

BENEFIT OVERVIEW AND PRODUCT SUMMARY

GlobalHealth Advantage Plans offer a wide range of comprehensive personal and family medical insurance products, backed by superior customer service, GlobalHealth Asia is your trusted insurance partner.

Global Health Asia also offers a wide range of plans to enhance any corporate, organisation, or association employee benefits programs, with

flexible structures and cost savings. Signature of Applicant: _ Date (dd/mm/yyyy): ___ Date (dd/mm/yyyy): |__|_|_|/|_|_|_| Signature of Advisor: Covered Member Gender Date of Birth (dd/mm/yyyy) PLAN SELECTED ☐ Advantage 100 ☐ Advantage 200 ☐ Advantage 300 ☐ Advantage 400 ☐ Advantage 500

Please note that this is not a summary of contract and the premium is not guaranteed, AIG Asia Pacific Insurance Pte. Ltd. ("AIG") may at its sole discretion increase the premium from time to time depending on the claims experience of this portfolio. The annual premium is based on the Insured Person's age on the first day of the Period of Insurance and the renewal premium rates as determined by AIG at the time of renewal, based on the attained age of the Insured Person. This plan is available to a person from age 15 days to 65 years, residing in Singapore. Application is subject to underwriting review and acceptance.

PRODUCT INFORMATION

This is a medical plan and we will pay the compensation as set out in the Schedule of Benefits:

- Worldwide Coverage including incidental travelling to North America
- Benefit Level up to SG\$3.8 million per Policy Year for Advantage 300, Advantage 400 and Advantage 500; Up to SG\$300,000 per Policy Year for Advantage 200; Up to SG\$300,000 per Disability for Advantage 100
- Range of Deductibles are available for all Advantage Plans
- 30 Days Free Look Privilege
- Hospitalisation and Out-patient Surgery
- An unmarried child below age 21 or up to 23 years (if enrolled as full-time student) may be enrolled as an Insured Person under a Family Plan.

Eligibility:

- The following basic eligibility rules apply for the GlobalHealth Advantage plans:

 Main applicant must be between age 19 to 65 years at the time of application.

 Persons to be insured must be between the ages of 15 days and 65 years at the time of application.
- Persons residing in North America and the Caribbean are not eligible for the GlobalHealth Advantage plans. • The Proposer may add his/her spouse, and any unmarried children below age 21 to the Policy. Children cannot be added to the Policy unless a parent or a legal guardian is an Insured Person. An unmarried child who is over 21 but less than 23 may also be added if enrolled in full-time
- education. Children born while either parent is an Insured Person may be added 15 days after birth upon request. The Newborn may enjoy free cover for the remainder of the Policy Year.

Valid from 1 July 2014 for new business and renewals.





Standard Benefits	Advantage 100	Advantage 200	Advantage 300	Advantage 400	Advantage 500
Plan Maximum	\$300,000 per Disability	\$300,000 per year	\$3,800,000 per year	\$3,800,000 per year	\$3,800,000 per year
Hospitalisation & Out-patient Surgery Room and board including general nursing care	Hospitalisation & Out-patient Surgery sub-limits: \$300 per day	Hospitalisation & Out-patient Surgery sub-limits: \$350 per day			
Parental Accommodation (added bed, same room)	No Cover	Fully Covered			
Theatre fees; intensive care; X-rays; CT Scans; MRI Scans; Ultrasounds; laboratory tests; Medicines and Drugs; blood and plasma; medical appliances; rental of wheel chairs, crutches and walkers; standard surgical implants	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Surgeon's Fees including pre- and post- surgical services	\$20,000 per Disability	\$25,000 per year			
Anaesthetist Fees	30% of Surgeon's Fees	30% of Surgeon's Fees			
Professional Fees including Physician, specialist, radiologist, physiotherapist and pathologist	Fully Covered	Fully Covered			
Pre-hospitalisation Medical services incurred within 30 days prior to a covered Confinement in a Hospital which are provided by or ordered by a Physician as a direct consequence of the covered Disability which necessitated such Confinement	Up to \$1,200 per Disability	Up to \$1,200 per Disability	Fully Covered	Fully Covered	Fully Covered
Post-hospitalisation Normal follow-up treatment for up to 90 days following hospitalisation Physicians and specialists office visits Physiotherapist, chiropractor and acupuncturist when certified necessary by an attending Physician Medicines and Drugs; dressings; X-rays; diagnostic laboratory tests; surgical appliances	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Oncology Chemotherapy and radiotherapy	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered





Standard Benefits	Advantage 100	Advantage 200	Advantage 300	Advantage 400	Advantage 500
Renal Dialysis					
Kidney Dialysis	\$20,000 lifetime benefit	\$20,000 lifetime benefit	Fully Covered	Fully Covered	Fully Covered
Complications of Pregnancy					
In-patient treatment necessary as a direct result of Complications of Pregnancy including Newborn Accommodation	Hospitalisation & Out-patient Surgery sub-limits apply	Hospitalisation & Out-patient Surgery sub-limits apply	Fully Covered	Fully Covered	Fully Covered
AIDS/ HIV					
Coverage will apply when signs or symptoms are present for the first time after five years continuous coverage under the plan and any renewal thereof	\$30,000 lifetime benefit	\$30,000 lifetime benefit	\$125,000 lifetime benefit	\$125,000 lifetime benefit	\$125,000 lifetime benefit
Private Nursing					
In Hospital when certified Medically Necessary by an attending Physician	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Home Nursing by a registered nurse immediately following hospitalisation and on the recommendation of the attending surgeon or specialist	No Cover	No Cover	Fully Covered up to 28 weeks per Disability	Fully Covered up to 28 weeks per Disability	Fully Covered up to 28 weeks per Disability
Mental or Nervous Disorders					
In-patient treatment under the care of a Psychiatrist	No Cover	No Cover	\$6,000 per year \$12,500 lifetime benefit	\$6,000 per year \$12,500 lifetime benefit	\$6,000 per year \$12,500 lifetime benefit
Organ Transplant					
Transplant of heart, liver, kidney, bone marrow, cornea or lung to a limit of	\$300,000 per Disability	\$300,000 per Disability	\$925,000 per Disability	\$925,000 per Disability	\$925,000 per Disability
Hospice Care					
Hospice/ Palliative Care	No Cover	No Cover	\$12,500 lifetime benefit	\$12,500 lifetime benefit	\$12,500 lifetime benefit
Emergency Benefits					
Worldwide Emergency assistance including evacuation and repatriation					
Local Ambulance to Hospital	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Emergency room treatment					
Dental treatment for up to 14 days following Accidental damage to sound natural teeth					





Standard Benefits	Advantage 100	Advantage 200	Advantage 300	Advantage 400	Advantage 500
Chronic Conditions	Advantage 100	Advantage 200	Advantage 000	Advantage 400	Advantage 000
Treatment for a Chronic Condition received while an admitted patient in a Hospital	Hospitalisation & Out-patient Surgery sub-limits apply	Hospitalisation & Out-patient Surgery sub-limits apply	Fully Covered	Fully Covered	Fully Covered
General Practitioner and specialist consultations; prescribed Medicines and Drugs;	No Cover	Included in optional out-patient	No Cover	Fully Covered	Fully Covered
Out-patient					
Physicians and specialists consultations					
Physiotherapist when certified necessary by an attending Physician Medicines and Drugs;	No Cover	Optional \$6,000 per year	No Cover	Fully Covered	Fully Covered
dressings; X-rays; CT Scans; MRI Scans; ultrasounds; diagnostic laboratory tests and medical appliances					
Complementary Medicine					
Physiotherapist without certification from an attending Physician; chiropractor; osteopath; homeopath; podiatrist; speech therapist; dietician	No Cover	No Cover	No Cover	\$600 per year	\$600 per year
Acupuncturist; bone setter and Chinese medicine practitioner not exceeding \$60 per visit					
Maternity (Deductible does not apply)					
Pre-natal and post-natal services; miscarriage; therapeutic abortion; costs of delivery including all Hospital and professional fees and up to seven days of nursery care	No Cover	No Cover	No Cover	No Cover	\$12,500 Per Pregnancy
Ontional Banafita					
Optional Benefits					
Routine Dental Treatment (Examinations; tooth cleaning; normal composite fillings; inlay (excluding gold inlays); onlay (excluding gold onlays); extractions; sealant)	\$800 per year	\$800 per year	\$800 per year	\$800 per year	\$800 per year
Major Restorative Dental Work (Removal of impacted, buried or unerupted teeth; removal of roots; root canal treatment; removal of solid odontomes; apicectomy; new or repair of bridge work (excluding gold bridge work); new or repair of crowns (excluding all gold crowns); new or repair of upper and lower dentures)	\$1,800 per year	\$1,800 per year	\$1,800 per year	\$1,800 per year	\$1,800 per year





Optional Benefits	Advantage 100	Advantage 200	Advantage 300	Advantage 400	Advantage 500
Worldwide Cover					
Opt to enjoy the benefit of elective treatment in North America with a truly worldwide plan	The Advantage 100 is always Worldwide	The Advantage 200 is always Worldwide	Optional	Optional	Optional
Deductible Range of Deductibles available to reduce your premium	Per Disability \$600 \$1,200 \$2,500 \$6,000	Annual Nil \$600 \$1,200 \$2,500 \$6,000	Annual Nil \$600 \$1,200 \$2,500 \$6,000	Annual Nil \$600 \$1,200 \$2,500 \$6,000	Annual Nil \$600 \$1,200 \$2,500 \$6,000

PREMIUMS

Worldwide Coverage (WW)

If you select Worldwide, you will enjoy coverage anywhere in the world, including the United States of America.

North American Exclusion (NAE)

If you select North American Exclusion coverage, coverage will be Worldwide excluding North America. Coverage in North America will be limited to sudden Illness and Accidental Bodily Injury while travelling in North America and the Caribbean for a maximum of 30 days per Policy Year. *Please note that coverage under the Advantage 100 and Advantage 200 is always Worldwide*.

ADVANTAGE 100 (WW)

AGE	Per Disability Deductible							
AGE	Nil	600	1,200	2,500	6,000			
0 - 18	Not Available	1,232	995	738	337			
19 - 25	Not Available	1,284	1,036	762	355			
26 - 30	Not Available	1,345	1,085	795	368			
31 - 35	Not Available	1,530	1,237	900	407			
36 - 40	Not Available	1,530	1,237	900	407			
41 - 45	Not Available	1,530	1,237	900	407			
46 - 50	Not Available	2,400	1,935	1,394	607			
51 - 55	Not Available	2,637	2,121	1,524	659			
56 - 60	Not Available	3,549	2,856	2,049	875			
61 - 65	Not Available	4,043	3,254	2,325	981			
66 - 70*	Not Available	5,072	4,081	2,918	1,231			
71 - 75*	Not Available	6,999	5,634	4,027	1,701			
76 - 80*	Not Available	11,242	9,048	6,469	2,732			

*Renewal only

Note: All limits and monetary amounts shall in all instances be in SG\$

Subject to prevailing GST





ADVANTAGE 200 (WW)

In-patient only

AGE	Annual Deductible						
AGE	Nil	600	1,200	2,500	6,000		
0 - 18	1,385	1,250	1,010	750	343		
19 - 25	1,485	1,339	1,077	794	385		
26 - 30	1,683	1,518	1,224	896	448		
31 - 35	1,802	1,625	1,313	956	469		
36 - 40	1,980	1,786	1,444	1,049	516		
41 - 45	2,178	1,965	1,587	1,154	567		
46 - 50	2,574	2,322	1,871	1,349	588		
51 - 55	2,969	2,678	2,155	1,547	668		
56 - 60	3,960	3,569	2,969	2,060	879		
61 - 65	4,950	4,464	3,812	2,722	1,083		
66 - 70*	6,930	6,376	5,683	4,503	2,426		
71 - 75*	8,909	8,375	7,750	6,681	4,009		
76 - 80*	11,878	11,284	10,690	10,097	5,940		

ADVANTAGE 200 (WW)

In-patient and Out-patient

AGE		Annual Deductible							
AGE	Nil	600	1,200	2,500	6,000				
0 - 18	1,826	1,547	1,281	992	552				
19 - 25	2,325	1,950	1,611	1,239	707				
26 - 30	2,658	2,230	1,841	1,416	821				
31 - 35	3,022	2,535	2,096	1,605	920				
36 - 40	3,321	2,784	2,303	1,760	1,012				
41 - 45	3,652	3,063	2,535	1,936	1,113				
46 - 50	4,317	3,624	2,995	2,288	1,232				
51 - 55	4,981	4,333	3,736	2,641	1,409				
56 - 60	6,641	6,044	5,313	3,985	1,843				
61 - 65	8,302	7,721	7,056	5,812	2,314				
66 - 70*	11,622	11,042	10,460	9,299	5,230				
71 - 75*	14,944	14,495	13,897	12,701	8,966				
76 - 80*	19,924	19,526	18,927	17,931	14,345				

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ADVANTAGE 300 (WW)

AGE	Annual Deductible						
AGE	Nil	600	1,200	2,500	6,000		
0 - 18	1,569	1,334	1,098	863	393		
19 - 25	1,997	1,701	1,399	1,098	499		
26 - 30	2,283	1,948	1,597	1,255	571		
31 - 35	2,597	2,229	1,818	1,428	649		
36 - 40	2,854	2,452	1,997	1,569	713		
41 - 45	3,140	2,694	2,197	1,726	784		
46 - 50	3,709	3,242	2,597	2,040	928		
51 - 55	4,280	3,750	2,996	2,353	1,070		
56 - 60	5,707	5,079	4,565	3,140	1,427		
61 - 65	7,134	6,563	6,064	4,637	1,784		
66 - 70*	11,412	10,786	10,271	8,674	3,994		
71 - 75*	14,266	13,696	13,196	11,698	7,134		
76 - 80*	18,546	17,990	17,618	16,135	12,055		

ADVANTAGE 300 (NAE)

AGE	Annual Deductible						
AGE	Nil	600	1,200	2,500	6,000		
0 - 18	1,098	933	754	559	256		
19 - 25	1,427	1,215	980	720	336		
26 - 30	1,866	1,591	1,282	940	435		
31 - 35	1,998	1,715	1,387	1,007	481		
36 - 40	2,196	1,885	1,524	1,108	503		
41 - 45	2,415	2,074	1,675	1,220	552		
46 - 50	2,855	2,494	2,011	1,451	633		
51 - 55	3,185	2,790	2,245	1,612	696		
56 - 60	3,952	3,490	2,809	2,015	861		
61 - 65	5,489	4,885	3,909	2,792	1,177		
66 - 70*	8,783	8,080	7,027	4,491	1,983		
71 - 75*	10,979	10,430	9,552	6,587	2,494		
76 - 80*	14,273	13,843	13,130	10,705	4,486		

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ADVANTAGE 400 (WW)

AGE	Annual Deductible						
AGE	Nil	600	1,200	2,500	6,000		
0 - 18	2,896	2,607	2,171	1,592	1,157		
19 - 25	3,686	3,317	2,765	1,966	1,401		
26 - 30	4,212	3,791	3,158	2,247	1,601		
31 - 35	4,738	4,265	3,554	2,531	1,801		
36 - 40	5,265	4,738	4,002	2,810	2,000		
41 - 45	5,791	5,212	4,517	3,300	2,201		
46 - 50	6,844	6,228	5,578	4,448	2,599		
51 - 55	7,897	7,266	6,634	5,528	3,001		
56 - 60	10,530	9,951	9,319	8,213	4,212		
61 - 65	13,163	12,570	11,977	10,924	7,240		
66 - 70*	21,059	20,322	19,586	18,110	13,689		
71 - 75*	26,324	25,666	25,008	23,691	19,743		
76 - 80*	34,222	33,536	32,852	31,483	27,719		

ADVANTAGE 400 (NAE)

AGE	Annual Deductible						
AGE	Nil	600	1,200	2,500	6,000		
0 - 18	2,096	1,718	1,467	1,153	838		
19 - 25	2,725	2,234	1,908	1,498	1,078		
26 - 30	3,353	2,817	2,347	1,844	1,275		
31 - 35	3,772	3,206	2,640	2,075	1,434		
36 - 40	4,192	3,605	3,018	2,305	1,593		
41 - 45	4,611	4,058	3,459	2,535	1,754		
46 - 50	5,449	4,904	4,304	3,269	2,068		
51 - 55	6,078	5,531	4,923	3,769	2,236		
56 - 60	7,545	6,979	6,412	5,281	2,640		
61 - 65	10,479	9,903	9,430	8,278	4,611		
66 - 70*	16,766	16,095	15,424	13,915	9,054		
71 - 75*	20,958	20,329	19,700	18,442	14,670		
76 - 80*	27,245	26,700	25,882	24,793	20,979		

*Renewal only **Note:** All limits and monetary amounts shall in all instances be in SG\$ *Subject to prevailing GST*





ADVANTAGE 500 (WW)

AGE	Annual Deductible							
AGE	Nil	600	1,200	2,500	6,000			
0 - 18	2,896	2,607	2,171	1,592	1,157			
19 - 25	6,665	6,296	5,744	4,945	4,380			
26 - 30	10,366	9,945	9,312	8,401	7,755			
31 - 35	10,892	10,419	9,708	8,685	7,955			
36 - 40	11,419	10,892	10,156	8,964	8,154			
41 - 45	11,945	11,366	10,671	9,454	8,355			
46 - 50	12,998	12,382	11,732	10,602	8,753			
51 - 55	7,897	7,266	6,634	5,528	3,001			
56 - 60	10,530	9,951	9,319	8,213	4,212			
61 - 65	13,163	12,570	11,977	10,924	7,240			
66 - 70*	21,059	20,322	19,586	18,110	13,689			
71 - 75*	26,324	25,666	25,008	23,691	19,743			
76 - 80*	34,222	33,536	32,852	31,483	27,719			

ADVANTAGE 500 (NAE)

AGE	Annual Deductible				
	Nil	600	1,200	2,500	6,000
0 - 18	2,096	1,718	1,467	1,153	838
19 - 25	5,257	4,766	4,440	4,030	3,610
26 - 30	9,391	8,855	8,385	7,882	7,313
31 - 35	9,810	9,244	8,678	8,113	7,472
36 - 40	10,230	9,643	9,056	8,343	7,631
41 - 45	10,940	10,387	9,788	8,864	8,083
46 - 50	11,778	11,233	10,633	9,598	8,397
51 - 55	6,078	5,531	4,923	3,769	2,236
56 - 60	7,545	6,979	6,412	5,281	2,640
61 - 65	10,479	9,903	9,430	8,278	4,611
66 - 70*	16,766	16,095	15,424	13,915	9,054
71 - 75*	20,958	20,329	19,700	18,442	14,670
76 - 80*	27,245	26,700	25,882	24,793	20,979

Optional Dental SG\$ 640 per person per Policy Year

*Renewal only

Note: All limits and monetary amounts shall in all instances be in SG\$ Subject to prevailing GST





KEY PRODUCT PROVISIONS

The following are key product provisions found in the Policy contract of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the contract. Please consult your insurance advisor or AIG should you need further explanation.

(a) Terms of Renewal

Coverage may be renewed on the Policy Anniversary Date by payment of the annual premium.

(b) Non-Guaranteed Premium

Premium payable for this coverage is not guaranteed. It may be increased at the sole discretion of AIG depending on the claims experience of this portfolio.

(c) Qualifying Period For Sickness Cover

Eligibility of benefits commences once an Insured Person has been accepted in the plan.

(d) Waiting Period For Maternity Cover

A 12 month Waiting Period for Maternity benefits applies to Policies when two or more Insured Persons over the age of 19 are covered under the Advantage 500 plan.

A 24 month Waiting Period for Maternity benefits applies to Policies when a single Insured Person over the age of 19 is covered under the Advantage 500 plan.

(e) Dental Waiting Periods

Examinations and Tooth cleaning: No waiting period, Routine Dental Treatment: Three months waiting period, Major Restorative Dental Work: Six months waiting period

(f) Area of Cover

Global Health Advantage Plans provides you coverage in North America and the Caribbean for treatment of sudden Illnesses and Bodily Injury suffered while in these countries for a maximum of 30 days per Policy Year.

(g) Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the contract. The following is a list of some of the exclusions for this plan. You are advised to read the Policy contract for the full list of exclusions.

- 1. Pre-existing Conditions or any related, associated or consequential Disabilities, unless disclosed to and accepted in writing by AIG.
- 2. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Policyholder, Insured, or Insured Person including legislation or insurance coverage relating to occupational death, Bodily Injury, Illness or disease.
- 3. Routine medical examinations or check-ups, examinations for employment or travel, routine eye or ear examinations, vitamins, nutritional supplements, vaccinations, medical certificates, hearing aids, chelation therapy, hydra colon therapy, counseling, Custodial or Maintenance Care, rest cures, and services or treatment at home or while a bed patient at any facility that is not a Hospital.
- 4. Dental work, except that which is explicitly stated in the optional dental plan Benefits Schedule as being covered by the Policy, Cosmetic Treatment, and Reconstructive Surgery except for charges for the prompt repair of a Bodily Injury . In the case of Bodily Injury to teeth, the teeth repaired must have been sound and natural. In each case of a Bodily Injury , the Bodily Injury must occur while the person is an Insured Person.
- 5. Tests or treatment related to fertility, impotence or erectile dysfunction, contraception, sterilisation, birth defects, congenital Illnesses, or any abortion performed due to psychological or social reasons, and consequences thereof.
- 6. Pregnancy or childbirth including pre-natal and post-natal care, except where Maternity Benefits are opted as being covered by the Policy.
- 7. Prostheses, corrective devices, medical appliances except for surgical implants. Treatment that is either not part of Western (allopathic) medicine, except where Complementary Medicine Benefits are stated in the Benefits Schedule as being covered by the Policy, or which is not Medically Necessary, or complications or Disabilities consequential thereupon.
- 8. All costs relating to cornea, bone marrow, muscular, skeletal or human organ or tissue transplant from a donor to a recipient and all expenses directly or indirectly related to Organ Transplantation (including conditions requiring or likely to require transplantation and status-post transplantation) except as provided by the Organ Transplantation Benefit when this benefit is stated on the Benefits Schedule as being covered by the Policy.
- 9. Out-patient tests or treatment of psychiatric, psychological, Mental and Nervous Conditions and any physiological or psychosomatic causes or manifestations thereof; self-inflicted Bodily Injury, suicide or attempted suicide, deliberate exposure to exceptional danger except in an effort to save human life, excessive consumption of alcohol or narcotics or similar drugs or agents, sleep disorders, learning difficulties, behavioural or developmental disorders, Venereal Disease.
- 10. Any treatment or test in connection with Human Immunodeficiency Virus (HIV) related Illness including Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) and/or any mutation, derivation, or variation thereof except when AIDS/HIV Benefits are stated on the Benefits Schedule as being covered by the Policy.
- 11. Experimental or pioneering medical and surgery techniques except with AIG prior approval in writing.
- 12. Services which are not recommended and prescribed by the Insured Person's attending Physician except for a second opinion prior to surgery and continuity of fees from a referring Physician after the date on which an Insured Person has been referred to another Physician or specialist.
- 13. Refractive defects of the eye, such as nearsightedness and astigmatism, spectacles, monocles or contact lenses.





- 14. Disabilities as a result of duties of employment or profession in Employment Class III or IV, participation in any professional sport, or aviation or aeronautics other than as a fare paying passenger on a duly licensed commercial aircraft unless disclosed to and accepted by AIG.
- 15. Bodily Injury or Illness while serving as a member of a police or military unit of any country or international authority, or War, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power, or the intentional use of military force to intercept, prevent, or mitigate any known or suspected Terrorist Act, or any illegal act including resultant imprisonment. Any medical services rendered to an Insured Person while he is confined to prison, jail, any other correctional facility including halfway houses or similar facilities, or any mental institution. Exposure to ionising radiation or radioactive contamination of any kind.
- 16. Hospital in-patient treatment for convalescence, rehabilitation, supervision or conditions which in the opinion of AIG medical adviser(s) can be properly treated as an out-patient.
- 17. Transportation costs in respect of trips made specifically for the purpose of obtaining medical treatment unless in the course of an approved Emergency medical evacuation, and all Emergency medical evacuation costs not approved in advance by AIG or its appointed 24-hour Emergency medical assistance center.
- 18. Charges, or portions of charges, which are not Reasonable and Customary Charges. Costs arising under any legislation which seeks to increase the cost of medical treatment and services actually received above charge levels which would be considered Reasonable and Customary Charges in the absence of such legislation.
- 19. Any costs incurred outside of the Policy Year or for any period for which the appropriate premium has not been paid.
- 20. We are not liable to make any payments for liability under any coverage sections of this Policy or make any payments under any extension for any loss or claim arising in, or where You or any beneficiary under the Policy is a citizen or instrumentality of the government of, any country against which any laws and/or regulations governing this Policy and/or Us, our parent company or our ultimate holding entity have established an embargo or other form of economic sanction which have the effect of prohibiting Us from providing insurance coverage or transacting business with or otherwise offering economic benefits to You or any other beneficiary under the Policy. It is further understood and agreed that no benefits or payments will be made to any beneficiary who is declared unable to receive economic benefits under the laws and/or regulations governing this Policy and/or Us, our parent company or our ultimate holding entity.
- 21. The Policy will not cover any loss, Bodily Injury, damage or legal liability suffered or sustained directly or indirectly by you if you are:
- a) a terrorist;
- b) a member of a terrorist organisation;
- c) a narcotics trafficker; or
- d) a purveyor of nuclear, chemical or biological weapons.

Disclosure of Distribution Costs, Charges & Expenses:

You may request for information on remuneration, including any commission, fee and other benefits that your insurance advisor has received or will be receiving for providing advice on, or arranging insurance contracts or both, in respect of any Accident and health Policy.

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 AIG Asia Pacific Insurance Pte. Ltd. or visit the AIG, GIA or SDIC web-sites (www.AIG.com.sg or www.gia.org.sg or www.sdic.org.sg).





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