Product Summary for AIA Power Critical Cover (PWCC)
Version 1.0

This insurance plan is underwritten by AIA Singapore Private Limited (Reg. No. 201106386R) ("we, our, us, AIA Singapore").

AIA Power Critical Cover is a regular premium, non-participating critical illness plan which provides coverage against death, critical illnesses of different severities including coverage for pre-early conditions, special conditions and relapsed critical illnesses.

There are two plan types available: Value plan (cover up to age 75) and Life plan (cover up to age 100).

You may also choose to integrate your AIA Power Critical Cover with AIA Vitality which gives you an upfront premium discount and future Vitality Status-dependent premium discounts.

(1) PRODUCT INFORMATION

What are the Benefits?
AIA Power Critical Cover provides you with the following benefits:

A. Death Benefit

In the event of death of the Insured, we will pay Insured Amount after deducting any amount paid under Critical Illness Benefit.

If the total payments of Critical Illness Benefit has reached 100% of Insured Amount or more, no benefit is payable for Death Benefit.

B. Critical Illness Benefit

This policy covers 73 critical illnesses. Each critical illness diagnosed must be classified as one of the critical illness stages (ranging from Early Stage, Intermediate Stage and Major Stage, whichever is applicable).

If the Insured suffers from a covered critical illness, we will pay the lower of 100% of Current Insured Amount* or Maximum Claim Limit that applies to the critical illness stage, less any and all amounts owing to us under your policy. The only exception arises if the Insured undergoes a surgery for Angioplasty and Other Invasive Treatment for Coronary Artery, we will pay the lower of 10% of Current Insured Amount or Maximum Claim Limit.

The **Maximum Claim Limit** for each critical illness stage is as shown in the table below:

Critical Illness Stage	Maximum Claim Limit
Early Stage Critical Illness	S$250,000
Intermediate Stage Critical Illness	S$350,000
Major Stage Critical Illness (for Angioplasty and Other Invasive Treatment for Coronary Artery)	S$25,000
Major Stage Critical Illness (except for Angioplasty and Other Invasive Treatment for Coronary Artery)	Not applicable

* **Current Insured Amount** refers to the Insured Amount as of the diagnosis date or date of surgical procedure performed for the respective critical illness or power relapse critical illness which is (i) the Insured Amount less all the amount admitted under the Critical Illness Benefit or Power Relapse Benefit, or (ii) the Insured Amount less all the amounts under the Critical Illness Benefit or Power Relapse Benefit admitted after the date of the last Power Reset Benefit granted.

We will pay the Critical Illness Benefit subject to the following:

(i) The Insured survives at least 7 days from the diagnosis or surgical procedure performed for a critical illness;
(ii) Only one claim can be admitted for each critical illness stage of a critical illness. Once a claim for a critical illness is admitted by us, we will not pay on a subsequent claim for the same critical illness stage of that critical illness;
(iii) If more than one critical illness is diagnosed on the same date, we will only admit one claim for the critical illness diagnosed as the most severe critical illness stage or of the same critical illness stage as the others;

(iv) The total amounts payable for all critical illness stages of a critical illness shall not be more than 100% of the Insured Amount;
(v) The total amounts payable for all Critical Illness Benefits (for multiple critical illnesses) shall not be more than 500% of the Insured Amount;
(vi) For 'Terminal Illness' and 'Loss of Independent Existence', we will pay the Insured Amount after deducting any amount paid under Critical Illness Benefit under this policy. If the total payments of Critical Illness Benefit have reached 100% of Insured Amount or more, no benefit is payable for future claims under these two conditions;
(vii) In the event that multiple claims are made and such claims are not made in the order of the date of diagnoses of the critical illnesses, we reserve the right to make adjustments to the amount we will admit for the later claims to meet the conditions set out in this basic policy;
(viii) If Insured is covered by multiple AIA Power Critical Cover policies, the total amounts payable for the same Early Stage Critical Illness shall not be more than S$250,000; and
(ix) If Insured is covered by multiple AIA Power Critical Cover policies, the total amounts payable for the same Intermediate Stage Critical Illness shall not be more than S$350,000.

Once a claim for Critical Illness Benefit is admitted, the Current Insured Amount will be reduced by such benefit amount paid.

Covered Critical Illnesses

Each covered critical illness is classified as one of the critical illness stages described in the table below.

No	Early Stage (42 Conditions)	Intermediate Stage (35 Conditions)	Major Stage (73 Conditions)
1.	N/A	N/A	Acquired Brain Damage
2.	Acute Ulcerative Colitis	N/A	Acute Severe Ulcerative Colitis
3.	N/A	N/A	Addison disease or Autoimmune Adrenalitis
4.	N/A	N/A	Adrenalectomy for Adrenal Adenoma
5.	Diagnosis of Dementia including Alzheimer's Disease	Moderately Severe Alzheimer's Disease	Alzheimer's Disease / Severe Dementia^
6.	N/A	N/A	Angioplasty & Other Invasive Treatment for Coronary Artery^
7.	Locked in Syndrome	N/A	Apallic Syndrome^
8.	Reversible Aplastic Anaemia	Myelodysplastic Syndrome or Myelofibrosis	Aplastic Anaemia^
9.	Bacterial Meningitis with full recovery	Mild Bacterial Meningitis	Bacterial Meningitis^
10.	Surgical Removal of Pituitary Tumour	• Surgical Removal of Pituitary Tumour (by Open Craniotomy) • Surgical Removal of Pituitary Tumour (by Transsphenoidal/ Transnasal Hypophysectomy)	Benign Brain Tumour^
11.	Biliary Atresia (on diagnosis)	N/A	Biliary Atresia having undergone Liver transplantation
12.	Loss of Sight in One Eye	Optic Nerve Atrophy with low vision	Blindness (Loss of Sight)^
13.	N/A	N/A	Brain Surgery
14.	N/A	N/A	Chronic Auto-Immune Hepatitis

No	Early Stage (42 Conditions)	Intermediate Stage (35 Conditions)	Major Stage (73 Conditions)
15.	Acute Necrohemorrhagic Pancreatitis	Acute Necrohemorrhagic Pancreatitis with Pancreatectomy	Chronic Relapsing Pancreatitis
16.	Coma for 48 hours	• Coma for 72 hours • Severe Epilepsy	Coma^
17.	Keyhole Coronary Bypass Surgery or Coronary Artery Atherectomy or Myocardial Laser Revascularisation or Enhanced External Counterpulsation	N/A	Coronary Artery By-pass Surgery^
18.	Less Severe Creutzfeld-Jacob Disease	Moderately Severe Creutzfeld-Jacob Disease	Creutzfeld-Jacob Disease
19.	• Partial Loss of Hearing • Cavernous Sinus Thrombosis Surgery	Cochlear Implant Surgery	Deafness (Loss of Hearing)^
20.	N/A	N/A	Ebola
21.	N/A	N/A	Elephantiasis
22.	Liver Surgery	Liver Cirrhosis	End Stage Liver Failure^
23.	• Severe Asthma • Insertion of a Vena Cava Filter	Surgical Removal of One Lung	End Stage Lung Disease^
24.	• Biliary Tract Reconstruction Surgery • Hepatitis with Cirrhosis	Chronic Primary Sclerosing Cholangitis	Fulminant Hepatitis^
25.	N/A	N/A	Generalized Tetanus
26.	• Cardiac Pacemaker Insertion • Pericardiectomy	• Cardiac Defibrillator Insertion • Early Cardiomyopathy	Heart Attack of Specified Severity^
27.	Percutaneous Valvuloplasty or Valvotomy	Percutaneous Valve Replacement or Device Repair	Heart Valve Surgery^
28.	HIV due to Assault or Occupationally Acquired HIV	HIV due to Organ Transplant	HIV Due to Blood Transfusion and Occupationally Acquired HIV^
29.	Less Severe Infective Endocarditis	N/A	Infective Endocarditis
30.	N/A	N/A	Insulin Dependent Diabetes Mellitus
31.	N/A	N/A	Juvenile Huntington Disease
32.	Surgical Removal of One Kidney	Chronic Kidney Disease	Kidney Failure^
33.	Loss of Independent Existence (Early Stage)	N/A	Loss of Independent Existence^
34.	Permanent (or Temporary) Tracheostomy	Loss of Speech (other than injury or illness to the vocal cords)	Loss of Speech^
35.	• Mild Severe Burns	Moderately Severe Burns	Major Burns^
36.	• Carcinoma in situ • Early Prostate Cancer • Early Thyroid Cancer • Early Bladder Cancer • Early Chronic Lymphocytic Leukaemia • Early Melanoma	Carcinoma in situ of specified organs treated with Radical Surgery	Major Cancers^

No	Early Stage (42 Conditions)	Intermediate Stage (35 Conditions)	Major Stage (73 Conditions)
	• Gastro-Intestinal Stromal Tumours		
37.	• Surgery for Subdural Haematoma • Facial Reconstructive Surgery	Intermediate Stage Major Head Trauma	Major Head Trauma^
38.	• Small Bowel Transplant • Corneal Transplant	Major Organ/Bone Marrow Transplant (on waitlist)	Major Organ / Bone Marrow Transplantation^
39.	N/A	N/A	Medically Acquired HIV infection
40.	N/A	N/A	Medullary Cystic Disease
41.	Peripheral Neuropathy	Early Motor Neurone Disease	Motor Neurone Disease^
42.	N/A	N/A	Multiple Root of Branchial Plexus Injury
43.	Early Multiple Sclerosis	Mild Multiple Sclerosis	Multiple Sclerosis^
44.	Spinal Cord Disease or Injury resulting in Bowel and Bladder Dysfunction	Moderate Muscular Dystrophy	Muscular Dystrophy^
45.	N/A	N/A	Necrotising Fasciitis
46.	N/A	N/A	Occupationally Acquired Hepatitis B or C
47.	N/A	N/A	Osteogenesis Imperfecta
48.	Early Stage Other Serious Coronary Artery Disease	Intermediate Stage Other Serious Coronary Artery Disease	Other Serious Coronary Artery Disease^
49.	Loss of Use of One Limb	Loss of use of One limb requiring Prosthesis	Paralysis (Loss of Use of Limbs)^
50.	Early Parkinson's Disease	Moderately Severe Parkinson's Disease	Parkinson's Disease^
51.	Severe Juvenile Rheumatoid Arthritis	N/A	Persistent Severe Juvenile Rheumatoid Arthritis
52.	N/A	N/A	Pheochromocytoma
53.	N/A	Moderately Severe Poliomyelitis	Poliomyelitis^
54.	Early Pulmonary Hypertension	Secondary Pulmonary Hypertension	Primary Pulmonary Hypertension^
55.	Early Progressive Scleroderma	Progressive Scleroderma with CREST syndrome	Progressive Scleroderma^
56.	Less Severe Progressive Supranuclear Palsy	N/A	Progressive Supranuclear Palsy
57.	N/A	N/A	Rabies
58.	N/A	N/A	Resection of the whole small intestine (duodenum, jejunum and ileum)
59.	N/A	N/A	Severe Cardiomyopathy
60.	Less Severe Crohn's Disease	N/A	Severe Crohn's Disease
61.	N/A	Severe Eisenmenger's Syndrome (Intermediate)	Severe Eisenmenger's Syndrome
62.	N/A	N/A	Severe Haemophilia
63.	N/A	N/A	Severe Myasthenia Gravis
64.	N/A	N/A	Severe Pulmonary Fibrosis

No	Early Stage (42 Conditions)	Intermediate Stage (35 Conditions)	Major Stage (73 Conditions)
65.	• Brain Aneurysm Surgery (via Endovascular procedures) • Brain Aneurysm Surgery (via Craniotomy) • Cerebral Shunt Insertion	Carotid Artery Surgery	Stroke^
66.	Large Asymptomatic Aortic Aneurysm	Minimally Invasive Surgery to Aorta	Surgery to Aorta^
67.	N/A	N/A	Surgery for Idiopathic Scoliosis
68.	Mild Systemic Lupus Erythematosus	Moderate Severe Systemic Lupus Erythematosus with Lupus Nephritis	Systemic Lupus Erythematosus with Lupus Nephritis^
69.	N/A	N/A	Terminal Illness^
70.	N/A	N/A	Tuberculosis Meningitis
71.	N/A	N/A	Type 1 Juvenile Spinal Muscular Atrophy
72.	Viral Encephalitis with full recovery	Mild Viral Encephalitis	Viral Encephalitis^
73.	N/A	N/A	Wilson's Disease

^ The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2014). These Critical Illnesses fall under Version 2014. You may refer to www.lia.org.sg for the standard Definitions (Version 2014). For Critical Illnesses that do not fall under Version 2014, the definitions are determined by the insurance company.

The definitions of the above critical illnesses are contained in Appendix 1.

We will not pay any benefits for any and all stages of Heart Attack of Specified Severity, Major Cancers, Coronary Artery By-pass Surgery, Angioplasty and Other Invasive Treatment For Coronary Artery or Other Serious Coronary Artery Disease if the date of diagnosis of the Heart Attack of Specified Severity, Major Cancers, Other Serious Coronary Artery Disease or the date of diagnosis of any conditions leading to performance of Coronary Artery By-pass Surgery or Angioplasty and Other Invasive Treatment For Coronary Artery to the Insured was made within 90 days from the later of the following:

(i) the issue date of the basic policy; or
(ii) the reinstatement date of the basic policy.

Besides other underwriting limits applicable to this plan, this benefit is also subject to the critical illness per life limit of S$3,000,000 (aggregated with other policies or supplementary benefits issued on the same life). For policies issued in other currencies, a conversion rate as determined by us will apply.

C. Power Relapse Benefit

If the Insured is diagnosed with any one of the Power Relapse Critical Illness or actually undergoes a surgery for a Power Relapse Critical Illness**,** we will pay 100% of the Current Insured Amount less any and all amounts owing to us under your policy.

We will pay the Power Relapse Benefit subject to the following:

(i) the Insured survives at least 7 days from the date of diagnosis or date of surgical procedure performed for a covered power relapse critical Illness;
(ii) we will only admit a claim for a Power Relapse Benefit, if we have previously paid 100% of the Insured Amount under critical illness for any stage of the same Critical Illness;
(iii) the total amounts payable for all Power Relapse Benefits shall not be more than 200% of the Insured Amount.
(iv) If more than 1 Power Relapse Critical Illness is diagnosed on the same date, we will only admit one 1 such claim; and

(v) in the event that multiple claims are made and such claims are not made in the order of the date of diagnoses or date of surgical procedure performed for the Power Relapse Critical Illness, we reserve the right to make adjustments to the amount we will admit for the later claims to meet the conditions set out in this policy.

Once a claim for Power Relapse Benefit is admitted, the Current Insured Amount will be reduced by such benefit amount paid.

Covered Power Relapse Critical Illness
1. Re-diagnosed Major Cancer
2. Recurred Heart Attack
3. Recurred Stroke
4. Repeated Major Organ Transplant / Bone Marrow Transplantation
5. Repeated Heart Valve Surgery

The definitions and 2 years waiting period of the above Power Relapse conditions are contained in Appendix 2.

D. Power Reset Benefit

If your policy is in force 12 months after the date of latest diagnosed critical illness or Power Relapse Critical Illness where a claim on that critical illness has been filed and admitted by us, you will enjoy the benefit of having the Current Insured Amount restored to 100% of the Insured Amount.

There is no cap on the number of times the Power Reset Benefit is granted, as long as your policy is in force.

E. Special Condition Benefit

If the Insured suffers from any of the 15 covered special conditions, we will pay 20% of the Insured Amount, up to the maximum of S$25,000.

We will pay the Special Condition Benefit subject to the following:
(a) the diagnosis of a covered special condition is before the policy anniversary occurring on or immediately following the Insured's 85th birthday;
(b) the Insured survives at least 7 days from the date of diagnosis or date of surgical procedure performed for a covered special condition;
(c) 10 claims may be admitted under Special Condition Benefit and only 1 claim may be admitted for each special conditions;
(d) each and every claim admitted under the Special Condition Benefit shall be subject to a limit of S$25,000, after deducting any and all amounts owing to us under this policy; and
(e) any payment of this Special Condition Benefit shall not reduce the Insured Amount for this policy.

We will not pay any benefits for Special Conditions if the date of diagnosis of Tourette Syndrome; Autism Spectrum Disorder; Dyslexia; Kawasaki Disease with Heart Complications; or Rheumatic Fever with Heart Involvement was made within 90 days from the later of the issue date of your policy or the reinstatement date of your policy.

We will also not pay any benefits for Special Conditions if the date of diagnosis of Attention-deficit Hyperactivity Disorder was made within one (1) year from the later of the issue date of your policy or the reinstatement date of your Basic Policy.

Covered Special Conditions
1. Osteoporosis
2. Diabetic Complications
3. Severe Rheumatoid Arthritis
4. Dengue Haemorrhagic Fever
5. Mastectomy due to carcinoma in situ or malignant breast
6. Hysterectomy due to cancer
7. Vulvectomy due to cancer
8. Severe Gout
9. Necrotising Fasciitis requiring surgery
10. Tourette syndrome (TS)
11. Attention-deficit Hyperactivity Disorder (ADHD)
12. Autism Spectrum Disorder (ASD)

13. Dyslexia
14. Kawasaki Disease with Heart Complications
15. Rheumatic Fever with Heart Involvement

The definitions of the above special conditions are contained in Appendix 3.

F. Pre-Early Benefit

Pre-Early Benefit covers 3 Benefits.

(a) Chronic Disease Benefit
If the Insured is diagnosed to be suffering from a Chronic Disease Condition, we will pay 10% of the Insured Amount, up to the maximum of S$10,000.

We will pay the Chronic Disease Benefit subject to the following:

(i) the Insured survives at least 7 days from the date of diagnosis or date of surgical procedure performed for a covered chronic condition;
(ii) only 2 claims may be admitted under Chronic Disease Benefit and only 1 claim may be admitted for each chronic disease condition;
(iii) each and every claim admitted under the Chronic Disease Benefit shall be subject to a limit of S$10,000, after deducting any and all amounts owing to us under this policy;
(iv) any payment of this Chronic Disease Benefit shall not reduce the Insured Amount for this policy; and
(v) if Insured is covered by multiple AIA PWCC policies, the total amounts payable for the same chronic disease condition shall not be more than S$10,000.

We will not pay any benefits if the date of diagnosis or the date of diagnosis of any conditions leading to surgical performance to the Insured was made within 90 days from the later of the following:
(a) the issue date of this policy; or
(b) the reinstatement date of this policy.

Covered Chronic Disease Conditions
1. Thyroid Dysfunction (Hyperthyroidism, Hypothyroidism)
2. Type 2 Diabetes Mellitus
3. Spinal Disease
4. Gastrointestinal Disease with surgery

The definitions of the above chronic disease conditions are contained in Appendix 4.

(b) Cardiovascular Disease Benefit
If the Insured is diagnosed to be suffering from a cardiovascular disease condition, we will pay 10% of the Insured Amount, up to the maximum of S$25,000.

We will pay the Cardiovascular Disease Benefit subject to the following:

(i) the Insured survives at least 7 days from the date of diagnosis or date of surgical procedure performed for a covered cardiovascular disease;
(ii) only 1 claim may be admitted under Cardiovascular Disease Benefit;
(iii) the claim admitted under the Cardiovascular Disease Benefit shall be subject to a limit of S$25,000, after deducting any and all amounts owing to us under this policy; and
(iv) any payment of this Cardiovascular Disease Benefit shall not reduce the Insured Amount for this policy.

We will not pay any benefits if the date of diagnosis or the date of diagnosis of any conditions leading to surgical performance to the Insured was made within 90 days from the later of the following:
(a) the issue date of this policy; or
(b) the reinstatement date of this policy.

Covered Cardiovascular Disease Conditions
1. Wolff Parkinson White and Supraventricular Tachycardia (SVT) with surgical intervention

2. Chronic Rheumatic Heart Disease
3. Congenital Septal Defect requiring surgery
4. Severe Deep Vein Thrombosis with pulmonary embolism

The definitions of the above cardiovascular disease conditions are contained in Appendix 4.

(c) Benign and Borderline Malignant Tumour Benefit

If the Insured has a complete surgical excision of a benign tumour (suspected malignancy) from any of the specified organ or has been diagnosed with a borderline malignant tumour, we will pay 10% of the Insured Amount, up to the maximum of S$25,000.

We will pay the Benign and Borderline Malignant Tumour Benefit subject to the following:

(i) the Insured survives at least 7 days from the date of diagnosis or date of surgical procedure performed for a covered benign tumour (suspected malignancy) requiring surgical excision and borderline malignant tumour;
(ii) only 1 claim may be admitted under Benign and Borderline Malignant Tumour Benefit;
(iii) the claim admitted under the Benign and Borderline Malignant Tumour Benefit shall be subject to a limit of S$25,000, after deducting any and all amounts owing to us under this policy; and
(iv) any payment of this Benign and Borderline Malignant Tumour Benefit shall not reduce the Insured Amount for this policy.

We will not pay any benefits if the date of diagnosis of the borderline malignant tumour or the date of diagnosis of any conditions leading to surgical excision of benign tumour (suspected malignancy) to the Insured was made within 90 days from the later of the following:
(a) the issue date of this policy; or
(b) the reinstatement date of this policy.

The definitions of the above benign tumour (suspected malignancy) requiring surgical excision and borderline malignant tumour conditions are contained in Appendix 4.

G. Compassionate Benefit

In the event of death of the Insured, we will pay you S$5,000 as compassionate benefit after deducting any amount owing under the policy.

H. Maturity Benefit

This benefit is not applicable to AIA Power Critical Cover (Value plan).

Upon maturity on the policy anniversary occurring on or immediately following the Insured's 100th birthday, we will pay in one lump sum, the Insured Amount after deducting any amount paid under Critical Illness Benefit.

If the total payments of Critical Illness Benefit has reached 100% of Insured Amount or more, no benefit is payable for Maturity Benefit.

I. Surrender Benefit

This benefit is not applicable to AIA Power Critical Cover (Value plan).

Upon full surrender on or after the 60th policy anniversary or the policy anniversary occurring on or after Insured's 75th birthday, whichever is earlier, we will pay a surrender value equivalent to 75% of the Insured Amount plus additional 1% of the Insured Amount for each policy anniversary after the Insured's 76th birthday, after deducting any amount paid under Critical Illness Benefit under your Policy, less any and all amounts owing to us under your Policy

(2) KEY PRODUCT PROVISIONS

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the policy contract. Please consult your AIA Financial Services Consultant or Insurance Representative should you require further explanation.

A. Free Look Period

After purchasing a life insurance policy, you have a 14-day free-look period starting from the day you receive your policy documents to review the documents carefully. During this time, if you choose to cancel your policy, the insurer will refund you the premiums you have paid, less any medical fees and other expenses, such as payments for medical check-ups and medical reports, incurred by the insurer.

If you opted for an electronic copy of your Policy, the 14-day free-look period will start when you receive our SMS or email notification, informing you that the policy contract documents are available for your viewing on our customer portal (My AIA SG or such other name as we may choose for our customer portal from time to time).

If we have posted the policy to you, the 14-day free-look period will start 7 days from the date we posted the policy.

B. Non-Guaranteed Premiums

Premiums payable for this plan are not guaranteed and we reserve the right to revise the premiums payable but we will not do so on an individual basis.

We may exercise our right to revise the premiums payable to meet our obligations under the policy and any future changes or amendments to, or interpretations of, the laws and regulations of Singapore (including without limitations, tax laws and regulations).

C. Premium Adjustment Due To Integration of AIA Vitality (for AIA Vitality integrated plan only)

The premiums for AIA Power Critical Cover) that is integrated with AIA Vitality will be equal to the premium before any adjustment due to integration of AIA Vitality multiplied by Cumulative Premium Percentage.

If AIA Power Critical Cover is issued on a non-Standard Life basis, any extra premiums due to an extra mortality/ morbidity rating will not be subject to the premium adjustment due to the integration of AIA Vitality.

Cumulative Premium Percentage is the percentage applied at the inception of the policy or at each policy anniversary beginning from the first (1st) policy anniversary.

Cumulative Premium Percentage applied at the inception of the policy
= 95%

Cumulative Premium Percentage applied at each policy anniversary beginning from the first (1st) policy anniversary
= Cumulative Premium Percentage applied at the inception of the policy or the policy anniversary immediately before the current policy anniversary (whichever is later) + Annual Premium Adjustment Percentage applied at the current policy anniversary

Annual Premium Adjustment Percentage is the percentage applied at each policy anniversary beginning from the first (1st) policy anniversary. The Annual Premium Adjustment Percentage applied will be based on the Insured's Vitality Status as at 45 days before the relevant policy anniversary.

Vitality Status	Annual Premium Adjustment Percentage
Bronze	+2%
Silver	+1%
Gold	-1%
Platinum	-2%

If the Insured does not have a Vitality Status as at 45 days before any policy anniversary due to termination of the Insured's AIA Vitality membership, the Cumulative Premium Percentage applied at that policy anniversary shall be equal to 100%.

The Cumulative Premium Percentage applied at any policy anniversary shall not be more than the Maximum Cumulative Premium Percentage and shall not be less than the Minimum Cumulative Premium Percentage as stated below.

Minimum Cumulative Premium Percentage	**85%**
Maximum Cumulative Premium Percentage	**100%**

D. Termination

This policy shall end on the earliest of the following:

(a) if any premium on your policy remains unpaid at the end of the grace period of 31 days and there is insufficient cash value for us to grant you an automatic policy loan to pay for the outstanding premiums; or
(b) on the expiry date of basic policy; or
(c) upon the surrender of the basic policy; or
(d) upon death of the Insured; or
(e) upon total payment of 500% of the Insured Amount for the Critical Illness Benefit.

Termination of the policy shall be without prejudice to any and all accrued rights and liabilities of the parties arising prior to the termination. The payment or acceptance of any premium subsequent to termination of the policy shall not create any liability on our part but we shall refund any such premium paid, without any interest.

E. General Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the policy contract. The exclusions for this plan include, but are not limited, to the following conditions. You are advised to read the policy contract for the full list of exclusions.

(i) Death Benefit

- If the Insured commits suicide (regardless of sanity) within 1 year from the issue date or reinstatement date of this policy, whichever is later, we will only refund the premiums paid without interest.

(ii) Critical Illness Benefit, Special Condition Benefit, Pre-Early Benefit and Power Relapse Benefit

The Critical Illness Benefit, Special Condition Benefit, Pre-Early Benefit and Power Relapse Benefit shall not cover any loss that is caused directly or indirectly, wholly or partly, by any of the following:

- illnesses or surgical procedures other than a Covered Condition[#].
- pre-existing illnesses, diseases, impairments or conditions from which the Insured is suffering prior to the issue date or reinstatement date, whichever is later, unless the Insured has made a declaration in the application for this policy or on reinstatement and such application is specifically accepted by us.
- where the diagnosis of Fulminant Hepatitis or Major Cancers of the Insured was directly or indirectly due to an Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV).
- Severe Acute Respiratory Syndrome (SARS). However, the complications of SARS may be admissible upon a diagnosis of End Stage Lung Disease subject to fulfillment of contract definition, diagnostic criteria and specific evidence listed under End Stage Lung Disease.

[#] Covered Condition refers to covered critical illnesses, covered special conditions, covered pre-early conditions and/or covered power relapse critical illnesses as the case may be.

F. Claims Procedures

We must receive written notice of death claim within 60 days and/or within 90 days from the date of Diagnosis of a Covered Condition or performance of a surgical procedure under a Covered Condition. You could refer to the policy contract for details on claims procedures. You may also contact your AIA Financial Services Consultant, Insurance Representative or AIA Customer Care Hotline at 1800 248 8000.

Important Notes

All insurance applications are subject to our underwriting and acceptance. Submission of an application and payment of premium does not constitute and should not be construed as acceptance by us. We reserve the right to withdraw the plan or reject applications, at anytime or for any reason without notice.

This product summary does not form a part of any contract of insurance. It is intended only to be a simplified description of the product features applicable to this plan and is not exhaustive. The contents of this product summary may vary from the terms of cover eventually issued. Please refer to the actual policy contract for all terms and conditions, including exclusions whereby the benefits under your policy may not be paid out. You are advised to read the policy contract. For the avoidance of doubt, only the terms and conditions as set out in the policy contract will bind the parties.

As buying a life insurance policy is a long-term commitment, an early termination of the policy usually involves high costs and the surrender value, if any, that is payable to you may be zero or less than the total premiums paid. You should consider carefully before terminating the policy or switching to a new one as there may be disadvantages in doing so. The new policy may cost more or have fewer benefits at the same cost.

Appendix 1 - Definition of Critical Illnesses

Conditions	Early Stage	Intermediate Stage	Major Stage
1. Acquired Brain Damage	**N/A**	**N/A**	**Acquired Brain Damage** Acquired Brain Damage refers to a condition where all of the following conditions must be met: • the Insured has attained the age of four (4) years old or above; • brain imaging studies and neuro-psychological testing appropriate to the Insured's age have confirmed the presence of moderate to severe brain damage; and • the development of the Insured is delayed by the equivalent of at least two (2) years and there is a need for special childcare and special schooling as confirmed by a Specialist in the relevant field. Brain damage as a result of congenital causes is excluded. Coverage will end on the policy anniversary occurring on or immediately following the Insured's 21st birthday.
2. Acute Severe Ulcerative Colitis	**Acute Ulcerative Colitis** The Acute Severe Ulcerative Colitis is defined as emergency medical condition and requires hospitalization for prompt treatment. The unequivocal Diagnosis of Acute Severe Ulcerative Colitis is finalised by gastroenterologist and being supported by all of following criteria: • Frequency of bloody stools (⩾6 per day) and	**N/A**	**Acute Severe Ulcerative Colitis** The Acute Severe Ulcerative Colitis is defined as emergency medical condition and requires hospitalization for prompt treatment. The unequivocal Diagnosis of Acute Severe Ulcerative Colitis is finalised by gastroenterologist and being supported by all of following criterias:

Conditions	Early Stage	Intermediate Stage	Major Stage
	• at least one marker of systemic toxicity: pulse rate >90 bpm, temperature >37.8°C, hemoglobin <10.5 g/dl and/or an ESR >30 mm/h.		• Frequency of bloody stools (⩾6 per day) and • at least one marker of systemic toxicity: pulse rate >90 bpm, temperature >37.8°C, hemoglobin <10.5 g/dl and/or an ESR >30 mm/h, • Ulcerative Colitis is uncontrolled by medication and surgery of colectomy is done. • The Crohn's disease is excluded.
3. Addison disease or Autoimmune Adrenalitis	**N/A**	**N/A**	**Addison disease or Autoimmune Adrenalitis** Addison disease (or Addison's disease, autoimmune adrenalitis) is adrenocortical insufficiency due to the destruction or dysfunction of the entire adrenal cortex. The unequivocal Diagnosis is confirmed by endocrinologist. The Diagnosis of Addison disease (or Addison's disease, autoimmune adrenalitis) must be supported by all of following: • There is raised of blood ACTH greater than 50 pg/ml • There is evidence of no response of raised aldosterone (serum cortisone) with ACTH test. • There is a need for life long glucocorticoid and mineral corticoid replacement therapy. Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

Conditions	Early Stage	Intermediate Stage	Major Stage
4. Adrenalectomy for Adrenal Adenoma	**N/A**	**N/A**	**Adrenalectomy for Adrenal Adenoma** The actual undergoing of Adrenalectomy for treatment of poorly controlled systemic hypertension that was secondary to an aldosterone secreting adrenal adenoma and was uncontrolled by medical therapy. The adrenalectomy would have to be deemed necessary for the management of poorly controlled hypertension by a Specialist.
5. Alzheimer's Disease/ Severe Dementia	**Diagnosis of Dementia including Alzheimer's Disease** Diagnosis of dementia by neurological assessment by an appropriate Specialist confirming cognitive impairment characterised by a Mini Mental State Examination score of 24 or less out of 30 or assessed by two (2) neuropsychometric tests performed six (6) months apart with a battery of tests which clearly define the severity of the impairment. The Insured must have been placed on disease modifying treatment prescribed by a Specialist and must be under the continuous care of a Specialist. Coverage on Early Stage Alzheimer's Disease expires on the Policy Anniversary occurring on or immediately following the Insured's 85th birthday. The following are excluded: • Drug or alcohol related brain damage	**Moderately Severe Alzheimer's Disease** A definite Diagnosis of Alzheimer's disease or dementia due to irreversible organic brain disorders by a consultant neurologist. The Mini-mental exam score must be less than 20 out of 30 or an equivalent of this score using other Alzheimer's tests. There must also be permanent clinical loss of the ability to do all the following: • Remember; • Reason; and • Perceive, understand, express and give effect to ideas. This Diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by our appointed doctor. The following are excluded: • Non-organic diseases such as neurosis and psychiatric illnesses; and • Drug or alcohol related brain damage.	**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 Insured. This Diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by our appointed Physician. The following are excluded: • Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol related brain damage.

Conditions	Early Stage	Intermediate Stage	Major Stage
6. Angioplasty & Other Invasive Treatment for Coronary Artery	**N/A**	**N/A**	**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 (1) or more major coronary arteries as shown by angiographic evidence. The revascularization 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. Diagnostic angiography is excluded.
7. Apallic Syndrome	**Locked in Syndrome** Condition in which a person is aware but cannot move or communicate verbally due to complete paralysis of all voluntary muscles in the body except for vertical eye movements and blinking. There should be evidence of quadriplegia (total paralysis of four (4) limbs) and inability to speak. This Diagnosis must be supported by evidence of Infarction of the ventral pons and EEG indicating that the person is not unconscious. The Diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. The condition has to be medically documented for	**N/A**	**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.

Conditions	Early Stage	Intermediate Stage	Major Stage
	a continuous period at least one (1) month.		
8. Aplastic Anaemia	**Reversible Aplastic Anaemia** Acute reversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with any one (1) of the following: • Blood product transfusion; or • Marrow stimulating agents; or • Immunosuppressive agents; or • Bone marrow transplantation. The Diagnosis must be confirmed by a haematologist. Aplastic anaemia in the presence of HIV infection is excluded.	**Myelodysplastic Syndrome or Myelofibrosis** Myelodysplastic syndrome or myelofibrosis requiring regular and permanent transfusion of blood products for severe recurrent anaemia. Diagnosis of Myelodysplastic Syndrome (MDS) or Myelofibrosis must be confirmed by haematologist as a result of marrow biopsy. The condition must be deemed incurable and blood transfusion support must be an indefinite requirement. Myelodysplastic Syndrome or Myelofibrosis in the presence of HIV infection is excluded.	**Aplastic Anaemia** Chronic persistent bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one (1) of the following: • Blood product transfusion; or • Marrow stimulating agents; or • Immunosuppressive agents; or • Bone marrow transplantation. The Diagnosis must be confirmed by a haematologist.
9. Bacterial Meningitis	**Bacterial Meningitis with full recovery** Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord which requires hospitalisation. 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.	**Mild Bacterial Meningitis** Bacterial meningitis is an inflammation of the membranes covering the brain or spinal cord caused by bacteria resulting in transient neurological deficit. 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.	**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.

Conditions	Early Stage	Intermediate Stage	Major Stage
10. Benign Brain Tumour	**Surgical Removal of Pituitary Tumour** The actual undergoing of surgical removal of pituitary tumour necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. Partial removal of pituitary microadenoma is specifically excluded.	**Surgical Removal of Pituitary Tumour (by Open Craniotomy)** The actual undergoing of surgical removal of a pituitary tumour by open craniotomy necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour or where surgical removal is considered necessary upon the advice of a consultant endocrinologist. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. Surgical removal of the pituitary by transsphenoidal hypophysectomy is excluded. **Surgical Removal of Pituitary Tumour (by Transsphenoidal/Trans nasal Hypophysectomy)** The actual undergoing of surgical removal of a pituitary tumour by transsphenoidal / transnasal hypophysectomy necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour or where surgical removal is considered necessary upon the advice of a consultant endocrinologist. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI.	**Benign Brain Tumour** 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 consultant 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.
11. Biliary Atresia	**Biliary Atresia (on Diagnosis)** Biliary atresia (BA) is a progressive, idiopathic, fibro-obliterative disease	**N/A**	**Biliary Atresia having undergone Liver transplantation** Biliary atresia (BA) is a progressive, idiopathic,

Conditions	Early Stage	Intermediate Stage	Major Stage
	of the extra-hepatic biliary tree that presents with biliary obstruction. The Diagnosis should be confirmed by a gastroenterologist with supporting evidence including imaging, laboratory tests and liver biopsy. Biliary atresia due to other disease is excluded.		fibro-obliterative disease of the extra-hepatic biliary tree that presents with biliary obstruction and has undergone liver transplantation or is on a registered liver transplantation waiting list. The Diagnosis should be confirmed by a gastroenterologist with supporting evidence including imaging, laboratory tests and liver biopsy. Biliary atresia due to other disease is excluded.
12. **Blindness (Loss of Sight)**	**Loss of Sight in One Eye** Permanent and irreversible loss of sight in one (1) eye 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 one eye using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in one eye. The blindness must be confirmed by an ophthalmologist. Blindness resulting from alcohol or drug misuse will be excluded.	**Optic Nerve Atrophy with low vision** The unequivocal Diagnosis of optic nerve atrophy affecting one (1) or both eyes. There must also be permanent and irreversible loss of sight to both eyes to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the worse eye using a Snellen eye chart. The optic nerve atrophy and degree of visual loss of sight must be certified by an ophthalmologist. Optic nerve atrophy resulting from alcohol or drug misuse will be excluded.	**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 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.
13. **Brain Surgery**	**N/A**	**N/A**	**Brain Surgery** Brain Surgery refers to the actual undergoing of a craniotomy and medically necessary surgery to the brain under general anaesthesia on the recommendation by a qualified Specialist in the relevant field. Brain Surgery as a result of an

Conditions	Early Stage	Intermediate Stage	Major Stage
			accident or burr hole surgery solely to remove a blood clot is excluded.
14. Chronic Auto-Immune Hepatitis	**N/A**	**N/A**	**Chronic Auto-Immune Hepatitis** A chronic necro-inflammatory liver disorder of unknown cause associated with circulating auto-antibodies and a high serum globulin level. The Diagnosis must be based on all of the following criteria: • hyper-gammaglobulinaemia • the presence of at least one of the following auto-antibodies: - Anti-Nuclear Antibody; - Anti-smooth muscle antibodies; - Anti-actin antibodies; - Anti-LKM-1 antibodies; - Anti- LC1 antibodies; or - Anti-SLA/LP antibodies • Liver Biopsy confirmation of the Diagnosis of auto-immune hepatitis This is only covered if the Insured is treated with Immunosuppressive therapy for six (6) months duration or is documented to be under the care of Specialist in gastroenterology or hepatology for six (6) months duration.
15. Chronic Relapsing Pancreatitis	**Acute Necrohemorrhagic Pancreatitis** Acute inflammation and	**Acute Necrohemorrhagic Pancreatitis with Pancreatectomy**	**Chronic Relapsing Pancreatitis** Multiple attacks of pancreatitis resulting in

Conditions	Early Stage	Intermediate Stage	Major Stage
	necrosis of pancreas parenchyma, focal enzyme necrosis of pancreatic fat and haemorrhage due to blood vessel necrosis, where all of the following criteria are met: The necessary treatment is surgical clearance of necrotic tissue; and The Diagnosis is based on histopathological features and confirmed by a Specialist in gastroenterology.	Acute inflammation and necrosis of pancreas parenchyma, focal enzyme necrosis of pancreatic fat and haemorrhage due to blood vessel necrosis, where all of the following criteria are met: The necessary treatment is partial or total pancreatectomy; and The Diagnosis is based on histopathological features and confirmed by a Specialist in gastroenterology.	pancreatic dysfunction causing malabsorption needing enzyme replacement therapy. The Diagnosis must be made by a gastroenterologist and supported by appropriate investigation results. Chronic Relapsing Pancreatitis caused by alcohol use is excluded.
16. Coma	**Coma for 48 hours** Coma that persists for at least 48 hours. This Diagnosis must be supported by evidence of all of the following: • No response to external stimuli for at least 48 hours; • The use of life support measures to sustain life; and • Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. Coma resulting directly from alcohol or drug abuse is excluded. Medically induced coma also does not fulfill this definition.	**Coma for 72 hours** Coma that persists for at least 72 continuous hours. This Diagnosis must be supported by evidence of all of the following: • no response to external stimuli for at least 72 hours; and • the use of life support measures to sustain life; and • brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. Coma resulting directly from alcohol or drug abuse is excluded. Medically induced coma also does not fulfill this definition. **Severe Epilepsy** Severe epilepsy confirmed by all of the following: • Diagnosis made by a Specialist in the relevant field by the use of electroencephalography	**Coma** A coma that persists for at least 96 hours. This Diagnosis must be supported by evidence of all of the following: • No response to external stimuli for at least 96 hours; • Life support measures are necessary to sustain life; and • Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. Coma resulting directly from alcohol or drug abuse is excluded.

Conditions	Early Stage	Intermediate Stage	Major Stage
		(EEG), magnetic resonance imaging (MRI), position emission tomography (PET) or any other appropriate diagnostic test that is available; • There must be documentation of recurrent unprovoked tonic-clonic or grand mal seizures of more than five (5) attacks per week, and be known to be resistant to optimal therapy as confirmed by drug serum-level testing; and • The Insured must have been taking at least two (2) prescribed antiepileptic (anticonvulsant) medications for at least six (6) months on the recommendation of a Specialist in the relevant field. Febrile or absence (petit mal) seizures alone will not satisfy the requirement of this definition.	
17. Coronary Artery By-Pass Surgery	**Keyhole Coronary Bypass Surgery or Coronary Artery Atherectomy or Myocardial Laser Revascularisation or Enhanced External Counterpulsation** The actual undergoing for the first time for the correction of the narrowing or blockage of one (1) or more coronary arteries via "Keyhole" surgery, Atherectomy, Myocardial laser revascularisation or Enhanced external counterpulsation. All other surgical procedures will be	**N/A**	**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 (1) 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,

Conditions	Early Stage	Intermediate Stage	Major Stage
	excluded from this benefit.		'keyhole' or laser procedures are excluded.
18. Creutzfeld-Jacob Disease	**Less Severe Creutzfeld-Jacob Disease** An incurable brain infection that causes rapidly progressive deterioration of mental function and movement, which is unequivocally diagnosed by a consultant who is a consultant neurologist as Creutzfeld-Jacob disease based on clinical assessment, EEG, imaging or lumbar puncture. Disease caused by human growth hormone treatment is excluded.	**Moderately Severe Creutzfeld-Jacob Disease** The occurrence of Creutzfeld-Jacob Disease or Variant Creutzfeld-Jacob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform, without assistance, at least two (2) of the six (6) "Activities of Daily Living". 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	**Creutzfeld-Jacob Disease** The occurrence of Creutzfeld-Jacob Disease or Variant Creutzfeld-Jacob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform at least three (3) of the following six (6) "Activities of Daily Living". 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

Conditions	Early Stage	Intermediate Stage	Major Stage
		Disease caused by human growth hormone treatment is excluded.	Disease caused by human growth hormone treatment is excluded.
19. Deafness (Loss of Hearing)	**Partial Loss of Hearing** Permanent binaural hearing loss with the loss of at least 60 decibel in all frequencies of hearing as a result of illness or accident. The hearing loss must be established by a Specialist in the relevant field and supported by an objective diagnostic test to indicate the quantum loss of hearing. **Cavernous sinus thrombosis surgery** The actual undergoing of a surgical drainage for cavernous sinus thrombosis. The presence of Cavernous Sinus Thrombosis as well as the requirement for surgical intervention must be certified to be absolutely necessary by a Specialist in the relevant field.	**Cochlear Implant Surgery** The actual undergoing of a surgical cochlea implant as a result of permanent damage to the cochlea or auditory nerve. The surgical procedure as well as the insertion of the implant must be certified to be absolutely necessary by a Specialist in the relevant field.	**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 80 decibels in all frequencies of hearing”.
20. Ebola	**N/A**	**N/A**	**Ebola** Infection with the Ebola virus where the following conditions are met: • presence of the Ebola virus has been confirmed by laboratory testing; and • there are ongoing complications of the infection persisting beyond 30 days from the onset of symptoms.
21. Elephantiasis	**N/A**	**N/A**	**Elephantiasis** The end-stage lesion of filariasis, characterised by massive swelling in the tissues of the body as a result of obstructed circulation in the blood or lymphatic vessels.

Conditions	Early Stage	Intermediate Stage	Major Stage
			Unequivocal Diagnosis of elephantiasis must be: • clinically confirmed by a Physician in the appropriate medical specialty; and • supported by laboratory confirmation of microfilariae Lymphedema caused by infection with any other disease(s), trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.
22. End Stage Liver Disease	**Liver Surgery** Partial hepatectomy of at least one (1) entire lobe of the liver that has been found necessary as a result of illness or accident of the Insured. Liver disease secondary to alcohol or drug abuse is excluded. Liver surgery in the presence of HIV infection is also excluded.	**Liver Cirrhosis** Cirrhosis of the liver with a HAI-Knodell Scores of six (6) and above as evident by liver biopsy. The Diagnosis must be unequivocally confirmed by a Specialist in the relevant field and based on the histological findings of the liver biopsy. Liver disease secondary to alcohol or drug abuse is excluded. Liver cirrhosis in the presence of HIV infection is also excluded.	**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.
23. End Stage Lung Disease	**Severe Asthma** Evidence of an acute attack of Severe Asthma with persistent status asthmaticus that requires hospitalization and endotracheal intubation and mechanical ventilation for a continuous period of at least four (4) hours on the advice of a Specialist in the relevant field. **Insertion of a Vena Cava Filter** The surgical insertion of a vena cava filter after there has been	**Surgical Removal of One Lung** Complete surgical removal of a lung as a result of an illness or an accident of the Insured. Partial removal of a lung is not included in this benefit.	**End Stage Lung Disease** End stage lung disease, causing chronic respiratory failure. This Diagnosis must be supported by evidence of all of the following: • FEV_1 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

Conditions	Early Stage	Intermediate Stage	Major Stage
	documented proof of recurrent pulmonary emboli. The need for the insertion of a vena cava filter must be certified to be absolutely necessary by a Specialist in the relevant field.		(PaO_2 <=55mmHg); and • Dyspnea at rest. The Diagnosis must be confirmed by a respiratory physician.
24. Fulminant Hepatitis	**Biliary Tract Reconstruction Surgery** Biliary tract reconstruction surgery involving choledochoenterostomy (choledochojejunostomy or choledochoduodenostomy) for the treatment of biliary tract disease, including biliary atresia, that is not amenable to other surgical or endoscopic measures. The procedure must be considered the most appropriate treatment by a Specialist in hepatobiliary disease. This benefit is not payable for the consequences of gall stone disease or cholangitis. **Hepatitis with Cirrhosis** A submassive necrosis of the liver by the Hepatitis virus leading to cirrhosis. There must be a definite Diagnosis of liver cirrhosis by a Specialist in the relevant field that must be supported by liver biopsy showing histological stage F4 by Metavir grading or a Knodell fibrosis score of 4. Liver diseases secondary to alcohol and drug abuse are excluded.	**Chronic Primary Sclerosing Cholangitis** This benefit is payable for chronic primary sclerosing cholangitis confirmed on cholangiogram imaging confirming progressive obliteration of the bile ducts. The Diagnosis must be made by a gastroenterologist and the condition must have progressed to the point where there is permanent jaundice. The benefit is payable only where there is a need immunosuppressive treatment, drug therapy for intractable pruritis or if biliary tract obliteration has required balloon dilation or stenting of the bile ducts. Biliary tract sclerosis or obstruction as a consequence of biliary surgery, gall stone disease, infection, inflammatory bowel disease or other secondary precipitants is excluded.	**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.
25. Generalized Tetanus	**N/A**	**N/A**	**Generalized Tetanus** Tetanus is an illness characterised by an acute onset of hypertonia, painful muscular contractions (including

Conditions	Early Stage	Intermediate Stage	Major Stage
			but not limited to the muscles of the jaw and neck) and generalised muscle spasms caused by tetanus toxin that is produced by Clostridium tetani bacterium infection. The Diagnosis of Generalised Tetanus due to tetanus toxin must be confirmed by a Physician. All the following criteria must be met to qualify for this benefit: • Constant mechanical ventilation is instituted for at least three (3) days as a medically necessary treatment for Generalised Tetanus due to tetanus toxin; and • Tetanus immune Globulin is administered.
26. Heart Attack of Specified Severity	**Cardiac Pacemaker Insertion** Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be absolutely necessary by a Specialist in the relevant field. Cardiac pacemaker insertion in the presence of HIV infection is excluded. **Pericardiectomy** The undergoing of a pericardiectomy or undergoing of any surgical procedure requiring keyhole cardiac surgery as a result of pericardial disease. Both these surgical procedures	**Cardiac Defibrillator Insertion** Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method. The surgical procedure must be certified to be absolutely necessary by a Specialist in the relevant field. Cardiac defibrillator insertion in the presence of HIV infection is excluded. **Early Cardiomyopathy** The unequivocal Diagnosis of cardiomyopathy which has resulted in the presence of permanent physical impairments to at least Class III of the New York Heart Association (NYHA)	**Heart Attack of Specified Severity** Death of heart muscle due to obstruction of blood flow, that is evident by at least three (3) 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

Conditions	Early Stage	Intermediate Stage	Major Stage
	must be certified to be absolutely necessary by a consultant cardiologist. Pericardiectomy in the presence of HIV infection is excluded.	classification of Cardiac Impairment. The Diagnosis must be confirmed by a Specialist in the relevant field. Cardiomyopathy that is directly related to alcohol misuse is excluded. 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. Early cardiomyopathy in the presence of HIV infection is excluded.	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 consultant cardiologist specified by us. 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
27. Heart Valve Surgery	**Percutaneous Valvuloplasty or Valvotomy** This benefit is payable where a heart valve is repaired by percutaneous intravascular balloon valvuloplasty techniques not involving a thoracotomy. Percutaneous valve replacements are excluded.	**Percutaneous Valve Replacement or Device Repair** This benefit is payable where a heart valve is replaced or repaired by the deployment of a permanent device or prosthesis by percutaneous intravascular techniques not involving a thoracotomy.	**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.

Conditions	Early Stage	Intermediate Stage	Major Stage
28. HIV due to Blood Transfusion and Occupationally Acquired HIV	**HIV due to Assault or Occupationally Acquired HIV** A) Infection with the Human Immunodeficiency Virus (HIV) which resulted from a physical or sexual assault occurring after the Issue Date, date of endorsement or Reinstatement Date of this policy, whichever is the later, provided that all the following conditions are met: • The incident must be reported to the appropriate authority and that a criminal case must be opened; and • Proof of the assault giving rise to the infection must be reported to us within 30 days of the assault taking place; and • Proof that the assault involved a definite source of the HIV infected fluids; and • Proof of sero-conversion from HIV negative to HIV positive occurring during the one hundred and eighty (180) days after the documented assault. This proof must include a negative HIV antibody test conducted within five (5) days of the assault. B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accidental incident occurring after the Issue Date, date of endorsement or Reinstatement Date of your Policy, whichever is the later, whilst the Insured was carrying out the normal professional	**HIV due to Organ Transplant** Infection with the Human Immunodeficiency Virus (HIV) through an organ transplant, provided that all of the following conditions are met: • The organ transplant was medically necessary or given as part of a medical treatment; and • The organ transplant was received in Singapore after the Issue Date, date of endorsement or Reinstatement Date of this Policy, whichever is the later; and • The source of the infection is established to be from the Institution that provided the transplant and the Institution is able to trace the origin of the HIV to the infected transplanted organ. This benefit will not apply where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.	**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 Reinstatement Date of your Policy, 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 Reinstatement Date of your 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 our satisfaction:

Conditions	Early Stage	Intermediate Stage	Major Stage
	duties of his or her occupation in Singapore with the requirement that appropriate care is being exercised, provided that all the following conditions are met: • Proof that the incident has been reported to the appropriate authority; • Proof of the accident giving rise to the infection must be reported to us within 30 days of the accident taking place; • Proof that the accident involved a definite source of the HIV infected fluids; and • Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within five (5) days of the accident. HIV infection resulting from any other means including consensual sexual activity or the use of intravenous drug is excluded. 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.		• Proof of the accident giving rise to the infection must be reported to us within 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 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 Physician, 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.
29. Infective Endocarditis	**Less Severe Infective Endocarditis** Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:	**N/A**	**Infective Endocarditis** Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

Conditions	Early Stage	Intermediate Stage	Major Stage
	• Positive result of the blood culture proving presence of the infectious organism(s); • Presence of at least mild heart valve incompetence (heart valve regurgitant) or mild heart valve stenosis attributable to Infective Endocarditis; and • The unequivocal Diagnosis and the severity of valvular impairment are confirmed by a consultant cardiologist and supported by echocardiogram or other reliable imaging technique		• Positive result of the blood culture proving presence of the infectious organism(s); • Presence of at least moderate heart valve incompetence (heart valve regurgitant) or moderate heart valve stenosis attributable to Infective Endocarditis; and • The unequivocal Diagnosis and the severity of valvular impairment are confirmed by a consultant cardiologist and supported by echocardiogram or other reliable imagine technique
30. Insulin Dependent Diabetes Mellitus	**N/A**	**N/A**	**Insulin Dependent Diabetes Mellitus** refers to a condition where all of the following diagnostic conditions must be met: • there is an on-going absence of insulin production by the pancreas due to auto-immune disease; • exogenous insulin administration is medically necessary to maintain normal glucose metabolism as Diagnosed by a consultant endocrinologist; and • the condition has been present for at least six (6) months. Coverage will end on the policy anniversary occurring on or immediately following the Insured's 21st birthday.

Conditions	Early Stage	Intermediate Stage	Major Stage
31. Juvenile Huntington Disease	**N/A**	**N/A**	**Juvenile Huntington Disease** Diagnosis of Juvenile Huntington Disease with genetic test is confirmed by a Specialist who is a Pediatrician. There must be evidence of all the following: • Movement disorder due to Juvenile Huntington Disease • Cognitive disorder due to Juvenile Huntington Disease; and • Behavior disorder due to Juvenile Huntington Disease Coverage will end on the policy anniversary occurring on or immediately following the Insured's 21st birthday.
32. Kidney Failure	**Surgical Removal of One Kidney** The complete surgical removal of one (1) kidney necessitated by any illness or accident. The need for the surgical removal of the kidney must be certified to be absolutely necessary by a Specialist in the relevant field. Kidney donation is excluded.	**Chronic Kidney Disease** A nephrologist must make a Diagnosis of chronic kidney disease with permanently impaired renal function. There must be laboratory evidence that shows that renal function is severely decreased with an eGFR less than 15ml/min/1.73m^2 body surface area, persisting for a period of six (6) months or more.	**Kidney Failure** Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.
33. Loss of Independent Existence	**Loss of Independent Existence (Early Stage)** Total and irreversible physical loss of all fingers including thumb of at least one (1) hand due to same accident. This condition must be confirmed by a Physician. Loss of fingers due to self-inflicted injuries is excluded.	**N/A**	**Loss of Independent Existence** A condition as a result of a disease, illness or injury whereby the Insured is unable to perform (whether aided or unaided) at least three (3) of the following six (6) "Activities of Daily Living", for a continuous period of six (6) months. Activities of Daily Living:

Conditions	Early Stage	Intermediate Stage	Major Stage
			(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 our appointed Physician. 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.
34. Loss of Speech	**Permanent (or Temporary) Tracheostomy** The performance of tracheostomy for the	**Loss of Speech (other than injury or illness to the vocal cords)** Total and irrecoverable loss of the ability to speak	**Loss of Speech** Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal

Conditions	Early Stage	Intermediate Stage	Major Stage
	treatment of lung disease or airway disease or as a ventilatory support measure following major trauma or burns. The Insured must have been a patient in a designated intensive care unit under the care of a medical Specialist. The benefit only payable if the tracheostomy is required to remain in place and functional for a period of three (3) months.	due to disease or injury. The inability to speak must be established for a continuous period of 12 months. This Diagnosis must be supported by medical evidence furnished by an Ear, Nose, and Throat (ENT) Specialist. All psychiatric related causes are excluded.	cords. The inability to speak must be established for a continuous period of 12 months. This Diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) Specialist. All psychiatric related causes are excluded.
35. Major Burns	**Mild Severe Burns** Second degree (partial thickness of the skin) burns covering at least 20% of the surface of the Insured's body.	**Moderately Severe Burns** Third degree (full thickness of the skin) burns covering at least 50% of the face of the Insured.	**Major Burns** • Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured's body.
36. Major Cancers	**Carcinoma in situ** Carcinoma in situ (CIS) means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The Diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the Diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical Diagnosis does not meet this standard.	**Carcinoma in situ of specified organs treated with Radical Surgery** The actual undergoing of a Radical Surgery to arrest the spread of malignancy in that specific organ, which must be considered as appropriate and necessary treatment. "Radical Surgery" is defined in this policy as the total and complete removal or partial removal of one of the following organs as specified: breast (mastectomy), prostate (prostatectomy), corpus uteri (hysterectomy), ovary (oopherectomy), fallopian tube (salpingectomy), colon (partial colectomy with end to end anastomosis) or stomach (partial gastrectomy with end to end anastomosis). The Diagnosis of the Carcinoma in situ must	**Major Cancers** A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma. For the above definition, the following are excluded: • All tumours which are histologically classified as any of the following: - Pre-malignant; - Non-invasive; - Carcinoma-in-situ; - Having borderline malignancy; - Having any degree of malignant potential; - Having suspicious malignancy;

Conditions	Early Stage	Intermediate Stage	Major Stage
	In the case of the cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with the cervical biopsy report clearly indicating presence of CIS. Clinical Diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II, and CIN III (severe dysplasia without carcinoma in situ) does not meet the required definition and are specifically excluded. Carcinoma In-situ of the skin (both Melanoma & Non-melanoma) and Carcinoma in situ of the biliary system is also specifically excluded. This coverage is available to the first occurrence of CIS only. **Early Prostate Cancer** Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification. **Early Thyroid Cancer** Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of thyroid that is less than 2cm in diameter. **Early Bladder Cancer** Bladder cancer that is histologically described using the TNM Classification as T1N0M0 as well as papillary microcarcinoma of Bladder.	always be positively diagnosed upon the basis of a microscopic examination of fixed tissues additionally supported by a biopsy of the removed organ. Clinical Diagnosis does not meet this standard. Early prostate cancer that is histologically described using the TNM Classification as T1a , T1b, T1c or Prostate cancers described using another equivalent classification is also covered if it has been treated with a radical prostatectomy. All grades of cervical intraepithelial neoplasia (CIN) and prostatic intraepithelial neoplasia (PIN) are specifically excluded. The actual undergoing of the surgeries listed above and the surgery must be certified to be absolutely necessary by an consultant oncologist Partial surgical removal such as lumpectomy and partial mastectomy and partial prostatectomy are specifically excluded. Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/ or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The Diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the	- Neoplasm of uncertain or unknown behavior; or - Cervical Dysplasia CIN-1, CIN-2 and CIN-3; • Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; • Malignant melanoma that has not caused invasion beyond the epidermis; • All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification; • All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; • All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below; • All Gastro-Intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs; • Chronic Lymphocytic Leukaemia less than RAI Stage 3; and • All tumours in the presence of HIV infection.

Conditions	Early Stage	Intermediate Stage	Major Stage
	Early Chronic Lymphocytic Leukaemia Chronic Lymphoctic Leukaemia (CLL) RAI Stage 1 or 2. RAI stage CLL 0 or lower is excluded. **Early Melanoma** Invasive melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3. **Gastro-Intestinal Stromal Tumours** All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) with tumour diameter less than two (2) cm and with mitotic count of more than 5/50 HPFs Any Cancer resulting directly from alcohol or drug abuse is excluded.	Diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical Diagnosis does not meet this standard. Any Cancer resulting directly from alcohol or drug abuse is excluded.	
37. Major Head Trauma	**Surgery for Subdural Haematoma** The actual undergoing of burr hole surgery to the head to drain a subdural haematoma as a result of an accident. The need for the burr hole surgery must be certified to be absolutely necessary by a Specialist in the relevant field. "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. Self-inflicted injuries, alcohol or drug abuse are excluded. **Facial Reconstructive Surgery**	**Intermediate Stage Major Head Trauma** Undergoing of open craniotomy as a consequence of major head trauma for the treatment of depressed skull fractures or major intracranial injury. Self-inflicted injuries, alcohol or drug abuse are excluded.	**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.

Conditions	Early Stage	Intermediate Stage	Major Stage
	The actual undergoing of re-constructive surgery above the neck (restoration or re-construction of the shape of and appearance of facial structures which are defective, missing or damaged or misshapen) performed by a Specialist in the relevant field to correct disfigurement as a direct result of an accident that occurred after the Issue Date, date of endorsement or Reinstatement Date of your Policy, whichever is the later. The need for surgery must be certified to be absolutely necessary by a Specialist in the relevant field. "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. Treatment relating to teeth and/or any other dental restoration alone and/or cosmetic nose surgery are all excluded. Self-inflicted injuries, alcohol or drug abuse are excluded.		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 Insured. Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Insured. 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.
38. Major Organ Transplantation/ Bone Marrow Transplantation	**Small Bowel Transplant** The receipt of a transplant of at least one meter of small bowel with its own blood supply via a laparatomy resulting from intestinal failure. **Corneal Transplant** The receipt of a transplant of a whole cornea due to irreversible scarring with resulting reduced visual acuity which cannot be	**Major Organ/Bone Marrow Transplant (on waitlist)** This benefit covers those who are on an official organ transplant waiting list for the receipt of a transplant of: • Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or • One of the following human organs: heart,	**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 (1) of the following human organs: heart, lung, liver, kidney or pancreas that resulted from irreversible end

Conditions	Early Stage	Intermediate Stage	Major Stage
	corrected with other methods.	lung, liver, kidney or pancreas that resulted from irreversible end stage failure of the relevant organ. Other stem cell transplants are excluded. This benefit is limited to those on the official waitlist for organ transplant on Ministry of Health Singapore list of hospitals only.	stage failure of the relevant organ. Other stem cell transplants are excluded.
39. Medically Acquired HIV infection	**N/A**	**N/A**	**Medically Acquired HIV infection** The Insured being infected by Human Immunodeficiency Virus (HIV) provided that: • The infection is due to an operation or a medical or dental procedure after the Issue Date, date of endorsement or Reinstatement Date of your Policy; and • The institution which provided the operation or the medical or dental procedure admits liability or there is a final court verdict that cannot be appealed indicating such liability; and • The infected Insured is not a hemophiliac. The incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures. This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the

Conditions	Early Stage	Intermediate Stage	Major Stage
			prevention of the occurrence of AIDS. Infection in any other manner, including infection as a result of sexual activity or recreational intravenous drug use is excluded. The insurer must have open access to all blood samples of the Insured and reserves the right to obtain independent testing of such blood samples.
40. Medullary Cystic Disease	**N/A**	**N/A**	**Medullary Cystic Disease** Medullary Cystic Disease where the following criteria are met: • the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis; • clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and • the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. Isolated or benign kidney cysts are specifically excluded from this benefit.
41. Motor Neurone Disease	**Peripheral Neuropathy** This refers to severe peripheral motor neuropathy resulting in significant motor weakness, fasciculation and muscle wasting. The Diagnosis must be confirmed by a consultant neurologist as a result of nerve conduction studies and result in a permanent need for the use walking	**Early Motor Neurone Disease** Refers to the Diagnosis of motor neurone disease, a progressive degeneration of the corticospinal tracts and anterior horn cells or bulbar efferent neurons. These include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary	**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

Conditions	Early Stage	Intermediate Stage	Major Stage
	aids or a wheelchair. Diabetic neuropathy and neuropathy due to alcohol is excluded.	lateral sclerosis. A consultant neurologist must make the definite Diagnosis of a motor neurone disease and this Diagnosis must be supported by appropriate investigations.	Diagnosis must be confirmed by a consultant neurologist as progressive and resulting in permanent neurological deficit.
42. Multiple Root of Branchial Plexus Injury	**N/A**	**N/A**	**Multiple Root of Branchial Plexus Injury** The complete and permanent loss of use and sensory functions of an upper extremity caused by Injury of 2 or more nerve roots of the brachial plexus through accident or disease. Complete injury of 2 or more nerve roots should be confirmed by electrodiagnostic study or imaging technique done by physiatrist or consultant neurologist
43. Multiple Sclerosis	**Early Multiple Sclerosis** There must be a definite Diagnosis of Multiple Sclerosis confirmed by a consultant neurologist. The Diagnosis must be supported by all of the following: • Investigations that unequivocally confirm the Diagnosis to be Multiple Sclerosis; and • Well documented history of exacerbations and remissions of neurological signs. Other causes of neurological damage such as SLE and HIV are excluded.	**Mild Multiple Sclerosis** There must be a definite Diagnosis of Multiple Sclerosis confirmed by a consultant neurologist. The Diagnosis must be supported by all of the following: • Investigations that unequivocally confirm the Diagnosis to be Multiple Sclerosis; • Any permanent residual neurological deficit confirmed by a consultant neurologist at 3 months; and • Well documented history of exacerbations and remissions of neurological signs. Other causes of neurological damage such as SLE and HIV are excluded.	**Multiple Sclerosis** The definite occurrence of Multiple Sclerosis. The Diagnosis must be supported by all of 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.

Conditions	Early Stage	Intermediate Stage	Major Stage
44. Muscular Dystrophy	**Spinal Cord Disease or Injury resulting in Bowel and Bladder Dysfunction** Spinal cord disease or chorda equina injury resulting in permanent bowel dysfunction and bladder dysfunction requiring permanent regular self catheterisation or a permanent urinary conduit. The Diagnosis must be supported by a consultant neurologist and the permanency assessed at six (6) months.	**Moderate 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 Insured to perform (whether aided or unaided) at least two (2) of the following 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	**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 Insured to perform (whether aided or unaided) at least three (3) of the following 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.

Conditions	Early Stage	Intermediate Stage	Major Stage
		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.	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.
45. Necrotising Fasciitis	**N/A**	**N/A**	**Necrotising Fasciitis** The occurrence of necrotising fasciitis where the following conditions are met: • the usual clinical criteria of necrotising fasciitis are met; • the bacteria identified is a known cause of necrotising fasciitis; and • there is widespread destruction of muscle and other soft tissues that results in a total and permanent loss of function of the affected body part.
46. Occupationally Acquired Hepatitis B or C	**N/A**	**N/A**	**Occupationally Acquired Hepatitis B or C** Infection with the Hepatitis B or C virus which resulted from an accident occurring after the Issue Date, date of Endorsement or Reinstatement Date of your Policy, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation, provided that all of the following are proven to Our satisfaction: • Proof of the accident giving rise to the infection must be reported to us within 30 days of the accident taking place; • Proof that the accident involved a definite

Conditions	Early Stage	Intermediate Stage	Major Stage
			source of the hepatitis B or C infected fluids; • There is a need for antiviral therapy as a consequence of proven seroconversion; • Hepatitis B or C 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 Physician, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic. We would not be liable if there had been failure to observe any proper defined procedural practice or occupation required vaccination practices.
47. Osteogenesis Imperfecta	**N/A**	**N/A**	**Osteogenesis Imperfecta** This is a genetic disorder characterised by brittle, osteoporotic, easily fractured bones. The Insured must be diagnosed as a type III Osteogenesis Imperfecta confirmed by the occurrence of all of the following conditions: • the result of physical examination of the Insured by a Specialist in the relevant field that the Insured suffers from growth retardation and hearing impairment; and • the result of X-ray studies reveals multiple

Conditions	Early Stage	Intermediate Stage	Major Stage
			fracture of bones and progressive kyphoscoliosis; and • positive result of skin biopsy. The Diagnosis must be confirmed by a Specialist in the relevant field
48. Other Serious Coronary Artery Disease	**Early Stage Other Serious Coronary Artery Disease** The narrowing of the lumen of two (2) coronary arteries by a minimum of 60%, as proven by coronary arteriography or any other appropriate diagnostic test that is available, regardless of whether any form of coronary artery surgery has been recommended or performed. Coronary arteries herein refer to right coronary artery, left main stem, left anterior descending and left circumflex, but not their branches. Note that any non-invasive method of determining coronary artery stenosis is not acceptable.	**Intermediate Stage Other Serious Coronary Artery Disease** The narrowing of the lumen of three coronary arteries by a minimum of 60%, as proven by coronary arteriography or any other appropriate diagnostic test that is available, regardless of whether any form of coronary artery surgery has been recommended or performed. Coronary arteries herein refer to right coronary artery, left main stem, left anterior descending and left circumflex, but not their branches. Note that any non−invasive method of determining coronary artery stenosis is not acceptable.	**Other Serious Coronary Artery Disease** The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two (2) 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.
49. Paralysis (Loss of use of limbs)	**Loss of Use of One Limb** Total and irreversible loss of use of one (1) entire limb (above elbow or above knee) due to illness or accident. This condition must be confirmed by a Specialist in the relevant field. Self-inflicted injuries, alcohol or drug abuses are excluded.	**Loss of use of One limb requiring Prosthesis** Total and irreversible loss of use of one (1) entire limb (above elbow or above knee) which has required the fitting and use of prosthesis due to illness or accident. This condition must be confirmed by Specialist in the relevant fields. Self-inflicted injuries, alcohol or drug abuses are excluded.	**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.
50. Parkinson's Disease	**Early Parkinson's Disease**	**Moderately Severe Parkinson's Disease**	**Parkinson's Disease**

Conditions	Early Stage	Intermediate Stage	Major Stage
	The unequivocal Diagnosis of idiopathic Parkinson's disease by a Specialist in the relevant field. This Diagnosis must be supported by all of the following conditions: • The disease cannot be controlled with medication; and • There are signs of progressive neurological impairment Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson's Disease are excluded.	The unequivocal Diagnosis of idiopathic Parkinson's disease by a Specialist in the relevant field. This Diagnosis must be supported by all of the following conditions: • The disease cannot be controlled with medication; • There are signs of progressive neurological impairment; and • Inability of the Insured to perform (whether aided or unaided) at least two (2) 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;	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 Insured to perform (whether aided or unaided) at least three (3) of the following 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;

Conditions	Early Stage	Intermediate Stage	Major Stage
		(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.	(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.
51. Persistent Severe Juvenile Rheumatoid Arthritis	**Severe Juvenile Rheumatoid Arthritis** The unequivocal Diagnosis of Rheumatoid Arthritis by a consultant rheumatologist, with widespread joint destruction and major clinical deformity of at least one (1) of the following joints area: (a) Hands; (b) Wrists; (c) Elbows; (d) Knees; (e) Hips; (f) Ankle; (g) Cervical spine; or (h) Metatarsophalangeal joints in the feet The symptoms of arthritis must have persisted for at least one (1) year. Coverage will end on the policy anniversary occurring on or immediately following the Insured's 21st birthday.	**N/A**	**Persistent Severe Juvenile Rheumatoid Arthritis** The unequivocal Diagnosis of Rheumatoid Arthritis by a consultant rheumatologist, with widespread joint destruction and major clinical deformity of at least three (3) of the following joints area: (a) Hands; (b) Wrists; (c) Elbows; (d) Knees; (e) Hips; (f) Ankle; (g) Cervical spine; or (h) Metatarsophalangeal joints in the feet The symptoms of arthritis must have persisted for at least one (1) year. Coverage will end on the policy anniversary occurring on or immediately following the Insured's 21st birthday.
52. Pheochromocy-toma	**N/A**	**N/A**	**Pheochromocytoma** Pheochromocytomas are tumors originating in the catecholamine-producing chromaffin cells of the adrenal medulla.

Conditions	Early Stage	Intermediate Stage	Major Stage
			The Diagnosis of Pheochromocytoma must be confirmed by an endocrinologist. There is actual undergoing of surgery to remove the tumour. Neuroendocrine tumour (NET) is specifically excluded.
53. Poliomyelitis	**N/A**	**Moderately Severe Poliomyelitis** The occurrence of Poliomyelitis where the following conditions are met: • Poliovirus is identified as the cause • Paralysis of the respiratory muscles supported by ventilator for a continuous period of minimum 96 hours	**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.
54. Primary Pulmonary Hypertension	**Early Pulmonary Hypertension** Primary or Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The Diagnosis must be established by cardiac catheterisation by a Specialist in the relevant field. 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.	**Secondary Pulmonary Hypertension** Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The Diagnosis must be established by cardiac catheterisation by a Specialist in the relevant field. 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.	**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.

Conditions	Early Stage	Intermediate Stage	Major Stage
	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.	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.	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.
55. Progressive Scleroderma	**Early Progressive Scleroderma** A consultant rheumatologist must make the definite Diagnosis of progressive systemic scleroderma, based on clinically accepted criteria. This Diagnosis must be unequivocally supported by biopsy and serological evidence. The following are excluded: - Localised scleroderma (linear scleroderma or morphea); - Eosinophilic fasciitis; and - CREST syndrome	**Progressive Scleroderma with CREST syndrome** A consultant rheumatologist must make the definite Diagnosis of systemic sclerosis with CREST syndrome, based on clinically accepted criteria. This Diagnosis must be unequivocally supported by biopsy and serological evidence. The disease must involve the skin with deposits of calcium (calcinosis), skin thickening of the fingers or toes (sclerodactyly) and also involve the esophagus. There must also be telangectasia (dilated capillaries) and Raynaud's Phenomenon causing artery spasms in the extremities. The following are excluded: - Localised scleroderma (linear scleroderma or morphea); and - Eosinophilic fasciitis.	**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 fascitis; and - CREST syndrome.
56. Progressive Supranuclear Palsy	**Less Severe Progressive Supranuclear Palsy** A degenerative neurological disease characterised by supranuclear gaze	**N/A**	**Progressive Supranuclear Palsy** Progressive Supranuclear Palsy occurring independently of all other causes and resulting in a permanent neurological

Conditions	Early Stage	Intermediate Stage	Major Stage
	paresis, pseudobulbar palsy, axial rigidity and dementia. The unequivocal Diagnosis of Less Severe Progressive Supranuclear Palsy must be confirmed by a consultant neurologist. The condition must result in the permanent inability to perform, without assistance, at least two (2) out of six (6) "Activities of Daily Living". 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		deficit, which is directly responsible for a permanent inability to perform at least three (3) of the following six (6) "Activities of Daily Living". 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 The Diagnosis of Progressive Supranuclear Palsy must be confirmed by a Physician who is a consultant neurologist.

Conditions	Early Stage	Intermediate Stage	Major Stage
	These conditions have to be medically documented for at least 30 consecutive calendar days.		
57. Rabies	**N/A**	**N/A**	**Rabies** An infection by Rabies virus associated with all of these following signs and symptoms of Rabies namely muscle fasciculations, delirium, psychosis, seizures and aphasia. We will not pay for this Infectious Disease Benefit if the Insured undergoes only the prophylactic post exposure vaccination, without having developed the aforementioned symptoms.
58. Resection of the whole small intestine (duodenum, jejunum and ileum)	**N/A**	**N/A**	**Resection of the whole small intestine (duodenum, jejunum and ileum)** Complete surgical removal of the whole small intestine including the duodenum, jejunum and ileum as a result of illness or an accident of the Insured. Partial removal of the small intestine is excluded in this benefit.
59. Severe Cardiomyopathy	**N/A**	**N/A**	**Severe Cardiomyopathy** The unequivocal Diagnosis of Cardiomyopathy which have resulted in the presence of permanent physical impairments of at least Class IV of the New York Heart Association (NYHA) classification of Cardiac Impairment. The Diagnosis must be confirmed by a consultant cardiologist.

Conditions	Early Stage	Intermediate Stage	Major Stage
			Cardiomyopathy that is directly related to alcohol misuse is excluded. 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.
60. Severe Crohn's Disease	**Less Severe Crohn's Disease** Crohn disease is an idiopathic, chronic inflammatory process that can affect any part of the gastrointestinal tract from the mouth to the anus. The unequivocal Diagnosis of Crohn's disease is confirmed by gastroenterologist. To be considered as severe, there must be evidence all of the following criteria: • There is evidence of Crohn's disease in histopathology • There is continuous treatment (for at least six (6) consecutive months) of steoid, immunosupressive or	**N/A**	**Severe Crohn's Disease** Crohn disease is an idiopathic, chronic inflammatory process that can affect any part of the gastrointestinal tract from the mouth to the anus. The unequivocal Diagnosis of Crohn's disease is confirmed by gastroenterologist. To be considered as severe, there must be evidence all of the following criteria: • There is evidence of Crohn's disease in histopathology • The Crohn's disease cannot be controlled with medication. • There is at least one (1) bowel segment resection for treatment

Conditions	Early Stage	Intermediate Stage	Major Stage
	immunomodulating drugs continuously for Crohn's disease. The inflammation bowel disease other than Crohn's disease is excluded		of complication of Crohn's disease. The inflammation bowel disease other than Crohn's disease is excluded
61. Severe Eisenmenger's Syndrome	**N/A**	**Severe Eisenmenger's Syndrome (Intermediate)** Eisenmenger's Syndrome shall mean the occurrence of a reversed shunt as a result of pulmonary hypertension, caused by a heart disorder. All of the following criteria must be met: • The unequivocal Diagnosis of Eisenmenger's Syndrome is confirmed by consultant cardiologist. • There is history of left to right shunt heart disease before the date of Diagnosis of Eisenmenger's Syndrome. The Diagnosis of left to right shunt heart disease must be supported by echocardiogram or other reliable imagine studies. • There is evidence of reversed shunt (from left -right shunt to right -left shunt) newly occurred on the date of Diagnosis of Eisenmenger's Syndrome. • Eisenmenger Syndrome has developed to the irreversible stage and there is no any operation available to correct the abnormality. • Presence of permanent physical impairment classified as NYHA III.	**Severe Eisenmenger's Syndrome** Eisenmenger's Syndrome shall mean the occurrence of a reversed shunt as a result of pulmonary hypertension, caused by a heart disorder. All of the following criteria must be met: • The unequivocal Diagnosis of Eisenmenger's Syndrome is confirmed by consultant cardiologist. • There is history of left to right shunt heart disease before the date of Diagnosis of Eisenmenger's Syndrome. The Diagnosis of left to right shunt heart disease must be supported by echocardiogram or other reliable imagine studies. • There is evidence of reversed shunt (from left -right shunt to right -left shunt) newly occurred on the date of Diagnosis of Eisenmenger's Syndrome. • Eisenmenger Syndrome has developed to the irreversible stage and there is no any operation available to correct the abnormality. • Presence of permanent physical impairment classified as NYHA IV.

Conditions	Early Stage	Intermediate Stage	Major Stage
		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.	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.
62. Severe Haemophilia	**N/A**	**N/A**	**Severe Haemophilia** The Insured must be suffering from severe hemophilia A (VIII deficiency) or hemophilia B (IX deficiency) with factor VIII or factor IX activity levels less than one percent (1%). Diagnosis must be confirmed by a qualified haematologist acceptable to the Us. The coagulation-disease other than hemophilia A (VIII deficiency) or hemophilia B (IX deficiency) are excluded.
63. Severe Myasthenia Gravis	**N/A**	**N/A**	**Severe Myasthenia Gravis** An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and

Conditions	Early Stage	Intermediate Stage	Major Stage
			fatiguability, where all of the following criteria are met: • Presence of permanent muscle weakness categorized as Class III, IV or V acco rding to the Myasthenia Gravis Foundation of America Clinical Classification below; and • The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Physician who is a consultant neurologist. Myasthenia Gravis Foundation of America Clinical Classification: Class I - Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere Class II - Eye muscle weakness of any severity, mild weakness of other muscles Class III - Eye muscle weakness of any severity, moderate weakness of other muscles Class IV - Eye muscle weakness of any severity, severe weakness of other muscles Class V - Intubation needed to maintain airway
64. Severe Pulmonary Fibrosis	**N/A**	**N/A**	**Severe Pulmonary Fibrosis** Severe and diffuse type of pulmonary fibrosis requiring extensive and permanent oxygen therapy at least eight (8) hours per day.

Conditions	Early Stage	Intermediate Stage	Major Stage
			The unequivocal Diagnosis must be confirmed with lung biopsy and by a Specialist in respiratory medicine.
65. Stroke	**Brain Aneurysm Surgery (via Endovascular procedures)** The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous malformation via endovascular procedures. The surgical intervention must be certified to be absolutely necessary by a Specialist in the relevant field. **Brain aneurysm surgery (via craniotomy)** The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous malformation via craniotomy. The surgical intervention must be certified to be absolutely necessary by a Specialist in the relevant field. **Cerebral shunt insertion** The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a Specialist in the relevant field.	**Carotid Artery Surgery** The actual undergoing of Endarterectomy of the carotid artery which has been necessitated as a result of at least 80% narrowing of the carotid artery as diagnosed by an arteriography or any other appropriate diagnostic test that is available. Endarterectomy of blood vessels other than the carotid artery are specifically excluded. Percutaneous carotid angioplasty is excluded.	**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 consultant 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 Insured.

Conditions	Early Stage	Intermediate Stage	Major Stage
			Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Insured. 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.
66. Surgery to Aorta	**Large Asymptomatic Aortic Aneurysm** Large asymptomatic abdominal or thoracic aortic aneurysm or aortic dissection as evidenced by appropriate imaging technique. The aorta must be enlarged and greater than 55mm in diameter and the Diagnosis must be confirmed by a consultant cardiologist.	**Minimally Invasive Surgery to Aorta** The actual undergoing of percutaneous intravascular angioplasty and stenting techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by an echocardiogram or any other appropriate diagnostic imaging test that is available and confirmed by a consultant cardiologist or vascular surgeon. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.	**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.
67. Surgery for Idiopathic Scoliosis	**N/A**	**N/A**	**Surgery for Idiopathic Scoliosis** The unequivocal Diagnosis of idiopathic scoliosis is confirmed by orthopaedic. This scoliosis condition means that the spine curvature angle is equal or more than 40 Cobb angle degree. Surgery to

Conditions	Early Stage	Intermediate Stage	Major Stage
			correct abnormal spine curvature to it normal shape (as a straight line viewed from the back) is actually performed. The follow condition is excluded: • scoliosis due to injury or other disease is excluded. • Kyphosis • Lordosis.
68. Systemic Lupus Erythematosus with Lupus Nephritis	**Mild Systemic Lupus Erythematosus** A multisystem, multifactorial, autoimmune disorder which is characterised by the development of autoantibodies directed against various self-antigens. In respect of your Policy, systematic lupus erythematosus will be restricted to those forms of systematic lupus erythematosus that require systemic immunosuppressive therapy for multiple organ involvement for at least 6 months under the direction of a Specialist. Evidence must be provided from the treating Specialist that proves to our satisfaction that there has been involvement of at least three specified internal organs. For the purposes of this benefit the listed specified organs are restricted to the kidneys, brain, heart (or pericardium), lungs (or pleura) and joints. Joint involvement is defined as the presence of polyarticular inflammatory arthritis. Skin involvement is not considered one of the specified organs for the purposes of this benefit. Other forms, discoid lupus and those	**Moderate Severe Systemic Lupus Erythematosus with Lupus Nephritis** A multi-system, multifactorial, autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class I & Class II Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final Diagnosis must be confirmed by a Physician specializing in Rheumatology and Immunology. The WHO Classification of Lupus Nephritis: Class I - Minimal Change Lupus Glomerulonephritis Class II - Messangial Lupus Glomerulonephritis Class III - Focal Segmental Proliferative Lupus Glomerulonephritis	**Systemic Lupus Erythematosus with Lupus Nephritis** A multi-system, multifactorial, autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of your Policy, 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 Physician specializing in Rheumatology and Immunology. The WHO Classification of Lupus Nephritis: Class I - Minimal Change Lupus Glomerulonephritis Class II - Messangial Lupus Glomerulonephritis Class III - Focal Segmental Proliferative Lupus Glomerulonephritis

Conditions	Early Stage	Intermediate Stage	Major Stage
	forms with haematological involvement will be specifically excluded. The final Diagnosis may have to be supported by a certified doctor specialising in Rheumatology and Immunology.	Class IV - Diffuse Proliferative Lupus Glomerulonephritis Class V - Membranous Lupus Glomerulonephritis	Class IV - Diffuse Proliferative Lupus Glomerulonephritis Class V - Membranous Lupus Glomerulonephritis
69. Terminal Illness	**N/A**	**N/A**	**Terminal Illness** The conclusive Diagnosis of an illness that is expected to result in the death of the Insured within 12 months. This Diagnosis must be supported by a Specialist and confirmed by our appointed Physician. Terminal illness in the presence of HIV infection is excluded.
70. Tuberculosis Meningitis	**N/A**	**N/A**	**Tuberculosis Meningitis** Tuberculosis Meningitis refers to meningitis proven to be caused by mycobacterium tuberculosis that causes a permanent neurological deficit that results in either: • severe cognitive impairment documented by standard neuro-psychological that results in the need for continuous supervision; or • physical impairment that results in a Permanent inability to perform at least one (1) of the following six (6) "Activities of Daily Living". Meningitis occurring in the presence of HIV infection is excluded Activities of Daily Living:

Conditions	Early Stage	Intermediate Stage	Major Stage
			(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
71. Type I Juvenile Spinal Muscular Atrophy	**N/A**	**N/A**	**Type 1 Juvenile Spinal Muscular Atrophy** Degenerative diseases of the anterior horn cells in the spinal cord and motor nuclei of the brainstem characterised by profound proximal muscular weakness and wasting, primarily in the legs, followed by distal muscle involvement. The unequivocal Diagnosis of Type 1 Juvenile Spinal Muscular Atrophy (SMA) is confirmed by Specialist.

Conditions	Early Stage	Intermediate Stage	Major Stage
			The damage must result independently of all other causes and directly in the Insured's permanent inability to perform (whether aided or unaided) at least three (3) of the "Activities of Daily Living" (ADLs) for a continuous period of six (6) months. The Diagnosis must be made by a consultant neurologist with appropriate neuromuscular testing such as Electromyogram (EMG). 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

Conditions	Early Stage	Intermediate Stage	Major Stage
			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. Juvenile Spinal Muscular Atrophy (SMA) other that Type 1 is excluded from this benefit Coverage will end on the policy anniversary occurring on or immediately following the Insured’s 21st birthday.
72. Viral Encephalitis	**Viral Encephalitis with full recovery** Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection requiring hospitalisation. The Diagnosis must be confirmed by a consultant neurologist and supported with appropriate investigations proving acute viral infection of the brain. Encephalitis caused by HIV infection is excluded.	**Mild Viral Encephalitis** Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection resulting in significant but reversible neurological deficit and there must be evidence of hospitalization for at least two (2) weeks. The neurological deficit must persist for at least six (6) weeks. The Diagnosis must be confirmed by a consultant neurologist and supported with appropriate investigations proving acute viral infection of the brain. Encephalitis caused by HIV infection is excluded.	**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.
73. Wilson's Disease	**N/A**	**N/A**	**Wilson's Disease** A potentially fatal disorder of copper toxicity characterised by progressive liver disease and/or neurologic deterioration due to copper deposit. The Diagnosis must be confirmed by a Specialist in the relevant field and the treatment with a chelating agent must be documented for at least six (6) months.

APPENDIX 2 - Definitions of Power Relapse Critical Illness

Power Relapse Critical illness	Definitions
1. **Re-diagnosed Major Cancer**	Re-diagnosed Major Cancer means the presence of malignant cells with invasive features occurring after two (2) years from the date of the last Diagnosis of any Critical Illness Stage of the Major Cancer or the Re-diagnosed Major Cancer, for which a claim was admitted under the Policy. Rediagnosed Major Cancer must be confirmed by a consultant oncologist on the basis of histopathological Diagnosis. Clinical Rediagnosis of Cancer can only be adopted if histopathological Diagnosis is medically not possible; in which case, the Insured must have medical documentary proof or record from a certificated consultant oncologist of ongoing cancer therapy (including but not limited to radiotherapy or chemotherapy or surgery). Ongoing preventive cancer therapy (including but not limited to Tamoxifen or raloxifene) will not be accepted as a basis of clinical re-diagnosis. The Rediagnosed Major Cancer must meet the criteria set out in the definition of Major Cancers (LIA definition) appearing in Item 36 of the table of Critical Illnesses covered in your Basic Policy, and therefore does not apply to any illness which falls outside such definition (including but not limited to Carcinoma-in-situ or Early Stage Malignancy).
2. Recurred Heart Attack	Recurred Heart Attack means another occurrence of a heart attack occurring after two (2) years from the date of the last Diagnosis of any Critical Illness Stage of the Heart Attack of Specified Severity or the Relapsed Heart Attack, for which a claim was admitted under the Policy. The Diagnosis must be supported with fresh evidence based on the criteria set out in the definition of Heart Attack of Specified Severity (LIA definition) appearing in Item 26 of the table of Critical Illnesses covered in your Basic Policy must be met.
3. Recurred Stroke	Recurred Stroke means another occurrence of a stroke occurring after two (2) years from the date of the last Diagnosis of any Critical Illness Stage of the Stroke or the Relapsed Stroke, for which a claim was admitted under the Policy. The Diagnosis must be supported with fresh imaging evidence consistent with the Diagnosis of the Stroke based on the criteria set out in the definition of Stroke (LIA definition) appearing in Item 65 of the table of Critical Illnesses covered in your Basic Policy must be met.
4. Repeated Heart Valve Surgery	Repeated Heart Valve Surgery means the actual undergoing of open-heart surgery to replace or repair heart valve abnormalities occurring after two (2) years from the date of the last performance of the surgical procedures for any Critical Illness Stage of the Heart Valve Surgery or the Repeated Heart Valve Surgery, for which a claim was admitted under the Policy. The Diagnosis of heart valve abnormality must be supported by cardiac catherterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist. To be eligible for a claim under Repeated Heart Valve Surgery, the criteria set out in the definition of Heart Valve Surgery (LIA definition) appearing in Item 27 of the table of Critical Illnesses covered in your Basic Policy must be met.
5. Repeated Major Organ / Bone	Repeated Major Organ / Bone Marrow Transplantation is defined as the receipt of a transplant of:

Power Relapse Critical illness	Definitions
Marrow Transplantation	• 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; occurring after two (2) years from the date of the last performance of the surgical procedures for any Critical Illness Stage of the Major Organ / Bone Marrow Transplantation or the Repeated Major Organ / Bone Marrow Transplantation, for which a claim was admitted under the Policy. Other stem cell transplants are excluded. To be eligible for a claim under Repeated Major Organ/Bone Marrow Transplantation, the criteria set out in the definition of Major Organ / Bone Marrow Transplantation (LIA definition) appearing in Item 38 of the table of Critical Illnesses covered in your Basic Policy must be met.

APPENDIX 3 - Definitions of Special Conditions

Special Conditions	Definitions
1. Diabetic Complications	Diabetic Complications cover the following conditions only: • Diabetic Retinopathy with the need to undergo laser treatment certified to be absolutely necessary by an ophthalmologist with support of a Fluorescent Fundus Angiography report and vision is measured at 6/18 or worse in the better eye using a Snellen eye chart. • A definite Diagnosis of diabetic nephropathy by a Specialist in the relevant field and is evident by eGFR less than 30 ml/min/1.73 m2 with ongoing proteinuria greater than 300mg/24 hours. • The actual undergoing of amputation of a foot / toe / hand / finger to treat gangrene that has occurred because of a complication of diabetes.
2. Osteoporosis	Osteoporosis is a degenerative bone disease that results in loss of bone. The Diagnosis must be supported by a bone density reading which satisfies the World Health Organisation (WHO) definition of osteoporosis with a bone density reading T-score of less than –2.5. There must also be a history of three (3) or more osteoporotic fractures involving either femur, wrist or vertebrae. These fractures must directly cause the Insured's inability to perform at least one (1) Activity of Daily Living. Such disability has to be continued for at least six (6) consecutive months and confirmed by a doctor to be permanent in nature. 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.

Special Conditions	Definitions
3. Severe Rheumatoid Arthritis	Widespread joint destruction with major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, spine, knees, ankles, feet. The Diagnosis must be supported by all of the following: • Morning stiffness • Symmetric arthritis • Presence of rheumatoid nodules • Elevated titres of rheumatoid factors • Radiographic evidence of severe involvement The Diagnosis must be confirmed by a Consultant Rheumatologist.
4. Dengue Haemorrhagic Fever	It covers Dengue Haemorrhagic Fever Stage 3 or Stage 4, based on the World Health Organization case definition, with unequivocal evidence of the Dengue Shock Syndrome and confirmation of dengue infection, with confirmatory serological testing of dengue; and as may be exemplified by the following findings: • history of continuous high fever (for two (2) or more days), • minor or major haemorrhagic manifestations, • thrombocytopenia (less than or equal to 100000 per mm^3) • haemoconcentration (haemotocrit increased by 20% or more) • evidence of plasma leakage (i.e. pleural effusion, ascites or hypoproteinaemia, etc.) and • evidence of the Dengue Shock Syndrome (DSS), confirmed by a consultant physician, with the following criteria being met: (i) hypotension (less than 80 mm Hg) or narrow pulse pressure (20 mm Hg or less) and (ii) evidence of tissue hypoperfusion such as cold, clammy skin, oliguria, or a metabolic acidosis
5. Mastectomy due to carcinoma-in situ or malignant breast condition	Mastectomy means surgical removal of at least three quadrants of the tissue of a breast due to carcinoma-in-situ or a malignant condition. Proof of having undergone the breast reconstructive surgery is not required.
6. Hysterectomy due to cancer	Radical Hysterectomy means the actual undergoing of surgical removal all of the following organs: uterus, cervix, vagina, ovaries, fallopian tubes, regional lymph nodes and tissue in the pelvic cavity as a result of Cancer of the uterus, ovary(ies), vagina, fallopian tube(s) or endometrium. The Cancer is positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue. The following is excluded: • All tumours which are histologically classified as any of the followings: • Having any degree of malignant potential; • Having suspicious malignancy; • Neoplasm of uncertain or unknown behavior; or • Having borderline malignancy; • All tumours in the presence of HIV infection.
7. Vulvectomy due to cancer	Radical Vulvectomy means actual undergoing of surgical removal of the labia majora, labia minora, clitoris and regional lymph nodes as a result of Cancer. The Cancer is positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue. The following is excluded:

Special Conditions	Definitions
	• All tumours which are histologically classified as any of the followings: • Having any degree of malignant potential; • Having suspicious malignancy; • Neoplasm of uncertain or unknown behavior; or • Having borderline malignancy; • All tumors in the presence of HIV infection.
8. Severe Gout	Confirmed Diagnosis of chronic gout shall be evidenced with at least three (3) of four (4) followings: • Arthritis due to gout. • There is appearance of urate crystal in synovial fluid analysis. • Presence of some form of renal complication like uric acid stones • Abnormality of bone and/or joint deformities and/or urate crystals due to gout shall be found on the imaging or other chemical analysis. The insured should have documented proof or record from a certificated medical specialist to evidence medicine treatment at least for six (6) months due to gout. The below are specifically excluded: • Pseudogout; • Gout due to pregnancy, alcohol and drug abuse.
9. Necrotising Fasciitis requiring surgery	An infection of the superficial and/or deep fascia investing the muscles of an extremity or the trunk, progress being fulminant and requiring immediate surgical intervention and debridement. Unequivocal Diagnosis must be confirmed by bacteria culture and a Specialist in the relevant field after surgical exploration.
10. Tourette Syndrome (TS)	A neurological condition (affecting the brain and nervous system), characterised by a combination of involuntary noises and movements called tics. The Diagnosis must fulfil all of the following criteria: • The Diagnosis of TS must be confirmed by a Psychiatrist based on the DSM-5 criteria or any subsequent DSM update or alternative criteria that supersedes DSM. • The condition must have continued without interruption for a period of at least 180 days after Diagnosis. • Must have received specific medications, which is alpha2-adrenergic agonists or muscle relaxants or dopamine antagonists, without interruption for a period of at least 180 days after Diagnosis, or received surgical treatment. Coverage will end on the policy anniversary occurring on or immediately following the Insured's 21st birthday. Note: DSM refers to Diagnostic and Statistical Manual of Mental Disorders
11. Attention-deficit Hyperactivity Disorder (ADHD)	A childhood-onset neurodevelopmental condition, which has resulted in marked impairment in social or occupational functioning with symptoms of both inattention and hyperactivity-impulsivity. Benefit is payable upon meeting all of the following criteria: • Conclusive Diagnosis of ADHD using standardised tests including DSM-5 criteria by a multi-disciplinary team of developmental paediatrician, child psychologist, and clinical psychologist. • The child is currently on stimulants therapy without interruption for a period of at least six (6) months after Diagnosis as prescribed and recommended by the multidisciplinary team of developmental paediatrician, child psychologist, and clinical psychologist.

Special Conditions	Definitions
	• Insured must be 15 years of age or younger at policy date of the basic policy. Symptoms of ADHD attributable to the physiological effects of a substance or other medical or mental conditions are specifically excluded. Coverage will end on the policy anniversary occurring on or immediately following the Insured's 21st birthday. Note: DSM refers to Diagnostic and Statistical Manual of Mental Disorders
12. Autism Spectrum Disorder (ASD)	A severe developmental disorder of childhood characterised by qualitative impairment in reciprocal social interaction and in communication, language and social development. Benefit is payable upon meeting all of the following criteria: • Conclusive Diagnosis of Autism Spectrum Disorder (ASD) with the use of standardised tests including DSM-5 by a multi-disciplinary team of developmental paediatrician, child psychologist, and clinical psychologist. • The ASD must be certified to be of the severe type where the child has marked intellectual disability (IQ <50) along with either significant permanent motor deficits and/or epilepsy disorder. • The child is currently on pharmacologic and non-pharmacologic treatment regime for ASD as prescribed and recommended by the multidisciplinary team of developmental paediatrician, child psychologist, and clinical psychologist. Alternative interventions including but not limited to homeopathy, EEG, biofeedback, and neurofeedback are not considered under non-pharmacologic treatment for ASD. • The child is currently enrolled in a qualified specialised centre in Singapore to manage the child's ASD-related issues as recommended by the paediatrician or psychologist. • Insured must be 15 years of age or younger at policy date of the basic policy. Coverage will end on the policy anniversary occurring on or immediately following the Insured's 21st birthday. Note: DSM refers to Diagnostic and Statistical Manual of Mental Disorders
13. Dyslexia	Dyslexia is a language-based learning disability. It is characterised by difficulties on interpreting the sound (phonological) components of language. All of the following criteria must be present and diagnostic of a dyslexia: • Written evidence/report by a Singapore certified Educational Psychologist stating the Diagnosis of Dyslexia which require intervention - reading, writing and spelling. • Written confirmation of having Dyslexia by the school that the Insured is attending. • Must be enrolled and placed under Band A in a recognized Dyslexia literacy program certified by Ministry of Education (MOE) in Singapore. • Insured must be 15 years of age or younger at policy date of the basic policy. Coverage will end on the policy anniversary occurring on or immediately following the Insured's 21st birthday.

Special Conditions	Definitions
	Band A covers emergent literacy skills and students who are assigned to be in this band typically have language or cognitive weaknesses that co-occur with their dyslexia.
14. Kawasaki Disease with Heart Complications	**Kawasaki Disease with Heart Complications** refers to a condition which is characterised by mild anaemia, with a white-blood-cell count above normal level, an elevated erythrocyte sedimentation rate which indicates blood vessel inflammation and a sharp rise in number of platelets. All of the following diagnostic conditions must be met: • there is persistent dilation or aneurysm formation in one (1) or more coronary arteries for at least six (6) millimetres in diameter; and • the dilation or aneurysm has persisted for at least six (6) months after the initial Diagnosis of this disease. Coverage will end on the policy anniversary occurring on or immediately following the Insured's 21st birthday.
15. Rheumatic Fever with Heart Involvement	**Rheumatic Fever with Heart Involvement** refers to acute rheumatic fever where all of the following diagnostic conditions must be met: • Diagnosis by a consultant cardiologist or Specialist in the relevant field confirming presence of the diagnostic criteria specified by the American Heart Association on the Insured; and • moderate incompetence of at least one (1) heart valve has developed as a sole consequence of rheumatic fever, supported by echocardiogram.

APPENDIX 4 – Definitions of Pre-Early Conditions

(a) Chronic Disease Conditions

Chronic Disease Conditions	Definitions
1. Thyroid Dysfunction (Hyperthyroidism, Hypothyroidism)	An imbalance state of thyroid hormone secretion classified as either overactive (hyperthyroidism) or underactive (hypothyroidism). The Diagnosis must be confirmed by Physician with thyroid function test and medical or surgical treatment is required to prevent complications. Thyroid dysfunction due to pregnancy, alcohol and drug abuse is excluded.
2. Type 2 Diabetes Mellitus	Unequivocal Diagnosis of Diabetes Mellitus is confirmed by consultant endocrinologist. The Diagnosis must be supported by all of following criteria: • Plasma glucose (two hours after a 75 g Oral Glucose Tolerance Test) is at least 200 mg/dL. (11.1 mmol per L) • Glycated hemoglobin (HbA1C) is more than 6.5%. • The Insured must have documented proof or record from a Physician to evidence medicine treatment at least for six (6) months due to Diabetes Mellitus. The following are excluded: • Diabetes due to pregnancy, alcohol and drug abuse is excluded • Type 1 Diabetes Mellitus

Chronic Disease Conditions	Definitions
3. Spinal Disease	Surgery to the spine, including but not limited to laminectomy, discectomy, spinal fusion, deemed medically necessary by the orthopaedic surgeon, to relieve neurological complications which is not curable by conservative treatment .
4. Gastrointestinal Disease with surgery	Insured is Diagnosed with any one of the gastrointestinal diseases listed below and have undergone surgery directly for the treatment of the disease or its complication. • Gastric ulcer • Duodenal ulcer • Peptic ulcer, site unspecified • Gastrojejunal ulcer • Diverticular disease of intestine Gastrointestinal disease due to pregnancy, alcohol and drug abuse is excluded.

(b) Cardiovascular Disease Conditions

Cardiovascular Disease Conditions	Definitions
1. Wolff Parkinson White and Supraventricular Tachycardia (SVT) with surgical intervention	The surgical treatment with catheter ablation procedures using radiofrequency or cryotherapy for persistent/recurrent supraventricular arrhythmia or Wolff Parkinson White Syndrome which are not controlled by antiarrhythmic drug therapy alone. Abnormal conduction pathway must be confirmed by cardiac electrophysiology study and the ablation procedures is actually performed by a consultant cardiologist.
2. Chronic Rheumatic Heart Disease	Diagnosis of Chronic Rheumatic Heart Disease by echocardiogram evaluation. The Diagnosis must be made by a consultant cardiologist and fulfills all the following criteria: • 'definite RHD' criteria as outlined by World Heart Federation (2012); and • Severity of heart valve stenosis or regurgitation classified as 'moderate' or 'worse' on echocardiogram The following conditions are specifically excluded: congenital heart valve diseases, non-specific heart valves calcification, bicuspid aortic valve, mitral valve prolapse. World Heart Federation (2012) criteria for echocardiographic Diagnosis of Rheumatic Heart Disease (RHD): Echocardiographic criteria for individuals aged ≤20 years, Definite RHD (either A, B, C, or D): A) Pathological MR and at least two morphological features of RHD of the MV B) MS mean gradient ≥4 mmHg C) Pathological AR and at least two morphological features of RHD of the AV; or D) Borderline disease of both the AV and MV Echocardiographic criteria for individuals aged >20 years, Definite RHD (either A, B, C, or D): A) Pathological MR and at least two morphological features of RHD of the MV B) MS mean gradient ≥4 mmHg C) Pathological AR and at least two morphological features of RHD of the AV, only in individuals aged <35 years; or D) Pathological AR and at least two morphological features of RHD of the MV

Cardiovascular Disease Conditions	Definitions
3. Congenital Septal Defect requiring surgery	First Diagnosis of congenital septal defect including atrial septal defect (ASD), ventricular septal defect (VSD) and/or patent foramen ovale (PFO) by echocardiogram evaluation. The Diagnosis must be confirmed by a consultant cardiologist and surgical closure of the defect is done.
4. Severe Deep Vein Thrombosis with pulmonary embolism	Pulmonary embolism means the blockage of the pulmonary arteries and branches in the lung by a blood clot (embolus) circulated from other parts of the body (commonest source of deep vein thrombosis is from the lower limb). The pulmonary embolus must be unequivocally Diagnosed by a Specialist on either a V/Q scan (the isotope investigation which shows the ventilation and perfusion of the lungs), CT scan, angiography or echocardiography with evidence of right ventricular dysfunction and requiring medical or surgical treatment on an inpatient basis.

(c) Benign Tumour (suspected malignancy) requiring surgical excision and Borderline Malignant Tumour Conditions

<table>
<tr><th>Conditions</th><th>Definitions</th></tr>
<tr><td>Benign Tumour (suspected malignancy) requiring surgical excision</td><td>
An actual undergoing of a complete surgical excision of a Tumour and such tumour is confirmed by histopathological examination in writing by a registered pathologist as a non-cancerous benign tumour of the following Organs listed below in the “Specified Organs”.
<table>
<tr><td colspan="4">Specified Organs</td></tr>
<tr><td>1</td><td>Heart</td><td>12</td><td>Pituitary gland</td></tr>
<tr><td>2</td><td>Liver</td><td>13</td><td>Small intestine</td></tr>
<tr><td>3</td><td>Lung</td><td>14</td><td>Testis</td></tr>
<tr><td>4</td><td>Pancreas</td><td>15</td><td>Breast</td></tr>
<tr><td>5</td><td>Pericardium</td><td>16</td><td>Ovary</td></tr>
<tr><td>6</td><td>Ureter</td><td>17</td><td>Penis</td></tr>
<tr><td>7</td><td>Adrenal Gland</td><td>18</td><td>Uterus (cover endometrial polyps only)</td></tr>
<tr><td>8</td><td>Bone</td><td>19</td><td>Nasopharyngeal</td></tr>
<tr><td>9</td><td>Conjunctiva</td><td>20</td><td>Esophagus</td></tr>
<tr><td>10</td><td>Kidney</td><td>21</td><td>Oral Cavity</td></tr>
<tr><td>11</td><td>Nerve in cranium or spine</td><td>22</td><td>Gallbladder</td></tr>
</table>
The following conditions must be fulfilled:

recommended in writing by a Specialist which the tumour is considered to have a suspicion of malignancy according to appropriate medical evidence after full and appropriate investigations and must be in accordance with accepted medical protocols and based on clinical, imaging and any histopathological evidence;
tumour is completely removed; and
evidence of non-cancerous benign tumour confirmed by histopathological examination after surgical excision.

Where there is any doubt about the indication for a complete excision of tumour, we reserve the right to obtain an independent opinion from a Specialist.

The below conditions are specifically excluded:

surgery for ovarian cysts including but not limited to simple cysts, endometrial cysts (endometriomas) of the ovary,

</td></tr>
</table>

Conditions	Definitions
	• surgery for removal of tumours in organs not listed in the "Specified Organs" above, or surgery for removal of gall bladder, gall stones, kidney stones, benign hormone secreting tumours of the adrenal glands, • tumour without biopsy performed after operation; and • surgery for the following causes in all organs: (i) High grade dysplasia, lipoma, haemangioma including simple cysts; or (ii) Tumours with final histopathological diagnosis* of Dysplasia, borderline malignant, high potential of malignant OR unidentified tumour; (iii) Partial excision of tumour or other procedures including open or closed biopsies, needle aspiration biopsy or cytology, aspiration, embolization or any procedure to reduce tumour size; or (iv) Due to disease other than the tumour. * The final histopathological diagnosis is the diagnosis of the tumour based on the histopathological examination after surgical removal of the tumour.
Borderline Malignant Tumour	A tumour which, on morphologic grounds, cannot be classified histopathologically nor designated with certainty as benign or malignant. The nature of the tumour has to be confirmed by registered pathologist or consultant oncologist with histopathological report. Tumours from the following organs are excluded from this benefit: skin, prostate and thyroid.