MSIG Insurance (Singapore) Pte. Ltd.
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Co.Reg No. 200412212G GST Reg. No. 20-0412212G
A Member of MS&AD INSURANCE GROUP

GROUP HEALTHCARE INTERNATIONAL

RENEWAL CERTIFICATE

Insured	: Chatsworth International School Pte Ltd	**Date of Issue**	: 18/01/2021
		Policy No.	: B 300408970 HGP
		Account No.	: 49
Address	: 230 Orchard Road #07-230 Faber House Singapore 238854	**Period of Insurance**	: 10/01/2021 to 09/01/2022

Business
School including rental of sports facilities and classrooms for activities

Plan	Employee Category	Total No. of Employees	Usual Country of Residence
Plan 1	On 510 students	510	SG

COVER DETAILS

For any disability which require confinements in a duly licensed (by the government) hospital or clinic the insured person will be paid benefits based on the actual, necessary and reasonable expenses incurred but not exceed the maximum amounts indicated below:

	Summary of Benefits	Plan 1
Overall Maximum Annual Limit per Insured Person per Period of insurance subject to the sub-limits as stated below		SGD20,000
1	**Hospital & Related Services** Hospital Treatment and Services (including Day Care Surgery, Home Nursing following Hospitalisation, Accidental Dental Cover & Local Ambulance) Doctor's / Surgeon's / Anaesthetist's / Physiotherapist / Specialists Consultations and Visits Intensive Care Unit Chemotherapy and/or Kidney Dialysis Casualty Ward Accident Services Casualty Ward Emergency Services (subject to deductible of SGD100.00 per claim or course of treatment)	Up to SGD20,000
2	**Hospital Accommodation** (Room & Board)	6 Bedded (Government / Restructured)
3	**Pre-Hospital Specialist Consultation & Diagnostic Services / Post Hospital Follow-up Treatment**	Within 90 days of hospital admission / Up to 90 days after discharge
4	**Compassionate Grant**	SGD5,000
5	**Emergency Medical Advice and Travel Assistance**	Provided
Additional Benefits		
A	**Hospital confinement due to Mental Illness**	Up to SGD1,000

CLAUSES/ENDORSEMENTS APPLICABLE TO THE WHOLE POLICY

This Policy extends to include the following endorsements and clauses subject otherwise to the terms conditions and exceptions/exclusions of this Policy:

Room and Board

It is hereby noted and agreed that Hospital Room and Board is limited to Class B2 ward in Singapore Government/Restructured Hospital.

Memo 1 - Headcount Basis

This policy will be administered on headcount basis. An updated name list is required to be submitted at each renewal/expiry date for records update to the policy. The list will form the basis of adjustment for the previous year. Adjustment to the policy will be administered on yearly basis and premium will be adjusted at 50% of the annual premium rate.

Memo 2 - Pre-Existing Conditions

For new students, pre-existing conditions will be covered after 12 months of continuous coverage with us. Completion of health declaration form is waived.

Memo 3 - Pro-Ration Factor

35% co-insurance will apply for upgrade from B2 ward in Singapore Government/Restructured Hospital (capped at A wards)
40% co-insurance will apply for all hospital and related services (HRS)in Singapore Private Hospital (capped at 2 bedded wards) and surgical procedure or day surgery at Private Clinics.

Memo 4 - Hospital Confinement Due To Mental Illness (With Referral By General Practitioner Or Specialist)

The Company will pay up to SGD1,000/- per annum for any investigations and treatment related to Hospital confinement due to Mental Illness with referral by General Practitioner or Specialist.

Memo 5 - Death Benefit

The Policy will pay SGD5,000/- if an Insured Person dies from:-
i. a covered Injury, or
ii. a covered Illness as a registered in-patient during the treatment for such Illness at a Hospital or within 90 (ninety) days after discharge from the Hospital, in the Insured Person's Usual Country of Residence.

Memo 6

This policy will not cover an insured person who travels expressly for treatment outside of the Usual Country of Residence.

Memo 7 - Claim Experience Refund

This policy is extended to provide an experience refund of premium calculated as follow:-

Experience refund = 40% 65%P-C-LCF), subject to minimum premium of SGD20,000.00/-
where
P = earned premium
C = incurred claims for the period
LCF = Loss carried forward for 3 policy years

Losses will be carried forward from one account period to another for maximum of 3 years, thereafter calculation of experience refund shall commence a fresh in the 4th year.

Experience refund, if any, is only payable when the policy is renewed for a period of not less than 12 months. If after a credit had been allowed for the experience refund, further claims are notified relating to the medical expenses incurred in the year

to which the statement relates, the credit shall be recalculated and the necessary refund shall be made to the Company.

Memo 8 - Definition Of Words

It is hereby noted and agreed the following Definition of Words from the Policy shall be deleted and replaced by:

Insured/You/Your
means Chatsworth International School Pte Ltd

Insured Person
means a Full Time Student of Chatsworth International School Pte Ltd

The following Definition of words from the Policy shall be deleted:

Employee, and

Dependent, and

Full Time Active Service

Subject otherwise to the terms, exceptions and conditions of the Policy.

Memo 9

It is hereby noted and agreed under the General Conditions

Item 1 - Eligibility from the Policy shall be deleted and replaced by:

1. Eligibility
Unless We agree in writing, otherwise any student You wish to insure under the Policy must be a full time student of the Insured and at the enrolment Date, be between age 3 (three) to 45 (forty-five) years old.

Item 2 - Selection of Employees and Covered Dependants shall be deleted and replaced by:

2. Selection of Students
As a condition precedent to the Company's liability, the Insured will take reasonable steps to establish the good health and suitability for enrolment as a student as appropriate and shall not permit to be insured hereunder any person known by the Insured at the date of enrolment in the Policy to be in need of or likely to require in-Hospital treatment or any benefit covered by the Policy unless such facts are fully disclosed to and accepted by the Company in writing prior to commencement of cover for the Insured Person concerned.

Item 8 - Termination of Cover from the Policy shall be deleted and replaced by:

8. Termination of Cover
(a) The entire Policy will terminate and cover for all Insured Persons will cease immediately upon:
(i) non-payment of premium as described in the Premium Payment Warranty of this Policy; or
(ii) cancellation of this Policy as described in General Condition 14

(b) Unless We have agreed otherwise in writing, the cover of an Insured Person under this Policy will terminate immediately in any of the following circumstances, whichever occurs first:
(i) the Insured Person ceases to be eligible,
(ii) the Eligibility Definition is changed to exclude the Insured Person,
(iii) the Insured Person ceases to be a full time student,
(iv) the Insured Person ceases to be a student of the Insured,
(v) the Insured Person is on leave of absence,
(vi) on the expiry of the Period of Insurance in which the Insured Person has attained 45 (forty-five) years old, or
(viii) at the time of death of the Insured Person.

Subject otherwise to the terms, exceptions and conditions of the Policy.

Memo 10 - Automatic Addition/Deletion & Adjustment Clause

It is hereby agreed that:-

1. This Policy is issued on a headcount basis according to the medical plan specified for all eligible students. The Insured is required to provide a listing with full particulars showing the Insured Person's name and date of birth, as at inception and again at expiry of the Policy.

In the event of a claim, the Company agreed that the basis of compensation shall be based on the coverage as specified in the Schedule and its corresponding sum insured of that student on the actual date of accident/illness.

The Insured is required to provide to the Company the necessary documentary proof to verify the coverage eligibility of the student at the time of claim.

2. This Policy provides for automatic addition/deletion of any student on joining/leaving the Insured during the Period of Insurance. Premium adjustment is done on the expiry of the Policy as follows:

Premium adjustment on headcount basis:
Headcount as at inception = A
Headcount as at expiry = B
Difference = A - B
Adjustment premium = (A - B)/2 x annual premium

Memo 11 - Medical Report Fees

It is hereby noted and agreed that the Policy will pay for medical report fees incurred.

This Policy is renewed for the period shown above.
Subject to the terms, exceptions and conditions of the Policy.

Replacing Policy No. : 29112910

SIGNED FOR AND ON BEHALF OF THE COMPANY

Craig Ellis
Chief Executive Officer
MSIG Insurance (Singapore) Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.
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Co. Reg. No. 200412212G
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GROUP HEALTHCARE INTERNATIONAL POLICY

Here is Your Insurance Policy. Please examine it together with the **Schedule**, to make sure that You have the protection You need.

It is important that this Policy, the **Schedule** and any amendments or endorsements issued from time to time are read together to avoid misunderstandings.

HOW YOUR INSURANCE OPERATES

Your Policy is a contract between Us, the **Company**, and You, Our **Insured** named in the **Schedule**. The Fact Finding Form, Health Declaration and any information given are the basis of this contract. The **Schedule** and any endorsement made altering the terms of this Policy, form part of this Policy.

In consideration of Your payment to Us of the required premium, We agree to indemnify You in the manner and to the extent described in the Policy and in the **Schedule**, in respect of medical or other covered expenses incurred during the **Period of Insurance**, or any subsequent period for which You pay and We accept the required premium.

OUR PROMISE OF SERVICE

We wish to provide You with a high standard of service and to meet any claims covered by this Policy honestly, fairly and promptly. Should You have any reason to believe that We have not done so, please contact Your broker or agent. If You do not use the services of a professional intermediary please contact, our customer service manager who will be ready to help You with Your concerns.

A GUIDE TO YOUR GROUP HEALTHCARE INTERNATIONAL POLICY

DEFINITIONS OF WORDS

(Which apply to the whole Policy)

Certain words have been defined below. These have the same meaning wherever they are used in the Policy or the **Schedule**.

Accident
means a sudden external event which gives rise to a result not intended or anticipated by the **Insured** or **Insured Person**.

Anaesthetist
means a registered medical practitioner qualified by a degree in Western medicine and legally licensed and duly qualified to perform anaesthetics, who is licensed as an **Anaesthetist** by the Ministry of Health, Singapore or its equivalent in the country in which treatment is provided.

Company/We/Us
means MSIG Insurance (Singapore) Pte. Ltd.

Clinic
refers to a place operated by a **Doctor** for the treatment of **Illness** or **Injury** and licensed by the Ministry of Health, Singapore or its equivalent in the country in which treatment is provided.

Commencement Date
means original inception date of cover under this Policy.

Day Care Surgery
means an event whereby an **Insured Person** requires the use of a recovery facility for a surgery performed on a pre planned basis (but not for an overnight or **Inpatient** stay) provided by or on the order of a **Doctor** to the **Insured Person** for treatment of a covered **Illness** or **Injury** at a **Hospital** or **Clinic** duly qualified to perform such a surgery.

Dependant
means the legal spouse of the **Insured Person** and/or unmarried children who are dependent upon the **Insured Person** for support, provided always that such children are at least fifteen (15) days and not more than eighteen (18) years at the date of enrolment (extended to twenty-one (21) years old if in full time formal education). Thereafter children must pay the full adult premium rate.

Doctor
means a properly qualified medical practitioner (other than an **Insured Person** or a member of the **Insured Person's** immediate family) licensed by the Ministry of Health in Singapore or its equivalent in the country where treatment is provided, and who in rendering such treatment is practicing within the scope of his/her licensing and training.

Due Date
means the **Commencement Date** or date of renewal of cover as shown in the **Schedule** or the date on which any subsequent payment of premium falls due.

Employee
means an **Insured Person** who is in **Full Time Active Service** and direct employment with the employer identified as the **Insured** in the **Schedule**.

Full Time Active Service
An **Employee** will be considered to be in **Full Time Active Service** on any day if he is then performing or is capable of performing in the customary manner all of the regular duties of his employment as performed or was capable of being performed on the last regularly scheduled work day or being on entitled annual leave for reasons other than on medical reasons. A **Dependant** will be considered to be in **Full Time Active Service** on any day if he is then able to perform all the normal activities of a typical person of the same age and sex, and is confined neither at a Nursing Home nor in a **Hospital** or any other medical facility.

General Practitioner
means a **Doctor**, who is licensed as a **General Practitioner** by the Ministry of Health, Singapore or its equivalent in the country in which treatment is provided, whose practice is based on a broad understanding of all illnesses and who does not restrict his practice to any particular field of medicine.

Home Country
means the country of which the **Insured Person** holds a passport. If the **Insured Person** holds more than one passport, the **Home Country** will be taken to mean the country declared on the Application Form or Enrolment Form or Health Declaration Form under the heading "Nationality". When **Dependants** of an **Insured Person** are enrolled in the Policy, the **Home Country** of the **Dependants** will be deemed to be the same **Home Country** as declared for that **Insured Person** in the Application Form or Enrolment Form, or Health Declaration Form.

Hospital
means an institution which is legally licensed as a medical or surgical **Hospital** in the country in which it is located to provide service primarily for reception, care and treatment of injured or sick persons as **Inpatients** under the constant supervision of a **Doctor**. These exclude nursing, rest homes or convalescent homes, institutions for treatment of substance abuse, geriatric wards and places for drug addicts or alcoholics or for any similar purpose.

Illness
means physical illness or disease, marked by a pathological deviation from the normal healthy state.

Injury
means all bodily injury suffered and caused solely by an **Accident** and not by sickness, disease or gradual physical or mental wear and tear.

Inpatient
means an in-patient stay in the **Hospital** by the **Insured Person** where the treatment is being received for which room and board charges are made by the **Hospital**, and this excludes in-patient stay by the **Insured Person** under observation in a ward.

Insured/You/Your
means the **Employer** of the **Insured Person** or, in the case of a non-Employee Group Scheme accepted by the **Company**, as the sponsoring organisation through which the Policy is offered, effected or administered, and is the policyholder named as **Insured** in the **Schedule**.

Insured Person
means an **Employee** or covered **Dependant**, who is a Resident of Singapore. An **Insured Person** who is not a Resident of Singapore may be covered subject to approval from the **Company**.

A Resident of Singapore is defined as a Singaporean, Singapore Permanent Resident or holder of valid pass (excluding short term visit pass or social visit pass) issued by the Ministry of Manpower in Singapore, and who has completed or whose name is included on an Application Form or Enrolment Form or Health Declaration Form for the Policy, and who meets the eligibility criteria set out in the General Condition one (1) of the Policy, and in respect of whom commencement of cover has been confirmed in writing by the **Company**.

International Cover
means insurance cover provided by the Policy anywhere else in the world except in the **Insured Person's Usual Country of Residence** and **Home Country**.

MSIG Assist
means the emergency assistance centre provided by the **Company**.

Period of Insurance
means a period of one year (unless otherwise agreed in writing by the **Company**) and shown in the **Schedule**.

Pre-Existing Conditions
means any **Injury, Illness**, condition or symptom:

(a) for which treatment, or medication, or advice, or diagnosis has been sought or received or was foreseeable prior to the commencement of cover for the **Insured Person** concerned, or

(b) which presented signs or symptoms of which the **Insured Person** concerned was aware or should reasonably have been aware or which originated or existed prior to the commencement of cover for the **Insured Person** concerned.

Physiotherapist
refers to a person, (other than an **Insured Person** or a member of the **Insured Person's** Immediate family), qualified by a duly accredited degree in physiotherapy and legally licensed and duly qualified to perform physiotherapy, and who in rendering such treatment is practicing within the scope of his licensing and training.

Reasonable and Customary Charges
means charges for medical care which shall be considered by the **Company** or its medical advisers to be reasonable and customary to the extent that they do not exceed the general level of charges being made by others of similar standing in the locality where the charges are incurred when giving like or comparable treatment, services or supplies to individuals of the same sex and of comparable age for a similar disease or **Illness** or **Injury**. Any scales of charges which may be agreed from time to time between the **Company** and **Hospitals** and **Doctors** shall also be indicative of such **Reasonable and Customary Charges**.

Serious Medical Condition
means, for the purpose of interpreting Overseas Emergency Medical Evacuation and Repatriation cover, a condition which in the opinion of the **Company** or its authorised representatives constitutes a serious or life threatening medical emergency requiring immediate evacuation to obtain urgent remedial treatment in order to avoid death or serious impairment to an **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 and the local availability of appropriate medical care or facilities.

Schedule
means the **Schedule** containing the details of the policy, benefits, endorsements (if any), **Insured Person(s)**, type of cover selected and **Period of Insurance** and this includes the Renewal Certificate issued by the **Company**. The **Schedule** is part of the Policy.

Specialist
means a **Doctor**, who is licensed as a **Specialist** by the Ministry of Health in Singapore or its equivalent in the country in which treatment is provided, whose practice is based on special expertise in a selected medical specialty to treat the type of **Illness** or **Injury** for which a claim may be made, which is relevant to the treatment provided to the **Insured Person**.

Usual Country of Residence
means the country, excluding country in war zones or which represents war risks or political or civil conditions, in which the **Insured Person** is usually living at the **Commencement Date** of his/her cover under the Policy and which is declared in the Application Form or Enrolment Form or Health Declaration Form, and which is stated in the **Schedule**.

In this Policy, where the context admits and is applicable, words imputing the masculine gender shall include the feminine gender and words imputing the singular number shall include the plural number and vice versa.

SECTION I – COVER

The Policy will pay up to the Limits and Sub-Limits stated in the **Schedule** for medical or other covered expenses as defined and necessitated as a direct result of the **Insured Person** suffering **Injury, Illness**, death or any other covered eventuality during the **Period of Insurance**.

If compensation is claimed for the simultaneous treatment of separate or unconnected medical conditions, the expenses for treatment of each respective condition shall be regarded as a separate claim for the purpose of the Policy. When compensation is claimed for medical treatment and the **Insured Person** subsequently claims for a new course of treatment which is unconnected with the former treatment, the subsequent claim will be regarded as a new claim. The Policy Deductible or Co-insurance, if any, shall be applied to each separate or new claim in this context.

Benefits are payable either to the **Insured** or to the **Insured Person** or to the providers of covered medical, transportation or other services, whose official receipt shall be a valid discharge of the **Company's** liability to pay in respect thereof. Only the usual **Reasonable and Customary Charges** in the geographical area where covered treatment or services are provided will be paid.

Additionally, the **Company** may reduce any payable claim to reflect what would have been reasonably incurred, based on the professional opinion of our appointed **Doctor**.

Satisfactory Proof of Claim must be submitted in all cases, and the **Company** may appoint independent administrators to settle claims on its behalf.

SECTION II – LIMITS OF LIABILITY

The **Company's** liability is limited in amount to the Limits and Sub-Limits indicated on the **Schedule** as applying to each item or type of cover provided. The Overall Maximum Annual Limit stated on the **Schedule** is the maximum amount recoverable under the Policy as a whole by an **Insured Person** during any one **Period of Insurance**.

SECTION III – DEDUCTIBLE AND CO-INSURANCE

A Deductible is the amount the **Insured Person** must contribute towards the cost of each claim or course of treatment.

An Annual Aggregate Deductible is the accumulative total amount of medical expenses (including covered claims resulting from Day Care Surgery) incurred by an **Insured Person** during any one **Period of Insurance** in excess of which amount the Policy will indemnify or compensate the **Insured** or **Insured Person** for medical expenses (including covered claims resulting from Day Care Surgery) covered by the Policy.

In order to claim indemnity or compensation the **Insured Person** must be able to substantiate that expenses have been incurred and that such expenses would have been covered by the Policy had it not been for the application of the Annual Aggregate Deductible.

The Annual Aggregate Deductible option is not available if You are applying for Maternity Benefit.

Co-insurance means the proportion of covered medical expenses claims (after the Deductible) which the **Insured** or the **Insured Person** must pay.

The amount of any Deductible or Co-insurance and the items of cover to which they apply are stated on the **Schedule**. The order in which they shall be applied to covered claims is Deductible amounts first and Co-insurance amounts second.

Unless otherwise advised by the **Company**, the Deductible and/or Coinsurance is not applicable to the following benefits:

- Overseas Emergency Evacuation, Repatriation and/or Repatriation or Local Burial of Mortal Remains or Local Cremation, and
- Maternity Benefit.

SECTION IV – AVAILABLE BENEFITS

The following Benefits are available. Please refer to the **Schedule** to determine the cover actually provided to the **Insured Person** concerned.

1. **Hospital and Related Services**

   (i) **Hospital Treatment and Services**
   All medically necessary treatment and services provided by or on the order of a **Doctor** to the **Insured Person** when admitted for a treatment of a covered **Illness** or **Injury** as a registered in-patient to a **Hospital**.

   Cover includes:
   - **Hospital** accommodation (up to the cost of a standard class single bedded air conditioned room unless stated otherwise in the **Schedule**, and extended wherever necessary to include additional accommodation charges for one adult family member sharing the **Hospital** room of an insured child patient who is aged not more than eighteen (18) years old),
   - meal charges, nursing care, diagnostic, laboratory or other medically necessary facilities and services, operating theatre charges,
   - **Doctor's/Anaesthetist's** or **Physiotherapist's** fees, **Specialist** consultations and visits,
   - Intensive Care Unit or High Dependency Unit (HDU) or Coronary Care Unit (CCU) charges incurred at a **Hospital**,
   - All drugs, dressings or medications prescribed by the treating **Doctor** for in-hospital use.

   The costs of non-medically necessary goods or services including such items as telephone, television and newspapers are not covered.

   (ii) **Chemotherapy and/or Kidney Dialysis (This benefit is provided only if it is included in the Schedule)**
   Cover includes Chemotherapy and/or Kidney Dialysis treatment at a **Hospital** irrespective of whether such treatment is received as a registered **Inpatient** or as an outpatient.

   (iii) **Day Care Surgery**
   The cover provided by the **Hospital** Treatment and Services benefit extends to include Day Care Surgery.

   Day Care Surgery cover excludes all non-surgical procedures and related treatment and is subject otherwise to the terms, conditions, exclusions, Limits and Sub-Limits stated in the Policy and the **Schedule**.

   For the avoidance of any doubt, if the Annual Aggregate Deductible is stated in the **Schedule**, the Annual Aggregate Deductible is applicable to any admitted claim on Day Care Surgery.

   (iv) **Pre-Hospital Specialist Consultation and Diagnostic Services**
   Consultation by a **Specialist**, and laboratory, X-ray or other medically necessary diagnostic procedures ordered by a **Doctor**, for the treatment of a covered **Illness** or **Injury** and which within thirty (30) days (or sixty (60) days if so specified in the **Schedule**) of being carried out, result in the **Insured Person** being admitted as a registered **Inpatient** to a **Hospital** for the treatment of the same **Illness** or **Injury** for which the **Insured Person** received in-hospital treatment covered by the Policy.

   (v) **Post-Hospital Follow-up Treatment**
   The medically necessary follow-up treatment ordered by a **Doctor** to be rendered for up to sixty (60) days (or ninety (90) days if so specified in the **Schedule**) from the **Insured Person's** discharge from **Hospital**. Cover is restricted to follow-up treatment of a covered **Illness** or **Injury** for which the **Insured Person** received in-hospital treatment covered by the Policy.

(vi) **Home Nursing following Hospitalisation**
Following discharge from **Hospital**, the full-time or part-time services of a registered and licensed nurse for the convalescence of the **Insured Person** at home in his/her **Usual Country of Residence** or **Home Country** when prescribed by a **Doctor** for the continued treatment for the covered **Illness** or **Injury** for which the **Insured Person** was hospitalised, and only when such services are essential for medical as distinct from domestic reasons. Cover is limited to a maximum period of twenty-six (26) weeks in any one **Period of Insurance**.

(vii) **Casualty Ward Accident Services**
The **Company** will reimburse for the medical treatment provided to the **Insured Person** as an outpatient at a **Hospital** or **Clinic** for a covered **Injury** following an **Accident** for which the **Insured Person** had obtained medical attention within twenty-four (24) hours of the **Accident**.

Eligible medical expenses incurred thereafter for follow up treatment of the specific medical condition will be reimbursed up to thirty (30) days from the date of the **Accident**.

For the avoidance of any doubt, the benefit under Section 1 (vi) is not payable in the event of an **Illness**.

(viii) **Casualty Ward Emergency Services**
The **Company** will reimburse for an unexpected medical emergency arising from a covered **Illness** requiring immediate medical attention to the **Insured Person** as an outpatient at a **Hospital**.

Cover for Casualty Ward Emergency Services is subjected to the Deductible stated in the **Schedule**.

(ix) **Dental Cover following an Accident**
Dental treatment required to restore or replace sound natural teeth lost or damaged in an **Accident** and for which treatment is provided within fourteen (14) days following such **Accident**.

(x) **Local Ambulance Services**
The medically necessary transportation of the **Insured Person** by road vehicle to a local **Hospital** provided that the **Insured Person** is warded as an **Inpatient** for treatment of a covered **Illness** or **Injury**.

2. **Increased International Cover (This benefit is provided only if it is included in the Schedule)**

The Hospital and Related Services Limit shown on the **Schedule** may be increased automatically (up to an amount stated on the **Schedule**) while the **Insured Person** is travelling or is located outside the **Usual Country of Residence** and **Home Country**, but excluding treatment of non-urgent or chronic conditions, elective overseas treatment or treatment that can reasonably wait until he/she returns to the **Usual Country of Residence**.

In the event that the **Insured Person** suffers a long term disability which is medically certified to be a duration in excess of three (3) months, the **Company** reserves the right to transport the **Insured Person** to his/her **Usual Country of Residence** or **Home Country**, provided that he or she is medically fit for transport:

Increased International Cover is not applicable to the **Insured Person** when he/she is in his/her **Usual Country of Residence** or **Home Country**.

3. **Organ Transplantation (This benefit is provided only if it is included in the Schedule)**

The cost of operations for the transplantation of kidneys, heart, liver, lung or bone marrow. The Policy does not cover the costs of acquisition of the organ or expenses incurred by the donor. Transplantation costs may only be claimed under this section of the Policy when the benefit is included in the **Schedule**. No other type of benefit insured by the Policy provides cover in connection with Organ Transplantation.

4. **Outpatient Services (This benefit is provided only if it is included in the Schedule)**

Medically necessary treatment for a covered **Illness** or **Injury** provided to an **Insured Person** who is not a registered **Inpatient** at a **Hospital** and defined as:

(i) **General Outpatient Services**
Outpatient Services provided by or on the order of a **Doctor** who is licensed as a **General Practitioner**.

(ii) **Specialist Outpatient Services**
Outpatient Services provided by or on the order of a **Doctor** who is licensed as a **Specialist** and to whom the **Insured Person** has been referred by a **General Practitioner**. No benefit shall be payable if the **Insured Person** is not referred by a **General Practitioner**.

(iii) **Outpatient Laboratory and X-ray Services**
Laboratory, testing, radiographic and nuclear medicine procedures used to diagnose or treat medical conditions. Such services must be provided by or the order of a **Doctor**.

(iv) **Outpatient Prescription Drugs**
Drugs and medications, the sale and use of which is legally restricted to the order of a **Doctor**, and prescribed for use by the **Insured Person** as an Outpatient.

Cover for Outpatient Services is subject to the Limits, Sub-Limits, Deductible, Co-insurance and/or maximum number of doctor's visits (if any) stated on the **Schedule**. Cover for Outpatient Services does not include expenses recoverable under any other type of Benefit insured by the Policy.

For the avoidance of any doubt, Day Care Surgery is not part of Outpatient Services.

5. **Maternity Benefit (This benefit is provided only if it is included in the Schedule)**

Ante-natal, childbirth and post-natal treatment for the mother but only up to the Sub-Limit stated in the **Schedule** for Normal or Complicated Delivery. If an **Insured Person** has a past history of Complications, as defined below, prior to the commencement of her cover for the Maternity Benefit, the Maternity Benefit shall be limited to the amount stated in the **Schedule** of Normal Delivery.

In the event that covered Complications arise, this Sub-Limit is increased to the amount stated on the **Schedule** for Complicated Delivery.

In this case covered Complications are defined as:

(a) charges for surgery and related medical care for caesarean section when a **Doctor** has certified in writing that a natural delivery will endanger the life of the mother and/or child(ren),

(b) charges for surgery and related medical care for the treatment of extrauterine pregnancy or complications requiring intra-abdominal surgery after necessary termination of pregnancy for medical reasons,

(c) charges for other necessary care which is provided during hospitalisation for pernicious vomiting in pregnancy, toxaemia with convulsions or spontaneous abortion (miscarriage).

No other charges for complications of pregnancy are covered under the Complicated Delivery Benefit.

Operations upon unborn foetuses are not covered. No other type of Benefit insured by the Policy (including but not limited to Overseas Emergency Medical Evacuation) covers expenses incurred in connection with maternity or childbirth.

Waiting Period for Maternity Benefits
When the Maternity Benefit is in force and unless otherwise stated in the **Schedule** it will apply only to pregnancies which begins at least three hundred and sixty-five (365) days after the mother's first enrolment as an **Insured Person** with the Maternity Benefit in force and provided also that the Maternity Benefit is in force at the date of birth and has remained continuously in force from such first enrolment.

6. **Emergency Medical Advice and Travel Assistance**

(i) **Emergency Medical Advice**
In emergencies, the **Insured Person** may telephone **MSIG Assist** for medical advice and evaluation from the attending coordinating doctor in order to locate suitable medical services anywhere in the world or to provide referral to **Doctor** or **Hospitals** for personal assessment and/or treatment as medically appropriate, it being understood and agreed that such telephone conversations cannot establish a diagnosis and shall be considered as an advice only. **MSIG Assist** will facilitate necessary **Hospital** admissions by confirming the extent of insurance cover, monitoring claims procedures and issuing appropriate guarantees in accordance with the Payment Guarantees condition hereunder.

(ii) **International Travel Assistance Services**
When the **Insured Person** is travelling or intends to travel outside the **Home Country** or **Usual Country of Residence, MSIG Assist** can provide the following administrative assistance and services:
- visa, immunisation, vaccination, special medication and weather information services prior to departure,
- retrieval and redirection of lost luggage,
- replacement and delivery of essential lost travel documents such as passport, travel tickets and credit cards,
- emergency message transmission and interpreting service.

It being understood and agreed that any third party fees or charges reasonably and properly incurred by the **Company** in the delivery of these services shall be borne entirely by the **Insured Person**.

7. **Overseas Emergency Medical Evacuation, Repatriation and/or Repatriation or Local Burial of Mortal Remains or Local Cremation (This benefit is provided only if it is included in the Schedule)**

If an **Insured Person** travels outside the **Usual Country of Residence** or **Home Country** but excluding war zones and countries where the prevailing political or civil conditions render evacuation, repatriation and/or repatriation or local burial of mortal remains or local cremation impossible or reasonably impracticable, the **Company** will provide the following cover, up to the maximum Limits specified in the **Schedule**:

(a) **Overseas Emergency Medical Evacuation**
The medically necessary expense of air and/or surface transportation, medical care immediately before and during transportation, communications and all usual ancillary charges incurred in moving an **Insured Person** with a **Serious Medical Condition** due to a covered **Illness** or **Injury** to the nearest **Hospital** where appropriate medical care is available, and not necessarily to the **Usual Country of Residence** or **Home Country**. The Policy will not pay to evacuate an **Insured Person** from the **Usual Country of Residence** or **Home Country** to a foreign destination.

(b) **Repatriation**
The medically necessary expense incurred in moving an **Insured Person** with a **Serious Medical Condition** due to a covered **Illness** or **Injury** to the **Usual Country of Residence**, following an Overseas Emergency Medical Evacuation at a place outside the **Usual Country of Residence** or **Home Country**. The **Company** will also pay reasonable transportation costs for one other person to travel or remain with the **Insured Person** during repatriation when this is considered necessary for medical reasons.

(c) **Repatriation** or **Local Burial of Mortal Remains** or **Local Cremation**
The expense of preparation and air transportation of the mortal remains of an **Insured Person** from the place of death to the **Usual Country of Residence** or **Home Country**, who dies outside the **Usual Country of Residence** or **Home Country** due to a covered **Illness** or **Injury**.

Within the stipulated Policy limit for this benefit, cover includes the cost of a single, economy class airfare for one family member accompanying the body back to the **Usual Country of Residence** or **Home Country**.

(d) **Joining Relative**
The expense, up to the cost of one economy class return airfare and all ancillary charges including accommodation up to a maximum of thirty (30) days, for a family member to join an **Insured Person** who becomes seriously ill while travelling alone outside the **Usual Country of Residence** or **Home Country** and who has been or will be hospitalised with the **Company's** prior approval for a period in excess of seven (7) days.

(e) **Return of Minor Children**
The expense, up to the cost of economy class one way airfare and usual ancillary charges, to return minor children to the nearer of the **Usual Country of Residence** or **Home Country** if left unattended as a result of the accompanying adult **Insured Person's Injury, Illness**, death, hospitalisation or medical evacuation covered by the Policy.

(f) **Dispatch of Medicines**
The expense incurred by or on the order of the **Company** or its medical advisers to replace essential medical commodities for an **Insured Person** travelling outside the **Usual Country of Residence** and **Home Country** in circumstances where such commodities have been lost or stolen and no suitable replacements or substitutes are available locally.

Any portion of an **Insured Person's** travel ticket which is unused following the provision of services is to be surrendered to the **Company**.

The **Company** and its medical advisers reserve the absolute right to decide if the **Insured Person's** medical condition is sufficiently serious to warrant Overseas Emergency Medical Evacuation and/or Repatriation. The **Company** or its medical advisers shall also decide the place to which the **Insured Person** shall be evacuated or repatriated and the means by which the evacuation or repatriation should be carried out, having regard to all the assessed facts and circumstances of which the **Company** is aware at the relevant time.

MSIG Assist must be contacted to obtain advance approval for any evacuation, repatriation and/or repatriation or local burial of mortal remains or local cremation and to make the necessary transportation arrangements. Failure to do so will invalidate a claim for such costs.

Overseas Emergency Medical Evacuation, Repatriation and/or Repatriation or Local Burial of Mortal Remains or Local Cremation are arranged by the **Company's** appointed services

provider(s) to assist the **Insured Person** outside the **Usual Country of Residence** or **Home Country** for covered **Illness** or **Injury** or death suffered by the **Insured Person** as set out above.

The **Insured Person** and persons acting on behalf of the **Insured Person** will be required to always identify themselves by their full names, personal identification information and Policy number.

The services provided are rendered on a worldwide basis. However, the service provider will not be able to provide to **Insured Persons** located in areas which are war zones or which represents war risks or political or civil conditions such as to make such services impossible or reasonably impracticable.

Where the **Company** appoints a service provider, the **Company** cannot be held responsible for failures to provide services or for delays caused by strike or conditions beyond its control including, but not limited to, flight conditions or where local laws or regulatory agencies prohibit the service provider from such services.

You and all **Insured Persons** accept that the services provider and the professionals and other persons to whom the **Insured Person** is referred by the service provider are responsible for their own acts as independent contractors and are not employees, agents or servants of the **Company**. The **Company** is not responsible for any act or failure to act on the part of the service provider and these professional or other persons such as and not limited to, **Doctors**, **Hospitals** and **Clinics**.

8. **Travel Personal Accident Benefit (This benefit is provided only if it is included in the Schedule)**

The Policy will pay the amount stated in the **Schedule** in the event of an **Accident** to a Public Conveyance (as hereinafter defined) in which an **Insured Person** is travelling resulting in the **Insured Person's**:

- Death, or
- Loss of one or more limbs, or
- Irrecoverable loss of sight in one or both eyes, or
- Permanent Total Disablement (other than loss of sight in one or both eyes or loss of limb).

"Loss of a limb" means loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes total and irrecoverable loss of use of hand, arm or leg.

"Permanent Total Disablement" means disablement which entirely prevents the **Insured Person** from attending to his/her business or occupation of any and every kind and which lasts twelve (12) months and at the expiry of that period is beyond hope of improvement.

"Public Conveyance" means any aircraft, train or surface craft properly licensed by the competent authorities in the country in or from which it is operating for the transportation of fare paying members of the public and offering regular scheduled services on a published timetable.

GENERAL CONDITIONS

(Which apply to the whole Policy and to be observed by the **Insured** and all persons insured under the Policy)

It is an important part of our contract that You observe the following General Conditions and they are, where their nature permit, condition precedents to the right to recover from Us:

1. **Eligiblity**

Unless We agree in writing, otherwise any **Employee** and **Dependant** You wish to insure under the Policy must be named as an **Insured Person** in the **Schedule** and must at the Enrolment Date, be between eighteen (18) to sixty-four (64) years old, and is in **Full Time Active Service**.

You must inform us on the enrolment of any eligible **Employee** and **Dependant** within thirty (30) days from the date the **Employee** is employed by You, and no cover is in force until confirmed in writing by the **Company**.

Dependants (other than newly-born children) shall be eligible for insurance on the same date that the **Insured Person** to whom they are related becomes eligible, or on the date the **Insured Person** acquires such **Dependants**, whichever is the later. Newly-born children shall be eligible for insurance fifteen (15) days after the date of normal healthy birth or fifteen (15) days after discharge in a normal healthy condition from **Hospital** where birth took place, whichever is the later. Unless We agree in writing, the **Dependant** must be residing in the same **Usual Country of Residence** as the **Employee**.

Unless otherwise agreed by the **Company**, evidence of insurability, satisfactory to the **Company**, must be submitted in respect of any **Insured Person**, **Employee** or **Dependant**.

Citizens of the USA or Canada whose **Usual Country of Residence** is the USA or Canada are not eligible for insurance unless otherwise agreed in writing by the **Company** prior to the date of commencement of the Policy.

Persons who are not eligible may not be enrolled in the Policy. No cover is in force until confirmed in writing by the **Company**.

2. **Selection of Employees and Covered Dependants**

As a condition precedent to the **Company's** liability the **Insured** will take reasonable steps to establish the good health and suitability for employment of all new staff and/or their **Dependants** as appropriate and shall not permit to be insured hereunder any person known by the **Insured** at the date of employment or enrolment in the Policy to be in need of or likely to require **Inpatient** treatment and/or Day Care Surgery and/or Organ Transplantation and/or Overseas Emergency Medical Evacuation, Repatriation benefits covered by the Policy unless such facts are fully disclosed to and accepted by the **Company** in writing prior to commencement of cover for the **Insured Person** concerned.

3. **Co-Ordination of Benefits**

The Policy will not provide compensation other than on a proportionate basis if the **Insured Person** has any other insurance in force or is entitled to indemnity from any other source in respect of the same **Injury, Illness**, death or expense.

The **Company** has full rights of subrogation and may take proceedings in the **Insured's** or **Insured Person's** name, but at the **Company's** expense, to recover for the **Company's** benefit the amount of any payment made under the Policy and/or to secure an indemnity from a third party.

4. **Co-operation**

As a condition precedent to the **Company's** liability, the **Insured**, the **Insured Person** or his representatives shall cooperate fully with the **Company** and its medical advisers and will fully and faithfully disclose all material facts and matters which the **Insured** and/or the **Insured Person** knows or ought to know and will upon request execute any document to empower the **Company** to obtain relevant information, at the **Insured's** or the **Insured Person's** expense, from any **Doctor** or **Hospital** or other source.

5. **Usual Country of Residence**

As a condition precedent to the **Company's** liability, the **Company** must be informed in writing of any permanent change in an **Insured Person's Usual Country of Residence**, which shall be deemed to mean the **Insured Person** living or intending to live in another

country for a period in excess of ninety (90) consecutive days. The **Company** reserves the right to decide whether it wants to continue cover, and will impose terms and conditions it considers appropriate to the new **Usual Country of Residence** or to decline to continue cover under the Policy.

6. **Local Treatment**

Unless agreed in writing by the **Company** prior to the inception of the Policy and the appropriate additional premium having been paid by the **Insured**, premium rates under the Policy have been charged on the basis of medical treatment costs prevailing in the **Insured Person's Usual Country of Residence**.

It is understood and agreed that the **Insured Person** shall, wherever possible, obtain covered treatment in the **Usual Country of Residence** except for emergency treatment in respect of **Accident** or acute illness occurring during short period business or holiday travel (not exceeding ninety (90) days per trip) outside the **Usual Country of Residence** and for which immediate medical attention is required.

In the event of emergency treatment in respect of **Accident** or acute **Illness** occurring outside the **Usual Country of Residence** and which requires immediate medical attention, the covered treatment costs will be met up to an amount not exceeding the **Reasonable and Customary Charges** for medical treatment of a standard and type usually available and customarily provided for the medical condition concerned in that country subject to transportation costs being excluded.

The **Company** will give due consideration to requests for covered treatment to be received elsewhere in the event adequate treatment is not available locally in the **Usual Country of Residence** subject to the **Company** giving its prior approval in writing before such treatment is undertaken. The **Company** will be advised by its **Doctors** and its decision in the matter will be final.

7. **Commencement and Renewal**

The **Period of Insurance** is stated in the **Schedule**.

The Policy may be renewed thereafter by mutual agreement. The required premium must be paid to the **Company** in accordance with the Premium Payment Warranty. The Policy may be terminated with effect from any **Due Date** by either party giving thirty (30) days notice in writing of intention not to renew the insurance. The renewal premium required by the **Company** may be increased or varied at the **Company's** discretion. Premium will increase upon entering each higher premium rating age band and may also be adjusted annually for inflation and loss experience respectively.

8. **Termination of Cover**

(a) The entire Policy will terminate and cover for all **Insured Persons** will cease immediately upon:
   (i) non-payment of premium as described in the Premium Payment Warranty of this Policy; or
   (ii) cancellation of this Policy as described in General Condition 15.

(b) Unless We have agreed otherwise in writing, the cover of an **Insured Person** under this Policy will terminate immediately in any of the following circumstances, whichever occurs first:
   (i) the **Insured Person** or **Dependant** ceases to be eligible,
   (ii) the Eligibility Definition is changed to exclude the **Insured Person** or **Dependant** concerned,
   (iii) the **Insured Person's** employment with the **Insured** terminates,
   (iv) the **Insured Person** or **Dependant** ceases to be in **Full Time Active Service**,
   (v) 23:59 Standard Singapore Time on the ninetieth (90th) day when the **Insured Person** or **Dependant** remains outside his/her **Usual Country of Residence** for a period in excess of ninety (90) consecutive days,
   (vi) on the expiry of the **Period of Insurance** in which the **Employee** has attained seventy (70) years old,
   (vii) on the expiry of the **Period of Insurance** in which the **Dependant** has attained sixty-five (65) years old,
   (viii) at the time of death of the **Insured Person** or **Dependant**, or
   (ix) the **Dependant** ceases to be **Dependant** as defined in the Policy.

In respect of 8(b)(i),(ii),(iii),(iv),(v), the **Company** will refund premium to the **Insured** from the date of notification to the **Company** from the **Insured** or appointed Intermediary to the expiry of this Policy, on a pro-rated basis provided the **Company** had been notified on the date of termination within ninety (90) days and the **Company** had not incurred or paid claim for the **Insured Person** or **Dependant**. In the event of any claim admitted by the **Company** for that **Insured Person** or **Dependant**, the **Company** reserves the right to retain 100% of the premium.

9. **Termination Upon Return to USA or Canada**

In respect only of **Insured Persons** who are citizens of the USA or Canada and who return either to USA or Canada, insurance under the Policy shall terminate automatically from the date of their return to the USA or Canada unless the **Company** shall agree to the contrary in writing and such additional premium as may be required by the **Company** has been paid.

The **Insured** or the **Insured Person** must notify the **Company** of such return or intention to return no later than thirty (30) days after such return, and the **Company** will cancel the Policy and refund premium to the Insured from the date of return up to the Expiry of this Policy, on a prorated basis, provided the **Company** had not incurred or paid a claim for the **Insured Person**.

In the event of any claim admitted by the **Company**, there is no refund of premium of the whole policy.

10. **Conditions Precedent**

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

(i) for the risk insured, the named **Insured** has never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or

(ii) if the named **Insured** has declared that it has breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months:
   (a) the name **Insured** has fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy; and
   (b) a copy of the written confirmation from the previous insurer to this effect is first provided by the named **Insured** to the **Company** before cover incepts.

11. **Difference in Opinion**

In the event of any difference in opinions between our medical advisers and Your **Doctor**, our medical adviser's opinion shall prevail.

12. **Reasonable Precautions and Material Changes**

The **Insured Person** shall take all reasonable precautions to prevent and minimise any **Accident, Illness, Injury**, death or expense and the **Company** must be informed immediately in writing of any material

information or change of circumstances whether relating to job occupation, sporting activity or otherwise which may increase the possibility or likely quantum of a claim under the Policy. The **Company** reserves the right to continue cover on terms and conditions it considers appropriate to such charges in material information or circumstances or decline to continue cover under the Policy.

13. **Alterations**

(i) The **Company** reserves the right to alter the Policy as the **Company** reasonably considers appropriate and the **Company** will inform the **Insured** with a written notice at least thirty (30) days in advance of any such alteration. For avoidance of doubt, the **Company** may change the Policy terms and conditions at its discretion at any renewal. Your continued payment of premium after We give such notice will mean You accept the change.

(ii) Any misrepresentations of or failure to disclose material facts by the **Insured** or the **Insured Person** will entitle the **Company** to alter, amend or cancel the Policy having regard to the true facts and all benefits under the Policy shall be forfeited. A material fact is any information which could influence the **Company** in its assessment of Your application.

14. **In the Event of Fraud**

If any claim shall in any respect be false or fraudulent or if fraudulent means or devices are used by the **Insured** or an **Insured Person** or anyone acting on their behalf to obtain benefit hereunder, then the Policy shall be cancelled immediately and all benefit and premium forfeited.

15. **Cancellation**

The **Insured** may cancel this Policy by giving other party thirty (30) days' written notice sent to the last known address.

In the event of the cover provided by this Policy being cancelled by the **Insured**, the **Company** shall retain a premium, subject to a minimum of S$50 plus the applicable Goods and Services Taxes, and in accordance with the following scale for the time this Policy has been in force:

For 1 month	– 20% of the annual premium
For 2 months	– 30% of the annual premium
For 3 months	– 40% of the annual premium
For 4 months	– 50% of the annual premium
For 5 months	– 60% of the annual premium
For 6 months	– 70% of the annual premium
For 7 months	– 80% of the annual premium
For 8 months	– 90% of the annual premium
In excess of 8 months	– 100% of the annual premium

If the **Company** cancels the Policy, the **Company** will make a pro-rata of the premium paid.

In the event of a claim, there is no refund of the premium of the whole Policy.

16. **Exclusion of Rights Under the Contracts (Rights of Third Parties) Act**

A person who is not a party to this Policy contract shall have no right under the Contracts (Rights of Third Parties) Act to enforce any of its terms.

17. **Change of Plan**

Any request for change of plan must be in writing not more than thirty (30) days before the renewal of this Policy. The change, subject always to **Company's** written approval, shall be effective when this Policy is renewed.

18. **Acceptance of Instructions**

Any instruction, request or notice will not be accepted by the **Company** until such documents, information and consents as the **Company** may reasonably require are received at the **Company's** office address stated in the Policy.

19. **No Trust**

The **Company** will not recognise or be affected by any notice of trust, charge or assignment relating to this Policy and the receipt of the **Insured** or **Insured Person** or his legal personal representative or any person to whom any benefit is expressed to be payable, shall in all cases effectively discharge our liability.

20. **Legal Personal Representatives**

The terms, exceptions and conditions of this Policy also apply to the legal personal representatives of the **Insured**, and **Insured Persons**.

21. **Legal Proceedings**

No action in law or equity shall be brought to recover under the Policy until after the expiration of sixty (60) days from the date proof of claim has been furnished in accordance with the Policy conditions. The parties submit themselves to the exclusive venue and jurisdiction of the Courts of Singapore for the resolution of any such conflict or dispute save where the circumstances are governed by the Arbitration clause of the Policy.

22. **Arbitration**

Where We have accepted a claim but the amount to be paid is in dispute, the matter shall be referred to arbitration in Singapore and Singapore law will apply. The arbitration shall be heard by a single arbitrator to be agreed by the parties within fourteen (14) days from the commencement of arbitration. In default of agreement, the arbitrator shall be appointed in accordance with and subject to the provisions of the Arbitration Act (Cap 10) or any statutory re-enactment thereof. Arbitration proceedings shall be conducted in accordance with the Arbitration Rules of the Singapore International Arbitration Centre. Where any dispute is by this condition to be referred to arbitration, the making of an award shall be a condition precedent to any right of action against the **Company**.

23. **Commencement of Arbitration or Court Action**

If the **Company** offers an amount in settlement or disclaims liability altogether for a claim, and such a claim is not within twelve (12) calendar months from the date of such an offer or disclaimer referred to arbitration as required under General Condition 22 or been made subject to pending court action, the claim shall be deemed to be abandoned and the **Company** shall have no liability in respect of it.

24. **Consent**

It is hereby declared that as a condition precedent to the liability of the **Company**, the **Insured** and the **Insured Person** have agreed that any personal information in relation to the **Insured Person** provided by or on behalf of the **Insured Person** to the **Company** may be held, used and disclosed to enable the **Company** or individuals/ organisations associated with the **Company** or any independent third party (within or outside of Singapore) to:

(a) process and assess the **Insured's** application or any matter arising from the Policy and any other application for insurance cover and/or

(b) provide all services related to the Policy.

25. **Governing Law**

This Policy is to be construed according to the laws of Singapore.

CLAIMS CONDITIONS

(Which apply to the whole Policy and to be observed by the **Insured** and all persons insured under the Policy)

We will act in good faith in all our dealings with you. Equally, the payment of claims is dependent on due observation of the followings:

1. **Notification of Claim**

   (a) The **Insured Person** must inform the **Company** within thirty (30) days from the date of incurred claim in the event of any claim or potential claim under the Policy.

   (b) The **Insured Person** must inform **MSIG Assist** before covered treatment is undertaken as an **Inpatient** at a **Hospital** (except in cases of **Accident** or acute medical emergency), giving full details of the proposed treatment and the names and addresses of the **Doctor** and **Hospital** concerned.

   The **Company** reserves the right to refuse payment of any claim which is being submitted and where the **Company** has not been informed.

   (c) In cases of **Accident** or acute medical emergency, written notification together with supporting medical information must be submitted to the **Company** as soon as possible.

   (d) For Overseas Emergency Evacuation and Repatriation, immediate notification of any circumstances that may require Emergency Medical Evacuation, Repatriation and/or Repatriation or Local Burial of Mortal Remains or Local Cremation must be given to **MSIG Assist** and its approval obtained prior to transportation.

   Observance of these Notification of Claim conditions shall be a condition precedent to the **Company's** liability under the Policy.

2. **Payment Guarantees**

   Upon receipt of adequate prior notification of claim for **Inpatient** treatment at a **Hospital** and/or Overseas Emergency Medical Evacuation services, **MSIG Assist** will confirm the extent of insurance benefits, monitor claims procedures, issue (wherever possible) appropriate Payment Guarantees and/or arrange direct settlement to the **Hospitals, Doctors** or other service providers subject always to policy terms and conditions.

   No such Payment Guarantees or direct settlements can be made if the **MSIG Assist** is not contacted in advance with all relevant details as stated above.

   We will confirm, in writing, to **MSIG Assist** or the service provider, the extent of the cover for the proposed treatment and the amount the **Company** is prepared to pay for it. In the event that there is a difference between our confirmed level of cover and what is requested by the **Hospital** or the **Doctor**, the **Insured** or **Insured Person** must pay the **Hospital** or the **Doctor** before leaving the **Hospital**.

   Covered Outpatient Services are not subject to Payment Guarantees and will be settled on a reimbursement basis.

3. **Proof of Claim**

   The following must be provided to the **Company**:

   (a) completed Claim Form within fifteen (15) days after You notify Us of a claim;

   (b) information, evidence or supporting document including receipts, medical certificates or medical reports which We may require to be supplied at Your expense;

   (c) the **Insured Person** or his legal personal representative's written consent to allow the **Company** to receive the results of any medical examinations and/or tests and/or the **Insured Person's** medical history or records;

   (d) such other information that the **Company** may reasonably require.

   Incomplete Claim Forms will not be accepted for processing of claims and payment. Originals of all relevant documents and bills must be submitted with the completed Claim Forms. Photocopies are not acceptable.

   If on the balance of medical fact or probability it is appropriate for the **Company** to decline a claim by virtue of any of the exclusions (including the Pre-Existing Conditions Exclusion) under the Policy, the **Insured Person** shall have the right and obligation to produce such medical evidence as the **Company** may reasonably require to enable it to reconsider a claim under the Policy.

4. **Examinations**

   The **Company** shall have the right and opportunity through its medical representatives to examine the **Insured Person** whenever and as often as it may reasonably require within the duration of any claim. In addition, the **Company** shall have the right to require a post mortem examination, where this is not forbidden by law.

5. **Currency Exchange Rates**

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

GENERAL EXCEPTIONS

(Which apply to the whole Policy)

The following tests, investigations, treatments, items, conditions, activities and their related or consequential expenses are excluded from the Policy and the **Company** shall not be liable for:

1. Pre-Existing Conditions as defined, including any treatment and complication arising from the Pre-Existing Conditions.

   For the avoidance of any doubt, the Pre-Existing Conditions exclusion, including any treatment and complication arising from the Pre-Existing Conditions, shall always apply unless specifically waived or limited by the **Company** in writing in the **Schedule** or official endorsement thereto.

2. Routine medical examinations or check-ups; routine eye or ear examinations; or any form where there is no objective indication of impairment of normal health or any treatment or investigation of a preventive nature; or any treatment which is not medically necessary; vaccinations; cosmetic surgery or plastic surgery; treatment for obesity or weight reduction (including liposuction); weight improvement programs; alopecia; breast reduction or enlargement (regardless whether it is medically necessary or not); treatment for all forms of acne; rest cures and services or treatment in any home, spa hydro-clinic, sanatorium or long term care facility that is not a **Hospital** as defined.

3. Infertility; contraception; sterilisation (or its reversal); impotence; erectile dysfunction; sexual dysfunction; treatment relating to sex change; sexually transmitted diseases; Human Immunodeficiency Virus (HIV), including Acquired Immune Deficiency Syndrome (AIDS) or any HIV/AIDS related conditions or diseases.

4. Birth defects, congenital **Illness**.

5. Pregnancy or childbirth except as defined under the Maternity Benefit when this Benefit is stated on the **Schedule** as being covered by the Policy.

6. Circumcision operations unless medically necessary.

7. All types of Sleep Disorders including Sleep Apnoea unless this leads to treatment through surgery.

8. Behavioral or Developmental Delay and/or learning disabilities.

9. Prosthesis; corrective devices; medical appliances which are not surgically required; or any other that is not scientifically recognised by Western European or North American Standards.

10. All costs relating to cornea, muscular, skeletal, human organ or tissue transplant from a donor to a recipient and all expenses directly or indirectly related to organ transplantation (except as defined under the Organ Transplantation Benefit but only when this Benefit is stated on the **Schedule** as being covered by the Policy).

11. Mental illness; self-inflicted injury; misuse or over dosage or excessive use of drugs/medicine; alcoholism; abuse of alcohol; drug abuse; drug addiction; suicide or attempted suicide.

12. Elective overseas treatment for non-emergency or chronic medical conditions where covered treatment can reasonably be postponed until the **Insured Person** returns to the **Usual Country of Residence**.

13. Refractive defects of the eye, such as nearsightedness and astigmatism.

14. Spectacles; monocles or contact lenses, Lasik, hearing aids.

15. All dental treatment or oral surgery related to teeth (unless within the terms of the Accident Dental Benefit).

16. Robotic Surgery; Use of Stem Cell Transplants; Cryopreservation; implantation or re-implantation of living cells or living tissue, whether authologous or provided by a donor.

17. Treatment provided to an **Insured Person** by the **Insured** or **Insured Person** or a family member of the **Insured** or **Insured Person**, self treatment by the **Insured Person**, including the dispensation of medication and/or any medical tests/procedures carried out.

18. Experimental or pioneering medical and surgical techniques not commonly available and have been elected by the **Insured Person** to be received in lieu of treatment usually and customarily provided for the medical condition.

19. Second Opinions in respect of medical conditions which have already been diagnosed and/or treated at the date such Second Opinions are obtained unless considered by the **Company's** medical advisers to be reasonable and necessary having regard to the medical facts and circumstances.

20. Costs of treatment rendered and drugs or medicine prescribed by a **Doctor** or **Specialist** which are not related to the treatment provided to the **Insured Person** in respect of a condition that is covered under this Policy.

21. Continuance of fees from a referring **Doctor** after the date on which an **Insured Person** has been referred to another **Doctor** or **Specialist**.

22. **Injury** or **Illness** while serving as a full-time member of a police or military unit and treatment resulting from participation in war, riot, civil commotion or any illegal act including resistance to lawful arrest or resultant imprisonment.

23. Outpatient Services except as defined under the Outpatient Services Benefit and then only to the extent such Benefits are stated on the **Schedule** as being covered by the Policy.

24. **Hospital Inpatient** treatment for conditions which can be properly treated as an outpatient.

25. Travel costs in respect of trips made specifically for the purpose of obtaining medical treatment unless in the course of an approved Overseas Emergency Medical Evacuation, and all Overseas Emergency Medical Evacuation and Repatriation costs not approved in advance by the **Company** or **MSIG Assist**.

26. Hotel or non-hospital accommodation costs except as provided for in the Policy.

27. Cost of medical reports unless agreed by the **Company**.

28. Expenses, administrative or other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services.

29. Non-prescription drugs, medicines and other items.

30. Diving unless the person concerned has been duly qualified and certified as a diver by an internationally recognised diving organisation or unless such person is at the time of the happening of the event giving rise to a claim actually receiving diving instruction from a duly qualified and certified diving instructor, Rock climbing, Caving, Potholing, Mountaineering, Skydiving, Parachuting, Hang-gliding, Parasailing, Bungee Jumping, racing of any kind other than on foot, or any other type of competitive sports other than those in which the Insured Person participates purely as an amateur, all professional or inherently dangerous sports unless declared to and accepted by the **Company** in writing prior to the event giving rise to a claim.

31. Any Flying Activity or Air Travel other than as a fare-paying passenger in a commercially licensed passenger carrying aircraft.

32. Costs or treatment after an annual renewal date (**Due Date**) arising from **Injury, Illness** or death occurring during the previous **Period of Insurance**.

33. Costs or benefits payable under the Work Injury Compensation Act or similar or subsequent Act or legislation, or corresponding insurance cover relating to occupational death, **Injury, Illness** or disease.

34. Costs arising under any legislation which seeks to increase the cost of medical treatment and services actually received above charge levels which would be considered **Reasonable and Customary** in the absence of such legislation or action for compensation under this Policy brought in any jurisdiction outside Singapore.

35. Any treatment or expense in respect of persons less than fifteen (15) days old or more than seventy (70) years old for **Employee** or sixty-five (65) years old for **Dependant** at the date of the onset of the event giving rise to a claim, unless agreed otherwise by the **Company** prior to the inception of the Policy.

36. The cost of transporting an **Insured Person** by means of his employer's owned or leased watercraft or aircraft or the cost of medical treatment rendered by the employer's personnel or at the employer-provided medical facilities unless agreed otherwise in writing by the **Company** prior to the inception of the Policy. This exclusion shall also apply to transportation and medical treatment which an **Insured Person** is entitled to receive by virtue of a contract between his employer.

37. Costs arising out of any litigation or dispute between the **Insured Person** and any medical person or establishment from whom treatment has been sought or given, or any other costs not specifically related to the payment of the medical expenses covered by the Policy.

Additionally, the following apply:

38. Institute Radioactive Contamination, Chemical, Biological, Biochemical and Electromagnetic Weapons Exclusion Clause

In no case shall this insurance cover loss damage liability or expense directly or indirectly caused by or contributed to by or arising from

(a) ionising radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel

(b) the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof

(c) any weapon or device employing atomic or nuclear fission and/ or fusion or other like reaction or radioactive force or matter

(d) the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter. The exclusion in this subclause does not extend to radioactive isotopes, other than nuclear fuel, when such isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific, or other similar peaceful purposes

(e) any chemical, biological, bio-chemical, or electromagnetic weapon.

39. War and Terrorism Exclusion

The insurance by this policy excludes:

death, disability, loss, damage, destruction, any legal liabilities, cost or expense including consequential loss of whatsoever nature, directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss;

(a) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or

(b) any act of terrorism including but not limited to
(i) the use or threat of force, violence and/or
(ii) harm or damage to life or to property (or the threat of such harm or damage) including, but not limited to, nuclear radiation and/or contamination by chemical and/or biological agents,

by any person(s) or group(s) of persons, committed for political, religious, ideological or similar purposes, express or otherwise, and/ or to put the public or any section of the public in fear; or

(c) any action taken in controlling, preventing, suppressing or in any way relating to (a) or (b) above.

If the **Company** says that any loss, damage, cost or expense is not covered by this insurance by reason of any of these General Exceptions, then the burden of proving the contrary shall be upon the **Insured** and/or the **Insured Person**.

PREMIUM PAYMENT WARRANTY

1. Notwithstanding anything herein contained but subject to clause 2 hereof, it is hereby agreed and declared that if the **Period of Insurance** is sixty (60) days or more, any premium due must be paid and actually received in full by the **Company** (or the intermediary through whom this Policy was effected) within sixty (60) days of the inception date of the coverage under the Policy, Renewal Certificate or Cover Note.

2. In the event that any premium due is not paid and actually received in full by the **Company** (or the intermediary through whom this Policy was effected) within the sixty (60)-day period referred to above, then:

   (a) the cover under the Policy, Renewal Certificate or Cover Note is automatically terminated immediately after the expiry of the said sixty (60)-day period;

   (b) the automatic termination of the cover shall be without prejudice to any liability incurred within the said sixty (60)-day period; and

   (c) the **Company** shall be entitled to a pro-rata time on risk premium subject to a minimum of S$50 plus the applicable Goods & Services Taxes.

3. If the **Period of Insurance** is less than sixty (60) days, any premium due must be paid and actually received in full by the **Company** (or the intermediary through whom this Policy was effected) within the **Period of Insurance**.

SANCTION LIMITATION AND EXCLUSION CLAUSE

The **Company** shall not be deemed to provide cover and the **Company** shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the **Company** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

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 Your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

IMPORTANT – The Insured is requested to read this Policy. If any error or misdescription be found, the Policy should be returned to the issuing office for correction.