

Dear JIAN LIANG,
Here are your policy's

**Terms and Conditions for your
Term Life 1.1 plan**



Definitions

To better help you understand this document, the following terms and meanings are defined in the table below:

Age	The Life Assured's age at their last birthday.
Accelerated benefit	An accelerated benefit is a pre-payment of the death benefit insured. Any pre-payment of the death benefit would lead to a reduction of the sum assured in case of death.
Application	The form(s) you signed, including your electronic signature to apply for this policy. It includes any medical examination form, representation or statement made by you or the Life Assured which we relied on in our decision to insure the Life Assured.
Assignment	The Policy Owner's transfer of his rights under the policy to another person or entity. We will acknowledge the assignment, but we are not responsible for the validity or legal effect of the assignment.
Beneficiary	You may nominate person(s) or entity(ies) under the relevant provision of the Insurance Act (Chapter 142) as may be amended from time to time, using the prescribed nomination forms. Any such nomination shall form part of your policy.
Benefit Term	The benefit coverage term of which the start date and the end date are shown in the policy schedule.
Effective date	The date shown in your policy schedule from which the Life Assured's cover becomes effective. This date might differ from the start date of your benefit as a result of backdating or reinstatement.
Endorsement	Endorsement refers to the document which sets out: <ul style="list-style-type: none"> ▪ any special terms and conditions applying to your policy; ▪ the special conditions applicable to any supplementary benefit; and/or ▪ any other notice we give you in writing altering the policy.
Life Assured	The person whose life is covered under this policy. If there is more than one life covered under this policy, as shown in your policy schedule, this definition covers all Lives Assured.
Policy	Policy refers to the terms and conditions relating to the benefits, and consists of: <ul style="list-style-type: none"> ▪ these General Terms and Conditions ▪ the Benefit Terms and Conditions for the base benefits and any supplementary benefits ▪ the policy schedule ▪ the application form and underwriting disclosures ▪ any endorsements
Policy Owner	Policy Owner relates to the person listed in the policy schedule as the contractual owner of the policy. The Policy Owner, can exercise all the rights, privileges and options under the policy during the policy term. This shall be subject, where applicable, to the rights of any assignee or trustee.
Policy schedule	The policy schedule shows the applicable insurance cover for the Life Assured and forms part of this policy. Your policy schedule will be updated in the event that you adjust your benefits.
Policy term	The period of coverage provided by your insurance policy.
Pre-existing condition	Pre-existing condition means any condition, illness, injury, or symptoms which existed or were existing or evident, for which treatment was sought from or recommended by a registered medical practitioner, or would have caused an ordinary and prudent person to seek medical advice, prior to the effective date of any benefits or the latest reinstatement, unless it had been declared and accepted by us.
Registered medical practitioner	A person with a degree in Western medicine and who is a registered practitioner with the relevant authority to provide medical advice and services but excluding: <ol style="list-style-type: none"> a) the Life Assured; or b) the Policy Owner; or c) a business partner or a relative of the Life Assured or Policy Owner.
We, Us, Our, Company	Refers to Singapore Life Pte. Ltd. (Reg. No. 201405619W), a Life Insurance company licensed by the Monetary Authority of Singapore.
You or yourself	The Policy Owner(s) of the policy as shown in the policy schedule.

Need help?

If you need help and answers to your policy, get in touch with us via one of the contact points

Online FAQs: www.faq.singlife.com

Online chat: Start a live chat at our website www.singlife.com

Email: service@singlife.com

Customer hotline: +65 6911 1111

General Terms and Conditions

1 Introduction

This policy sets out your contract with us. We will store it for you online, and you can retrieve it anytime through our customer portal (www.singlife.com).

This policy consists of:

- the policy schedule,
- the general terms and conditions,
- the benefit terms and conditions for the base benefit and any supplementary benefits,
- any endorsement we provide you for this policy,
- your application for this policy, and
- any medical evidence, written statement and declaration given as evidence to provide the insurance.

Your policy schedule is personalised and shows the unique features, benefits and exclusions that apply to your policy.

2 Your benefits

The benefits you have chosen are shown in your policy schedule. We explain them in the terms and conditions for your base benefit and any supplementary benefits that you may have chosen.

2.1 Who is covered

The Life Assured named in the policy schedule is covered.

2.2 What is covered

The amount of cover provided is shown in your policy schedule and what the Life Assured is covered for is explained in the benefit terms and conditions.

3 Adjusting your policy to fit your needs

3.1 Increase or decrease your cover

You can apply to increase your cover anytime during the period of cover, subject to our approval. The increase will take place after our acceptance and your premium payment.

You can also decrease your cover anytime during the period of cover, subject to a minimum sum assured as defined by us. The decrease adjustment will take effect from the next premium due date.

3.2 Add or remove supplementary benefits

You can apply to add supplementary benefits anytime during the policy term, subject to our approval. The adjustment will take place after our acceptance and your premium payment.

You can remove your supplementary benefits anytime during the policy term.

3.3 Guaranteed Insurability Option

The guaranteed insurability option allows you to increase the sum assured of your base benefit without the need for further medical information on the occurrence of specified events:

- the Life Assured entering into marriage; or
- the birth of the Life Assured's child; or
- the Life Assured's legal adoption of a child; or
- an increase to the Life Assured's mortgage by more than 20% and by reason of a house move or undertaking major home improvements.

When you apply to increase your sum assured under the guaranteed insurability option, you can apply to increase your supplementary disability benefit, if selected, under the same conditions. Your supplementary waiver of premium benefit, if any, will be automatically adjusted.

The increase of the sum assured per event is limited to the lower of SGD 250,000 or 25% of the sum assured. This option must be exercised within six (6) months of the event and you must provide the relevant documents to us should we require them.

To benefit from this option, the following conditions must be met:

- the Life Assured is below age fifty (50) at the time of your request; and
- the Life Assured had been underwritten and accepted as a standard risk; and
- all premiums are paid to date; and
- aggregated prior increases under this option do not exceed 100% of the original sum assured or SGD 500,000, whichever is lower.

3.4 Change of Policy Owner

You can assign (or transfer) this policy to a new Policy Owner by writing or submitting to us a completed absolute assignment form, subject to our approval and our confirmation in writing to you on the assignment.

The change of the Policy Owner will take effect as of the date of your signed notice, and all rights of ownership will be passed on to the new Policy Owner. We will not be responsible for the validity, legal effects or consequences of the assignment.

3.5 Other changes

You have other options to adjust your plan. Simply login to our customer portal (www.singlife.com) at your convenience and you can initiate the following changes:

- change of payment frequency
- change of premium payment mode
- change of address and contact details.

4 Your premiums

4.1 Paying your premiums

Premiums are due from the day on which your policy starts and at monthly, quarterly, semi-annual or annual intervals as shown in your policy schedule.

4.2 What happens if you do not pay your premiums

We offer you sixty (60) days grace period from the premium due date to pay your premiums. If we do not receive the premiums by the end of the grace period, the policy will lapse effective from the date the premium was due, and we will not be liable to pay any benefits arising after that date.

You can apply to reinstate your policy within twelve (12) months from the date your policy lapsed. All premium up to the reinstatement date must be paid.

To reinstate your policy after its termination, you may need to go through our underwriting process again, and reinstatement is not guaranteed.

5 Beneficiaries & creation of trust provisions

You may apply for:

- a nomination of beneficiaries
- a trust nomination
- a change or revocation of either of the above

Your application must be in accordance with and meet the requirements of the Insurance (Nomination of Beneficiaries) Regulations 2009 of the Insurance Act (Chapter 142), as amended or replaced from time to time.

You will need to complete the applicable form provided by us, and we will notify you when we accept your application.

All rights over the policy will be subject to the terms and conditions of any nomination of beneficiaries or trust deeds and applicable laws.

6 Your claim

6.1 Notifying us of a claim

You can inform us of a claim by sending us an email at service@singlife.com. You should notify us as soon as practicable within six (6) months of the claim event.

We will make payments as soon as reasonably possible after receipt of the claims information, and will not be held liable for any losses incurred as a result of any delay

6.2 How benefits are paid

Subject to any valid nominations of beneficiaries and applicable laws, we will pay the benefits under this policy, less any unpaid premiums, in a single lump sum to such person or persons who can give us proper discharge.

6.3 What we require to initiate benefit payments

To enable us to pay benefits, we require the following information within six (6) months of the claim event, and any costs incurred will be met by you.

- A completed claim form
- Relevant documents as evidence of the claimant's entitlement to receive the payment
- Any other information that we deem necessary, as well as evidence required by the regulators.

The documents to be provided for the different benefit types are:

- (a) Death benefit
 - a copy of the death certificate
- (b) Terminal Illness benefit
 - a statement from a registered medical practitioner with supporting diagnosis report and medical evidence
- (c) Total and Permanent Disability, Critical Illness or Waiver of Premium benefit
 - A statement from a registered medical practitioner with supporting diagnosis report, medical evidence and any additional forms we deem necessary.

All claim forms, certificates, documents and statements are to be in English. If they are in any other languages, they are to be submitted with a certified translation to English.

For living benefit claims assessment, we reserve the right to have the Life Assured examined by our appointed medical practitioner.

7 General provisions

7.1 Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme and 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 adviser or visit the LIA or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

7.2 Governing law

Your policy is governed under Singapore law and parties to this policy hereby submit to the jurisdiction of the courts of Singapore.

7.3 Rights of Third Parties

The Contracts (Rights of Third Parties) Act (Cap 53B) and any subsequent changes or replacement of its provisions shall not apply to your policy, and a person who is not a party to your policy shall have no right under that Act to enforce any of its terms.

7.4 Data protection and customer privacy

In the course of your relationship with us, we shall use, store and transfer (whether within or outside Singapore) and/or exchange information to or with all such persons as we may consider necessary. This includes, but is not limited to, any member of Singapore Life Pte. Ltd., its shareholders, affiliates, partners and contracted service providers for any and all purposes, in connection with such service and/or for the purpose of promoting, improving and furthering the provision of financial services by us or our business partners to you generally, and/or any other purposes and to such persons as may be in accordance with our general data protection and privacy policy as set out in any correspondence or other terms and conditions made available by us to you from time to time.

Overseas service providers may be required by law to disclose information received from us to third parties. Such circumstances include where service providers are compelled to disclose information pursuant to a court order, police investigations and criminal prosecutions for tax evasion or other offences.

Without prejudice to the above, where we consider it necessary and appropriate, we may transfer any such data, details or information to any service provider (whether situated in or outside Singapore), under the conditions of confidentiality imposed on such service providers (including third party service providers, sales and telemarketing agencies) for the purpose of data processing or providing any service on behalf of us to you.

7.5 Accurate information

If the Life Assured's age, sex, smoking status, country of residence or any written statements and declarations given at point of application of this policy is stated incorrectly, all amounts payable under this policy will be adjusted as follows:

- on death, the death benefit will be recalculated to the amount that would have been payable based on the correct premiums paid, the correct information and the then applicable cost of insurance charge.
- while this policy is in-force and the Company is aware of any misstatement before notification of death, we may, at our sole discretion, adjust the sum assured to such amount based on the correct information and premium received and the then applicable cost of insurance charge.
- If the Life Assured would not have been insurable based on the correct information at the application of the policy according to our underwriting and acceptance of risk requirements, this policy (including any attached endorsements) will be void from the policy inception.

7.6 Incontestability

In the absence of fraud, negligent misrepresentation or failure to pay premiums, we will not contest the validity of this policy if it has been in force for at least two (2) years from the cover effective date or most recent reinstatement date, whichever is later during the lifetime of the Life Assured.

7.7 Free-look period

You have fourteen (14) days starting from the date you receive this policy to review it.

Your policy will be considered to have been received on the date of the email notification of policy issuance.

If you decide to cancel this policy, you must write to us within fourteen (14) days from the date of delivery. We will refund the premiums paid without interest, after deducting any medical and underwriting expenses incurred in processing your application.

7.8 Portability or change of residency

Your policy is free from restrictions in respect of travel and occupation after the effective date.

You agree to seek independent financial and/or tax advice as to how a change in residence may affect your tax circumstances. Notwithstanding any other clause in this policy, if you or the Life Assured are or become a tax payer in another country that sets compliance requirements on foreign financial institutions (either through legislation, contract or otherwise), or you or the Life Assured becomes a sanction target, we may:

- (a) comply with information requests made by governmental or regulatory bodies of these countries;
- (b) withhold a withholding tax; and/or
- (c) be legally bound to terminate the policy.

7.9 Changes to terms and conditions

We may make changes to these terms and conditions that we reasonably consider are appropriate due to a change in any applicable legislation or regulation. In such circumstances, we will notify you in writing in advance of any changes being made.

Base Benefit - Terms and Conditions

1 Your benefits

We will pay this base benefit if, during the period of cover, the Life Assured dies or is diagnosed with a terminal illness. When the benefit is fully paid, then the policy will end.

1.1 Death benefit

We will pay the selected base benefit sum assured if, during the period of cover, the Life Assured dies. The policy will terminate thereafter.

1.2 Terminal Illness benefit

We will pay the selected base benefit sum assured, subject to a maximum of SGD 7,000,000, as an acceleration of the death benefit if, during the period of cover, the Life Assured is diagnosed with a terminal illness as defined below. Any remaining sum assured not accelerated will be payable upon the death of the Life Assured during the period of cover.

Terminal illness is defined as a definite medical diagnosis by a registered medical practitioner of an illness that satisfies both the following:

- the illness either has no known cure or has progressed to the point where it cannot be cured; and
- in the opinion of your hospital consultant and a registered medical practitioner (if necessary), the illness is expected to lead to death within twelve (12) months.

1.3 Period of cover

Your cover for this base benefit starts on the effective date and ends on the earliest of the following:

- the payment of the full base benefit sum assured; or
- when you instruct us to cancel the policy; or
- the policy expires; or
- the policy is terminated by us due to non-payment of premium.

1.4 Accelerated payment of base benefit

If you have chosen supplementary benefits with partial or full accelerated payment of the base benefit, your base benefit sum assured will be reduced by the accelerated or advanced payment which we have made.

- Your remaining accelerated benefits cannot exceed the base benefit sum assured.
- Your policy will expire if the total benefits paid under accelerated benefits is equal to the base benefit sum assured.

Premiums payable thereafter will be based on the reduced base benefit sum assured and the adjusted sum assured of the remaining accelerated benefit(s).

2 Important information

2.1 Exclusions

We will not cover any claim arising directly or indirectly as outlined below:

- a) for death,
 - from attempted suicide or suicide within the first year your cover is in place, or has been increased, or has been re-instated
- b) for terminal illness,
 - from attempted suicide within one (1) year from the effective date, and
 - from Human Immunodeficiency Virus (HIV) infection.

2.2 Guaranteed premium rate

Premium rates are guaranteed for the base benefit term.

2.3 Renewability

If your policy schedule shows renewability for your base benefit, your base benefit is automatically renewed at the end of the base benefit term, based on

- the same sum assured, and
- the same base benefit term

provided that

- the attained age of the Life Assured is below seventy-five (75) at renewal; and
- no claims had been admitted under this base benefit.

If the attained age at the end of the renewed base benefit term exceeds the maximum cover age of ninety-nine (99), the renewed base benefit term will be reduced to expire at the maximum cover age.

The premium for such renewal will be based on the Life Assured's age at renewal, but without taking into account any changes in the Life Assured's health and without any underwriting.

You can cancel any renewal within fourteen (14) days of the renewal date without incurring a penalty.

Renewability of your supplementary benefits is explained in the terms and conditions for the supplementary benefits.

Accelerated Critical Illness Benefit - Terms and Conditions

1 Your benefits

We will pay the selected sum assured of this supplementary benefit as an acceleration of the base benefit if, during the period of cover, the Life Assured is diagnosed with any of the critical illnesses listed below, except for Angioplasty & Other Invasive Treatment for Coronary Artery.

If the Life Assured undergoes Angioplasty & Other Invasive Treatment for Coronary Artery, we will pay 10% of the selected sum assured of this supplementary benefit, subject to a maximum amount of SGD 25,000. The sum assured of this supplementary benefit and the base benefit will be reduced by the amount paid. Premiums payable will be adjusted accordingly based on the reduced sum assured.

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| 1. Alzheimer's Disease / Severe Dementia | 20. Major Head Trauma |
| 2. Apallic Syndrome | 21. Major Organ / Bone Marrow Transplantation |
| 3. Aplastic Anaemia | 22. Motor Neurone Disease |
| 4. Bacterial Meningitis | 23. Multiple Sclerosis |
| 5. Benign Brain Tumour | 24. Muscular Dystrophy |
| 6. Blindness (Loss of Sight) | 25. Other Serious Coronary Artery Disease |
| 7. Coma | 26. Paralysis (Loss of Use of Limbs) |
| 8. Coronary Artery By-pass Surgery | 27. Parkinson's Disease |
| 9. Deafness (Loss of Hearing) | 28. Poliomyelitis |
| 10. End Stage Liver Failure | 29. Primary Pulmonary Hypertension |
| 11. End Stage Lung Disease | 30. Progressive Scleroderma |
| 12. Fulminant Hepatitis | 31. Stroke |
| 13. Heart Attack of Specified Severity | 32. Systemic Lupus Erythematosus with Lupus Nephritis |
| 14. Heart Valve Surgery | 33. Surgery to Aorta |
| 15. Kidney Failure | 34. Terminal Illness |
| 16. Loss of Independent Existence | 35. Viral Encephalitis |
| 17. Loss of Speech | 36. HIV due to Blood Transfusion and Occupationally Acquired HIV |
| 18. Major Burns | 37. Angioplasty & Other Invasive Treatment for Coronary Artery |
| 19. Major Cancers | |

1.1 Period of cover

Your cover for this supplementary benefit starts on the effective date and ends on the earliest of the following:

- the payment of the full sum assured of this supplementary benefit; or
- when you instruct us to cancel this supplementary benefit; or
- this supplementary benefit expires; or
- when your cover for the base benefit ends.

2 Important information

2.1 Exclusions

We will not cover any claim arising directly or indirectly from:

- self-inflicted injury or attempted suicide;
- the influence or deliberate misuse of drugs or alcohol;
- an episode of coronary artery or ischaemic heart disease that happens before the effective date;
- any pre-existing condition relating directly or indirectly to the critical illness or where the Life Assured received medical treatment or asked for medical advice (which relates directly or indirectly to the critical illness) before the effective date; or
- AIDS, AIDS-related complex or infection by human immunodeficiency virus (HIV) except HIV due to blood transfusion or occupationally acquired HIV.

2.2 Waiting period

There is a ninety (90) days waiting period, and we will not pay any benefits if the Life Assured is diagnosed with any one or more of the following four (4) critical illnesses within ninety (90) days from the effective date, or reinstatement date, whichever is later:

- Major Cancers
- Coronary Artery By-pass Surgery
- Heart Attack of Specified Severity
- Angioplasty & Other Invasive Treatment for Coronary Artery

2.3 Non-guaranteed premium rate

Premium rates are not guaranteed. These rates may be adjusted in the future at our discretion. We will give thirty (30) days' notice before the new premiums are charged.

2.4 Renewability

If your policy schedule shows renewability for this supplementary benefit, your supplementary benefit is automatically renewed at the end of the supplementary benefit term, based on

- the same sum assured, and
- the same supplementary benefit term

provided that

- the attained age of the Life Assured is below sixty-four (64) at renewal; and
- no claims have been admitted under this supplementary benefit.

If the attained age at the end of the renewed supplementary benefit term exceeds the maximum cover age of ninety-nine (99), the renewed supplementary benefit term will be reduced to expire at the maximum cover age.

The premium for such renewal will be based on the Life Assured's age at renewal but without taking into account any changes in the Life Assured's health and without any underwriting.

You can cancel any renewal within fourteen (14) days of the renewal date without incurring a penalty.

3 List of Critical Illnesses

The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2014). These critical illnesses fall under Version 2014. You may refer to www.lia.org.sg for the Standard Definitions (Version 2014). The definitions for the 37 Critical Illnesses in the list below are in line with the LIA Standard Definitions (Version 2014).

1. Alzheimer's Disease / Severe Dementia	20. Major Head Trauma
2. Apallic Syndrome	21. Major Organ / Bone Marrow Transplantation
3. Aplastic Anaemia	22. Motor Neurone Disease
4. Bacterial Meningitis	23. Multiple Sclerosis
5. Benign Brain Tumour	24. Muscular Dystrophy
6. Blindness (Loss of Sight)	25. Other Serious Coronary Artery Disease
7. Coma	26. Paralysis (Loss of Use of Limbs)
8. Coronary Artery By-pass Surgery	27. Parkinson's Disease
9. Deafness (Loss of Hearing)	28. Poliomyelitis
10. End Stage Liver Failure	29. Primary Pulmonary Hypertension
11. End Stage Lung Disease	30. Progressive Scleroderma
12. Fulminant Hepatitis	31. Stroke
13. Heart Attack of Specified Severity	32. Systemic Lupus Erythematosus with Lupus Nephritis
14. Heart Valve Surgery	33. Surgery to Aorta
15. Kidney Failure	34. Terminal Illness
16. Loss of Independent Existence	35. Viral Encephalitis
17. Loss of Speech	36. HIV due to Blood Transfusion and Occupationally Acquired HIV
18. Major Burns	37. Angioplasty & Other Invasive Treatment for Coronary Artery
19. Major Cancers	

1. Alzheimer's Disease / Severe Dementia

Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured. This diagnosis must be supported by the clinical confirmation of an appropriate medical consultant and supported by companies appointed doctor.

The following are excluded:

- non-organic diseases such as neurosis and psychiatric illnesses; and
- alcohol related brain damage.

2. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one (1) month.

3. Aplastic Anaemia

Chronic persistent bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- blood product transfusion;
- marrow stimulating agents;
- immunosuppressive agents; or
- bone marrow transplantation.

The diagnosis must be confirmed by a haematologist.

4. Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least six (6) weeks. This diagnosis must be confirmed by:

- the presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- a consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

5. Benign Brain Tumor

Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:

- it is life threatening;
- it has caused damage to the brain;
- it has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques

The following are excluded:

- cysts;
- granulomas;
- vascular malformations;
- haematomas; and
- tumours of the pituitary gland or spinal cord.

6. Blindness (Loss of Sight)

Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of twenty (20) degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

7. Coma

A coma that persists for at least ninety-six (96) hours. This diagnosis must be supported by evidence of all the following:

- no response to external stimuli for at least ninety-six (96) hours;
- life support measures are necessary to sustain life; and
- brain damage resulting in permanent neurological deficit which must be assessed at least thirty (30) days after the onset of the coma.

Coma resulting directly from alcohol or drug abuse is excluded.

8. Coronary Artery By-pass Surgery

The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty and all other intra-arterial, catheter based techniques, 'keyhole' or laser procedures are excluded.

9. Deafness (Loss of Hearing)

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.

Total means "the loss of at least eighty (80) decibels in all frequencies of hearing".

10. End Stage Liver Failure

End stage liver failure as evidenced by all of the following:

- permanent jaundice;
- ascites; and
- hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

11. End Stage Lung Disease

End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:

- FEV₁ test results which are consistently less than one (1) litre;
- permanent supplementary oxygen therapy for hypoxemia;
- arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ ≤ 55mmHg); and
- dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

12. Fulminant Hepatitis

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- rapid decreasing of liver size as confirmed by abdominal ultrasound;
- necrosis involving entire lobules, leaving only a collapsed reticular framework;
- rapid deterioration of liver function tests;
- deepening jaundice; and
- hepatic encephalopathy.

13. Heart Attack of Specified Severity

Death of heart muscle due to obstruction of blood flow, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:

- history of typical chest pain;
- new characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
- imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company

For the above definition, the following are excluded:

- angina;
- heart attack of indeterminate age; and
- a rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

14. Heart Valve Surgery

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

15. Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

16. Loss of Independent Existence

A condition as a result of a disease, illness or injury whereby the Life Assured is unable to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living", for a continuous period of six (6) months.

Activities of Daily Living:

- (i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means
- (ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances
- (iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa
- (iv) Mobility - the ability to move indoors from room to room on level surfaces
- (v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
- (vi) Feeding - the ability to feed oneself once food has been prepared and made available.

This condition must be confirmed by the company's approved doctor.

Non-organic diseases such as neurosis and psychiatric illnesses are excluded.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

17. Loss of Speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of twelve (12) months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric related causes are excluded.

18. Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assured's body.

19. Major Cancers

A malignant tumor positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term malignant tumor includes leukemia, lymphoma and sarcoma. For the above definition, the following are excluded:

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

20. Major Head Trauma

Accidental head injury resulting in permanent neurological deficit with persisting clinical symptoms to be assessed no sooner than six (6) weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head injury.

The following are excluded:

- spinal cord injury; and
- head injury due to any other causes.

Permanent means expected to last throughout the lifetime of the Life Assured.

Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Assured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

21. Major Organ / Bone Marrow Transplantation

The receipt of a transplant of:

- human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- one of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

22. Motor Neurone Disease

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

23. Multiple Sclerosis

The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all the following:

- investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis;
- multiple neurological deficits which occurred over a continuous period of at least six (6) months; and
- well documented history of exacerbations and remissions of said symptoms or neurological deficits.

Other causes of neurological damage such as SLE and HIV are excluded.

24. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living" for a continuous period of at least six (6) months:

Activities of Daily Living:

- (i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means
- (ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances
- (iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa
- (iv) Mobility - the ability to move indoors from room to room on level surfaces
- (v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
- (vi) Feeding - the ability to feed oneself once food has been prepared and made available.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

25. Other Serious Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

26. Paralysis (Loss of Use of Limbs)

Total and irreversible loss of use of at least two (2) entire limbs due to injury or disease persisting for a period of at least six (6) weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

27. Parkinson's Disease

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- the disease cannot be controlled with medication;
- signs of progressive impairment; and
- inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living" for a continuous period of at least six (6) months:

Activities of Daily Living:

- (i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means
- (ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances
- (iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa
- (iv) Mobility - the ability to move indoors from room to room on level surfaces
- (v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
- (vi) Feeding - the ability to feed oneself once food has been prepared and made available.

Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson's Disease are excluded.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

28. Primary Pulmonary Hypertension

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

The NYHA Classification of Cardiac Impairment:

- Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea or anginal pain
- Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms
- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest

29. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause,
- paralysis of the limb muscles or respiratory muscles must be present and persist for at least three (3) months.

30. Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

- localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

31. Stroke

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit with persisting clinical symptoms. This diagnosis must be supported by all of the following conditions:

- evidence of permanent clinical neurological deficit confirmed by a neurologist at least six (6) weeks after the event; and
- findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- vascular disease affecting the eye or optic nerve; and
- Ischaemic disorders of the vestibular system.

Permanent means expected to last throughout the lifetime of the Life Assured.

Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Assured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

32. Surgery to Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

33. Terminal Illness

The conclusive diagnosis of an illness that is expected to result in the death of the Life Assured within twelve (12) months. This diagnosis must be supported by a specialist and confirmed by the Company's appointed doctor.

Terminal illness in the presence of HIV infection is excluded.

34. Systemic Lupus Erythematosus with Lupus Nephritis

A multi-system, multifactorial, autoimmune disorder characterised by the development of auto-antibodies directed against various self-antigens. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

- Class I: Minimal Change Lupus Glomerulonephritis
- Class II: Mesangial Lupus Glomerulonephritis
- Class III: Focal Segmental Proliferative Lupus Glomerulonephritis
- Class IV: Diffuse Proliferative Lupus Glomerulonephritis
- Class V: Membranous Lupus Glomerulonephritis

35. Viral Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least six (6) weeks.

Encephalitis caused by HIV infection is excluded.

36. HIV Due to Blood Transfusion and Occupationally Acquired HIV

a. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:

- the blood transfusion was medically necessary or given as part of a medical treatment;
- the blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later;
- the source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and
- the insured does not suffer from Thalassaemia Major or Haemophilia.

b. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the issue date, date of endorsement or date of reinstatement of this policy, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:

- proof of the accident giving rise to the infection must be reported to the Company within thirty (30) days of the accident taking place;
- proof that the accident involved a definite source of the HIV infected fluids;
- proof of sero-conversion from HIV negative to HIV positive occurring during the hundred and eighty (180) days after the documented accident. This proof must include a negative HIV antibody test conducted within five (5) days of the accident; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit is only payable when the occupation of the insured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore).

This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

37. Angioplasty & Other Invasive Treatment for Coronary Artery

The actual undergoing of balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Payment under this condition is limited to 10% of the sum assured under this policy subject to a SGD 25,000 maximum sum payable. This benefit is payable once only and shall be deducted from the amount of this Contract, thereby reducing the amount of the sum assured which may be payable herein.

Diagnostic angiography is excluded.

Accelerated Disability Benefit - Terms and Conditions

1 Your benefits

We will pay the selected sum assured of this supplementary benefit as an acceleration of the base benefit if, during the period of cover, the Life Assured becomes totally and permanently disabled (before age 70) as a result of disease, illness or injury.

Total and permanent disability means any one or more of the following three (3) situations:

- "Any Occupation" definition (for lives of working age 18 to 65 at last birthday)
- Presumptive definition
- Activities of Daily Living definition

1.1 "Any Occupation" definition (for lives of working age 18 to 65 at last birthday)

The Life Assured shall be regarded as being totally and permanently disabled under an "Any Occupation" definition of disability only if the Life Assured, due to accident or illness, has been rendered disabled to such an extent that there is no occupation whatsoever which that Life Assured is able to perform.

Disability must be total and permanent and persist continuously for at least six (6) months, with the Life Assured being incapable of performing any work or engaging in any occupation or profession to earn or obtain wages, compensation or profit, from the time when the disability started.

1.2 Presumptive definition

Under this definition, the disability is due to an injury sustained or sickness contracted during the period of cover of this supplementary benefit, and suffers total and irrecoverable loss of use of:

- the entire sight in both eyes; or
- any two limbs at or above the wrist or ankle; or
- the entire sight in one eye and any one limb at or above the wrist or ankle.

1.3 Activities of Daily Living definition

Under this definition, the disability

- is due to an injury sustained or sickness contracted during the period of cover of this supplementary benefit; and
- has persisted continuously for a period of at least six (6) months and must, at the end of such period, be deemed permanent, with no possibility of improvement for an indefinite time by the Company's authorised registered medical practitioner; and
- prevents the Life Assured from performing at least three (3) of the six (6) Activities of Daily Living (ADL) defined below, even with the aid of special equipment, and such disability must always require the physical assistance of another person throughout each entire activity.

Activities of Daily Living:

- (i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means
- (ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances
- (iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa
- (iv) Mobility - the ability to move indoors from room to room on level surfaces
- (v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
- (vi) Feeding - the ability to feed oneself once food has been prepared and made available

1.4 Period of cover

Your cover for this supplementary benefit starts on the effective date and ends on the earliest of the following:

- the payment of the full sum assured of this supplementary benefit; or
- when you instruct us to cancel this supplementary benefit; or
- this supplementary benefit expires; or
- when your cover for the base benefit ends.

2 Important information

2.1 Exclusions

We will not cover any claim arising directly or indirectly from:

- self-inflicted injury or attempted suicide;
- deliberate misuse of drugs, alcohol or dependence;
- injuries sustained during travel on any aerial device or conveyance except as a fare-paying passenger or a crew member of an international airline operating on a scheduled route or operated by RSAF; or
- active participation in war or any war-like activities, strikes, riot, civil commotion or terrorist activities.

2.2 Guaranteed premium rate

Premium rates are guaranteed for the supplementary benefit term.

2.3 Renewability

If your policy schedule shows renewability for this supplementary benefit, your supplementary benefit is automatically renewed at the end of the supplementary benefit term, based on

- the same sum assured, and
- the same supplementary benefit term

provided that

- the attained age of the Life Assured is below sixty-five (65) at renewal; and
- no claims have been admitted under this supplementary benefit.

If the attained age at the end of the renewed supplementary benefit term exceeds the maximum cover age of seventy (70), the renewed supplementary benefit term will be reduced to expire at the maximum cover age.

The premium for such renewal will be based on the Life Assured's age at renewal, but without taking into account any changes in the Life Assured's health and without any underwriting.

You can cancel any renewal within fourteen (14) days of the renewal without incurring a penalty.

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This is the end of Terms and Conditions document.**