

# 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.

GlobalHealth Asia also offers a wide range of plans to enhance any corporate, organisation, or association employee benefits programs, with flexible structures and cost savings.

Presented to (Name of Applicant): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Presented by (Name of Advisor): \_\_\_\_\_

Signature of Advisor: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Covered Member \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth (dd/mm/yyyy) \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## PLAN SELECTED

<input type="checkbox"/> Advantage 100	<input type="checkbox"/> Advantage 200	<input type="checkbox"/> Advantage 300	<input type="checkbox"/> Advantage 400	<input type="checkbox"/> Advantage 500
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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 US\$3 million per Policy Year for Advantage 300, Advantage 400 and Advantage 500; Up to US\$250,000 per Policy Year for Advantage 200; Up to US\$250,000 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
<b>Plan Maximum</b>	\$250,000 per Disability	\$250,000 per year	\$3,000,000 per year	\$3,000,000 per year	\$3,000,000 per year
<b>Hospitalisation &amp; Out-patient Surgery</b>	Hospitalisation & Out-patient Surgery sub-limits:	Hospitalisation & Out-patient Surgery sub-limits:	Fully Covered	Fully Covered	Fully Covered
Room and board including general nursing care	\$250 per day	\$300 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			
Surgeon's Fees including pre- and post- surgical services	\$15,000 per Disability	\$20,000 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			
<b>Pre-hospitalisation</b>					
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 \$1,000 per Disability	Up to \$1,000 per Disability	Fully Covered	Fully Covered	Fully Covered
<b>Post-hospitalisation</b>					
Normal follow-up treatment for up to 90 days following hospitalisation					
Physicians and specialists office visits	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Physiotherapist, chiropractor and acupuncturist when certified necessary by an attending Physician					
Medicines and Drugs; dressings; X-rays; diagnostic laboratory tests; surgical appliances					
<b>Oncology</b>					
Chemotherapy and radiotherapy	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered

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



Standard Benefits	Advantage 100	Advantage 200	Advantage 300	Advantage 400	Advantage 500
<b>Renal Dialysis</b>					
Kidney Dialysis	\$15,000 lifetime benefit	\$15,000 lifetime benefit	Fully Covered	Fully Covered	Fully Covered
<b>Complications of Pregnancy</b>					
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
<b>AIDS/ HIV</b>					
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	\$25,000 lifetime benefit	\$25,000 lifetime benefit	\$100,000 lifetime benefit	\$100,000 lifetime benefit	\$100,000 lifetime benefit
<b>Private Nursing</b>					
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
<b>Mental or Nervous Disorders</b>					
In-patient treatment under the care of a Psychiatrist	No Cover	No Cover	\$5,000 per year \$10,000 lifetime benefit	\$5,000 per year \$10,000 lifetime benefit	\$5,000 per year \$10,000 lifetime benefit
<b>Organ Transplant</b>					
Transplant of heart, liver, kidney, bone marrow, cornea or lung to a limit of	\$250,000 per Disability	\$250,000 per Disability	\$750,000 per Disability	\$750,000 per Disability	\$750,000 per Disability
<b>Hospice Care</b>					
Hospice/ Palliative Care	No Cover	No Cover	\$10,000 lifetime benefit	\$10,000 lifetime benefit	\$10,000 lifetime benefit
<b>Emergency Benefits</b>					
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					

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



Standard Benefits	Advantage 100	Advantage 200	Advantage 300	Advantage 400	Advantage 500
<b>Chronic Conditions</b>					
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
<b>Out-patient</b>					
Physicians and specialists consultations					
Physiotherapist when certified necessary by an attending Physician	No Cover	Optional \$5,000 per year	No Cover	Fully Covered	Fully Covered
Medicines and Drugs; dressings; X-rays; CT Scans; MRI Scans; ultrasounds; diagnostic laboratory tests and medical appliances					
<b>Complementary Medicine</b>					
Physiotherapist without certification from an attending Physician; chiropractor; osteopath; homeopath; podiatrist; speech therapist; dietician	No Cover	No Cover	No Cover	\$500 per year	\$500 per year
Acupuncturist; bone setter and Chinese medicine practitioner not exceeding \$50 per visit					
<b>Maternity (Deductible does not apply)</b>					
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	\$10,000 Per Pregnancy

Optional Benefits					
<b>Dental</b>					
Routine Dental Treatment (Examinations; tooth cleaning; normal composite fillings; inlay (excluding gold inlays); onlay (excluding gold onlays); extractions; sealant)	\$700 per year	\$700 per year	\$700 per year	\$700 per year	\$700 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)	\$1,500 per year	\$1,500 per year	\$1,500 per year	\$1,500 per year	\$1,500 per year

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



Optional Benefits	Advantage 100	Advantage 200	Advantage 300	Advantage 400	Advantage 500
<b>Worldwide Cover</b>					
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
<b>Deductible</b>					
Range of Deductibles available to reduce your premium	Per Disability \$500 \$1,000 \$2,000 \$5,000	Annual Nil \$500 \$1,000 \$2,000 \$5,000	Annual Nil \$500 \$1,000 \$2,000 \$5,000	Annual Nil \$500 \$1,000 \$2,000 \$5,000	Annual Nil \$500 \$1,000 \$2,000 \$5,000

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

## 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				
	Nil	500	1,000	2,000	5,000
0 - 18	Not Available	1,001	809	600	274
19 - 25	Not Available	1,044	842	620	289
26 - 30	Not Available	1,093	881	646	298
31 - 35	Not Available	1,243	1,005	731	331
36 - 40	Not Available	1,243	1,005	731	331
41 - 45	Not Available	1,243	1,005	731	331
46 - 50	Not Available	1,950	1,572	1,133	494
51 - 55	Not Available	2,142	1,723	1,238	536
56 - 60	Not Available	2,883	2,321	1,664	711
61 - 65	Not Available	3,284	2,644	1,889	797
66 - 70*	Not Available	4,120	3,316	2,371	1,000
71 - 75*	Not Available	5,687	4,578	3,272	1,382
76 - 80*	Not Available	9,134	7,351	5,256	2,220

\*Renewal only

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*Subject to prevailing GST*



## ADVANTAGE 200 (WW)

### In-patient only

AGE	Annual Deductible				
	Nil	500	1,000	2,000	5,000
0 - 18	1,126	1,015	821	609	279
19 - 25	1,206	1,088	876	645	313
26 - 30	1,367	1,234	994	728	364
31 - 35	1,464	1,321	1,067	776	381
36 - 40	1,609	1,451	1,173	853	419
41 - 45	1,769	1,596	1,289	938	461
46 - 50	2,091	1,886	1,520	1,096	478
51 - 55	2,413	2,176	1,750	1,257	543
56 - 60	3,217	2,900	2,413	1,674	714
61 - 65	4,022	3,627	3,096	2,211	880
66 - 70*	5,630	5,180	4,617	3,659	1,971
71 - 75*	7,239	6,804	6,297	5,429	3,257
76 - 80*	9,651	9,169	8,686	8,204	4,826

## ADVANTAGE 200 (WW)

### In-patient and Out-patient

AGE	Annual Deductible				
	Nil	500	1,000	2,000	5,000
0 - 18	1,484	1,257	1,041	806	448
19 - 25	1,889	1,584	1,308	1,007	574
26 - 30	2,159	1,812	1,495	1,151	667
31 - 35	2,455	2,059	1,703	1,304	748
36 - 40	2,699	2,262	1,871	1,430	822
41 - 45	2,967	2,489	2,059	1,573	904
46 - 50	3,507	2,944	2,433	1,859	1,001
51 - 55	4,047	3,521	3,036	2,145	1,145
56 - 60	5,396	4,911	4,317	3,237	1,497
61 - 65	6,745	6,273	5,733	4,722	1,881
66 - 70*	9,443	8,971	8,499	7,555	4,249
71 - 75*	12,141	11,777	11,291	10,319	7,285
76 - 80*	16,188	15,864	15,378	14,569	11,655

\*Renewal only

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*Subject to prevailing GST*



## ADVANTAGE 300 (WW)

AGE	Annual Deductible				
	Nil	500	1,000	2,000	5,000
0 - 18	1,275	1,084	893	701	319
19 - 25	1,622	1,382	1,136	893	405
26 - 30	1,854	1,582	1,298	1,020	464
31 - 35	2,109	1,811	1,476	1,160	527
36 - 40	2,318	1,992	1,622	1,275	580
41 - 45	2,550	2,189	1,785	1,403	637
46 - 50	3,014	2,634	2,109	1,658	754
51 - 55	3,478	3,046	2,434	1,912	869
56 - 60	4,637	4,127	3,710	2,550	1,159
61 - 65	5,796	5,332	4,927	3,767	1,449
66 - 70*	9,273	8,763	8,345	7,048	3,246
71 - 75*	11,591	11,128	10,722	9,505	5,796
76 - 80*	15,069	14,616	14,315	13,109	9,794

## ADVANTAGE 300 (NAE)

AGE	Annual Deductible				
	Nil	500	1,000	2,000	5,000
0 - 18	893	758	612	454	208
19 - 25	1,159	987	796	585	273
26 - 30	1,516	1,293	1,042	763	353
31 - 35	1,623	1,393	1,127	818	391
36 - 40	1,784	1,531	1,238	900	408
41 - 45	1,962	1,685	1,361	991	448
46 - 50	2,319	2,027	1,634	1,179	515
51 - 55	2,587	2,267	1,824	1,309	566
56 - 60	3,211	2,836	2,282	1,637	699
61 - 65	4,460	3,969	3,176	2,268	957
66 - 70*	7,136	6,565	5,709	3,649	1,538
71 - 75*	8,920	8,474	7,761	5,352	1,934
76 - 80*	11,596	11,248	10,668	8,697	3,479

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## ADVANTAGE 400 (WW)

AGE	Annual Deductible				
	Nil	500	1,000	2,000	5,000
0 - 18	2,353	2,118	1,764	1,294	940
19 - 25	2,995	2,695	2,246	1,597	1,138
26 - 30	3,422	3,080	2,566	1,826	1,301
31 - 35	3,849	3,465	2,888	2,056	1,463
36 - 40	4,278	3,849	3,251	2,283	1,625
41 - 45	4,705	4,235	3,670	2,682	1,788
46 - 50	5,561	5,060	4,532	3,614	2,112
51 - 55	6,417	5,903	5,390	4,492	2,438
56 - 60	8,555	8,085	7,572	6,673	3,422
61 - 65	10,694	10,212	9,731	8,876	5,882
66 - 70*	17,110	16,511	15,913	14,715	11,122
71 - 75*	21,387	20,853	20,319	19,249	16,041
76 - 80*	27,804	27,248	26,692	25,579	22,521

## ADVANTAGE 400 (NAE)

AGE	Annual Deductible				
	Nil	500	1,000	2,000	5,000
0 - 18	1,788	1,466	1,252	984	715
19 - 25	2,325	1,906	1,628	1,278	920
26 - 30	2,860	2,403	2,002	1,573	1,088
31 - 35	3,218	2,735	2,252	1,770	1,223
36 - 40	3,576	3,075	2,575	1,967	1,359
41 - 45	3,933	3,462	2,951	2,163	1,496
46 - 50	4,648	4,183	3,672	2,789	1,764
51 - 55	5,185	4,719	4,200	3,215	1,908
56 - 60	6,437	5,954	5,471	4,506	2,252
61 - 65	8,940	8,448	8,045	7,062	3,933
66 - 70*	14,303	13,731	13,159	11,871	7,724
71 - 75*	17,879	17,343	16,806	15,733	12,515
76 - 80*	23,243	22,778	22,080	21,151	17,897

\*Renewal only

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Subject to prevailing GST





## ADVANTAGE 500 (WW)

AGE	Annual Deductible				
	Nil	500	1,000	2,000	5,000
0 - 18	2,353	2,118	1,764	1,294	940
19 - 25	5,415	5,115	4,666	4,017	3,558
26 - 30	8,422	8,080	7,566	6,826	6,301
31 - 35	8,849	8,465	7,888	7,056	6,463
36 - 40	9,278	8,849	8,251	7,283	6,625
41 - 45	9,705	9,235	8,670	7,682	6,788
46 - 50	10,561	10,060	9,532	8,614	7,112
51 - 55	6,417	5,903	5,390	4,492	2,438
56 - 60	8,555	8,085	7,572	6,673	3,422
61 - 65	10,694	10,212	9,731	8,876	5,882
66 - 70*	17,110	16,511	15,913	14,715	11,122
71 - 75*	21,387	20,853	20,319	19,249	16,041
76 - 80*	27,804	27,248	26,692	25,579	22,521

## ADVANTAGE 500 (NAE)

AGE	Annual Deductible				
	Nil	500	1,000	2,000	5,000
0 - 18	1,788	1,466	1,252	984	715
19 - 25	4,382	3,963	3,685	3,335	2,977
26 - 30	7,766	7,309	6,908	6,479	5,994
31 - 35	8,124	7,641	7,158	6,676	6,129
36 - 40	8,482	7,981	7,481	6,873	6,265
41 - 45	9,076	8,605	8,094	7,306	6,639
46 - 50	9,791	9,326	8,815	7,932	6,907
51 - 55	5,185	4,719	4,200	3,215	1,908
56 - 60	6,437	5,954	5,471	4,506	2,252
61 - 65	8,940	8,448	8,045	7,062	3,933
66 - 70*	14,303	13,731	13,159	11,871	7,724
71 - 75*	17,879	17,343	16,806	15,733	12,515
76 - 80*	23,243	22,778	22,080	21,151	17,897

**Optional Dental** US\$ 520 per person per Policy Year

\*Renewal only

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# 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, monacles 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](http://www.AIG.com.sg) or [www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).



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