Table of cover

Maximum benefit (S\$) per insured person					
Benefits		Plan 1	Plan 2	Plan 3	Plan 4
Section 1	Accidental death	\$100,000	\$250,000	\$500,000	\$750,000
Section 2	Permanent disability (per accident)	\$150,000	\$375,000	\$750,000	\$1,125,000
Section 3	Double indemnity for accidental death on public transport	\$100,000	\$250,000	\$500,000	\$750,000
Section 4	Medical expenses for injury (per accident)	\$2,000	\$4,000	\$5,000	\$6,000
Section 5	Treatment by a Chinese medicine practitioner or a chiropractor (per accident)	\$500	\$750	\$1,000	\$1,250
	Optional Benefits – Lifestyle maintenance benefits				
Section 6	Mobility aids (per accident)	\$3,000	\$3,000	\$3,000	\$3,000
Section 7	Weekly cash (per week; up to 52 weeks in a row)	\$100	\$200	\$300	\$400
Section 8	Family support fund	\$50,000	\$75,000	\$150,000	\$200,000
Section 9	Re-employment benefit	\$5,000	\$5,000	\$5,000	\$5,000
Section 10	Modifying your home (per lifetime)	\$5,000	\$10,000	\$15,000	\$25,000
	Optional Benefits – Hos	spitalisation be	enefits		
Section 11	Daily hospital income (per day; up to 365 days per accident)	\$100	\$150	\$250	\$350
Section 12	ICU Triple Cover (per day; up to 30 days per accident)	\$300	\$450	\$750	\$1,050
Section 13	Emergency medical evacuation and sending you home (per policy year)	\$100,000			
Section 14	Ambulance fee (per accident)	\$200			
Section 15	Broken bones or fractures (per lifetime)	\$10,000	\$15,000	\$20,000	\$25,000



Policy Conditions PA Guard

Your policy

This is **your** PA Guard insurance **policy** and it contains details of benefits, conditions and exclusions relating to each **insured person**. The **policy** will form the basis on which **we** will settle all claims. It is only valid if **you** have paid the appropriate premium in full and **we** have issued **you** with a **schedule**.

Any statement, information or declaration the **policyholder** or **you** have given on behalf of the insured people, including any declaration made over the phone, or by fax, email or the internet at the time of application, will form the basis of the contract.

The **schedule**, **table of cover** and any further **endorsements** are all part of the **policy**.

Please keep this document in case **you** need to refer to it.

Who is eligible?

This **policy** is only available to **you** if **you**:

- hold a valid Singapore identification document such as a Singapore National Registration Identification Card (NRIC), Employment Pass, Work Permit, Long Term Visit Pass or Student Pass;
- are living or working in Singapore, or away from Singapore for no more than 180 days at any one time;
- are between 15 days old and 65 years old (we may continue cover for you up to 75 years old at a reduced sum insured and we may apply new terms; depending on our decision and if you pay an extra premium); and
- have fully paid your premium.

Things to remember

- You and the policyholder must reveal all facts you or the policyholder know or ought to know which may affect the insurance cover the policyholder is applying for. If not, your policy may not be valid.
- We do not cover claims arising from sickness. We also do not cover claims arising from pre-existing medical conditions or physical problems which existed before the start of your policy.

Definitions

Act of terrorism means an act (which may include using or threatening force or violence) by any person or group, committed for political, religious, ideological or similar purposes, with the aim of influencing any government or to put the public, or any section of the public, in fear. Robberies or other criminal acts mainly committed for personal gain and acts arising mainly as a result of personal relationships will not be considered as an act of terrorism.

Act of terrorism also includes any act which is confirmed by the relevant government as an act of terrorism. Using nuclear, chemical or biological substances or weapons as a means of force or violence will also be considered an act of terrorism.

Accident or accidental means a sudden and unexpected event which happens during the **period of insurance** and which must be the only cause of **injury**.

Age means your current age at the start date of the policy.

Assistance company means the company **we** have appointed to provide **you** with various emergency assistance services while **you** are travelling outside of Singapore.

Business Trip means authorised business travel undertaken by **you** during the **period of insurance**; starting from the date of departure where the first outbound travel originated from Singapore and ending when **you** return to Singapore.

Chinese medicine practitioner means a legally licensed herbalist, acupuncturist or bone-setter who is registered and can practise within the scope of their licence under the laws of the country. This cannot be you, your family member, partner, business partner, employer, employee or agent.

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Chiropractor means a legally licensed practitioner in chiropractic medicine who is registered and can practise within the scope of their licence under the laws of the country. This cannot be **you**, **your family member**, partner, business partner, employer, employee or agent.

Coccyx means the four fused vertebrae at the bottom of the spine.

Colles' fracture means a break in the radius (one of the lower-arm bones, just above the wrist).

Complete fracture means a **fracture** where the bone is broken completely across.

Compound fracture means a **fracture** where the bone breaks the skin.

Dental treatment means treatment necessary to restore sound and natural teeth and which is made necessary due to an **accident**.

Dependent means the insured person's

- legally married spouse;
- parent(s); or
- child(ren) under 18 years of age, or under 25 years of age; unmarried and not on full-time employment.
 For example, full-time students or national servicemen, whom are primarily dependent upon the insured person for maintenance and support.

Endorsement means an authorised amendment to this **policy**.

Family member means the policyholder's or your husband or wife, children, parents, brothers and sisters, parents-in- law, brothers-in-law, sisters-in-law, grandparents, grandparents-in-law, daughters-in-law, sons-in-law or grandchildren.

Fracture means a break in the bone as supported by an X-ray. This does not include hairline **fractures**.

Hijack or **hijacked** means someone who takes, by force or threat of force or violence, a vehicle in which **you** are travelling.

Home means the only residential address that the **insured person** indicates to **us** in writing where the **insured person** chooses to live in after suffering **permanent disability** before any expenses are incurred for the modification of the **home**.

Home country means any country of which **you** are a citizen.

Hospital means an establishment which is registered under the relevant national laws and regulations to care for and treat sick and injured people as bed-paying

patients and which:

- has organised facilities for diagnosis, treatment and major surgery;
- provides nursing services by registered nurses 24 hours a day;
- is under the supervision of one or more medical practitioners; and
- is not mainly a clinic, a secure place to care for alcoholics or drug addicts, a nursing or rest or convalescent home or a home for the elderly or similar establishment.

Injury means damage or harm caused to the body by an external force suffered during the **period of insurance** and which is caused only by an **accident**.

Insured person means **you** - the individual (or individuals) named in the **schedule** as the person (or people) who is insured under this **policy**.

Intensive care unit (ICU) means a section within a **hospital** which is designated by the **hospital** just to treat patients in a critical condition and is equipped to provide special nursing and medical services not available elsewhere in the **hospital**. High Dependency Unit is not considered an Intensive care unit.

Losing means permanent and total loss of use, or loss by having part of the body (as listed in the scale of compensation table) cut or torn off, as confirmed by our medical practitioner.

Losing hearing means permanent and total loss of hearing, as confirmed by **our medical practitioner**.

Losing a limb means permanent and total loss of, or loss of use of, a hand at or above the wrist or a foot at or above the ankle. This must be confirmed by our medical practitioner.

Losing sight means total and permanent loss of use of an eye which means you are absolutely blind in that eye and which is beyond cure either by surgical or other treatment. This must be confirmed by our medical practitioner.

Losing speech means permanent and total loss of the ability to speak and which is beyond cure either by surgical or other treatment, as confirmed by **our medical practitioner**.

Medical practitioner means any person registered and legally qualified as a doctor by a medical degree in western medicine and authorised by the medical licensing authority of that country to provide medical or surgical service within the scope of their licence and training. The medical practitioner should not be you, your family member, partner, business partner, employer, employee or agent.

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Multiple fractures means more than one **fracture** in the same bone.

Occupation means **your** full-time or part-time gainful employment or any other work for pay or profit as shown in the **schedule**.

Payment frequency means how often payment is made for the premium due. This can be monthly or yearly, depending on what the **policyholder** chooses.

Period of insurance means the period of cover as shown in the **schedule**.

Permanently disabled or **permanent disability** means suffering from one of the items of disablement listed in the scale of compensation table in this **policy**, and which was caused by an **accident**, as long as:

- the disability lasts for 12 months in a row from the date of accident; and
- **our medical practitioner** confirms that it is not going to improve after 12 months.

Permanent total disability means total disability caused by an **accident** that:

- stops you from working in any job for a salary or wage or stops you from carrying out any business whatsoever; and
- lasts for 12 months in a row from the date of the accident; and
- **our medical practitioner** confirms that it is not going to improve after 12 months.

Policy means this document, including any information provided or declaration made by the **policyholder** for and on behalf of the **insured person** (or people), the **schedule**, the **table of cover** and any **endorsements we** have issued under this **policy**.

Policyholder means the person named and who has made a declaration on behalf of the **insured person** and paid the premium as shown in the **schedule**.

Policy year means a period of 12 months from the start date as shown in the **schedule** and each further consecutive period of 12 months for which the **policy** renews from or for any period of cover as agreed between the **policyholder** and **us**.

Pre-existing medical condition means any **injury** or **sickness**, including any complications which may arise:

- a which you knew or should reasonably know about; including symptoms which existed before the start of your policy;
- which you received diagnosis, consultation, medical treatment or prescribed drugs for within 12 months before the start of your policy; or
- c for which you have been asked to get medical treatment or medical advice by a medical practitioner within 12 months before the start of

your policy.

Prohibited person means a person or entity who is, or who is **related** to a person or entity:

- subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict us from providing insurance or carrying out any transaction under this policy, or
- who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.

Public transport means any regularly scheduled aircraft, helicopter, bus, coach, taxi, airport limousines, ferry, hovercraft, hydrofoil, ship, train, tram or underground train which has fixed and established routes and is operated by a licensed carrier or operator to transport fare-paying passengers.

Recurring payment arrangement means:

- a the premium is charged to a credit card, chosen by the policyholder, either on a monthly or yearly basis to pay the premiums due for the current policy or when it is renewed, depending on the payment frequency chosen by the policyholder; or
- b the premium is taken from a bank account chosen by the policyholder to pay the premiums due for the current policy or when it is renewed, by General Interbank Recurring Order (GIRO); depending on the payment frequency chosen by the policyholder.

Related includes relationships such as parent, stepparent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-inlaw, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.

Relevant person includes persons and entities such as the policyholder, insured person, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of the application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.

Sickness means worsening physical health not caused by an **accident**, for which **you** need the treatment of a **medical practitioner**.

Schedule means the document which proves that you have the insurance cover, listing among other things, details of the insured person (or people), the policyholder, the plan type, and the period of insurance covered under this policy.

Table of cover means the separate table showing the

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list of benefits we will pay you according to your plan while this policy is in force. It will depend on the terms, conditions, limits, exclusions and qualifications of this policy.

Temporary total disability means disability caused by an **injury** which directly disables and fully prevents **you** from taking part in any **occupation** temporarily. **You** must be certified by a **medical practitioner** to be unfit to take part in any **occupation** temporarily.

Temporary partial disability means disability caused by an **injury** which directly disables and prevents **you** from taking part in any **occupation** temporarily, except for light duties. **You** must be certified by a **medical practitioner** to be unfit to take part in any occupation except for light duties temporarily.

Thoracic or cardiothoracic surgery means surgical operations on organs within the chest cavity.

We, our, us, and Income means Income Insurance Limited.

You, your and yours means the insured person (or people) referred to in the schedule.

Your plan means the plan (with specific limits) that the policyholder has chosen at the time he/she applied for this policy.

What your policy covers

This **policy** will protect **you** financially when a death or **injury** happens during the **period of insurance**.

The amount **we** will pay depends on the conditions and maximum benefit limits of **your plan** as set out in the **table of cover**.

A Main benefits

Section 1 - Accidental death

If you are involved in an accident and due only to this accident you die within 12 months from the date of the accident, we will pay your legal personal representative up to the maximum limits as shown in section 1 of the table of cover.

We will reduce any compensation due under this section by any payment which **we** have already made to **you** under section 2 for the same **accident**.

What we do not pay under section 1

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 1 if:

- the death or the disability resulting in the death is caused directly or indirectly by sickness (for example, a heart attack or stroke) and not by an injury.
- 2 the death is caused directly or indirectly by any physical disability which existed before the start of the policy.

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Section 2 - Permanent disability

If you are involved in an accident which causes you an injury and due only to this accident you become permanently disabled within 12 months from the date of the accident, we will pay you up to the maximum limits as shown in section 2 of the table of cover using the scale of compensation table as shown below.

Scale of compensation

		Percentage of sum insured as
Item	Description of disability	shown under
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	section 2 in the
		table of cover of your plan
а	Permanent total disability	100%
b	Losing sight of both eyes	100%
C	Losing two limbs	100%
d	Losing one limb	85%
е	Losing sight of one eye,	
	except perception of light	70%
f	Permanent and incurable	700/
	insanity	70%
g	Losing speech	50%
h	Losing hearing in both ears	50%
i	Losing four fingers and	50%
	thumb of one hand	3070
j	Losing four fingers of one	40%
—	hand	
k	Total loss of the lens of one	35%
1	Losing hearing in one car	20%
	Losing hearing in one ear	20%
m	Losing a thumb - 2 phalanges	25%
	- 1 phalanx	10%
n	Losing one index finger	10/0
''	- 3 phalanges	15%
	- 2 phalanges	10%
	- 1 phalanx	5%
0	Losing any one other finger	
	- 3 phalanges	10%
	- 2 phalanges	7%
	- 1 phalanx	3%
р	Losing metacarpals	ac.
	- first or second	3%
	- third, fourth or fifth	2%
q	Losing all toes of one foot	15%
r	Losing a great toe - 2 phalanges	5%
	- 2 phalanges - 1 phalanx	3%
S	Losing any one other toe	3%
t	Fractured leg with	2,0
	established non-union or	701
	patella with established	7%
	non-union	
u	Shortening of leg by at least	5%
	5cm	J/0

Third-d	egree burns	
V	Head - Damage as a percentage of total body surface area	
	 equal to or greater than 8% 	100%
	 equal to or greater than 5% but less than 8% 	75%
	equal to or greater than2% but less than 5%	50%
W	Body - Damage as a percentage of total body surface area	
	equal to or greater than 20%	100%
	 equal to or greater than 15% but less than 20% 	75%
	 equal to or greater than 10% but less than 15% 	50%

We will not pay **you** any compensation if the disability is not listed in the scale of compensation.

The total of all percentages of the sum insured due under this section will not be more than 100% for any one accident.

We will reduce any compensation due for **accidental** death under section 1 and section 3 by any payment which **we** have already made to **you** under the scale of compensation for the same **accident**.

We will not pay you extra compensation for any specific item which is part of a greater item due under this policy. For example, we will pay you for losing your upper limb, but we will not pay you again for losing your finger or thumb.

What we do not pay under section 2

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 2 if:

- the disability is caused directly or indirectly by sickness (for example, a heart attack or stroke) and not by an injury; or
- 2 the disability is caused directly or indirectly by any physical disability which existed before the start of the policy.

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Section 3 - Double indemnity for accidental death on public transport benefit

If there is an accident involving the public transport while you are on board as a fare-paying passenger, and due only to this accident you die within 12 months from the date of the accident, we will pay your legal personal representative up to the maximum limits as shown in section 3 of the table of cover in addition to the benefit under section 1 of the table of cover.

We will reduce any compensation due under this section by any payment which **we** have already made to **you** under section 2 for the same **accident**.

What we do not pay under section 3

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 3 if:

- the death or the disability resulting in the death is caused directly or indirectly by sickness (for example, a heart attack or stroke) and not by an injury;
- 2 the death is caused directly or indirectly by any physical disability which existed before the start of the policy;

Section 4 - Medical expenses for injury

- a If you suffer an injury and need to get medical treatment, we will pay for the costs of medical, surgical, hospital, dental treatment and nursing fees, recommended or asked for by a medical practitioner for you to be treated, up to the limit shown in the table of cover or up to a period of 12 months from the date of the accident, whichever comes first.
- b We will also pay for the reasonable costs of medical reports if we ask you to provide us with the medical reports when you make a claim under section 4a. You can only claim under section 4b if we are also paying you for the medical expenses for injury due to an accident under section 4a.

The total **we** will pay under sections 4a and 4b will not be more than the limit shown in the **table of cover** for any one **accident**.

What we do not pay under section 4

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 4 if:

1 the medical treatment is caused directly or indirectly by sickness (for example, a heart attack

- or a stroke) and not by an injury; or
- 2 the medical treatment is caused directly or indirectly by any physical disability which existed before the start date of the policy.
- 3 the claim is made for buying or renting mobility aids such as wheelchairs, walking aids or similar which are necessary for your mobility.
- 4 the **dental treatment** is not due to the **accident** or is for the making or replacement of dentures.

Section 5 - Treatment by a Chinese medicine practitioner or a chiropractor for injury

If you suffer an injury and need to get treatment by a Chinese medicine practitioner or chiropractor, we will pay for the reasonable and necessary expenses for treatment by a Chinese medicine practitioner or chiropractor, up to the limit shown in the table of cover or up to a period of 12 months from the date of the accident, whichever comes first.

The total **we** will pay under section 5 will not be more than the limit shown in the **table of cover** for any one **accident**.

What we do not pay under section 5

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 5 if:

- 1 the medical treatment is caused directly or indirectly by sickness (for example, a heart attack or a stroke) and not by an injury; or
- **2** the medical treatment is caused directly or indirectly by any physical disability which existed before the start date of the **policy**.

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Optional Benefits (A) – Lifestyle maintenance benefits

Section 6 - Mobility aids

If you suffer an injury and within 3 months from the date of accident, you need to use mobility aids such as wheelchairs, walking aids or similar which are necessary for your mobility and are prescribed by a medical practitioner, we will pay the actual cost incurred for buying or renting the mobility aids, up to the maximum limits as shown in the table of cover for any one accident.

Section 7 - Weekly cash

- a If you suffer temporary total disability due to an injury, we will pay you the cash benefit as shown in the table of cover for each full week of temporary total disability as confirmed by a medical practitioner in writing, up to 52 weeks in a row.
- b If you suffer temporary partial disability due to an injury, or if you suffer temporary partial disability immediately following temporary total disability under Section 7a, we will pay you 25% of the cash benefit as shown in the table of cover for each full week of temporary partial disability as confirmed by a medical practitioner in writing, up to 52 weeks in a row.

If the **temporary total disability** or **temporary partial disability** lasts for less than 7 days in a row, **we** will pay a pro-rated amount of the applicable benefit.

The total **we** will pay under sections 7a and 7b will not be more than 52 weeks for any one **accident**.

What we do not pay for under section 7

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 7 if:

- the claim is made for both temporary total disability and temporary partial disability for the same period of disability.
- 2 the **temporary total disability** is diagnosed more than 90 days from the date of **accident**; or
- 3 the temporary partial disability is diagnosed more than 90 days from the date of accident unless you suffer the temporary partial disability immediately following temporary total disability.

Section 8 - Family support fund

If you:

- suffer an injury and due only to this injury you die within 12 months from the date of the accident; or
- suffer a permanent disability which entitles you to 50% or more percentage of the sum insured as shown in the scale of compensation table under section 2 due to an injury; we will pay your legal personal representative a lump sum as shown in the table of cover for the benefit of your dependent.

What we do not pay under section 8

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 8 if:

1 you do not leave behind any surviving dependent on the date of death.

Section 9 - Re-employment benefit

If you suffer a permanent disability which entitles you to 50% or more percentage of the sum insured as shown in the scale of compensation table under section 2 due to an injury, and you become unemployed as a result, we will pay you a lump sum as shown in the table of cover to help you return to work.

Section 10 - Modifying your home

If you suffer a permanent disability which entitles you to 50% or more percentage of the sum insured as shown in the scale of compensation table under section 2 due to an injury, we will pay for the reasonable cost of modifying your home, where necessary, to help you move around. We will pay up to the limit shown in the table of cover. The modification must be completed and the proof of spending must be sent to us within three months from the date of the permanent disability as confirmed by a medical practitioner.

What we do not pay under section 10

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay under section 10 for the following.

- Modifications to your home which do not help you to move around.
- 2 Modifications to a **home** which **you** do not live in.
- **3** Damages arising from the modification work.

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Optional Benefits (B) – Hospitalisation benefits

Section 11 - Daily hospital income

If you are staying in a hospital as an inpatient due to an injury, we will pay the benefit as shown in the table of cover for each day that you stay as an inpatient in the hospital, up to 365 days for each accident. This benefit will end once you are discharged from the hospital.

The total **we** will pay each day under section 11 will not exceed the sum insured under the table of cover for any one **accident**.

What we do not pay under section 11

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 11 if:

1 the claim is made for daily **hospital** income in excess of 365 days for the same **accident**.

Section 12 - ICU Triple Cover

If you are staying in an intensive care unit (ICU) of a hospital as an inpatient due to an injury, we will pay the benefit as shown in the table of cover for each day that you stay as an inpatient in the ICU, up to 30 days for each accident. This benefit will end once you are discharged from the ICU.

You can only claim under section 12 if **we** are also paying **you** daily **hospital** income under section 11. The total **we** will pay each day under section 12 will not exceed the sum insured under the table of cover for any one **accident**.

What we do not pay under section 12

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 12 if:

1 the claim is made for ICU triple cover in excess of 30 days for the same accident

Section 13 - Emergency medical evacuation and sending you home

Emergency medical evacuation

a If you are in a life-threatening condition because of an injury you suffered, while outside Singapore, and our assistance company believes it is medically necessary to move you to the nearest medical facility for treatment (whether overseas or in Singapore), we will pay for the necessary expenses to move **you** to the nearest medical facility for treatment.

This applies to using an air ambulance, surface ambulance, regular air transport, railroad, land or sea transport or any other appropriate method.

- b If you need to return to Singapore for recuperation or continued treatment after you have been moved to a medical facility outside Singapore as in Section 13a above, we will also pay for the necessary expenses our assistance company spends when they use air ambulance, surface ambulance, regular air transport, railroad, land or sea transport or any other appropriate method to return you to Singapore. If we can use your existing return ticket to Singapore, we will only pay for the administrative fees charged by the airline or travel agent for changing your travel dates or destinations.
- c All decisions on the most appropriate method of transport and the destination to move you to will be made by our assistance company. The decision will be based only on the medical necessity and the severity of your medical condition.

Sending you home

a If you die after suffering an injury while outside Singapore, we will pay for the necessary expenses our assistance company spends to return your body to Singapore or to your home country.

The total **we** will pay under section 13 will not be more than the limit shown in the **table of cover** for each **policy year**.

What we do not pay under section 13

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 13 if:

assistance services which are not provided by our assistance provider and where prior approval by us was not sought.

Section 14 - Ambulance fee

If you have to pay for ambulance charges for transport to a hospital or for follow-up medical treatment after an injury, we will pay the actual ambulance fees, up to the limit shown in the table of cover for any one accident.

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Section 15 - Broken bones or fractures

If you suffer from an injury described in the scale of compensation below within 90 days of the date of accident, we will pay you up to the maximum limits as shown in Section 15 of the table of cover using the scale of compensation table as shown below.

Scale of compensation

Scale of	compensation	
Item	Description of disability	Percentage of sum insured as shown under section 15 in the table of cover of your plan
Α	Fractures of hip or pelvis	
	(excluding thigh and coccyx)	
	- Multiple fractures , one	
	compound fracture,	60%
	one complete fracture	
	- All other compound	
	fractures	30%
	- Multiple fractures , at	
	least one complete fracture	15%
	- All other fractures	
	- All other Hactures	12%
В	Fractures of Thigh or Heel	14/0
	- Multiple fractures , one	
	compound fracture,	30%
	one complete fracture	33,1
	- All other compound	24%
	fractures	
	- Multiple fractures , at	15%
	least one complete	
	fracture	
	- All other fractures	12%
С	Fractures of Lower leg, skull,	
	clavicle, ankle, elbows,	
	upper or lower arm	
	(including wrist but	
	excluding Colles' fracture)	
	- Multiple fractures , one	24%
	compound fracture,	
	one complete fracture	
	- All other compound	15%
	fractures	420/
	- Multiple fractures, at	12%
	least one complete	
	fracture - Depressed fracture of	7.2%
	the skull needing	1.270
	surgical intervention	
	- All other fractures	6%
D	Fractures of Colles' Fracture	-7-0
_	of the lower arm	
	- Compound fractures	12%
	- All other fractures	6%
-		

E	Fractures of Shoulder blade,	
	knee cap, sternum, hand	
	(excluding fingers and	
	wrist), foot (excluding toes	
	and heel)	
	- Compound fractures	12%
	- All other fractures	6%
F	Fractures of Spinal column	
-	(vertebrae but excluding	
	coccyx)	
	Coccyxy	
	- All compression	12%
	- All compression fractures	12/0
		130/
	- All spinous, transverse	12%
	process or pedicle	
	fractures	
	- Fracture leading to	12%
	permanent neurological	
	damage	
	- All other vertebral	6%
	fractures	
G	Fractures of Lower Jaw	
	- Multiple fractures, one	15%
	compound fracture,	
	one complete fracture	
	- All other compound	12%
	fractures	12/0
	- Multiple fractures , at	9.6%
	least one complete	9.0%
	fracture	4.00/
	- All other fractures	4.8%
Н	Fractures of rib or ribs,	
	cheekbone, coccyx, upper	
	jaw, nose, toe or toes, finger	
	or fingers	
	- Multiple fractures , one	9.5%
	compound fracture,	
	one complete fracture	
	- All other compound	7.2%
	fractures	
	- Multiple fractures , at	4.8%
	least one complete	
	fracture	
	- All other fractures	2.4%
I	Dislocations requiring	
	surgery under anesthesia	
	- Spine or back,	48%
	diagnosed by x-ray	
	(excluding slipped disc)	
	- Hip	30%
	- Knee	15%
	- Wrist or elbow	
		12%
	- Ankle, shoulder blade or	6%
	collarbone	2 40/
	- Fingers, toes, or jaw	2.4%
	1	n l

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	T	
J	Internal injuries or	
	concussion	
	- Internal injuries	15%
	resulting in open	
	abdominal or thoracic	
	or cardiothoracic	
	surgery (excluding	
	hernia)	
	- Concussion	15%
	characterized by loss of	
	consciousness and some	
	degree of amnesia	
K	Fracture requiring	
	admission in a hospital for a	
	minimum period of 48	
	hours, and where no other	1.2%
	benefits from A to J of the	
	Schedule of injuries is	
	payable	

We will not pay **you** any compensation if the **injury** is not listed in the scale of compensation.

During the **insured person's** lifetime:

- 1. The total of all percentages of the sum insured due under this section will not be more than 100%.
- 2. The sum insured shall be reduced by any and all amounts previously paid or payable under this benefit.
- For each item A to H, we will pay for a subsequent injury which involves a fracture of the same bone or the same injury that was earlier admitted only if it is the first subsequent injury. We will not pay for any other subsequent injuries involving the same bone or injury.
- 4. For item I, **we** will only pay for one claim for each **injury** listed.

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General conditions which apply to the whole policy

1 Benefit extensions

a Act of terrorism cover

If any of the losses from or in relation to an act of terrorism, we will still cover the loss, up to the limit shown in the relevant section as shown in the table of cover. This extension is only valid if you did not take part in the act of terrorism or make an agreement with other people to carry out the act.

b Riot, strike, civil commotion, hijack, murder and assault

If you suffer an injury or die because of an accident during a riot, strike, civil commotion, hijack, murder or assault, we will pay up to the limit shown in the relevant section as shown in the table of cover. This extension is only valid if you did not take part in any criminal act or make an agreement with other people to carry out these acts.

c Disappearance

If your body is not found within 12 months after the sinking, wrecking or destruction of the public transport in which you are travelling during the period of insurance, we will consider you to be dead and pay the appropriate death benefit shown in the table of cover.

The payment of the death benefit is made to **your** legal personal representatives after they have signed an undertaking to **us** to guarantee that if **you** are subsequently found to be alive they will, when asked, return to **us** the sums that **we** have paid under this extension.

d Exposure

If you suffer an injury or die because you were exposed to natural elements due to an accident, we will pay up to the limit shown in the relevant section as shown in the table of cover.

e Food poisoning

If you suffer or die from accidental food poisoning during the period of insurance, we will pay up to the limit shown in the relevant section as shown in the table of cover. This extension is only valid if the event does not arise because of your deliberate act.

f Suffocation by smoke, poisonous fumes, gas or drowning

If you suffer an injury or die from accidentally breathing in smoke, poisonous fumes, gas or by drowning, we will pay up to the limit shown in the relevant section as shown in the table of cover. This extension is only valid if the event does not arise because of your deliberate act.

g Miscarriage due to an accident

If you suffer a miscarriage or if you die from the miscarriage caused by an accident, we will pay up to the limit shown in the relevant sections as shown in the table of cover. This extension is only valid if the event does not arise because of your deliberate act.

h Insect/animal bites, stings or attacks

If you die or suffered an injury from a bite, sting or attack or such similar event from an insect or an animal during the period of insurance, we will pay up to the limit shown in the relevant section as shown in the table of cover. For avoidance of doubt, any illness, disease, bacterial or viral infections which is certified by a medical practitioner to be contracted by you as a result of such bite, sting or attack or such similar event by an insect or animal shall also be deemed an injury for the purposes of this benefit extension.

i Motorcycling

If you suffer an injury or die while riding a motorcycle (whether as a rider or pillion-rider), we will pay up to the limit shown in the relevant section as shown in the table of cover. This extension is only valid if you are wearing a safety helmet and have a valid motorcycle licence and were not involved in or practising for racing and hill-climbing contests and reliability trials and speed or duration tests.

j Private Flight

If you suffer an injury or die while travelling as a non fare-paying passenger in any properly licensed private aircraft and/or helicopter forming part of a business trip while travelling outside Singapore, we will pay up to the limit shown in the relevant section as shown in the table of cover.

k Amateur Sports

If **you** suffer an **injury** or die while engaging in recreational sports and activities, **we** will pay up to the limit shown in the relevant section as shown in the **table of cover**.

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I Renewal bonus

If there is no claim made under sections 1, 2, and 3 of this **policy**, **we** will increase the benefit limit of sections 1, 2, and 3 based on the following scale when **you** renew **your policy**.

Number of claim-free years	Renewal bonus (computed based on the sum insured as shown under the relevant sections in the table of cover of your plan)	
One year	5%	
Two years	10%	
Three years	15%	
Four years	20%	
Five years	25%	

If there is a claim made under section 1, 2 or 3 under this **policy**, **we** will apply the renewal bonus for the claim and after which no renewal bonus will be given under the **policy** for any subsequent claims made under section 1, 2 or 3 or renewals.

If **you** change the plan and no claim has been made under section 1, 2 or 3, the renewal bonus accumulated will be computed based on the respective sum insured under sections 1, 2, and 3 of **your** new plan, starting from the date that the change in plan takes effect.

2 General exclusions

This **policy** does not cover claims directly or indirectly caused by or arising from:

- a you deliberately injuring yourself, committing suicide or attempting suicide while sane or insane, your criminal act, provoked assault, deliberate acts or putting yourself in danger (unless you are trying to save human life);
- **b** the effect or influence of alcohol or drugs;
- c pregnancy, childbirth, abortion, miscarriage (except as provided in general condition – 1(g) above) or all complications or death arising from these conditions;
- **d** illness, disease, bacterial or viral infections even if contracted **accidentally** except where it is covered under general condition 1 (h);
- e sexually transmitted infections, human immunodeficiency virus (HIV) or any HIVrelated illness including acquired immunity deficiency syndrome (AIDS) or any mutant derivatives or variations of this however they are caused;
- f medical or surgical procedure to treat your sickness;
- g cosmetic (aesthetic) or plastic surgery or treatment, or any treatment which relates to or is needed because of previous cosmetic treatment but, this exclusion does not apply to reconstructive surgery if:
 - it is carried out to restore function or

- appearance after an accident; and
- it is done at a medically appropriate stage after the accident; and the cost of the treatment is approved by us in writing before it is done:
- h pre-existing medical conditions, or physical problems which existed before the start of your policy;
- i you taking part in flying or other aerial activities except as a fare-paying passenger in a licensed passenger-carrying aircraft or where it is covered under general condition 1(j) above;
- j you taking part in any professional sports or in any sports for which you would or could earn or receive any form of pay;
- k you taking part in any kind of speed contest or racing (other than on foot);
- I an accident while you are driving or riding on a motor race track;
- m you taking part in any dangerous activities or sports including caving, potholing, rock climbing (except on man-made walls) or mountaineering which involves using ropes, any underwater activities involving underwater breathing apparatus (except scuba diving for leisure purpose with a diving buddy or instructor and no deeper than 30 meters below sea level), sky diving, cliff diving, BASE (building, antenna, span, earth) jumping, paragliding, hang-gliding, parachuting;.
- any recreational activity where the following conditions are not met:
 - you must comply with all safety procedures, such as wearing safety equipment and following rules and regulations; whether specifically advised or generally expected of a reasonable person, and
 - where guidance and supervision of licensed guides or instructors are available, the recreational activity must be carried out under the guidance and supervision of licensed guides or instructors of the tour operator or activity provider.
- the consequences of war, revolution or any similar event
- p radioactivity or damage from any nuclear fuel, material or waste;
- q you failing to take reasonable efforts to avoid injury, accident or to minimise claims under this policy;
- r any illness, disease, bacterial or viral infections covered under general condition 1(h) which has been announced as:
 - an epidemic by the health authority in Singapore or the Government of the Republic of Singapore; or
 - a pandemic by the World Health Organisation (WHO); in the affected

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countries, from the date of announcement until the epidemic or pandemic ends.

If we refuse to pay a claim as a result of any of the exclusions listed above and you disagree with our decision, you are responsible for proving that we are legally responsible for the claim. If any part of any exclusion is found to be invalid or we cannot enforce it, it will not affect the rest of the exclusions.

3 Cover

This **policy** covers **you** while in Singapore and while outside Singapore for no more than 180 days in a row at a time from the date of departure from Singapore. If **you** plan to stay longer than 180 days in a row outside Singapore, **we** may agree to extend the cover, depending on **our** decision and the extra premium.

4 Changing your plan

You may write and ask to change the plan at your next policy renewal if we approve and if we have not paid out any claim under this policy. If we do approve your request, we will tell you when the change in plan will take place.

5 Premium

The premium that the policyholder pays for this policy can change. If we change the premium for this policy, we will write to the policyholder at their last-known address, at least 30 days before the change is to take place, to tell the policyholder what the new premium is

b Premium due dates

(i) The premium is due on or before the start of this policy and if this policy is renewed, the start date of the next policy year. If the policyholder has chosen a monthly recurring payment arrangement, the premium is due on the dates shown in the debit note or tax invoice issued to the policyholder.

c Recurring premium payment

- (i) The policyholder can pay the premium due for this policy using the recurring payment arrangement they have chosen.
- (ii) Before the premium due date, we will charge the premium to a credit card or take the premium by GIRO from a bank account chosen by the policyholder.
- (iii) The policyholder can change the chosen payment frequency and recurring

payment arrangement by calling us or writing to us at least 21 days before the end of the policy year. The change will take effect from the start date of next policy year.

6 Payment before cover warranty

We (or **our** intermediary) must receive the premium due on or before:

- a the start of this policy;
- b the start date of next policy year, if this policy is renewed; and
- the subsequent premium due dates as shown in the debit note or tax invoice (which applies only if the policyholder chooses the monthly recurring payment arrangement).

If we or the intermediary do not receive the premium due on the dates as described above, this policy will not be valid and renewed and we will not pay any benefits.

7 Renewal

If this **policy** is renewed, **we** will provide the new terms and conditions (if applicable) for the next **policy year** before the start date of the next **policy year**.

If we did not receive any request to cancel the policy as set out in general condition 8(b), we will collect the premium using the last recurring payment arrangement chosen by the policyholder.

This **policy** will apply for as long as **we** can successfully take the premium before the premium due date.

8 Cancellation and refund

- a If we cancel the policy
 - (i) We can cancel this policy by giving the policyholder seven days' notice by post to their last-known address. We will consider that they have received this cancellation notice on the same day if we deliver the notice by hand, mail, fax or email.
 - (ii) We will cancel this policy on the date the premium is due if we do not receive the premium due or we are not successful in taking the premium from the credit card or GIRO account the policyholder has chosen.

If we cancel this policy because the premium has not been paid, you may apply for a new

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policy. However, **your** application will depend on **us** accepting it based on **your** latest physical or medical conditions.

- b If the policyholder cancels the policy
 - (i) Monthly recurring payment arrangement
 - The policyholder may cancel this policy by calling us or writing to us.
 The date of cancellation will depend on when we receive the notice of cancellation.
 - For cancellation after the 14-day free- look period (under general condition 18), we must receive the notice of cancellation no later than 21 days before the next monthly premium due date. The policy will then be cancelled on the day the monthly premium is due.
 - But, if we receive the notice of cancellation less than 21 days before the next monthly premium due date, the policy will be cancelled on the following month when the premium is due.

Cancellation of policy with monthly premium payment - For example			
Period of insurance	22 Sep 2016 to 21 Sep 2017		
Monthly premium due date	22 (Sep, Oct, Nov, Dec, Jan, Feb and so on)		
If we receive the notice of cancellation:			
on 1 Nov 2016	cancellation will take effect on 22 Nov 2016.		
on 20 Nov 2016	cancellation will take effect on 22 Dec 2016		

(ii) Yearly payment arrangement

- The policyholder may cancel this policy by calling us or writing to us and cancellation will apply from the date we receive the notice of cancellation.
- For cancellation after the 14-day free look period (under general condition 18), we will work out and refund the premium as follows if no claim has been made under this policy.

Period of insurance (in days) still left to run divided by the original period of insurance of the policy	х	85% of the premium paid
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- We will not refund any premium if a claim has been made under this policy for the policy year this policy is cancelled.
- **We** will not refund any premium below \$37.45 (after GST).

If **we** refund premiums, **we** will do so by cheque to the **policyholder**.

9 Paying benefits

We will pay the benefits listed in this **policy** only if **you** have:

- a met general condition 6; and
- **b** given **us** satisfactory proof of the claim.

For a **policy** with a monthly **recurring payment arrangement**, before **we** can pay the claim, **we** will first take from the claim amount any premium owed to **us** for the rest of the **policy year**.

We will pay all benefits shown in the table of cover to you unless:

- a you die as described in section 1, section 3, or section 8, in which case we will pay the benefits to your legal personal representative; or
- b you are evacuated as a result of a medical emergency or sent home as described in section 13, in which case we will pay our assistance company the expenses they pay in transporting you.

When **we** pay the benefits as described above, **we** will have no further legal responsibility to **you** under this **policy** for the claim.

10 Misrepresentation

We will end this policy if the policyholder or you misrepresent or misdescribe any circumstance which affects your health condition, occupation, country of residence or pursuits or any information which may affect our decision to accept your application.

11 Changes in circumstance

If there is any change in circumstances affecting your risk, you must give us immediate written notice and pay any extra premium that we may ask for. In particular, you must tell us about any change in your health condition, occupation or the country where you are living in.

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We can choose not to pay the claim if **you** have failed to inform **us** of any change in circumstances affecting **your** risk.

12 Fraud

You must not act in a fraudulent way. **We** will take the action shown below if **you**, or anyone acting for **you**:

- a make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any way;
- **b** make a statement to support a claim knowing the statement to be false in any way;
- c send us a document to support a claim knowing the document to be forged or false in any way; or
- **d** make a claim for any **loss** or damage caused by **your** deliberate act or with **your** knowledge.

We may do the following.

- **a** We will not pay the claim.
- **b We** will not pay any other claim which has been or will be made under the **policy**.
- **c We** may declare the **policy** invalid.
- **d We** can recover from **you** the amount of any claim **we** have already paid under the **policy**.
- e We will not refund your premium.
- f We may not allow you to buy other policies from us.
- **g** We may report you to the police.

13 Reasonable care

You must take all reasonable precautions to avoid an **injury** or **accident** and take all practical steps to minimise claims.

14 Other insurance

If at the time of any incident which results in a claim under this **policy you** have another insurance covering the same loss, **we** will not pay more than **our** share. (This does not apply to claims made under section 1 - accidental death, section 2-permanent disability, section 3 – double indemnity for accidental death on public conveyance, section 7 - weekly cash, section 8 - family support fund, section 9 – re-employment benefit, section 11 - daily hospital income, section 12 – ICU triple cover, or section 15 – broken bones and fractures).

15 Taking over your rights

We can take over any rights to defend or settle any claim and to take proceedings in **your** name to enforce **your** or **our** rights against any other person.

16 Claims conditions

- **a** You must tell us as soon as possible, and in any case within 30 days, about any event which may give rise to a claim under this **policy**.
- **b** If **you** can recover all or part of the medical expenses from other sources, **we** will only pay **you** the amount that **you** cannot recover.
- we pay all claims in Singapore dollars. If you suffer a loss which is in a foreign currency, we will convert the amount into Singapore dollars at the exchange rate which we will decide on at the date of the loss.

17 What you need to provide when you send us your claim

You or your legal personal representative must supply all information, reports, original invoices and receipts, evidence, medical certificates, documents (such as translation of a foreign-language document into the English language), confirmed by oath if necessary, we may need before we assess your claim. We may refuse to refund any expense which you cannot provide original receipts or invoices for.

18 Free-Look period

We will give the **policyholder** 14 days from the time they receive this **policy** to decide whether to continue with it. If the **policyholder** does not want to continue, he/she may write to **us** to cancel this **policy** and get a full refund of the premium paid. **We** consider that this **policy** has been delivered (and received) seven days after **we** post it.

19 Ending the policy

The policy will end immediately when:

- we cancel this policy under general conditions6, 8(a) or 12;
- b you cancel this policy under general condition 8(b);
- c we have paid 50% of the sum insured under section 2;
- **we** have paid 100% of the sum insured under section 1, section 3 or section 15;
- e you no longer satisfy any of the eligibility requirements set unless we have agreed in writing to provide cover;
- f before entering into the policy, you or the policyholder fail to reveal all facts you or they know or ought to know which may affect this policy; or

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g we do not renew your policy.

20 Excluding third-party rights

A person or company who is not covered by this **policy** has no right under the Contracts (Rights of Third Parties) Act 2001 to enforce this **policy**.

21 Currency and interest

All dollar amounts shown in the **policy** and **schedule** are in Singapore dollars (\$\$). **We** will not add interest to any amount **we** pay under this **policy**.

22 Dealing with disputes

If the **policyholder** is not satisfied with **our** final decision on **your** claim, the **policyholder** shall refer the case to the Financial Industry Disputes Resolution Centre Ltd (FIDReC), an independent and impartial institution specializing in solving disputes between financial institutions and consumers. Their website address is: www.fidrec.com.sg

If the dispute cannot be referred to or dealt with by FIDReC, the dispute must be referred to and decided using arbitration in Singapore in line with the Arbitration Rules of the Singapore International Arbitration Centre which apply at that point of time. **We** will not be legally responsible under **your policy** unless **you** have first received an award under arbitration.

23 Prohibited Persons

If you or any relevant person is found to be a prohibited person:

- we are entitled not to accept your application; and
- if any policy is issued, we are entitled to end

the **policy**, not pay any benefit or not allow any transaction to be carried out under the **policy**. **We** will not refund any unutilised premium when the **policy** is ended.

Our decision in every respect of the above will be final.

The **policyholder** or **you** will need to inform **us** immediately if there is any change in any **relevant person's** identity, status or identity documents.

24 Governing law

Singapore law will apply to this policy.

Feedback procedure

Making yourself heard

We are committed to providing **you** with an exceptional level of service and customer care.

We realise that things can go wrong and there may be times when **you** feel that **we** have not provided the service **you** expected. When this happens, **we** want to hear about it so that **we** can try to put things right.

Please send **your** feedback to: www.income.com.sg/enquiry.

Our promise to you

We will:

- acknowledge your complaint promptly;
- investigate quickly and thoroughly;
- keep you informed of our progress; and
- do everything possible to deal with your complaint.

Policy Owners' Protection Scheme

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

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