

## Table of cover

Benefits		Maximum benefit (\$\$) per insured person		
		Plan 1	Plan 2	Plan 3
Section 1	Accidental death	\$50,000	\$100,000	\$200,000
Section 2	Permanent disability (per policy year)	\$50,000	\$100,000	\$200,000
Section 3	Medical expenses for injury due to an accident or infectious disease (per incident)	\$1,000	\$2,000	\$3,000
Section 4	Daily hospital income (per day; up to 50 days per policy year)	\$50	\$100	\$150
<b>Optional Benefits</b>				
Section 5	Child and student care expenses (per incident)		\$500	
Section 6	Event and staycay expenses (per policy year)		\$500	

## Policy Conditions

### PA Secure

#### Your policy

This is **your** PA Secure 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 **you** have given on behalf of the **insured person(s)**, 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 the **insured person** if the **insured person**:

- holds 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;
- is living or working in Singapore, or away from Singapore for no more than 180 days at any one time;
- is between 15 days old and 65 years old (**we** may continue cover for the **insured person** 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 note

- **You** as the **policyholder** must reveal all facts **you** know or ought to know which may affect the insurance cover **you** are applying for. If not, **your policy** may not be valid.
- **We** do not cover claims arising from **sickness** unless they are due to **infectious diseases**. **We** also do not cover claims arising from **pre-existing medical conditions** or **known events**.
- 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**.

## 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, unexpected event which happens during the **period of insurance** and which must be the only cause of **injury**.

**Age** means the **insured person's** current **age** at the start date of the **policy**.

**Community hospital** means any hospital that focuses on sub-acute care or rehabilitation, or is deemed as a **community hospital** by Singapore's Ministry of Health, or other relevant national laws and regulations. For example: Ang Mo Kio-Thye Hua Kwan Hospital, Jurong Community Hospital and Sengkang Community Hospital.

**Covered event** means any entertainment, recreation or leisure event occurring in Singapore which the **insured person** will participate in; and where admission is in the form of a paper or electronic ticket. The ticket must have been purchased for the **insured person**, fully paid for and it must only be for fixed date admission.

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

**Dependent child(ren)** means **your** child(ren) who are also the **insured person(s)**:

- under 18 years of **age**; or
- under 25 years of **age**; unmarried and not on full-time employment; and are primarily dependent upon **you** for maintenance and support. For example, full-time students or national servicemen.

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

**Family member** means the **insured person'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.

**Hijack** or **hijacked** means someone who takes, by force or threat of force or violence, a vehicle in which the **insured person** is travelling.

**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 **community hospital**, 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.

**Infectious disease** means any of the following diseases which is diagnosed by a **medical practitioner** during the **period of insurance** and is supported by acceptable clinical, radiological, histological and laboratory evidence:

- Hand, foot and mouth disease (HFMD)
- Dengue fever (DHF)
- Mumps
- Rubella
- Measles
- Zika virus
- Varicella (Chicken pox)

**We will not cover any infectious diseases not listed above.**

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

**Known event** means any situation or incident which threatens or affects the **insured person's** health or any situation that **you** or the **insured person** was aware of or could reasonably have been expected to know before **you** applied for cover under this **policy** or before **you** or the **insured person** purchased the admission ticket for the **covered event** or made the staycation booking; whichever is applicable.

**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 the **insured person** is 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** or the **insured person**, the **insured person's** or **your family member**, partner, business partner, employer, employee or agent.

**Occupation** means 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** or by an **infectious disease**, as long as:

- the disability lasts for 12 months in a row from the date of **accident** or date of diagnosis of the **infectious disease**; 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** or the contraction of an **infectious disease** that:

- stops the **insured person** from working in any job for a salary or wage or stops the **insured person** from carrying out any business whatsoever; and
- lasts for 12 months in a row from the date of the **accident** or date of diagnosis of the **infectious disease**; 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** applies 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** or the **insured person** knew or should reasonably know about; including symptoms which existed before the start of **your policy**;
- b which the **insured person** received diagnosis, consultation, medical treatment or prescribed drugs for within 12 months before the start of **your policy**; or
- c for which the **insured person** has been asked to get medical treatment or medical advice by a **medical practitioner** within 12 months before the start of **your policy**.

**Pre-existing medical condition** does not apply to the **infectious diseases** which the **insured person** has contracted and fully recovered from 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.

**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) on a yearly basis.

**Related** includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, 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** or **infectious disease**, for which **you** need the treatment of a **medical practitioner**.

**Schedule** means the document which proves that **you** or the **insured person** 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 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**.

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

**You, your** and **yours** means the **policyholder** referred to in the **schedule**.

**Your plan** means the plan (with specific limits) that **you** chose at the time **you** applied for this **policy**.

## What your policy covers

This **policy** will protect the **insured person** 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 **you** or the **insured person's plan** as set out in the **table of cover**.

### A Main benefits

#### Section 1 – Accidental death

When we will pay	What we pay	What we do not pay
<p><b>A</b> If the <b>insured person</b> is involved in an <b>accident</b> and due only to this <b>accident</b> he/she dies within 12 months from the date of the <b>accident</b>.</p> <p><b>B</b> If the <b>insured person</b> contracts an <b>infectious disease</b> and due only to this <b>infectious disease</b> he/she dies within 12 months from the date of diagnosis.</p>	<p><b>1</b> We will pay the <b>insured person's</b> estate or legal personal representative up to the limit as shown in the <b>table of cover</b>.</p>	<p>Besides the general exclusions listed in part 2 of the general conditions, <b>we</b> will also not pay for the following, or for loss or liability directly or indirectly caused by the following.</p> <p><b>1</b> The death or the disability resulting in the death is caused directly or indirectly by <b>sickness</b> (for example, a heart attack or stroke) and not by an <b>injury</b> or an <b>infectious disease</b>;</p> <p><b>2</b> The death is caused directly or indirectly by any physical disability which existed before the start of the <b>policy</b>;</p>

#### Section 2 – Permanent disability

When we will pay	What we pay	What we do not pay
<p><b>A</b> If the <b>insured person</b> is involved in an <b>accident</b> which causes an <b>injury</b> and due only to this <b>accident</b></p>	<p><b>1</b> We will pay the <b>insured person</b> up to the limit as shown in the <b>table of cover</b> using the scale of</p>	<p>Besides the general exclusions listed in part 2 of the general conditions, <b>we</b> will also not pay for the</p>

<p>he/she becomes <b>permanently disabled</b> within 12 months from the date of the <b>accident</b>.</p> <p><b>B</b> If the <b>insured person</b> contracts an <b>infectious disease</b> and due only to this <b>infectious disease</b> he/she becomes permanently disabled within 12 months from the date of diagnosis.</p>	<p>compensation table as shown below.</p> <p><b>2</b> We will reduce any compensation due for <b>accidental</b> death by any payment which we have already made to the <b>insured person</b> under the scale of compensation within the same <b>policy year</b>.</p>	<p>following, or loss or liability directly or indirectly caused by the following.</p> <p><b>1</b> The disability is caused directly or indirectly by <b>sickness</b> (for example, a heart attack or stroke) and not by an <b>injury</b> or an <b>infectious disease</b>;</p> <p><b>2</b> The disability is caused directly or indirectly by any physical disability which existed before the start of the <b>policy</b>;</p> <p><b>3</b> Extra compensation for any specific item which is part of a greater item due under this <b>policy</b>. For example, we will pay <b>you</b> for <b>losing your</b> upper limb, but we will not pay <b>you</b> again for <b>losing your</b> finger or thumb.</p>
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#### Scale of compensation

Item	Description of disability	Percentage of sum insured as shown under section 2 in the table of cover of your plan
a	<b>Permanent total disability</b>	100%
b	<b>Losing sight</b> of both eyes	100%
c	<b>Losing two limbs</b>	100%
d	<b>Losing sight</b> of one eye, but still able to perceive light	50%
e	<b>Losing one limb</b>	50%
f	<b>Losing speech</b>	50%
g	<b>Losing hearing</b> in both ears	50%
h	<b>Losing four fingers and thumb</b> of one hand	50%
i	<b>Losing four fingers</b> of one hand	40%
j	<b>Losing hearing</b> in one ear	20%
k	<b>Losing a thumb</b> - 2 phalanges - 1 phalanx	25% 10%
l	<b>Losing one index finger</b> - 3 phalanges - 2 phalanges - 1 phalanx	15% 10% 5%
m	<b>Losing any one other finger</b> - 3 phalanges - 2 phalanges - 1 phalanx	10% 7% 3%
n	<b>Losing metacarpals</b> - first or second - third, fourth or fifth	3% 2%
o	<b>Losing all toes</b> of one foot	15%

p	<b>Losing a great toe</b> - 2 phalanges - 1 phalanx	5% 3%
q	<b>Losing any one other toe</b>	3%
<b>Third-degree burns</b>		
r	Head - Damage as a percentage of total body surface area - equal to or greater than 8% - equal to or greater than 5% but less than 8% - equal to or greater than 2% but less than 5%	100% 75% 50%
s	Body - Damage as a percentage of total body surface area - equal to or greater than 20% - equal to or greater than 15% but less than 20% - equal to or greater than 10% but less than 15%	100% 75% 50%
<b>We will not pay you any compensation if the disability is not listed in the scale of compensation.</b>		
The total of all percentages of the sum insured due under this section will not be more than 100% during any one policy year.		

### Section 3 – Medical expenses for injury due to an accident or for an infectious disease

When we will pay	What we pay	What we do not pay
<b>A</b> If the <b>insured person</b> suffers an <b>injury or contracts an infectious disease</b> and needs to get medical treatment.	<ol style="list-style-type: none"> <li><b>1</b> We will pay for the costs of medical, surgical, <b>hospital, dental treatment</b> and nursing fees, recommended or asked for by a <b>medical practitioner</b> for the <b>insured person</b> to be treated, up to the limit shown in the <b>table of cover</b> or up to a period of 12 months from the date of the <b>accident</b> or date of diagnosis of the <b>infectious disease</b>, whichever comes first.</li> <li><b>2</b> If we pay the claim above, we will also pay for the reasonable costs of medical reports that we have asked to be provided to us when the <b>insured person</b> made the claim.</li> <li><b>3</b> The most we will pay for any one <b>accident</b> or bout of <b>infectious disease</b> is up to the limit as shown in the <b>table of cover</b>.</li> </ol>	<p>Besides the general exclusions listed in part 2 of the general conditions, we will also not pay for the following, or for loss or liability directly or indirectly caused by the following.</p> <ol style="list-style-type: none"> <li><b>1</b> The medical treatment is caused directly or indirectly by <b>sickness</b> (for example, a heart attack or a stroke) and not by an <b>injury</b> or <b>infectious disease</b>;</li> <li><b>2</b> The medical treatment is caused directly or indirectly by any physical disability which existed before the start date of the <b>policy</b>.</li> <li><b>3</b> Claims for nursing care that is not provided by the <b>hospital</b>.</li> </ol>

### Section 4 – Daily hospital income

When we will pay	What we pay	What we do not pay
<b>A</b> If the <b>insured person</b> is staying in a <b>hospital</b> as an inpatient due	<b>1</b> We will pay the benefit as shown in the <b>table of cover</b> for each	The general exclusions listed in part 2 of the general conditions.

to an <b>injury</b> or an <b>infectious disease</b> .	complete 24-hour period that the <b>insured person</b> stays as an inpatient in the <b>hospital</b> , for up to 50 days in each <b>policy year</b> . This benefit will end once the <b>insured person</b> is discharged from the <b>hospital</b> .	
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## B Optional Benefits

### Section 5 – Child and student care expenses

When we will pay	What we pay	What we do not pay
<p><b>A</b> If the <b>insured person</b> suffers an <b>injury</b> or contracts an <b>infectious disease</b> and is required to stay as an inpatient in the <b>hospital</b> for four days or more and is unable to attend childcare or student care.</p> <p><b>B</b> If the <b>insured person</b> contracts an <b>infectious disease</b> and is confined at home for five days or more under written medical advice by a <b>medical practitioner</b> and is unable to attend childcare or student care.</p> <p><b>C</b> The <b>insured person</b> must be enrolled in a Singapore registered childcare centre or student care centre.</p>	<p><b>1</b> We will pay for any childcare or student care fees incurred by the <b>insured person</b> during the period of hospitalisation or confinement at home, up to the limit shown in the <b>table of cover</b>.</p> <p>For example, if the monthly childcare fees after deducting any form of subsidies is \$600 a month, and the <b>insured person</b> is hospitalised for seven days out of 20 school days due to an <b>infectious disease</b> and is unable to attend childcare, we will pro-rate the childcare fees and pay <b>you</b> \$210.</p>	<p>Besides the general exclusions listed in part 2 of the general conditions, <b>we</b> will also not pay for the following, or for loss or liability directly or indirectly caused by the following.</p> <p><b>1</b> Any childcare charges or school fees that is subsidized by the government or other institutions and associations;</p>

### Section 6 – Event and staycation expenses

When we will pay	What we pay	What we do not pay
<p><b>A</b> If the <b>insured person</b> suffers an <b>injury</b> or contract an <b>infectious disease</b> and is required to stay as an inpatient in the <b>hospital</b> and as a result has to cancel his/her <b>covered event</b> or cancel or shorten a staycation booking.</p> <p><b>B</b> The period of the <b>covered event</b> or staycation has to overlap with the <b>insured person's</b> stay in the <b>hospital</b>.</p>	<p><b>1</b> We will reimburse the non-refundable deposit or ticket fees incurred by the <b>insured person</b>; up to the limits stated in the <b>table of cover</b>.</p> <p><b>2</b> If <b>you</b> or the <b>insured person</b> is not the payor of the ticket or booking, <b>you</b> will need to show reasonable evidence that there was prior arrangement for <b>you</b> or the <b>insured person</b> to attend the</p>	<p>Besides the general exclusions listed in part 2 of the general conditions, <b>we</b> will also not pay for the following, or for loss or liability directly or indirectly caused by the following.</p> <p><b>1</b> Claims for staycations or <b>covered event</b> tickets with open validity.</p>



	<p><b>covered event</b> or follow through with the staycation booking.</p> <p><b>You</b> must ask for a refund of any prepaid expenses from the event company and accommodation provider first. <b>We</b> will reduce <b>your</b> claim by the amount the event company and accommodation provider has refunded <b>you</b>.</p>	<p><b>2</b> Claims for staycations or <b>covered event</b> tickets which are less than \$50.</p> <p><b>3</b> Claims for staycations which are not taking place in a commercially run premise where a fee is charged and there is no formal contract for the booking or lease; such as the <b>insured person's</b> family and friends' residential or vacation homes.</p> <p><b>4</b> If the <b>insured person</b> chooses not to attend the <b>covered event</b> or staycation because of his/her <b>family member's</b> hospitalization.</p> <p><b>5</b> Claims that result from any <b>known event</b>.</p> <p><b>6</b> Claims that result from a <b>pre-existing medical condition</b> or any <b>sickness you</b> or the <b>insured person</b> knew about prior.</p> <p><b>7</b> The part of the staycation or <b>covered event</b> before the <b>insured person</b> was hospitalized.</p>
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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 covered under sections 1 to 6 arises 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 the **insured person** 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 the **insured person** suffers 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 the **insured person** did not take part in any criminal act or make an agreement with other people to carry out these acts.

**c Disappearance**

If the **insured person's** body is not found within 12 months after the sinking, wrecking or destruction of the public transport in which the **insured person** is travelling during the **period of insurance**, **we** will consider the **insured**

**person** to be dead and pay the appropriate death benefit shown in the **table of cover** as described in Section 1 – Accidental death.

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

**d Exposure**

If the **insured person** suffers an **injury** or die because he/she was exposed to natural elements due to an **accident**, **we** will pay up to the limit shown in the relevant section in the **table of cover**.

**e Food poisoning**

If the **insured person** suffers or dies from **accidental** food poisoning during the **period of insurance**, **we** will pay up to the limit described in the relevant section as shown in the **table of cover**. This extension is only valid if the event does not arise because of the **insured person's** deliberate act.

**f Suffocation by smoke, poisonous fumes, gas or drowning**

If the **insured person** suffers an **injury** or dies from **accidentally** breathing in smoke, poisonous fumes, gas or by drowning, **we** will pay up to the limit described in the relevant section as shown in the **table of cover**. This extension is only valid if the event does not arise because of the **insured person's** deliberate act.

**g Miscarriage due to an accident or infectious disease**

If the **insured person** suffers a miscarriage or if the **insured person** dies from the miscarriage caused by an **accident** or **infectious disease**, **we** will pay up to the limit described in the relevant section as shown in the **table of cover**. This extension is only valid if the event does not arise because of the **insured person's** deliberate act.

## 2 General exclusions

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

- a** the **insured person** deliberately injuring himself/herself, committing suicide or attempting suicide while sane or insane, the **insured person's** criminal act, provoked assault, deliberate acts or putting himself/herself in danger (unless the **insured person** is 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 - 1g above) or all complications or death arising from these conditions;
- d** mental problems or insanity;
- e** illness, disease (except for **infectious disease** if applicable), bacterial or viral infections even if contracted **accidentally**;
- f** sexually transmitted infections, human immunodeficiency virus (HIV) or any HIV-related illness including acquired immunity deficiency syndrome (AIDS) or any mutant derivatives or variations of this however they are caused;
- g** medical or surgical procedure to treat the **insured person's** sickness unless it is caused by **infectious disease**;
- h** Treatment of an optional nature or not considered medically necessary by the **medical practitioner**, for example, 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** or **infectious disease**, whichever is applicable;
  - it is done at a medically appropriate stage after the **accident** or **infectious disease**, whichever is applicable; and the cost of the treatment is approved by **us** in writing before it is done;
- i** **pre-existing medical conditions** or **infectious disease** which the **insured person** has not fully recovered from or physical problems, or physical disabilities, which existed before the start of **your policy**;
- j** any **known event**;
- k** the **insured person** taking part in flying or other aerial activities except as a fare-paying passenger in a licensed passenger-carrying aircraft;

- l** the **insured person** taking part in any professional sports or in any sports for which the **insured person** would or could earn or receive any form of prize money, donation, sponsorship, award or certificate of any kind;
- m** the **insured person** taking part in any kind of speed contest or racing (other than on foot);
- n** an **accident** while the **insured person** is driving or riding on a motor race track;
- o** the **insured person** 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;
- p** any recreational activity where the following conditions are not met:
  - the **insured person** 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;
- q** the consequences of war, revolution or any similar event;
- r** radioactivity or damage from any nuclear fuel, material or waste;
- s** the **insured person** failing to take reasonable efforts to avoid **injury** or contracting the **infectious disease**, or to minimize claims under this **policy**;
- t** the **insured person's** deliberate act, failure to act, negligence or carelessness;
- u** any single event of **accident** with total claims in excess of \$10,000,000 if the **accident** is due to the insured person's **occupation** involving the following activities: vessel workers, ship or navy crew, marine salvage crew, offshore oil rig workers. In such event, **we** will pro-rate **your** claim by applying the following formula and only pay **you** such pro-rated amount under this **policy** for the single event of **accident**:

$\frac{\text{Claim amount as per } \mathbf{benefit\ limit} \text{ shown in } \mathbf{your\ schedule}}{\text{Total claims payable to all insured persons for the same event of } \mathbf{accident}} \times \$10,000,000$
---

- v** **infectious disease** diagnosed within 14 days from the start date of this **policy**;
- w** any **infectious disease** 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 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 the **insured person** while he/she is 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.

### 4 Changing your plan

**You** may write and ask to change the plan and include or remove optional benefits at **your** next **policy** renewal. If **we** do approve **your** request, **we** will tell **you** when the change in plan will take place and what the additional premium for the change in plan is.

## 5 Premium

- a The premium that **you** pay for this **policy** can change. If **we** change the premium for this **policy**, **we** will write to **you** at **your** last-known address or email address, at least 30 days before the change is to take place, to tell **you** 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 **you** have chosen a monthly **recurring payment arrangement**, the premium is due on the dates shown in the debit note or tax invoice issued to **you**.
- c Recurring premium payment
  - (i) **You** can pay the premium due for this **policy** using the **recurring payment arrangement you** 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 **you**.
  - (iii) **You** 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
- c the subsequent premium due dates as shown in the debit note or tax invoice (which applies only if **you** choose 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(c), **we** will collect the premium using the last **recurring payment arrangement** chosen by **you**.

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

## 8 Cancellation and refund

- a For **policy** cancellation, **we** will not refund any premium if a claim has been made under this **policy**.
- b If **we** cancel the **policy**
  - (i) **We** can cancel this **policy** by giving **you** seven days' written notice. **We** will consider that **you** have received this cancellation notice on the same day if **we** deliver the notice by hand, mail, fax or email at **your** last-known address, or by fax or email at **your** last known fax numbers or email address.
  - (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 **you** have chosen.

If **we** cancel this **policy** because the premium has not been paid, the **insured person** may apply for a new **policy**. However, **we** may request for documentation of the **insured person's** latest physical or medical conditions before **we** accept the **insured person's** application.

c If there is no claim under this **policy** and **you** wish to cancel the **policy**:

(i) **Monthly recurring payment arrangement**

- **You** may cancel this **policy** by calling **us** or writing to **us** and cancellation will be effective from the date **we** receive the notice of cancellation.
- For cancellation after the 14-day free-look period (under general condition 19), **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.

<b>Cancellation of policy with monthly premium payment - For example</b>	
<b>Period of insurance</b>	22 Sep 2020 to 21 Sep 2021
Monthly premium due date	22 (Sep, Oct, Nov, Dec, Jan, Feb and so on)
<b>If we receive the notice of cancellation:</b>	
on 1 Oct 2020	cancellation will take effect on 22 Oct 2020
on 20 Oct 2020	cancellation will take effect on 22 Nov 2020

(ii) **Yearly payment arrangement**

- **You** 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 19), **we** will work out and refund the premium as follows if no claim has been made under this **policy**.

$\frac{\text{Period of insurance (in days) still left to run}}{\text{Original period of insurance of the policy}} \times 85\% \text{ of the premium paid}$
--

- **We** will not refund any premium below \$37.45 (after GST)

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

## 9 Paying Benefits

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

- met general condition 6; and
- 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 the **insured person** unless the **insured person** dies as described in Section 1 – Accidental death, in which case **we** will pay the benefits to his/her estate or legal personal representative.

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

Despite anything **we** have said to the contrary, **we** will not pay any claim if the laws of Singapore or of the **insured person's** home country prevent **us** from doing so.

## 10 Misrepresentation

**We** will end this **policy** if the **insured person** or **you** misrepresent or misdescribe any circumstance which affects the

**insured person's** 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 the **insured person's** 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 the **insured person's** health condition, **occupation** or the country where the **insured person** is living in.

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

## 12 Fraud

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

- 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 the **insured person's** or **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** or the **insured person** 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** or the **insured person** to buy other policies from **us**.
- g **We** may report **you** or the **insured person** to the police.

## 13 Reasonable care

**You** and the **insured person** must take all reasonable precautions to avoid an **injury** or **infectious disease** and take all practical steps to minimize claims.

## 14 Duplication of cover

If at the time of any incident which results in a claim under this **policy** the **insured person** has more than one (1) PA Secure policy with **us**, **we** will consider the **insured person** to be insured under the policy which provides the highest benefit level and **we** will apply the benefits payable in accordance with that insurance policy and no other PA Secure policy that the **insured person** is covered under.

## 15 Other insurance

If at the time of any incident which results in a claim under this **policy** the **insured person** has another insurance covering the same loss, **we** will not pay more than **our** share.

(This does not apply to Section 1 – Accidental death, Section 2 – Permanent disability or Section 4 – Daily hospital income).

## 16 Taking over your rights

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

## 17 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** or the **insured person** can recover all or part of the medical expenses from other sources, **we** will only pay the **insured person** the amount that **you** or the **insured person** cannot recover.
- c **We** pay all claims in Singapore dollars. If the **insured person** or **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.

## 18 What you need to provide when you send us your claim

**You**, the **insured person**, or his/her 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 each claim. **We** may refuse to refund any expense which **you** or the **insured person** cannot provide original receipts or invoices for.

## 19 Free-Look period

**We** will give **you** 14 days from the time **you** receive this **policy** to decide whether to continue with it. If **you** do not want to continue and there is no claim made under this **policy**, **you** may call or write to **us** to cancel this **policy**. **You** will get a full refund of the premium paid. **We** consider that this **policy** has been delivered (and received) on the same day **we** email it, or seven days after **we** post it. This condition does not apply to **policy** renewals.

## 20 Ending the policy

The **policy** will end immediately when:

- a **we** cancel this **policy** under general conditions 6, 8(b) or 12;
- b **you** cancel this **policy** under general condition 8(c);
- c **we** have paid 100% of the sum insured under Section 1 – Accidental death, or Section 2 – Permanent disability;
- d the **insured person** or **you** no longer satisfy any of the eligibility requirements set unless **we** have agreed in writing to provide cover;
- e before entering into the **policy**, **you** or the **insured person** fails to reveal all facts **you** or they know or ought to know which may affect this **policy**; or
- f **we** do not renew this **policy**.

## 21 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**.

## 22 Currency and interest

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

## 23 Dealing with disputes

If **you** are not satisfied with **our** final decision on any claim, **you** can 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](http://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.

## 24 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.

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

## 25 Governing law

Singapore law will apply to this **policy**.

## 26 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.sg/enquiry](http://www.income.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](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).