

## Maid Protect360 Pro

### YOUR MAID PROTECT360 Pro POLICY

Here is Your Maid Protect360 Pro Policy. Please examine this insurance Policy, to ensure that You understand the terms and conditions and that the cover You require is being provided. It is important that the documents and any amendments are read together to avoid misunderstanding.

We recommend that You keep this Policy in a safe place.

If You have any questions after reading these documents, please contact Your insurance agent, broker or Us.

If You need to change anything, please contact Us immediately.

### IMPORTANT NOTICE

All information provided in Your application form, including declarations made over the phone or internet, forms the basis of this Policy. You must answer all the questions in Your application accurately and tell Us everything You know or could reasonably be expected to know that is relevant to Our decision to give You the insurance. Otherwise You may receive no benefit from the Policy.

### HOW YOUR INSURANCE POLICY OPERATES

This Policy is a contract of insurance between You, Our Insured named in the Policy Schedule, and Us, the Company.

This policy, the application, declaration or any statement of facts, any clauses endorsed on the Policy, the Policy Schedule and any changes highlighted in Your renewal notice form the contract of insurance between You and Us.

The insurance We provide in this Policy is subject to the terms, conditions, exclusions contained in this policy, the Policy Schedule and any Endorsement to this Policy (hereinafter collectively referred to as the "Terms of this Policy").

In consideration of Your paying to Us the required premium, We agree to indemnify You in the manner and to the extent described in the Policy, in respect of events occurring during the Period of Insurance, or any subsequent period for which You pay and We accept the required premium.

### POLICY DEFINITIONS

This policy and the Policy Schedule shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this policy or of the Policy Schedule shall bear such meaning whenever it may appear.

**"Accident/Accidental"** means a specific event which is sudden, unforeseen and unexpected which occurs during the Period of Insurance.

**"Benefit Limit"** means the Maximum Benefit Payable as stated in the Coverage Outline of the Policy Schedule.

**"Chinese Physician"** means a person qualified by a medical degree/certification and duly licensed or registered to practice Chinese medicine in the geographical area of his practice, and who in rendering such services is practicing within the scope of his licensing and training but excluding a Chinese Physician who is You or Your spouse, Your relative or Your employee.

**"Continuous Period"** means a continuous period of more than twelve (12) months where the Maid has been insured under other maid insurance policy in Singapore, and there was no break between the last maid insurance policy and the commencement of this Policy.

**"Death"** means the cessation of all biological functions occurring within twelve (12) calendar months of the date of the Accident.

**"Effective Date"** means this Policy shall become effective and commence on the date specified in the Policy Schedule.

**"Family Member(s)"** means Your legal spouse, biological child, legally or adopted child and any immediate family members permanently residing with You at Your home.

**"Home"** means the property situated at the address listed in the Policy Schedule which is the building occupied as a private dwelling for domestic purposes (house, flat or apartment) constructed of bricks and/or concrete and roofed with tiles and/or other incombustible materials together with its garages and outbuildings, including swimming pools, gardens, footpaths, driveways, gates and fences.

**"Hospital"** means an institution lawfully operated for the care and treatment of injured or sick persons with organized facilities for diagnosis and surgery, having twenty-four (24) hours per day nursing services by legally qualified registered nurses and medical supervision under Registered Medical Practitioners, but not including any institution used primarily as a clinic, a nursing or convalescent home, a place of rest, a geriatric care facility, a mental institution, a rehabilitation or extended care

facility, or a place for the care or treatments of alcoholics or drug addicts.

**“Household Contents”** means all description of household goods and Personal Belongings situated in the Home which belong to You and Your Family Member(s) for which You are legally liable. However, “Household Contents” do not include:

1. motor vehicles, caravans, trailers, aircraft or watercraft, or spare parts and accessories while attached to or in any of them;
2. any part of the structure of Your Home;
3. livestock, pets and animals;
4. contact or corneal lenses;
5. property used for business trade or professional purposes unless specified in the Policy;
6. aerial devices, antenna, satellite dish and any property in the open;
7. securities, deeds, bonds, bills of exchange, stamps or coins collection, share certificates, money, credit cards, other negotiable instruments, document, computer software and data files;
8. fixed glass and mirror;
9. plants and living creatures;
10. property of tenants, roomers, boards or paying guests.

**“Injury”** means physical harm to the body caused solely and directly by an Accident and not by sickness, disease or gradual physical or mental wear and tear.

**“Illness”** means a physical condition contracted marked by pathological deviation from the normal healthy state.

**“Maid”** means the Maid named in the Policy Schedule under Your employment, who holds a valid work permit as a Foreign Domestic Worker issued by the Ministry of Manpower.

**“Medical Expenses”** means usual, reasonable and customary medical, surgical, Hospital or nursing outpatient treatment expenses incurred within twelve (12) months from the date of such Injury in respect of any one (1) Accident. Provided that the medical or surgical treatment are prescribed by a Registered Medical Practitioner.

**“Period of Insurance”** means the period of cover as specified in the Policy Schedule during which the Policy is effective and has not been cancelled or otherwise terminated, excluding any period when Your Maid returns to her home country.

**“Permanent Disablement”** means a disability falling under one of the items of disablement listed in the scale of compensation in this Policy under Benefit B, which was caused by an Accident, as long as the disability lasts for twelve (12) consecutive months from the date of the Accident and at the expiry of that period our appointed Registered Medical Practitioner confirms that the disability is not going to improve after twelve (12) months.

**“Permanent Total Disablement”** means a disability caused by an Accident as long as the disability lasts for twelve (12) consecutive months from the date of the

Accident, prevents Your Maid from engaging in any kind of occupation or employment for remuneration or profit and at the expiry of that period our appointed Registered Medical Practitioner confirms that the disability is not going to improve after twelve (12) months. We will pay the principal sum insured less any other amount paid or payable under the policy as the result of the same Accident.

**“Personal Belongings”** means articles of personal use designed specifically to be worn or carried by a person e.g clothing, jewellery, watches and camera equipment etc. excluding money, mobile phones, pagers, personal computers and items which are used in connection with any business profession or employment, as well as items insured under a separate policy whether taken with Us or with another insurance company.

**“Physiotherapists”** means a person qualified in physiotherapy and duly registered with Allied Health Professions Council (AHPC) to practice physiotherapy in the geographical area of his practice, and who in rendering such services is practicing within the scope of his licensing and training. The attending physiotherapist shall not be You, an employee of Yours, the spouse or relative of Yours.

**“Policy”** means this policy, Your application form, Your declarations, the Policy Schedule and any Endorsements We have issued under this policy.

**“Policy Schedule”** means the document issued by Us which reflects details of You, Your Maid and/or any terms and conditions that are specific to the Policy.

**“Pre-Existing Conditions”** means an Injury or Illness which existed before the Effective Date of Cover:

- i. which You or Your Maid knew about before the start of the Policy; or
- ii. which Your Maid have received diagnosis, medical treatment or prescribed drugs before the start of the Policy; or
- iii. for which Your Maid are under investigation and awaiting result before the start of the Policy; or
- iv. for which Your Maid have been advised to get medical treatment by a medical practitioner before the Start of the Policy

or should reasonably have been aware, based on normal medically accepted pathological development of the Injury, Illness or Disease.

**“Registered Medical Practitioner”** means a person qualified by degree in western medicine and duly licensed or registered with the relevant medical board or council to practice medicine and surgery in the geographical area of his practice, and who in rendering such services is practicing within the scope of his licensing and training. The attending Registered Medical Practitioner shall not be You, an employee of Yours, the spouse or relative of Yours. A reference to a “Registered Medical Practitioner” shall mean whenever appropriate, a General Practitioner and/or a Specialist.

**“Renovations, Fixtures and Fitting”** means improvements and additions within Your Home installed by You as owner or by any former owner of Your Home in the form of fixtures and fittings excluding all other permanent fixtures and fittings which were originally part of the Home when it was transferred by the developer or builder to the first owner of the Home.

**“Valuables”** means curios, pictures or other work of art, furs, jewellery, jades, gemstones, watches, gold or silver objects, antiques and the like.

**“Waiting Period”** means a continuous period in which no benefits are payable under the Policy.

**“We, Our, Us or the Company”** means HL Assurance Pte. Ltd.

**“You or Your”** means The Insured described as such in the Policy Schedule.

## THE BENEFITS

### Section 1. Personal Accident

#### Benefit A. Accidental Death

If Your Maid sustains an Injury during the Period of Insurance and which within twelve (12) months of its happening is the sole cause of her Death, We will pay the Benefit Limit as specified in the Policy Schedule.

#### Benefit B. Permanent Disablement

If Your Maid sustains an Injury during the Period of Insurance and which within twelve (12) months of its happening is the sole cause of her Permanent Disablement, We will pay the relevant percentage as set out in the Scale of Compensation, up to the Benefit Limit as specified in the Policy Schedule.

#### Scale of Compensation

Description of Permanent Disablement	Percentage
(i) Permanent Total Disablement	100%
(ii) Loss of all sight in one or both eyes	100%
(iii) Loss by physical severance or Permanent Disablement of:	
(a) one or two limbs	100%
(b) one or two hands	100%
(c) arm above the elbow	100%
(d) arm at or below the elbow	100%
(e) leg above the knee	100%
(f) leg at or below the knee	100%
(iv) Permanent insanity	100%
(v) Loss of sight in one eye except perception of light	50%
(vi) Third degree burn	
(a) head	
equals to or greater than 8%	100%
equals to or greater than 5% but less than 8%	75%
equals to or greater than 2% but less than 5%	50%
(b) body	

equals to or greater than 20%	100%
equals to or greater than 15% but less than 20%	75%
equals to or greater than 10% but less than 15%	50%
(vii) Loss of:	
(a) hearing in two ears	75%
(b) hearing in one ear	25%
(c) speech	50%
(viii) Loss by physical severance or Permanent Disablement of	
(a) thumb and four fingers of one hand	50%
(b) four fingers of one hand	40%
(c) thumb	
two phalanges	25%
one phalanx	10%
(d) index finger	
three phalanges	15%
two phalanges	10%
one phalanx	5%
(e) middle finger	
three phalanges	10%
two phalanges	7%
one phalanx	3%
(f) ring finger	
three phalanges	10%
two phalanges	7%
one phalanx	3%
(g) little finger	
three phalanges	10%
two phalanges	7%
one phalanx	3%
(h) all toes of one foot	15%
(i) great toe	
two phalanges	5%
one phalanx	3%
(j) any other toe	3%

We will not pay for any Permanent Disablement that is not listed in the scale of compensation above.

### COMPENSATION LIMITS

We shall not pay for:

- a. any specific item of Permanent Disablement where that item is also comprised in any other item of Permanent Disablement for which a greater amount of compensation is payable in the circumstances. If benefit is payable for loss of use of a whole member of the body, the benefit for parts of the member cannot also be claimed.
- b. Death in addition to any Permanent Disablement if caused by the same Accident, except that if a payment has been made under any part of Permanent Disablement and Death occurs subsequently solely caused by and twelve (12) months of the Accident, then We will pay any difference if the Compensation payable for Death is greater than that already paid for Permanent Disablement.

- c. more than 100% of the Benefit Limit in aggregate of all percentages payable under Permanent Disablement in any one Period of Insurance.

**Benefit C. Accident Medical Reimbursement**

If Your Maid sustains an Injury during the Period of Insurance and needs outpatient medical treatment, We will reimburse up to the Benefit Limit, subject to the Sub-Limit per visit as specified in the Policy Schedule, for the Medical Expenses incurred.

**Extension under Benefit C:**

**Dental**

We will reimburse up to the Benefit Limit, subject to the Sub-Limit per Accident as specified in the Policy Schedule for the dental treatment expenses, necessarily and reasonably incurred and supported by receipts from a licenced and registered dentist to restore sound and natural teeth due solely to an Accident.

**Ambulance Fee**

In the event Your Maid sustains an Injury and is required to be conveyed to the hospital via an ambulance, We will reimburse the ambulance fee incurred up to the Benefit Limit, subject to the Sub-Limit per year as specified in the Policy Schedule.

**Treatment by Chinese Physician**

In the event Your Maid sustains an Injury and seeks treatment from a Chinese Physician, We will reimburse up to the Benefit Limit, subject to the Sub-Limit per Accident as specified in the Policy Schedule for the Chinese Physician Treatment Expenses, necessarily and reasonably incurred and supported by receipts.

**Physiotherapy**

In the event Your Maid sustains an Injury and requires treatment/rehabilitation from a Physiotherapist, We will reimburse up to the Benefit Limit, subject to the Sub-Limit per year as specified in the Policy Schedule, for the physiotherapy expenses necessarily and reasonably incurred and supported by receipts.

**Section 2. Hospital & Surgical Expenses**

In the event Your Maid is hospitalized due to an Injury or Illness sustained during the Period of Insurance and Hospital and Surgical Expenses are incurred for day surgery or for inpatient confinement in a class B2 or C ward in a Singapore Government Restructured Hospital, We will pay for such expenses up to the Annual Sub-Limit as specified in the Policy Schedule, subjected to 25% co-payment in excess of \$15,000 as applicable.

Hospital and Surgical expenses will include:

- a. Room and board charges (including in an Intensive Care Unit (ICU), prescription drugs/medicines, hospitalization meals, in patient diagnostic procedure, nursing services, surgeon's fees, operating theatre charges, attending doctor fees and any inpatient ancillary services and consumables items.

- b. Pre-hospitalization Medical Expenses as necessarily and reasonably incurred ninety (90) days prior to Hospital admission as a registered inpatient or day surgery for the treatment of the diagnosed Illness or Injury.
- c. Post-hospitalization treatment within ninety (90) days from the date of Hospital discharge for follow-ups as an outpatient for the same Illness or Injury which Your Maid was hospitalized for.

Co-Payment

A co-payment on the Hospital and Surgical Expenses is applicable as follows:

Annual Hospital and Surgical Expenses incurred	Co-Payment by You
First \$15,000	0%
Above \$15,000	25%

In the event Your Maid is admitted to an Overseas Hospital, Singapore Private Hospitals or a higher ward than class B2 or C in a Singapore Government Restructured Hospital, We will apply the following Pro-Ration Factor to the Hospital and Surgical expenses payable.

Pro-Ration Factor

Type of Ward	Maximum Payable (% of Hospital and Surgical Expenses)
Overseas Hospital or Singapore Private Hospital	30%
Singapore Government Restructured Hospital	
A1 Class	40%
A2 Class	45%
B1 Class	50%

In the event Your Maid is hospitalized due to any Injury or Illness diagnosed prior to the first Policy issued by Us and Your Maid has been employed as a foreign domestic worker for a Continuous Period in Singapore, We will pay up to the maximum of \$60,000, subjected to 25% co-payment in excess of \$15,000.

For the avoidance of doubt, this is regardless of the plan type and/or Additional Hospital & Surgical Expenses benefit Your Maid is covered for.

Change of Coverage

If there is a change of the plan type and/or Additional Hospital & Surgical Expenses is included into the Policy after any Injury or Illness is diagnosed and then a claim is made subsequently, We will pay up to the Annual Sub-Limit as specified in the Policy Schedule prior to the changes, subjected to 25% co-payment in excess of \$15,000 as applicable.



**Extension under Section 2:(Applicable for Enhanced, Premier or Exclusive Plan)**

**Hospital Cash**

We will pay the Hospital Cash Benefit per day as specified in the Policy Schedule for each consecutive twenty-four (24) hour Hospital confinement of the Maid for a period not exceeding of thirty (30) consecutive days, up to the Annual Sub-Limit.

**Exclusions Applicable to Section 2**

1. Cosmetic or plastic surgery other than that necessitated to correct a condition resulting solely from Injury to the Maid occurring during and under Your employment and within the Period of Insurance.
2. Dental care to the Maid other than that necessitated by accidental injuries to sound natural teeth occurring during and under Your employment and within the Period of Insurance.
3. Any elective treatment, Traditional Chinese Medicine, aromatherapy, tonic medication, services provided by a health spa, massage parlour, convalescent or nursing home or any rehabilitation centre.
4. The cost of prosthetic devices, visual aids, hearing aids, purchase of medical equipment or any outpatient ancillary devices.
5. Routine physical examinations, health check-ups or any others tests which do not form part of the treatment or diagnosis of the actual Injury or Illness or any treatment of a preventive nature including vaccinations, sterilization, circumcision or any treatment which is not medically necessary.
6. Any expenses incurred which is not recommended and considered medically necessary by a Registered Medical Practitioner.
7. Any charges that is covered by any existing insurance scheme or government program.
8. Any Pre-Existing Conditions unless Your Maid has been employed as a foreign domestic worker for a Continuous Period in Singapore.
9. Any hospitalisation expenses incurred after the 7<sup>th</sup> calendar day from being certified to be medically fit for discharge from inpatient treatment and assessed to have a feasible discharge option by a Registered Medical Practitioner.
10. Any expenses incurred for sex change operations, including its related complications.
11. Any expenses related to infertility, sub fertility, assisted conception or any contraceptive operation, including its related complications.
12. Any outpatient rehabilitation such as physiotherapy, occupational therapy and speech therapy, unless

recommended by a Registered Medical Practitioner during Your Maid inpatient and as part of post-hospitalization follow-up treatment.

**Section 3. Waiver of 25% Co-payment for Hospital & Surgical Expenses**

**(Applicable to Enhanced, Premier or Exclusive Plan)**

In the event, You are successful in Your claim under Section 2, Hospital and Surgical Expenses, the amount that You need to co-pay on the claimable amount as indicated under this section of the Policy shall be waived.

**Section 4. Wages & Levy Reimbursement**

In the event Your Maid is hospitalized due to an Injury or Illness and You suffer the loss of service of the Maid during the Period of Insurance, We will pay You the pro-rata wages and government levy on foreign domestic workers up to the Benefit Limit per day as specified in the Policy Schedule for a period of maximum thirty (30) days, provided You are also successful in Your claim under Section 2, Hospital and Surgical Expenses.

**Section 5. Alternative Maid Services**

In the event Your Maid is hospitalized due to an Injury or Illness and is issued with hospitalisation leave by a Registered Medical Practitioner, We will reimburse the cost You pay for alternative maid services up to the Benefit Limit per day as specified in the Policy Schedule for a period of maximum thirty (30) days, provided You are also successful in Your claim under Section 2, Hospital and Surgical Expenses.

**Section 6. Replacement Maid Expenses**

In the event of the termination of Your Maid employment following her Death or Permanent Disablement arising out of an Injury or Illness sustained during the Period of Insurance and is certified by a Registered Medical Practitioner to be medically unfit to perform the usual duties as a Maid, We will pay up to the Benefit Limit as specified in the Policy Schedule for:

1. actual expenses incurred for the termination and/or
2. employment agency's fees incurred in hiring a replacement maid.

Provided prior agreement have been given by Us for all such expenses and that the replacement maid is employed within ninety (90) days from the termination of the Maid.

**Exclusions Applicable to Section 6**

No benefit will be payable under Section 6:

1. If the replacement maid is not a foreign domestic worker and the work permit is not issued by the Ministry of Manpower.
2. If Death or Permanent Disablement of the Maid is directly or indirectly caused by You and/or a member of Your household residing with You.

### **Section 7. Repatriation Expenses**

In the event You incurred expenses during the Period of Insurance for repatriation in respect of:

1. Conveyance of the Maid from Singapore to her country of origin following her Permanent Disablement as a result of an Injury or Illness, which is being certified by a Registered Medical Practitioner to be medically unfit to perform the usual duties as a Maid.
2. Burial or cremation of Your Maid in Singapore and/or conveyance of body or ashes to her country of origin from Singapore.

We will reimburse You up to the Benefit Limit as specified in the Policy Schedule, provided a detailed account with supporting bills is submitted and approved by Us.

### **Section 8. Family Grant**

In the event of Your Maid's Death, arising out of an Injury or Illness sustained during the Period of Insurance, We will pay the Benefit Limit to her estate or legal representative as specified in the Policy Schedule.

### **Section 9. Insurance Guarantee Bond- Ministry of Manpower**

We will provide a Letter of Guarantee on Your behalf in lieu of the cash deposit of \$5,000 which You are required to deposit with the Ministry of Manpower of Singapore under section 12 of Employment of Foreign Manpower (Work Passes) Regulations or section 21 of Immigration Regulations.

### **Section 10. Liability to Third Parties**

We will pay up to the Benefit Limit for damages and/or the claimants' costs in respect of:

1. Accidental Death of or Bodily Injury to any person;
2. Accidental damage to material property belonging to any person.

occurring during the Period of Insurance caused by Your Maid in Singapore during the Period of Insurance for which You are legally liable.

We will also pay for the costs and expenses incurred by You and/or Your Maid in conducting Your/her defence with Our written consent.

### **Exclusions Applicable to Section 10:**

We will not pay for loss or damage:

1. for Bodily Injury, including death or illness, to:
  - a. any of Your Family Member(s), relatives, parents or siblings ordinarily residing with You;
  - b. any employee of Yours arising out of and in the course of such employment;
2. for damage to property:

- a. belonging to, under the possession custody or control of either You or Your Family Member(s), relatives, parents or siblings ordinarily residing with You;
  - b. belonging to any person in Your service or any other person indemnified by this Section;
3. arising from any business, trade or profession;
  4. arising from liability assumed under an agreement, unless liability would have existed in the absence of the agreement;
  5. arising from the ownership or use of any:-
    - a. vehicle (other than a garden appliance not requiring registration);
    - b. sailing craft or power driven watercraft;
    - c. aircraft or aerial device;
  6. arising from vibration or interference with support of land, building or other property or subsidence or any earth movement;
  7. any express or implied warranty or agreement unless liability would have existed in the absence of such express or implied warranty or agreement;
  8. any punitive and exemplary damages awarded against You or Your Maid;
  9. Claims arising from the ownership or occupancy of any land or building.
  10. Any court judgment which is not delivered by a court within Singapore.
  11. Any court judgment which is being appealed by You or Your Family Member(s) or on You or Your Family Members' behalf.

### **Section 11. Maid Personal Belongings**

In the event Your Maid sustains loss or damage to her Personal Belongings due to fire or theft, attempted theft or burglary accompanied by violent or forcible entry into Your home, We will pay up to the Benefit Limit as specified in the Policy Schedule.

### **Section 12. Home Contents**

We will pay up to the Benefit Limit as specified in the Policy Schedule, for the loss of or damage to the Home, Renovation, Fixtures and Fittings and Household Contents including Valuables belonging to You and/or Your Family Member(s), arising out of a fire caused by Your Maid.

### **Limits of Indemnity Applicable**

1. The following insured items are subjected to a limit of \$250 per article and up to one-third of the Benefit Limit.
  - a. Valuables;
  - b. Musical instruments;
  - c. Photographic equipment;
  - d. Bicycle/Pedal Cycle;

- e. Sporting and fishing equipment.
2. Where any insured item consists of articles in a pair or set, We will not pay more than the value of any particular part or parts which such article or articles, may have as part of such pair or set; nor more than a proportionate part of the insured value of the pair or set.

#### **Exclusions Applicable to Section 12**

No benefit will be payable under Section 12:

1. Any gross negligence committed by Your Maid.
2. Consequential loss or damage of any kind.
3. Arcing, sparking, scorching or heat damage where there is no flame.
4. Irregularities in the power supply.

### **OPTIONAL COVERS**

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**(Applicable if the section(s) are indicated as covered in the Policy Schedule)**

#### **Section 13. Waiver of Counter Indemnity**

In the event of a call on the Letter of Guarantee insured under Section 9 of the Policy by the Ministry of Manpower of Singapore, We shall waive our rights to obtain indemnification from You for the said Letter of Guarantee.

#### **Exclusions Applicable to Section 13**

No benefit will be payable under Section 13 for:

1. The excess as specified in the Policy Schedule.
2. Any loss or payment arising out of any circumstances caused directly or indirectly by You or Your Family Member, tenants residing with You.
3. Any loss or payment which You are aware prior to the Effective Date of the Policy.
4. Any loss or payment incurred by You within thirty (30) days from the Effective Date of the Policy unless the Effective Date of the Policy is the same as the date indicated in the Letter of Guarantee deposited with the Ministry of Manpower of Singapore.

#### **Section 14. Enhanced Medical Benefits**

##### **Benefit A. Additional Hospital & Surgical Expenses**

The Annual Sub-Limit under Section 2, Hospital Surgical Expenses Benefit shall be increased by the Benefit Limit as specified in the Policy Schedule.

Co-payment of 25% by You will be applicable if Your Maid is covered under the Basic Plan Type.

If Section 14, Benefit A is included into the Policy after the Effective Date, there will be a Waiting Period of thirty (30) days from the Effective Date as indicated in the Endorsement Letter.

##### **Benefit B. Critical Illness**

If Your Maid within the Period of Insurance have been unequivocally diagnosed as suffering from any one (1) of the five (5) Critical Illness as defined in clause (i) in this Section 14, Benefit B by a Registered Medical Practitioner and has survived thirty (30) days from the date of confirmed diagnosis, We will pay the Benefit Limit as specified in the Policy Schedule.

##### **(i) Definition of Critical Illness**

For the purpose of this Policy and notwithstanding any other definition which may be found elsewhere, "Critical Illness" means any of the conditions or illnesses defined as follows:

##### **1. Major Cancers**

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

The term malignant tumour includes leukaemia, lymphoma and sarcoma.

For the above definition, the following are excluded:

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

##### **2. Heart Attack of Specified Severity**

Death of heart muscle due to obstruction of blood flow, that is evident by at least three (3) of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;

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

For the above definition, the following are excluded:

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

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

### 3. Stroke

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent Neurological Deficit With Persisting Clinical Symptoms. This diagnosis must be supported by all of the following conditions:

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

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an Accident or Injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve; and
- Ischaemic disorders of the vestibular system.

### 4. Coronary Artery By-pass Surgery

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

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

### 5. Kidney Failure

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

### Exclusions Applicable to Section 14, Benefit B

Unless otherwise expressly stated or extended in the Policy, this Policy does not insure any consequential loss or any legal liability or any Injury, Illness or disease and Death to Your Maid directly or indirectly caused by, or contributed to, or arising from:

1. The diagnosis of any of the Critical Illness within ninety (90) days from the Effective Date indicated in the Policy Schedule or Endorsement Letter for the purpose of including Section 14, Enhanced Medical Benefits into Your Policy.
2. Donation of any of Your Maid's organs.

### Benefit C. Mobility Aid Reimbursement

In the event the Registered Medical Practitioner prescribes the purchase of and/or rental of mobility aid or wheelchair for Your Maid following Your Maid's discharge from the Hospital after an Injury, We will pay up to the Benefit Limit as specified in the Policy Schedule.

### GENERAL EXCLUSIONS

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We will not pay compensation for

1. any Death, disability, loss, damage, liability or expense directly or indirectly caused by or contributed to by or arising from nuclear weapons material or ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this Exclusions, combustion shall include any self-sustaining process of nuclear fission.
2. any Death, disability, loss, damage, destruction, legal liabilities, cost or expense including consequential loss of whatsoever nature, directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss:
  - (a) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, conspiracy, any foreseeable strikes, riots, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power;
  - (b) any act of terrorism.

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any



organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This endorsement also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to (a) and/or (b) above.

3. any consequential loss or damage of any kind whatsoever.
4. Injury or Illness caused by
  - (a) Air travel, flying or other aerial activities except travelling as a fare paying passenger in a properly licensed, regular scheduled commercial airline operating between established and licensed commercial airports;
  - (b) Rafting or canoeing involving white water rapids, bungee jumping, jet skiing, underwater activities involving artificial breathing apparatus such as compressed air or gas, ski racing, backcountry skiing or off-piste skiing, ski jumping, hang gliding, parasailing, parachuting, motor sports, water skiing, the use of bobsleigh or skeleton, hunting, pot-holing, mountaineering or rock climbing (except on man-made walls) that ordinarily requires the use of ropes or guides, racing other than on foot or trial of speed or reliability;
  - (c) Suicide or attempted suicide, self-injury or wilful exposure to peril (other than in an attempt to save human life);
  - (d) Pregnancy, menopause, miscarriage, abortion, sterilization, childbirth or any complications arising from any of these;
  - (e) Venereal disease, HIV (Human Immuno Deficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivatives or variations of this however caused;
  - (f) Neurasthenia, mental and nervous or sleep disorders, including but not limited to insanity or any diagnosed psychological or psychiatric disorder, anxiety or depression;
  - (g) Any Pre-Existing Conditions. This exclusion will not be applicable and Your Maid shall be covered under Section 2, Hospital and Surgical Expenses, if Your Maid has been employed as a foreign domestic worker for a Continuous Period in Singapore;
  - (h) Your Maid being under the influence of drugs (other than those prescribed by a Registered

Medical Practitioner but not when prescribed for the treatment of drug addiction);

- (i) Your Maid being under the influence of alcohol, unless it can be established to Our reasonable satisfaction by any claimant that alcohol was not a factor contributing to the happening of the Injury;
- (j) Any wilful, malicious, criminal or unlawful acts committed by Your Maid or on Your Maid's behalf;

If We allege that by reason of these Exclusions any claim is not covered by this insurance, then the burden of proving that the claim is covered shall be upon You.

## GENERAL CONDITIONS

### 1. Arbitration

If there is any dispute as to the amount to be paid under this Policy (liability being otherwise admitted) such dispute shall be determined by arbitration in accordance with the statutory provisions on arbitration in that behalf for the time being in force. It is hereby expressly stipulated that it shall be a condition precedent to any right of action or suit upon this Policy that an arbitration award shall be first obtained. Unless any such action or suit be commenced within six (6) months of the making of an award, We shall not be liable to make any payment in excess of the amount of the award.

### 2. Automatic Termination of Policy

This Policy will automatically terminate on the earliest of the following events:

- (i) Your Maid has attained the age of sixty-five (65) at the commencement of this Policy. If Your Maid reaches the age of sixty-five (65) during any Period of Insurance, he or she will cease to be insured as from the date of expiry of the Policy;
- (ii) Upon Your Maid's Death;
- (iii) We have paid 100% of the Benefit Limit for Accidental Death or Permanent Disablement, Repatriation Expenses, Family Grant or Replacement Maid Expenses;
- (iv) When we receive the Letter of Discharge from the Ministry of Manpower.

### 3. Cancellation of the Policy

(a) This Policy may be cancelled at any time by Us giving fourteen (14) days' notice by registered mail to Your last known address, such cancellation shall become effective from the first day of the month following the date of such notice issued and in such event We will return a pro rata portion of the premium for the unexpired part of the Period of Insurance, provided no claim has been made under the Policy.

- (b) The Policy may be cancelled by You by giving

notice to Us in writing provided no claim has arisen during the Period of Insurance and the Letter of Discharge by the Ministry of Manpower is received by Us. The date of the Letter of Discharge shall be the cancellation date of the Policy. You shall be entitled to a return of premium subject to the short period rates for the period the Policy has been in force as follows:

Short Period rates for 14 months Policy

Period of Coverage (Not Exceeding)	Premium Refund (% of Annual Premium)
30 days	100%
31 to 90 days	50%
91 to 120 days	20%
Exceeding 120 days	0%

Short Period rates for 26 months Policy

Period of Coverage (Not Exceeding)	Premium Refund (% of Annual Premium)
30 days	100%
31 to 90 days	50%
91 to 270 days	30%
Exceeding 270 days	0%

**4. Contract (Rights of Third Parties) Act 2001**

A person who is not a party to this Policy shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.

**5. Currency**

All amount shown are in Singapore dollars. All claims will be paid in Singapore dollars.

**6. Data Privacy**

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

- (a) process and assess the Insurer's application or any matter arising from the Policy Schedule and any other application for insurance cover and/or;
- (b) provide all services related to this Policy.

**7. Declaration**

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

- a. for the risk insured, You have never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or
- b. if You have declared that You have breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months:
  - i. You have fully paid all outstanding

premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy; and

- ii. a copy of the written confirmation from the previous insurer to this effect is first provided by You to Us before cover incepts.

**8. Due Observance**

The conditions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. The due observance and compliance of these conditions by You, Your Maid or the claimant and the truth of the statements and answers in the proposal shall be conditions precedent to any liability of Us to make any payment under this Policy.

**9. Fraud, Misstatement or Concealment**

Any fraud, misstatement or concealment in respect of this insurance or of any claim hereunder shall render this Policy null and void and any benefit due hereunder shall be or become forfeited.

**10. Governing Law**

Any interpretation of this Policy relating to its construction, validity or operation shall be made in accordance with the Laws of Singapore.

**11. Jurisdiction**

Notwithstanding anything stated herein to the contrary, the indemnity provided by this Policy shall not apply in respect of judgments which are not in the first instance delivered by or obtained from a court of competent jurisdiction within the Republic of Singapore nor to orders obtained in the said court for the enforcement of judgments made outside the Republic of Singapore whether by way of reciprocal agreements or otherwise.

**12. Non-Assignment and Discharge**

We will not recognize or be affected by any notice of trust, charge or assignment relating to this Policy. The receipt of the Insured, or his legal personal representatives or of any person(s) to whom any benefit is expressed to be payable shall in all cases effectively discharge Our liability.

**13. Other Insurance**

If at the time any claim arises under this Policy there is any other insurance policy effected by or on behalf of You with other insurance company covering the same expenses, We shall not be liable to pay or contribute more than its ratable proportion of any claim for such expense.

**14. Premium Before Cover Warranty**

- a. The premium due must be paid to the Us (or the intermediary through whom this Policy or Bond was effected) on or before the effective date ("the effective date") or the renewal date of the coverage. Payment shall be deemed to have been effected to Us or the intermediary when one of the following acts takes place:

- i. Cash or honoured cheque for the premium is handed over to Us or the intermediary;
  - ii. A credit or debit card transaction for the premium is approved by the issuing bank;
  - iii. A payment through an electronic medium including the internet is approved by the relevant party;
  - iv. A credit in favour of Us or the intermediary is made through an electronic medium including the internet.
- b. In the event that the total premium due is not paid to the Us (or the intermediary through whom this Policy or Bond was effected) on or before the inception date or the renewal date, then the insurance shall not attach and no benefits whatsoever shall be payable by Us. Any payment received thereafter shall be of no effect whatsoever as cover has not attached.
- c. Premium Payment
- i. The payment of the premium when it is due will ensure the continuance of the Policy in force until the next premium is due;
  - ii. This Policy will be renewed upon the payment of the premium when it is due either on a monthly or annual basis as applicable and stated in the Policy Schedule unless prior written notice of cancellation has been given in accordance with General Condition 3 or the Policy has otherwise been terminated.

#### 15. Sanction Limitation and Exclusion Clause

Notwithstanding any provision to the contrary within this Policy or any endorsement thereto, this insurance shall, in no case, be deemed to provide cover and be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

#### 16. Subrogation

You shall at Our expense do and concur in doing and permit to be done all such acts and things as may be necessary or reasonably required by Us for the purpose of enforcing any rights and remedies or of obtaining relief or indemnity from other parties to which We shall be or would become entitled to or subrogated upon its paying for or making good any loss destruction or damage under this Policy whether such acts and things shall be or become necessary or required before or after their indemnification by Us.

#### CLAIMS PROCEDURE

- (a) Notice shall be given to Us as soon as possible but in any case within fourteen (14) days of the happening of any Injury, theft or fire in respect of which a claim is to be made. You shall report the same to the police immediately on the happening of any loss or damage arising from theft and submit an official police report to Us for Our claim assessment.
- (b) You or other claimant shall at Your or other claimant's own expense furnish to Us such certificates information and evidence as We may reasonably require.
- (c) You shall as soon as possible after the happening of any Injury in respect of which a claim is to be made procure and follow medical advice from a duly Registered Medical Practitioner.
- (d) You and the Maid as often as required shall submit to medical examination on behalf of Us at Our own expense.
- (e) We shall in the case of the Maid's Death be entitled to have a post mortem examination at Our own expense.

#### 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 HL Assurance Pte. Ltd. or visit the GIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

#### CARING FOR OUR CUSTOMERS

HL Assurance Pte. Ltd. will make every effort to provide a high level of service expected by all Our policyholders. If on any occasion Our service falls below the standard of Your expectation, the procedure below explains what You can do:

Your first point of contact should always be Your insurance agent or broker. Alternatively, You may submit Your feedback to the manager in charge of the matter You are raising.

We will acknowledge receipt of Your feedback within seven (7) working days whilst We look into the matter You have raised. We will contact You for further information if required within seven (7) working days and provide You with a full reply within fourteen (14) working days.

If the outcome of Your complaint is not handled to Your satisfaction, You can write to:

Chief Executive Officer  
 HL Assurance Pte. Ltd.  
 11 Keppel Road #11-01 ABI Plaza

Singapore 089057

We will respond to Your appeal within fourteen (14) working days. If You are still dissatisfied with the CEO's response, We will refer You to a dispute resolution organization, Financial Industry Disputes Resolution Centre Ltd (FIDReC) which is an independent organization. FIDReC's contact details are:

Financial Industry Disputes Resolution Centre Ltd  
36 Robinson Road #15-01  
City House  
Singapore 068877

Telephone : (65) 6327 8878  
Fax : (65) 6327 8488  
Email : [info@fidrec.com.sg](mailto:info@fidrec.com.sg)  
Website : [www.fidrec.com.sg](http://www.fidrec.com.sg)

Important – Please remember to quote Your Policy number / reference in Your communication.