Person sustains Illness or Bodily Injury resulting in death or Permanent Disablement within twelve (12) calendar months which prevents her from engaging in or attending to her employment or occupation as a domestic maid under her contract in respect of:

1. Conveyance of the Insured Person to her country of origin in the event of Permanent Disablement; or
2. Burial or cremation of the Insured Person and/or conveyance of body or ashes to the Insured Person’s country of origin.

Provided always that:

1. We shall not be liable for more than one payment up to the limit as specified in the Certificate of Insurance during the Policy Period.
2. We will only pay under this Section if a detailed account is submitted to and approved by Us.
3. This Section shall only commence upon the successful completion of the obligatory medical examination as required by the relevant ministry(s) for new applicants.

SECTION 5 – RECUPERATION EXPENSES (NOT APPLICABLE TO PLAN A)

We will subject to the Terms of this Section pay the Insured Person a daily recuperation benefit as specified in the Certificate of Insurance during the Insured Person’s confinement in the Hospital provided that a valid claim is made under Section 3 – Hospital and Surgical Expenses of this Policy.

We shall not be liable for any payment beyond sixty (60) days of the Insured Person’s confinement in the Hospital.

SECTION 6 – WAGES COMPENSATION & LEVY REIMBURSEMENT (NOT APPLICABLE TO PLAN A)

We will subject to the Terms of this Section pay the Insured the pro-rata wages and government levy imposed on foreign domestic maid up to the limit specified in the Certificate of Insurance in the event the Insured suffers a loss of service of the Insured Person as a result of the Insured Person’s confinement in the Hospital due to Bodily Injury or Illness provided that a valid claim is made under Section 3 – Hospital and Surgical Expenses of this Policy.

We shall not be liable for any payment beyond sixty (60) days of the Insured Person’s confinement in the Hospital.
SECTION 7 – TERMINATION & REHIRING EXPENSES (NOT APPLICABLE TO PLAN A)

We will subject to the Terms of this Section pay the Insured the actual expenses incurred up to the limit specified in the Certificate of Insurance in respect of:

1. termination of the Insured Person’s services
2. rehiring of a replacement domestic maid

as a result of the Insured Person being certified by a Physician to be medically unfit to engage in or attend to her employment or occupation as a domestic maid under her contract provided that the replacement domestic maid be employed within thirty (30) days of the repatriation of the Insured Person.

SECTION 8 – SPECIAL GRANT (NOT APPLICABLE TO PLAN A)

We will subject to the Terms of this Section pay the Insured a benefit amount up to the limit specified in the Certificate of Insurance for inconveniences caused upon the death of the Insured Person during the Policy Period.

SECTION 9 – EMPLOYER’S LIABILITY TO DOMESTIC MAID (NOT APPLICABLE TO PLAN A)

We will subject to the Terms of this Section indemnify the Insured up to the limit specified in the Certificate of Insurance in respect of any claim or series of claims arising out of one event, and in the aggregate, against all sums for which the Insured may be legally liable to pay as compensation at Common Law in the event the Insured Person sustains Bodily Injury or Illness arising out of and in the course of her employment with the Insured in Singapore during the Policy Period.

SECTION 10 – LIABILITY TO THIRD PARTY (NOT APPLICABLE TO PLAN A)

We will subject to the Terms of this Section indemnify the Insured up to the limit specified in the Certificate of Insurance in respect of any claim or series of claims arising out of one event, and in the aggregate, against all sums for which the Insured may be legally liable to pay as compensation for Accidents resulting in:

5. death or Bodily Injury to third parties
6. loss of or damage to property belonging to third parties

occurring due to the negligence of the Insured Person while in the course of and arising out of her employment with the Insured in Singapore during the Policy Period.

EXCLUSIONS TO SECTION 10

We will not pay for:

1. Liability in respect of death or Bodily Injury to any person who is a member of the Insured’s family or household.
2. Liability in respect of loss or damage to property belonging to or in the care, custody and control of the Insured or Insured’s family or household or Insured Person.

3. Any liability of the Insured arising out of the Insured’s own employment, business or profession.

4. Any liability of the Insured which attaches by virtue of a contract or agreement which would not have attached in the absence of such contract or agreement.

5. Fines, penalties, exemplary or punitive damages.

6. Judgements which are not in the first instance delivered by or obtained from a Court of competent jurisdiction within the Republic of Singapore, nor to orders obtained in the said Court for the enforcement of judgements made outside the Republic of Singapore, whether by way of reciprocal agreement or otherwise.

SECTION 11 – FIDELITY GUARANTEE (NOT APPLICABLE TO PLAN A)

We will subject to the Terms of this Section reimburse the Insured up to the limit specified in the Certificate of Insurance in the event the Insured Person commits any act of fraud or dishonesty which results in direct pecuniary loss during the Policy Period provided that:

1. the loss is in connection with the occupation and duties of the Insured Person; and

2. a police report must be lodged and the Insured Person must be prosecuted and found guilty by relevant authorities in Singapore before the claim is paid.

An excess of S$50 is applicable for each and every loss.

SECTION 12 – DOMESTIC MAID’S EFFECTS (NOT APPLICABLE TO PLAN A)

We will subject to the Terms of this Section indemnify the Insured Person up to the limit specified in the Certificate of Insurance any one loss and in the aggregate during the Policy Period for loss of or damage to the Personal Effects and Belongings of the Insured Person caused by fire or theft by forcible and violent entry whilst contained within the Insured’s premises in Singapore in which the Insured Person is residing.

SECTION 13 – REIMBURSEMENT OF INDEMNITY PAID TO INSURER (APPLICABLE ONLY IF TAKEN UP)

In consideration of the payment of an additional premium, We will subject to the Terms of this Section waive Our rights to obtain indemnification from the Insured in the event of a call on the Insurance Guarantee insured under Section 1 of this Policy by the Ministry of Manpower arising from any breach by the Insured Person of Section 12 of the Employment of Foreign Manpower (Work Passes) Regulations or Section 21 of the Immigration Regulations.

EXCLUSIONS TO SECTION 13
The Company shall not be liable to pay for:
1. Any breach by the Insured of Section 12 of the Employment of Foreign Manpower (Work Passes) Regulations or Section 21 of the Immigration Regulations.
2. Any loss, claim or payment of which the Insured is aware of prior to the effective date of cover.

3. Any loss, claim or payment incurred by the Insured within the first thirty (30) days from the effective date of cover. This Exclusion shall not be applicable if the effective date of cover concurs with the effective date of the Insurance Guarantee insured under Section 1 of this Policy.

4. Any loss, claim or payment arising out of any circumstances caused directly or indirectly by the Insured and/or the Insured’s family members/tenants residing with the Insured.

5. The excess stated in the Certificate of Insurance.

GENERAL CONDITIONS

1. Alteration
   This Policy shall cease to be in force if there be any material alteration in risk unless We by endorsement declare the insurance to be continued.

2. Arbitration
   Any dispute arising out of or in connection with this Policy, including any question regarding its existence, validity or termination, shall be referred to Financial Industry Disputes Resolution Centre Ltd (“FIDReC”). This applies as long as the dispute can be brought before FIDReC.

   If the dispute cannot be brought before or dealt with by FIDReC, it will be referred to and finally resolved by arbitration in Singapore in accordance with the Arbitration Rules of the Singapore International Arbitration Centre (“SIAC Rules”) for the time being in force, which rules are deemed to be incorporated by reference in this clause.

   The seat of the arbitration shall be Singapore.

   The Tribunal shall consist of three (3) arbitrator(s).

   The language of the arbitration shall be in English.

3. Cancellation
   (a) The Policy may be cancelled by Us or the Insured by giving seven (7) days’ notice by registered letter to the respective parties at their last known address.

   (b) In the event of termination of the employment contract in Singapore, the cover ceases automatically. The Letter of Discharge from the Ministry of Manpower shall be deemed to cancel the Policy from the date of Letter of Discharge.

   (c) If the Policy is cancelled within two hundred and seventy days (270) days from the inception date, the Insured shall be entitled to a refund of premium computed using the Refund Table below.

   **Refund Table**

<table>
<thead>
<tr>
<th>Cancellation Period</th>
<th>Amount Refunded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 60 days</td>
<td>80% of Premium</td>
</tr>
<tr>
<td>61 days to 120 days</td>
<td>50% of Premium</td>
</tr>
<tr>
<td>121 days to 180 days</td>
<td>30% of Premium</td>
</tr>
<tr>
<td>181 days to 270 days</td>
<td>20% of Premium</td>
</tr>
</tbody>
</table>
(d) No refund of premium is payable if the Policy is cancelled after two hundred and seventy days (270) days from the inception date or when a claim has been made towards this Policy.

4. **Claims Notification**
On the happening of any Accident or Illness which may give rise to a claim under this Policy, the Insured shall:
(a) give immediate notice in writing to Us within twenty-one (21) days stating the circumstances of the loss, damage, liability, death, injury or Illness.
(b) deliver to Us as soon as reasonably practicable a claim in writing with such detailed particulars and proofs as may be reasonably required.
(c) provide Us all reports, certificates and information required by Us which shall be furnished at the Insured’s expense and shall be in such form as We shall prescribe.
(d) ensure the Insured Person shall from time to time submit herself to medical examination at Our expense as may be required in connection with any claim.
(e) ensure in the case of death where any reasonable doubt exists as to the cause thereof that a Physician appointed by Us shall be allowed to make a post-mortem examination of the body of the Insured Person at Our expense.

5. **Discharge**
The receipt of the Insured or the Insured Person or of their legal personal representatives as the case may be shall in all cases be an effectual discharge to Us.

6. **Fraudulent Claims**
If the Insured and/or the Insured Person or anyone acting on behalf made any claim under this Policy knowing the claim to be fraudulent, this Policy shall become void and all benefits shall be forfeited.

7. **Governing Law**
This Policy shall be governed by and interpreted in accordance with the laws of The Republic of Singapore.

8. **Interpretation**
This Policy and the Certificate of Insurance shall be read together as one contract. Any word or expression to which a specific meaning has been attached in any part of this Policy or of the Certificate of Insurance shall bear such meaning wherever it may appear.

9. **Jurisdiction**
The indemnity under this Policy shall not apply in respect of judgments which are not in the first instance delivered by or obtained from a Court or Tribunal of competent jurisdiction within the Republic of Singapore.

10. **Limitation**
We shall not be liable to pay any benefit after the expiration of twelve (12) months from the happening of the event giving rise to a claim unless the claim in respect of the event is the subject of pending arbitration.

11. **Observance**
Our liability shall be conditional on the observance by the Insured of all the Terms of the Policy.
12. **Non- Contribution Clause**
This insurance does not cover any loss, destruction, damage or liability which is insured by or would, but for the existence of this Policy, be insured by any other policy or policies, except in respect of any excess beyond the amount which would have been payable under such other policy or policies had this insurance not been effected. This shall not be applicable to Section 2 Benefit A – Death and Benefit B – Permanent Disablement.

13. **Notice of Material Changes**
The Insured shall give immediate notice in writing to Us of any Illness or injury or physical defect or infirmity of the Insured Person of which the Insured has become aware.

Following any material change, We may charge additional premiums, impose additional restrictions or cancel the insurance under this Policy.

14. **Payment Before Cover Warranty**
   
   (a) Notwithstanding anything herein contained but subject to clauses (b) and (c) hereof, it is hereby agreed and declared that the premium due must be paid to the Company (or the intermediary through whom this Policy, Renewal Certificate, Cover Note or Endorsement was effected) on or before the inception date (“the Inception Date”) of the coverage under the Policy, Renewal Certificate, Cover Note or Endorsement. Payment shall be deemed to have been effected to the Company or the intermediary when one of the following acts takes place:

   (i) Cash or honoured cheque for the premium is handed over to the Company 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 the Company or the intermediary is made through an electronic medium including the internet.

   (b) In the event that the premium due is not paid to the Company (or the intermediary through whom this Policy, Renewal Certificate, Cover Note or Endorsement was effected) on or before the Inception Date, then the Policy, Renewal Certificate, Cover Note and Endorsement shall not attach and no benefits whatsoever shall be payable by the Company. Any payment received thereafter shall be of no effect whatsoever as cover has not attached.

   (c) In respect of insurance coverage with Free Look provision, the Insured may return the original policy document to the Company or intermediary within the Free Look period if the Insured decides to cancel the cover during the Free Look period. In such an event, the Insured will receive a full refund of the premium paid to the Company provided that no claim has been made under the insurance and the cover shall be treated as if never put in place.

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

16. **Reasonable Precaution**
The Insured shall take all reasonable precautions to safeguard the Insured Person against Accidents and diseases.
17. **Subrogation**
In the event of a claim We shall be entitled to undertake in the name and on behalf of the Insured the absolute conduct, control and settlement of any proceedings and to take proceedings at Our own expense and for Our own benefit but in the name of the Insured to recover compensation or secure indemnity from any third party in respect of anything covered by this Policy.

18. **Territorial Limits**
Singapore only.

**GENERAL EXCLUSIONS**

1. We will not pay for:-
   (a) Any expenses or compensation for treatment or service incurred as a direct or indirect result of Pre-Existing Conditions. This Exclusion shall not apply if the Insured Person is continually covered under another insurance policy with any insurance company for the last twelve (12) months.
   (b) Any expenses or compensation for ongoing / continual treatment or service incurred as a direct or indirect result of existing conditions / illnesses where the limits under the original Plan / Policy limit have been fully utilised.
   (c) Charges which are not for actual, necessary and reasonable expenses incurred in the treatment of any Illness or Bodily Injury.
   (d) Services and supplies not recommended, approved and performed by a Physician or services which are for preventive care / measure or routine health check-up purposes including but not restricted to vaccination, inoculations, contraception and other prophylactic treatment.
   (e) Cosmetic or beauty treatment of any kind other than therapeutic surgery considered as essential by a Physician to remedy a malfunction, treatment for obesity, weight reduction and weight improvement.
   (f) Charges for services and items that are non-medical in nature (example: telephone, television, newspapers, etc) whilst as an inpatient.
   (g) Treatments arising from any geriatric, psycho-geriatric, psychiatric conditions or physiotherapy.
   (h) Treatment that is not scientifically / medically recognised.
   (i) Expenses recoverable from a third party, including Work Injury Compensation Insurance or Social Security Organisation.
   (j) Any consequential loss or damage of any kind whatsoever.

2. We will not indemnify or pay the Insured and/or Insured Person for Bodily Injury to the Insured Person and/or expenses directly or indirectly consequent upon:
   (a) Any unlawful act of the Insured Person or wilful exposure to danger (other than in an attempt to save human life), suicide, attempted suicide or intentional self-injury or any attempt thereat while sane or insane or caused directly by a deliberate act of the Insured and/or the Insured's immediate family member residing with the Insured. This Exclusion shall not be applicable to Section 4 - Repatriation Expenses.
(b) The effect or influence (temporary or otherwise) of intoxicating liquor or drugs not prescribed by a Physician

(c) Any congenital defects or insanity or conditions related to functional disorder of the mind, nervous disorders or venereal diseases or AIDS (Acquired Immune Deficiency Syndrome) ARC (AIDS Related Complex) or other communicable diseases requiring isolation or quarantine by law.

(d) Pregnancy, childbirth, miscarriage, abortion, sterilisation, menopause or any complications therefrom.

(e) Winter sports, rock climbing, mountaineering, speleology, potholing, sky diving, hang gliding, water-skiing, under-water activities involving artificial breathing apparatus, parachuting, football, rugby, ice hockey, polo, steeple-chasing, boxing, wrestling or the performance of martial arts, hunting, racing of any kind other than on foot.

(f) Flying or aerial activity (other than flying as a passenger in a fully-licensed passenger-carrying aircraft) as a member of the Crew or for the purpose of any trade or technical operation.

(g) Riding on motorcycle, motor scooter, moped or mechanically assisted pedal cycle (whether as driver or passenger) for social, recreation, sports, exhibition, competition or for any other purpose of any kind whatsoever.

(h) Any action for compensation brought in the Courts of Law of any territory outside Singapore.

3. We will not indemnify or pay the Insured and/or Insured Person for loss, damage, injury by Accident or disease directly or indirectly occasioned by or happening through or in consequence of or contributed to by:

(a) War, invasion, act of foreign enemy hostilities (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection or military or usurped power.

(b) Riot, strike or civil commotion.

(c) Any act of any person or persons acting on behalf of or in connection with any organisation with activities directed towards the overthrow by forces of any de jure or de facto Government or to influencing of it by terrorism or violence.

(d) Earthquake, volcanic eruption, flood, avalanche or tempest.

(e) Ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this Exception combustion shall include any self-sustaining process of nuclear fission.

(f) Nuclear weapons material.

(g) Any wilful act or wilful negligence of the Insured and/or Insured Person or of his/her representatives.

4. This insurance shall not apply to an Insured Person who has attained the age of sixty-five (65) years old.
5. **Contracts (Rights of Third Parties) Act (Chapter 53B)**
A person who is not a party to this Policy shall have no right under the Contract (Rights of Third Parties) Act (Chapter 53B) to enforce any of its terms.

6. **Sanction Limitation 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 or United Kingdom or United States of America.

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

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

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

If We allege that by reason of this Exclusion, any loss, damage, cost or expense is not covered by this insurance the burden of proving the contrary shall be upon the Insured.

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

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**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 us or visit the General Insurance Association (GIA) or SDIC web-sites (www.gia.org.sg or www.sdic.org.sg).