



This Cover Page is an important document.

- It highlights the key features and risks of this product and should be read together with the Policy Illustration, Product Summary and Bundled Product Disclosure Document, where applicable.
- It is important to read the Policy Illustration, Product Summary and Bundled Product Disclosure Document, where applicable, before deciding whether to purchase this product. If you do not have a copy of these documents, please contact us at 6827 9933 or your Financial Adviser Representative to ask for them.
- You should not purchase this product if you do not understand or are not comfortable with the risks of this product.

Singlife Multipay Critical Illness

Product Type	Non-Participating Term Plan
Premium Term	16 Years
Policy Term	16 Years
Name of Insurer	Singapore Life Ltd.
Policy Currency	Singapore Dollars

WHAT ARE YOU PURCHASING?

This is a non-participating term plan which offers you critical illness coverage. It comprises guaranteed benefits only.

HOW MUCH WILL YOU NEED TO PAY FOR ADVICE?

The total distribution cost of this product is the amount that you will pay for advice and for other distribution related expenses. It includes cash payments in the form of commissions and benefits paid to the financial advisory firm and its representative(s) who have provided you with financial advice. This is not an additional cost to you as it has been included in the premiums payable for this plan.

The Total Distribution Cost for this plan is \$4,425 as shown in the Policy Illustration. This makes up 10.60% of the total premiums payable.

WHAT HAPPENS IF YOU SURRENDER YOUR POLICY EARLY?

As this product has no savings or investment feature, there is no cash value if the policy ends or if the policy is terminated prematurely.

COVER PAGE FOR NON-PARTICIPATING TERM PLAN

Signature of Life Assured:
Date : 16/07/2024
Name : Hee Siew Lie

Signature of Financial
Adviser Representative : _____
Date : 16/07/2024
Name : Lee Meng
Company Name : GEN Financial Advisory Pte Ltd
Contact Number : 6597382965
Representative Code : 60022385

This insurance policy is underwritten by **Singapore Life Ltd.**
4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 Tel: (65) 6827 9933 www.singlife.com
Company Reg. No.:196900499K GST Reg No.: MR-8500166-8

OTHER IMPORTANT INFORMATION

After purchasing a life insurance policy, you have a 14-day free-look period starting from the day you receive your policy documents to review the documents carefully. During this time, if you choose to cancel your policy, the insurer will refund you the premiums you have paid, less any medical fees and other expenses, such as payments for medical check-ups and medical reports, incurred by the insurer.

compareFIRST is an online portal that enables you to easily compare the premiums and features of life insurance products available to the retail market in Singapore. compareFIRST empowers you to make informed decisions when purchasing life insurance products. You can access the portal at www.comparefirst.sg before making a life insurance purchase. You can also find out more about life insurance products at www.moneysense.gov.sg.

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Introduction

Singapore Life Ltd. believes that it is important that you fully appreciate the benefits of your policy. You should also understand how the cost of your insurance cover and the expenses of administration and sales affect the benefits that you will receive.

The illustration that follows shows how the value of your policy progresses over time and the sum(s) that would be payable. The methods used to derive the values shown follow guidelines established by the Life Insurance Association, Singapore, to ensure that a fair and consistent approach is used in preparing this illustration.

As this product has no savings or investment feature, there is no cash value if the policy ends or if the policy is terminated prematurely.

If you need clarification, please do not hesitate to ask your Financial Adviser Representative.

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Policyholder and Plan Details

Date of Issue	: 16/07/2024	Backdated	: Not Applicable
Life Assured	: Hee Siew Lie		
Gender / Smoker Status	: Female/Non-Smoker	Age Next Birthday	: 44
Occupation	: Director - Management Duties - A594		
Residency / Nationality	: Singapore (SG) / Singapore (SG)		
Payment Mode	: Annual	Currency	: SGD

Summary Page

Your Plan	Policy Term	Premium Term	Sum Assured/Benefit	Premium
Singlife Multipay Critical Illness	16	16	100,000.00	2,609.00
Total:				2,609.00

- It is important that you examine the Product Summary as well. This document highlights key features of the policy, including the benefits, charges and your free-look privilege.
- You have also been given a copy of "Your Guide to Life Insurance", "Your Guide to Health Insurance and Infographic "Evaluating My Health Insurance Coverage" (where applicable)" and "Your Guide to Investment-Linked Insurance Plan" (where applicable). This is intended to provide you with a general understanding of life, health and investment-linked insurance, and it may cover product features that do not apply to the proposed policy.

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Date of Issue : 16/07/2024 Backdated : Not Applicable

Life Assured : Hee Siew Lie
Gender / Smoker Status : Female/Non-Smoker
Occupation : Director - Management Duties - A594
Residency / Nationality : Singapore (SG) / Singapore (SG)

Payment Mode : Annual Currency : SGD

Your Plan	Policy Term	Premium Term	Sum Assured/Benefit	Premium
Singlife Multipay Critical Illness	16	16	100,000.00	2,609.00
AP: 2,609.00	HP: 1,321.20	QP: 664.80	MP: 222.55	

Main Policy Illustration

End of Policy Year/Age	Total Premiums Paid To-date (\$)	Death Benefit Guaranteed (\$)	Surrender Value Guaranteed (\$)
1/45	2,609	5,000	-
2/46	5,218	5,000	-
3/47	7,827	5,000	-
4/48	10,436	5,000	-
5/49	13,045	5,000	-
6/50	15,654	5,000	-
7/51	18,263	5,000	-
8/52	20,872	5,000	-
9/53	23,481	5,000	-
10/54	26,090	5,000	-
11/55	28,699	5,000	-
12/56	31,308	5,000	-
13/57	33,917	5,000	-
14/58	36,526	5,000	-
15/59	39,135	5,000	-
16/60	41,744	5,000	-

End of Policy Year/Age	Total Premiums Paid To-date (\$)	Maturity Value Guaranteed (\$)
16/60	41,744	-

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Occupation : Director - Management Duties - A594
Residency / Nationality : Singapore (SG) / Singapore (SG)

Age Next Birthday : 44

Payment Mode : Annual Currency : SGD

Your Plan	Policy Term	Premium Term	Sum Assured/Benefit	Premium
Singlife Multipay Critical Illness	16	16	100,000.00	2,609.00
AP: 2,609.00	HP: 1,321.20	QP: 664.80	MP: 222.55	

How much are you paying for distribution costs?

This table shows the total costs of distribution that Singapore Life Ltd. expects to incur in relation to your policy, including the cost of any financial advice provided to you.

Total Distribution Cost

End of Policy Year/Age	Total Premiums Paid To-date (\$)	Total Distribution Cost To-date (\$)
1/45	2,609	2,761
2/46	5,218	3,870
3/47	7,827	4,146
4/48	10,436	4,277
5/49	13,045	4,351
6/50	15,654	4,425
7/51	18,263	4,425
8/52	20,872	4,425
9/53	23,481	4,425
10/54	26,090	4,425
11/55	28,699	4,425
12/56	31,308	4,425
13/57	33,917	4,425
14/58	36,526	4,425
15/59	39,135	4,425
16/60	41,744	4,425

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What does the last column represent?

1. The Total Distribution Cost To-date is the sum of each year's expected distribution-related costs, without interest. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel.
2. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.
3. You can obtain the Total Distribution Cost of each of the supplementary benefits (if applicable) from your Financial Adviser or its representatives.

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NOTES:

1. As this product has no savings or investment feature, there is no cash value if the policy ends or if the policy is terminated prematurely.
2. The client's Age Next Birthday (ANB) is used to calculate the premium and Surrender Values (if any) in the illustration. The Sum Assured/Benefit heading in this illustration refers to the Sum Assured or Annual/Monthly Benefit you will receive depending on the plan.
3. This quotation is applicable to standard life and is for illustration purposes only. This illustration is not an offer by Singapore Life Ltd. to provide insurance. Insurance cover is only effective when a policy is issued. The precise benefits, terms and conditions will be provided in the insurance policy contract. All amounts quoted are based on the selected currency.
4. For the purpose of this Policy Illustration, Singaporean Nationality shall include Singapore Permanent Resident. Rates quoted for a Singapore Permanent Resident shall be based on the rates quoted for a Singaporean.
5. For the purpose of the Supplementary Policy Illustration (where applicable), "-" shown under the Death Benefit Guaranteed and/or Surrender Value Guaranteed indicates that there are no death benefit coverage and/or surrender value for the respective supplementary benefit.
6. Please note that the premium rates/charges for the following (where applicable) are not guaranteed. These rates/charges may be adjusted based on future experience.
 - Singlife Multipay Critical Illness
7. I/We declare that my/our Financial Adviser Representative has explained the values / key benefits / information in the Policy Illustration and Product Summary to my/our satisfaction. I/We have read through all the pages of the Policy Illustration and Product Summary and understand the benefits of the plan.

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PRODUCT SUMMARY
Singlife Multipay Critical Illness

1. DESCRIPTION OF PRODUCT

This is a regular payment, non-participating plan that offers protection against different severities of Critical Illnesses (CI) and allows multiple claims on early, intermediate and severe stage critical illnesses as well as specified re-diagnosed and recurrent critical illnesses during the period of the policy term. It also provides additional benefits such as the Intensive Care Benefit, Benign and Borderline Malignant Tumour Benefit and Special Benefit. This plan also provides coverage for death.

This plan does not have any cash value.

The premium rates are level throughout the premium term. Please note that the premium rates are not guaranteed. These rates may be adjusted based on future experience.

This is not a Medisave-approved Policy and You may not use Medisave to pay the premiums for this Policy.

Note: "You" / "Your" relates to the Policyholder. "We" / "Us" / "Our" / "the Company" relates to Singapore Life Ltd.

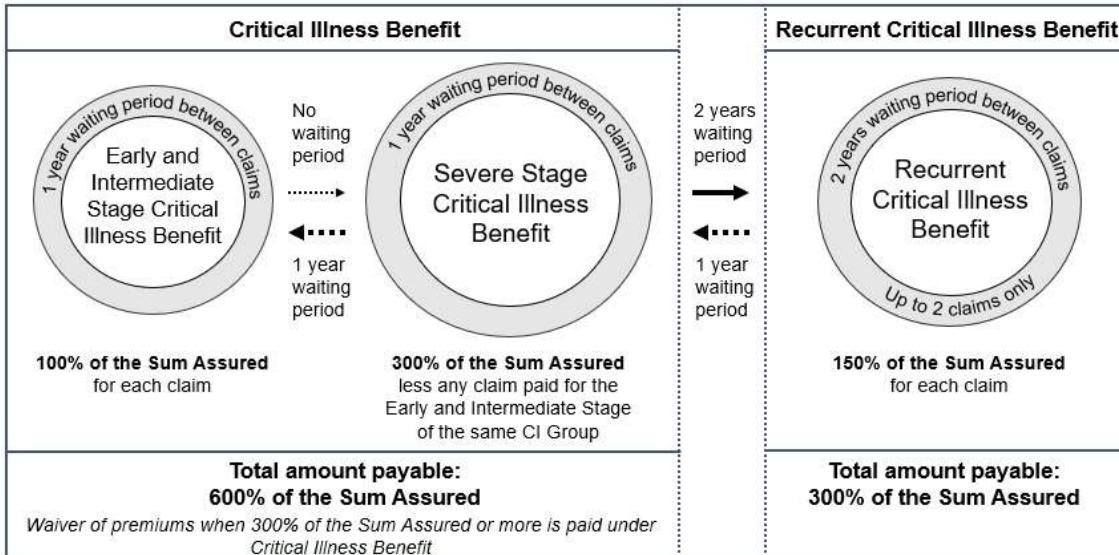
Product At-a-glance

- | | |
|---|---|
| <ul style="list-style-type: none">• Choice of coverage term of 10 years and up to 99 Age Next Birthday (ANB), at every one year interval.• Choose to pay Your premiums either monthly, quarterly, half-yearly or yearly.• Pays a lump sum of S\$5,000 (or equivalent currency) in the event of death.• Pays a Critical Illness Benefit of up to 600% of the Sum Assured in total where:<ul style="list-style-type: none">- Upon diagnosis of an Early or Intermediate Stage Critical Illness, 100% of the Sum Assured will be payable; and- Upon diagnosis of a Severe Stage Critical Illness, 300% of the Sum Assured less any claim paid for the Early and Intermediate Stage of the same CI Group will be payable.• Pays a Recurrent Critical Illness Benefit of 150% of the Sum Assured per claim, up to 2 claims:<ul style="list-style-type: none">- Upon diagnosis of the specified Severe Stage Critical Illnesses covered under this benefit, provided that the Critical Illness Benefit has ceased; or- Upon diagnosis of the specified Recurrent Critical Illnesses covered under this benefit. | <ul style="list-style-type: none">• Opt for Advance Care Option which pays an additional 100% of the Sum Assured when Your first Severe Stage Critical Illness Benefit claim under the Critical Illness Benefit is made for any one of the eligible Severe Stage Critical Illnesses. Once this option is exercised, the Recurrent Critical Illness Benefit shall cease.• Pays an Intensive Care Benefit of an additional 20% of the Sum Assured upon admission to Intensive Care Unit (ICU) for 4 days or more in one hospital admission, up to S\$25,000 (or equivalent currency) per life.• Pays a Benign and Borderline Malignant Tumour Benefit of an additional 20% of the Sum Assured upon a complete surgical excision of a Benign Tumour (suspected malignancy) requiring surgical excision or upon diagnosis of a Borderline Malignant Tumour, up to S\$25,000 (or equivalent currency) per life.• Pays a Special Benefit of an additional 20% of the Sum Assured upon diagnosis of any one of the 27 conditions covered, up to S\$25,000 (or equivalent currency) per life per condition.• Six currency options are available: SGD, USD, GBP, EUR, AUD and HKD. |
|---|---|

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SINGLIFE MULTIPAY CRITICAL ILLNESS - PLAN OVERVIEW



Other Benefits

- Advance Care Option
- Intensive Care Benefit
- Benign and Borderline Malignant Tumour Benefit
- Special Benefit
- Death Benefit

For more details on the plan features, benefits and the applicable waiting periods, please refer to section 2 and 3.

2. PLAN FEATURES AND BENEFITS

This plan provides You with benefits such as the Death Benefit, Critical Illness Benefit, Recurrent Critical Illness Benefit, Advance Care Option, Intensive Care Benefit, Benign and Borderline Malignant Tumour Benefit and Special Benefit.

Benefits are only payable when We admit the claim(s) after receiving satisfactory proof.

Before We pay any benefit, We will first deduct the remaining premiums due for that Policy Year and any amounts owing to Us from the benefits payable.

2.1. Death Benefit

In the event that the Life Assured dies within the Policy term, We will pay a Death Benefit of S\$5,000 (or equivalent currency) in one lump sum and the Policy will terminate.

2.2. Critical Illness Benefit

Critical Illness Benefit consists of:

- A) Early and Intermediate Stage Critical Illness Benefit; and
- B) Severe Stage Critical Illness Benefit.

You can make multiple claims under this benefit for Early, Intermediate and/or Severe Stage Critical Illness, subject to the respective benefit terms and conditions.

When 300% of the Sum Assured or more is paid under the Critical Illness Benefit, all future premiums for this Policy will be waived from the next Policy Anniversary following the date of diagnosis of the latest claim admitted under Critical Illness Benefit that results in total payment under this benefit to be 300% of the Sum Assured or more.

The total amount payable under Critical Illness Benefit shall not exceed 600% of the Sum Assured. This benefit shall cease once 600% of the Sum Assured is fully paid out.

The payout from this benefit does not reduce the Policy's Sum Assured or the Death Benefit.

A) Early and Intermediate Stage Critical Illness Benefit

If the Life Assured is diagnosed with any one of the Early or Intermediate Stage Critical Illnesses covered, 100% of the Sum Assured will be payable in one lump sum.

We will pay the Early and Intermediate Stage Critical Illness Benefit subject to the following:

- i. The Critical Illness Benefit has not ceased;
- ii. The Life Assured survives at least 7 days after the date of diagnosis or the date of surgical procedure performed for a Critical Illness covered under this benefit;
- iii. Only one claim is allowed for the Early and Intermediate Stage of each CI group covered;
- iv. If more than one Critical Illness covered under the Critical Illness Benefit and/or Recurrent Critical Illness Benefit is diagnosed on the same date, We will only admit one claim with the highest possible benefit payout for the Critical Illness diagnosed;
- v. For Loss of Independent Existence (Early and Intermediate Stage), the amount payable will be after deducting any claims paid under the Critical Illness Benefit. If the total claims paid under the Critical Illness Benefit have reached 100% of the Sum Assured or more, no benefit shall be payable for future claims under Loss of Independent Existence (Early and Intermediate Stage); and
- vi. The waiting periods in Section 3.2.

For the avoidance of doubt, this benefit shall cease once the Critical Illness Benefit is terminated.

Refer to Appendix A and B for the list and definitions of the Critical Illnesses covered.

B) Severe Stage Critical Illness Benefit

If the Life Assured is diagnosed with any one of the Severe Stage Critical Illnesses covered, 300% of the Sum Assured less any claim paid for the Early and Intermediate Stage of the same CI group will be payable in one lump sum.

We will pay the Severe Stage Critical Illness Benefit subject to the following:

- i. The Critical Illness Benefit has not ceased;
- ii. The Life Assured survives at least 7 days after the date of diagnosis or the date of surgical procedure performed for a Critical Illness covered under this benefit;
- iii. Only one claim is allowed for the Severe Stage of each CI group covered;
- iv. If more than one Critical Illness covered under the Critical Illness Benefit and/or Recurrent Critical Illness Benefit is diagnosed on the same date, We will only admit one claim with the highest possible benefit payout for the Critical Illness diagnosed;
- v. For Terminal Illness (Severe Stage) and Loss of Independent Existence (Severe Stage), the amount payable will be after deducting any claims paid under the Critical Illness Benefit. If the total claims paid under the Critical Illness Benefit have reached 300% of the Sum Assured or more, no benefit shall be payable for future claims under Terminal Illness (Severe Stage) and Loss of Independent Existence (Severe Stage); and
- vi. The waiting periods in Section 3.2.

If a claim under this benefit results in the total amount of claims under Critical Illness Benefit to exceed 600% of the Sum Assured, We will only pay the claim for the amount up to 600% of the Sum Assured.

For the avoidance of doubt, this benefit shall cease once the Critical Illness Benefit is terminated.

Refer to Appendix A and B for the list and definitions of the Critical Illnesses covered.

2.3 Recurrent Critical Illness Benefit

If the Life Assured is diagnosed with:

- (a) any one of the specified Severe Stage Critical Illnesses covered under this benefit, provided that the Critical Illness Benefit has ceased; or
- (b) any one of the Recurrent Critical Illnesses covered under this benefit,

150% of the Sum Assured will be payable in one lump sum.

List of specified Severe Stage Critical Illnesses and Recurrent Critical Illnesses covered under this benefit are as follows:

Specified Severe Stage Critical Illnesses*	Recurrent Critical Illnesses^
Major Cancer	Re-diagnosed Major Cancer
Heart Attack of Specified Severity	Recurrent Heart Attack of Specified Severity
Stroke with Permanent Neurological Deficit	Recurrent Stroke with Permanent Neurological Deficit
Open Chest Heart Valve Surgery	Repeated Open Chest Heart Valve Surgery
Major Organ / Bone Marrow Transplantation	Repeated Major Organ / Bone Marrow Transplantation
Coronary Artery By-pass Surgery	Repeated Coronary Artery By-pass Surgery

* Refer to Appendix B for the definitions of the specified Severe Stage Critical Illnesses covered under this benefit.

^ Refer to Appendix C for the definitions of the Recurrent Critical Illnesses covered under this benefit.

We will pay the Recurrent Critical Illness Benefit subject to the following:

- i. The Recurrent Critical Illness Benefit has not ceased;
- ii. The Life Assured survives at least 7 days after the date of diagnosis or the date of surgical procedure performed for a Critical Illness covered under this benefit;
- iii. A maximum of 2 claims is allowed under this benefit and the total amount payable under Recurrent Critical Illness Benefit shall not exceed 300% of the Sum Assured;
- iv. If more than one Critical Illness covered under the Critical Illness Benefit and/or Recurrent Critical Illness Benefit is diagnosed on the same date, We will only admit one claim with the highest possible benefit payout for the Critical Illness diagnosed; and
- v. The waiting periods in Section 3.2.

The payout from this benefit does not reduce the Policy's Sum Assured or the Death Benefit.

This benefit shall cease once 300% of the Sum Assured is fully paid out or when the Advance Care Option is successfully exercised under this Policy, whichever is earlier. Refer to Section 2.4 for more details on Advance Care Option.

2.4 Advance Care Option

You may exercise the Advance Care Option if the Life Assured is diagnosed with any one of the eligible Severe Stage Critical Illnesses listed below ("the eligible Severe Stage Critical Illnesses") and the claim is the first Severe Stage Critical Illness Benefit claim made under the Critical Illness Benefit.

List of the eligible Severe Stage Critical Illnesses for Advance Care Option are as follows:

1	Major Cancer
2	Heart Attack of Specified Severity
3	Stroke with Permanent Neurological Deficit
4	Open Chest Heart Valve Surgery
5	Major Organ / Bone Marrow Transplantation
6	Coronary Artery By-pass Surgery

If this option is exercised and Your claim is admitted, an additional 100% of the Sum Assured will be payable in one lump sum on top of the Severe Stage Critical Illness Benefit claim payable under the Critical Illness Benefit and the Recurrent Critical Illness Benefit shall cease.

The Life Assured must survive at least 7 days after the date of diagnosis or the date of surgical procedure performed for the eligible Severe Stage Critical Illness before the Advance Care Option can be payable.

This option can only be exercised when the eligible Severe Stage Critical Illness Benefit claim that qualifies for this option is made. If You did not exercise this option when the eligible Severe Stage Critical Illness Benefit claim that qualifies for this option is made and once the claim is admitted, this option will no longer be available under this Policy even if the Life Assured is diagnosed with any one of the eligible Severe Stage Critical Illnesses thereafter.

You can only exercise this option once and when this option has been exercised, it cannot be reversed.

For the avoidance of doubt, the Advance Care Option will no longer be available under this Policy if:

- (i) the first Severe Stage Critical Illness Benefit claim made under the Critical Illness Benefit is not one of the eligible Severe Stage Critical Illnesses; or
- (ii) You did not exercise this option accordingly.

2.5 Intensive Care Benefit

If the Life Assured is admitted to the ICU due to an illness or Accident, upon ICU stay of 4 days or more in one hospital admission for Necessary Medical Treatment, an additional 20% of the Sum Assured will be payable, subject to a maximum amount of S\$25,000 (or equivalent currency) per life.

We will pay the Intensive Care Benefit subject to the following:

- i. The Life Assured survives at least 7 days after the first day of admission to ICU for an admissible claim;
- ii. The stay in ICU must be confirmed as Necessary Medical Treatment. We will not consider a stay in ICU as Necessary Medical Treatment if the Life Assured can be safely and adequately treated in any other facility;
- iii. Only one claim is allowed under this benefit; and
- iv. The waiting period in Section 3.2.

The payout from this benefit does not reduce the Policy's Sum Assured or the Death Benefit.

This benefit shall cease on the date on which a claim is made, on the Policy Anniversary in which the Life Assured is 85 Age Next Birthday (ANB) or upon the expiry of this Policy, whichever is earliest.

"Intensive Care Unit" or **"ICU"** means the intensive care unit of a hospital in Singapore. High Dependency Unit and other accommodation ward are not considered intensive care unit.

"Necessary Medical Treatment" means reasonable and common treatment which, in the professional opinion of a Registered Medical Practitioner or a specialist, is appropriate and consistent with the symptoms, findings, diagnosis and other relevant clinical circumstances of the illness or injury and reduces the negative effect of the illness or injury on the Life Assured.

The treatment:

- must be provided in line with generally accepted standards of good medical practice in Singapore, be consistent with current standards of professional medical care, and have proven medical benefits;
- must not be for the convenience of the Life Assured or Registered Medical Practitioner or specialist, this includes but is not limited to treatment that can reasonably be provided out of a hospital but is provided as an inpatient treatment;
- must not be for investigation or research, this includes but is not limited to experimental or new physiotherapy, medical techniques or surgical techniques, medical devices not approved by the Institutional Review Board and the Health Sciences Authority, and medical trials for medicinal products, whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority or similar bodies; and
- must not be preventive, or for health screening or promoting good health, this includes but is not limited to dietary replacement or supplement.

2.6 Benign and Borderline Malignant Tumour Benefit

If the Life Assured undergoes a complete surgical excision of a Benign Tumour (suspected malignancy) requiring surgical excision from any of the Specified Organs covered or is diagnosed with a Borderline Malignant Tumour, an additional 20% of the Sum Assured will be payable, subject to a maximum amount of S\$25,000 (or equivalent currency) per life.

We will pay the Benign and Borderline Malignant Tumour Benefit subject to the following:

- i. The Life Assured survives at least 7 days after the date of diagnosis of Borderline Malignant Tumour or the date of surgical procedure performed for a covered Benign Tumour (suspected malignancy) requiring surgical excision;
- ii. Only one claim is allowed under this benefit; and
- iii. The waiting period in Section 3.2.

The payout from this benefit does not reduce the Policy's Sum Assured or the Death Benefit.

This benefit shall cease on the date on which a claim is made, on the Policy Anniversary in which the Life Assured is 85 Age Next Birthday (ANB) or upon the expiry of this Policy, whichever is earliest.

Refer to Appendix D for definitions and the list of Specified Organs covered under this benefit.

2.7 Special Benefit

If the Life Assured is diagnosed with any one of the conditions listed below, an additional 20% of the Sum Assured will be payable, subject to a maximum amount of S\$25,000 (or equivalent currency) per life per condition.

The coverage for conditions (1) to (16) shall cease on the Policy Anniversary in which the Life Assured is 85 Age Next Birthday (ANB) or upon the expiry of this Policy, whichever is earlier.

1.	Diabetic Complications
2.	Angioplasty & Other Invasive Treatment For Coronary Artery
3.	Osteoporosis with Fractures
4.	Severe Rheumatoid Arthritis
5.	Mastectomy
6.	Chronic Adrenal Insufficiency (Addison's Disease)
7.	Chronic Relapsing Pancreatitis
8.	Hysterectomy due to Cancer
9.	Dengue Haemorrhagic Fever
10.	Wilson's Disease
11.	Severe Crohn's Disease
12.	Severe Ulcerative Colitis
13.	Pheochromocytoma
14.	Age-related Macular Degeneration with Visual Impairment
15.	Severe Presbycusis (Age-related Hearing Loss)
16.	Urinary Incontinence requiring Surgical Repair

The coverage for conditions (17) to (27) shall cease on the Policy Anniversary in which the Life Assured is 18 Age Next Birthday (ANB) or upon the expiry of this Policy, whichever is earlier.

17.	Severe Juvenile Rheumatoid Arthritis (Stills Disease)
18.	Severe Haemophilia
19.	Rheumatic Fever with Valvular Impairment
20.	Osteogenesis Imperfecta

21.	Insulin Dependent Diabetes Mellitus
22.	Kawasaki Disease
23.	Glomerulonephritis with Nephrotic Syndrome
24.	Type I Juvenile Spinal Amyotrophy
25.	Autism of Specified Severity
26.	Generalised Tetanus
27.	Rabies

We will pay the Special Benefit subject to the following:

- i. The Life Assured survives at least 7 days after the date of diagnosis or the date of surgical procedure performed for a condition covered under this benefit;
- ii. Each condition can only be paid once and a maximum of 6 claims are allowed under this benefit; and
- iii. The waiting period in Section 3.2. There is no waiting period between each Special Benefit claim.

The payout from this benefit does not reduce the Policy's Sum Assured or the Death Benefit.

This benefit shall cease on the date on which the sixth (6th) claim is made, on the Policy Anniversary in which the Life Assured is 85 Age Next Birthday (ANB) or upon the expiry of the Policy, whichever is earliest.

Refer to Appendix E for definitions of conditions covered under this benefit.

Note:

For Angioplasty & Other Invasive Treatment For Coronary Artery, the payment of this Special Benefit shall be in addition to any Angioplasty & Other Invasive Treatment For Coronary Artery benefits payable under other types of Critical Illness Basic or Supplementary Benefit(s) issued by Us (if any), in respect of the same Life Assured. If You have more than one Policy with Us which covers Angioplasty & Other Invasive Treatment For Coronary Artery under Special Benefit, the payout for Angioplasty & Other Invasive Treatment For Coronary Artery will be aggregated up to the limit of S\$25,000 (or equivalent currency) per life.

3. ADDITIONAL INFORMATION

3.1. The Contract

This Product Summary provides You with an overview of the plan. The Policy contract will provide the full terms and conditions.

3.2. Waiting Period

- (i) No benefit shall be payable under this Policy if:
 - (a) for any of the following Early, Intermediate or Severe Stage of Critical Illness under the Critical Illness Benefit and Recurrent Critical Illness Benefit:
 - (i) the date of diagnosis of Heart Attack of Specified Severity, Major Cancer, or Other Serious Coronary Artery Disease; or
 - (ii) the date of diagnosis of coronary artery disease leading to performance of Coronary Artery By-pass Surgery;
 - (b) in respect of Intensive Care Benefit, the date of the first day of ICU stay of an admissible claim;
 - (c) in respect of the Benign and Borderline Malignant Tumour Benefit, the date of diagnosis of the Borderline Malignant Tumour or the date of diagnosis of any conditions leading to surgical excision of Benign Tumour (suspected malignancy) requiring surgical excision; or
 - (d) in respect of the Special Benefit,
 - (i) the date of diagnosis of the following conditions: Severe Presbycusis (Age-related Hearing Loss), or Age-related Macular Degeneration with Visual Impairment; or

- (ii) the date of diagnosis of the condition leading to the performance of the following surgeries: Urinary Incontinence requiring Surgical Repair, Mastectomy, Hysterectomy due to Cancer, or Angioplasty & Other Invasive Treatment For Coronary Artery,

occurs within 90 days from:

- (i) the Policy Issue Date;
- (ii) the Benefit Commencement Date of this Policy; or
- (iii) the reinstatement date of this Policy;

whichever is latest.

- (ii) In addition to section 3.2 (i), waiting periods between claims are applicable for the respective benefits stated below:

(a) Early and Intermediate Stage Critical Illness Benefit

No benefit shall be payable if the Diagnosis Date of any of the Early or Intermediate Stage Critical Illnesses covered under this benefit occurs within one (1) year from the Diagnosis Date of the latest claim admitted under:

- (i) Early and Intermediate Stage Critical Illness Benefit; or
- (ii) Severe Stage Critical Illness Benefit; or
- (iii) Recurrent Critical Illness Benefit.

(b) Severe Stage Critical Illness Benefit

No benefit shall be payable if the Diagnosis Date of any of the Severe Stage Critical Illnesses covered under this benefit occurs within one (1) year from the Diagnosis Date of the latest claim admitted under:

- (i) Severe Stage Critical Illness Benefit; or
- (ii) Recurrent Critical Illness Benefit.

There is no waiting period from the Early or Intermediate Stage Critical Illness claim admitted under Early and Intermediate Stage Critical Illness Benefit to the Diagnosis Date of any Severe Stage Critical Illnesses covered under Severe Stage Critical Illness Benefit.

(c) Recurrent Critical Illness Benefit

No benefit shall be payable if the Diagnosis Date of any of the specified Severe Stage Critical Illnesses or Recurrent Critical Illnesses covered under this benefit occurs within two (2) years from the Diagnosis Date of the latest claim admitted under:

- (i) Early and Intermediate Stage Critical Illness Benefit; or
- (ii) Severe Stage Critical Illness Benefit; or
- (iii) Recurrent Critical Illness Benefit.

For the purpose of section 3.2 (ii), "Diagnosis Date" refers to the date of diagnosis or the date of diagnosis of the condition leading to the performance of the surgical procedure.

3.3. Survival Period

Refer to respective sections for the Survival Period for respective benefits.

3.4. Termination

This Policy shall terminate on the earliest occurrence of the following:

- (a) the death of the Life Assured;
- (b) the Policy Expiry Date;
- (c) the date We pay the Death Benefit in full;
- (d) the date We pay 900% of the Sum Assured in full for the Critical Illness Benefit and Recurrent Critical Illness Benefit;
- (e) the date We pay 700% of the Sum Assured in full for the Critical Illness Benefit and Advance Care Option;
- (f) the expiry of grace period without payment of premium due;
- (g) the acceptance of Your application to terminate this Policy; or
- (h) any other event which results in termination as set out in this Policy.

3.5. Exclusions

- (a) No benefit shall be payable under this Policy if death is caused by suicide, while sane or insane, within one year from:

- (i) the Policy Issue Date; or
- (ii) the last reinstatement date of this Policy,

whichever is later.

This Policy will be void from the date immediately prior to the date of death. We will refund (without interest) the total amount of premiums paid for this Policy from the Policy Issue Date or the date of the last reinstatement of this Policy (whichever is later) to the date of death, less any amounts owing to Us.

- (b) No benefit shall be payable under this Policy if any conditions covered under this Policy is directly or indirectly, wholly or partly caused by or arising from or contributed to by:

- (i) self-inflicted injury or illness, while sane or insane;
- (ii) wilful misuse of drugs or alcohol, while sane or insane;
- (iii) Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV) except certain conditions as provided in this Policy; or
- (iv) any Pre-existing Condition.

"Pre-existing Condition" means any condition or illness which existed or was existing or the cause or symptoms of which existed or were existing or evident, or any condition or illness which the Life Assured suffered or was suffering from, prior to the Policy Issue Date, Benefit Commencement Date of this Policy or the reinstatement date of this Policy, whichever is later, unless the condition or illness had been declared and accepted by Us.

- (c) In addition to section 3.5 (b), no benefit shall be payable under the Intensive Care Benefit if any condition is directly or indirectly, wholly or partly caused by or arising from or contributed to by:

- (i) the Life Assured suffering symptoms of, had investigations for, or was diagnosed with illness any time before or within 90 days from Policy Issue Date, the Benefit Commencement Date of this Policy or reinstatement date of this Policy, whichever is latest;
- (ii) attempted suicide;
- (iii) treatment aimed at improving appearance, such as cosmetic surgery or any treatment relating to a previous cosmetic treatment;
- (iv) overseas medical treatment;
- (v) pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of related stay in hospital or treatment;
- (vi) Infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment;
- (vii) Psychological disorders, personality disorders, mental conditions or behavioural disorders, including any addiction or dependence arising from these disorders such as gambling or gaming addiction;
- (viii) unlawful acts, provoked assault or deliberate exposure to danger;
- (ix) Treatment of sexually-transmitted diseases;
- (x) Sex-change operations;
- (xi) Experimental or pioneering medical or surgical techniques and medical devices not approved by the Institutional Review Board and the Centre of Medical Device Regulation and medical trials for medicinal products whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority of Singapore;

- (xii) Alternative or complementary treatments, including traditional Chinese medicine (TCM) or a stay in any health-care establishment for social or non-medical reasons;
- (xiii) Treatment of injuries arising from being directly involved in civil commotion, riot or strike;
- (xiv) Radiation or contamination from radioactivity; or
- (xv) Warlike operations (whether war is declared or not), war, invasion, riot or any similar event.

You are advised to read the policy contract for the full list of exclusions.

3.6. Claims

Any benefits payable under the Policy are made to You, Your legal representative, the hospital or such other authorised parties (as the case may be). We will not make any payment in respect of any claim incurred unless full premium has been received by Us.

Please contact Your Financial Adviser Representative or visit <https://singlife.com/en/make-a-claim/> for the claim procedures.

3.7. Free Look

Within 14 days after You have received the Policy, You may write to Us to cancel Your Policy. We will refund the premium(s) You paid (without interest) after deducting any expenses We incurred in assessing the risk under Your Policy and in issuing the Policy, after We have received the written notification for cancellation.

If this Policy was sent to You by post or delivered or downloaded via electronic means, You are considered to have received it 7 days after posting or We consider it delivered 7 days after We sent the Policy by electronic means or when the Policy is downloaded by You.

3.8. Point-of-Sale Documents

A copy of the following documents is provided at the point-of-sale:

- Cover Page (if applicable)
- Policy Illustration
- Product Summary
- Bundled Product Disclosure (if applicable)
- Fact Find Form
- Your Guide to Life Insurance
- Your Guide to Health Insurance and Infographic "Evaluating My Health Insurance Coverage" (if applicable)
- Infographic "Moratorium on Genetic Testing and Insurance"

3.9. Note

The above is merely a summary of the plan offered. The precise terms and conditions of the plan are set out in the policy contract.

You may wish to seek advice from a Financial Adviser Representative before making a commitment to purchase the plan. In the event that You choose not to seek advice from a Financial Adviser Representative, You should consider whether the plan in question is suitable for You. As this product has no savings or investment feature, there is no cash value if the policy ends or if the policy is terminated prematurely. Buying a health insurance policy that is not suitable for You may impact Your ability to finance Your future healthcare needs.

3.10. 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 Us or visit the LIA or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

3.11. Details of the Insurer

This plan is underwritten by Singapore Life Ltd. Website: [www.singlife.com](https://singlife.com).

APPENDIX A: LIST OF CRITICAL ILLNESSES COVERED

CI Group	Severe Stage	Early and Intermediate Stages
1	Major Cancer*	Carcinoma in-situ (CIS) and Early Cancers: (a) Carcinoma in-situ (CIS) (b) Early Cancers: <ul style="list-style-type: none"> • Early Prostate Cancer • Early Thyroid Cancer • Early Bladder Cancer • Early Chronic Lymphocytic Leukaemia • Neuroendocrine Tumours • Early Melanoma • Gastro-Intestinal Stromal tumours • Bone Marrow Malignancies
2	Heart Attack of Specified Severity*	Specified Surgical Procedures of the Cardiovascular System: (a) Cardiac pacemaker insertion (b) Pericardectomy (c) Cardiac defibrillator insertion (d) Cardiomyopathy
3	Stroke with Permanent Neurological Deficit*	Brain aneurysm surgery (via endovascular procedures) Brain aneurysm surgery Cerebral shunt insertion Carotid artery surgery
4	Coronary Artery By-pass Surgery*	Transmyocardial Laser Revascularisation, or Keyhole Coronary Bypass Surgery, or Coronary Artery Atherectomy, or Enhanced External Counterpulsation Device
5	End Stage Kidney Failure*	Nephrectomy - Surgical Removal of One Kidney Chronic Kidney Disease
6	Irreversible Aplastic Anaemia*	Reversible Aplastic Anaemia Myelodysplastic Syndrome or Myelofibrosis
7	End Stage Lung Disease*	Severe Asthma Insertion of a Vena-cava filter Surgical removal of one lung
8	End Stage Liver Failure*	Liver Surgery Liver Cirrhosis
9	Coma*	Coma for 48 hours Severe Epilepsy
10	Deafness (Irreversible Loss of Hearing)*	Partial loss of hearing Cavernous sinus thrombosis surgery Cochlear implant surgery
11	Open Chest Heart Valve Surgery*	Percutaneous Valve Surgery
12	Irreversible Loss of Speech*	Permanent (or Temporary) Tracheostomy Irreversible Loss of Speech due to neurological disease
13	Major Burns*	Mild Burns
14	Major Organ / Bone Marrow Transplantation*	Other Organ Transplants (a) Small Bowel Transplant (b) Corneal Transplant Major Organ/Bone Marrow Transplant (on waitlist)

15	Multiple Sclerosis*	Early Multiple Sclerosis (Intermediate Stage)
16	Muscular Dystrophy*	Spinal Cord Disease or Injury resulting in Bowel and Bladder Dysfunction
		Moderate Muscular Dystrophy
17	Idiopathic Parkinson's Disease*	Early Parkinson's Disease
		Moderately Severe Parkinson's Disease
18	Open Chest Surgery to Aorta*	Large Asymptomatic Aortic Aneurysm
		Minimally Invasive Surgery to Aorta
19	Alzheimer's Disease / Severe Dementia*	Early Dementia
		Moderately Severe Dementia including Alzheimer's Disease
20	Fulminant Hepatitis*	Hepatitis with Cirrhosis
		Biliary Tract Reconstruction Surgery
		Chronic Primary Sclerosing Cholangitis
21	Motor Neurone Disease*	Peripheral Neuropathy
		Early Motor Neurone Disease (Intermediate Stage)
22	Primary Pulmonary Hypertension*	Early Primary or Secondary Pulmonary Hypertension
23	HIV Due to Blood Transfusion and Occupationally Acquired HIV*	HIV due to Organ Transplant and Assault
24	Benign Brain Tumour*	Surgical Removal of Pituitary Tumour
		Surgery for Subdural Haematoma
25	Severe Encephalitis*	Encephalitis
26	Severe Bacterial Meningitis*	Bacterial Meningitis
27	Blindness (Irreversible Loss of Sight)*	Irreversible Loss of sight in one eye or Optic Nerve Atrophy with low vision
28	Major Head Trauma*	Facial Reconstructive Surgery
		Cervical Spinal Cord Injury
		Intermediate Stage Major Head Trauma
29	Paralysis (Irreversible Loss of Use of Limbs)*	Irreversible Loss of Use of One Limb
		Irreversible Loss of Use of One Limb requiring Prosthesis
30	Progressive Scleroderma*	Early Progressive Scleroderma
		Systemic Sclerosis with CREST Syndrome
31	Persistent Vegetative State (Apallic Syndrome)*	Akinetic Mutism
		Locked in syndrome
32	Systemic Lupus Erythematosus with Lupus Nephritis*	Mild Systemic Lupus Erythematosus
33	Other Serious Coronary Artery Disease*	Mild Coronary Artery Disease
34	Poliomyelitis*	Moderately Severe Poliomyelitis
35	Loss of Independent Existence*	Loss of Independent Existence (Early Stage)
		Loss of Independent Existence (Intermediate Stage)
36	Creutzfeld- Jacob Disease	Less Severe Creutzfeld-Jacob Disease
		Moderately Severe Creutzfeld-Jacob Disease
37	Elephantiasis	Not applicable
38	Medullary Cystic Disease	Not applicable
39	Necrotising Fasciitis	Not applicable
40	Progressive Supranuclear Palsy	Less Severe Progressive Supranuclear Palsy

41	Severe Myasthenia Gravis	Not applicable
42	Adrenalectomy for Adrenal Adenoma	Not applicable
43	Chronic Auto-Immune Hepatitis	Not applicable
44	Infective Endocarditis	Less Severe Infective Endocarditis
45	Multiple Root of Brachial Plexus Injury	Not applicable
46	Severe Eisenmenger's Syndrome	Severe Eisenmenger's Syndrome (Intermediate Stage)
47	Surgery for Idiopathic Scoliosis	Not applicable
48	Tuberculosis Meningitis	Not applicable
49	Severe Pulmonary Fibrosis	Not applicable
50	Severe Cardiomyopathy	Not applicable
51	Acquired Brain Damage	Not applicable
52	Brain Surgery	Not applicable
53	Medically Acquired HIV Infection	Not applicable
54	Occupationally Acquired Hepatitis B or C	Not applicable
55	Ebola	Not applicable
56	Resection of the whole small intestine (duodenum, jejunum and ileum)	Not applicable
57	Juvenile Huntington Disease	Not applicable
58	Biliary Atresia having undergone Liver transplantation	Biliary Atresia (on diagnosis)
59	Severe Bronchiectasis	Not applicable
60	Terminal Illness*	Not applicable

*The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2019). These Critical Illnesses fall under Version 2019. You may refer to www.lia.org.sg for the standard Definitions (Version 2019). For Critical Illnesses that do not fall under Version 2019, the definitions are determined by the insurance company.

APPENDIX B: DEFINITION OF EARLY, INTERMEDIATE AND SEVERE STAGE CRITICAL ILLNESSES COVERED

1. Major Cancer (CI Group 1)

Severe Stage	Early and Intermediate Stages
<p>Major Cancer</p> <p>A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.</p> <p>The term Major Cancer includes, but is not limited to, leukaemia, lymphoma and sarcoma.</p> <p>Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.</p> <p>For the above definition, the following are excluded:</p> <ul style="list-style-type: none"> • All tumours which are histologically classified as any of the following: <ul style="list-style-type: none"> - Pre-malignant; - Non-invasive; - Carcinoma-in-situ (Tis) or Ta; - Having borderline malignancy; - Having any degree of malignant potential; - Having suspicious malignancy; - Neoplasm of uncertain or unknown behaviour; or - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia; • Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans 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; 	<p>Carcinoma in-situ (CIS) and Early Cancers</p> <p>(a) Carcinoma in-situ (CIS):</p> <p>CIS means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane.</p> <p>(b) Early Cancers:</p> <ul style="list-style-type: none"> • Early Prostate Cancer: Prostate Cancer that is histologically described using the TNM Classification as T1a or T1b or Prostate cancers described using another equivalent classification. • Early Thyroid Cancer: Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of thyroid that is less than one (1) cm in diameter. • Early Bladder Cancer: Papillary microcarcinoma of Bladder. • Early Chronic Lymphocytic Leukaemia: Chronic Lymphocytic Leukaemia (CLL) RAI Stage one (1) or two (2). • Neuroendocrine Tumours: All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification). • Early Melanoma: Invasive melanomas of less than 1.5mm Breslow thickness, or less than Clark Level three (3). • Gastro-Intestinal Stromal tumours: All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual. • Bone Marrow Malignancies: All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment. <p>The diagnosis of Cancer or Carcinoma in-situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.</p> <p>The following conditions are specifically excluded from coverage:</p> <ul style="list-style-type: none"> • All tumours which are histologically classified as any of the following: <ul style="list-style-type: none"> - Pre-malignant; - Having borderline malignancy; - Having any degree of malignant potential; - Having suspicious malignancy; - Neoplasm of uncertain or unknown behaviour; or - Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II, and CIN III (severe dysplasia without carcinoma in-situ) and low grade & high grade squamous epithelial lesions unless specifically reported as CIS (carcinoma in situ). - Prostatic Intraepithelial Neoplasia (PIN) - Vulvar Intraepithelial Neoplasia (VIN) • All tumours in the presence of Human Immunodeficiency Virus (HIV) infection; • All Gastro-Intestinal Stromal tumours histologically classified as below Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual;

<ul style="list-style-type: none"> • All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; • All Neuroendocrine tumours 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 Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below; • Chronic Lymphocytic Leukaemia less than RAI Stage three (3); • All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and • All tumours in the presence of HIV infection. 	<ul style="list-style-type: none"> • Carcinoma in-situ of the biliary system is also specifically excluded; • CLL RAI stage 0 or lower is excluded; and • Non-invasive melanoma histologically described as "in-situ" and any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans are excluded.
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2. Heart Attack of Specified Severity (CI Group 2)

Severe Stage	Early and Intermediate Stages
<p>Heart Attack of Specified Severity</p> <p>Death of heart muscle due to ischaemia, that is evident by at least three (3) of the following criteria proving the occurrence of a new heart attack:</p> <ul style="list-style-type: none"> • 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 the Company. <p>For the above definition, the following are excluded:</p> <ul style="list-style-type: none"> • Angina; • Heart attack of indeterminate age; and 	<p>Specified Surgical Procedures of the Cardiovascular System</p> <p>(a) Cardiac pacemaker insertion Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified as medically necessary by a consultant cardiologist.</p> <p>(b) Pericardectomy The undergoing of a pericardectomy or undergoing of any surgical procedure requiring keyhole cardiac surgery as a result of pericardial disease. Both these surgical procedures must be certified to be medically necessary by a consultant cardiologist.</p> <p>Only needle drainage of pericardial effusion or needle biopsy of the pericardium is specifically excluded.</p> <p>(c) Cardiac defibrillator insertion Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method. The surgical procedure must be certified to be medically necessary by a consultant cardiologist.</p> <p>(d) Cardiomyopathy The unequivocal diagnosis of Cardiomyopathy which have resulted in the presence of permanent physical impairments of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The diagnosis must be confirmed by a consultant cardiologist and supported by echographic findings of compromised ventricular performance.</p>

<ul style="list-style-type: none"> 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. <p>Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml</p>	<p>Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.</p> <p>The NYHA Classification of Cardiac Impairment:</p> <p>Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.</p> <p>Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.</p> <p>Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p>
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3. Stroke with Permanent Neurological Deficit (CI Group 3)

Severe Stage	Early and Intermediate Stages
<p>Stroke with Permanent Neurological Deficit</p> <p>A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit. This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> 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. <p>The following are excluded:</p> <ul style="list-style-type: none"> Transient Ischaemic Attacks; Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease; Vascular disease affecting the eye or optic nerve; Ischaemic disorders of the vestibular system; and Secondary haemorrhage within a pre-existing cerebral lesion. 	<p>Brain aneurysm surgery (via endovascular procedures)</p> <p>The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous malformation via endovascular procedures. The surgical intervention must be certified to be absolutely necessary by a neurosurgeon or neurologist.</p> <p>Brain aneurysm surgery</p> <p>The undergoing of intracranial surgery via a craniotomy to clip, repair or remove an aneurysm or arteriovenous malformation of one (1) or more of the cerebral arteries. The diagnosis must be made by a neurosurgeon with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Procedures not involving craniotomy or Gamma Knife radiosurgery are excluded.</p> <p>Cerebral shunt insertion</p> <p>The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be medically necessary by a neurosurgeon.</p> <p>Carotid artery surgery</p> <p>The actual undergoing of Endarterectomy of the carotid artery which has been necessitated as a result of at least eighty percent (80%) narrowing of the carotid artery as diagnosed by an arteriography or any other appropriate diagnostic test that is available.</p> <p>Endarterectomy of blood vessels other than the carotid artery are specifically excluded.</p>

4. Coronary Artery By-pass Surgery (CI Group 4)

Severe Stage	Early and Intermediate Stages
Coronary Artery By-pass Surgery <p>The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one (1) 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.</p> <p>Angioplasty and all other intra-arterial, catheter-based techniques, 'keyhole' or laser procedures are excluded.</p>	<p>Transmyocardial Laser Revascularisation, or Keyhole Coronary Bypass Surgery, or Coronary Artery Atherectomy, or Enhanced External Counterpulsation Device</p> <p>The actual undergoing for the first time for the correction of the narrowing or blockage of one (1) or more coronary arteries via the following procedures:</p> <ul style="list-style-type: none"> • Transmyocardial Laser Revascularisation; • Keyhole Coronary Bypass Surgery; • Coronary Artery Atherectomy; or • Enhanced External Counterpulsation Device. <p>All other procedures will be excluded from this benefit.</p>

5. End Stage Kidney Failure (CI Group 5)

Severe Stage	Early and Intermediate Stages
End Stage Kidney Failure <p>Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.</p>	<p>Nephrectomy - Surgical Removal of One Kidney, and Chronic Kidney Disease</p> <p>(a) Nephrectomy - Surgical Removal of One Kidney: The complete surgical removal of one (1) kidney necessitated by any illness or Accident. The need for the surgical removal of the kidney must be certified to be medically necessary by a nephrologist. Kidney donation by the Life Assured is excluded.</p> <p>(b) Chronic Kidney Disease: Chronic Kidney disease or advanced stage of chronic renal insufficiency is also covered where Glomerular Filtration Rate (GFR) calculated with Modification of Diet in Renal Disease (MDRD) formula or Cockcroft-Gault formula is lower than 30mL/min/1.73 m² and the condition has lasted for at least ninety (90) days continuously.</p> <p>The diagnosis must be confirmed by a nephrologist.</p>

6. Irreversible Aplastic Anaemia (CI Group 6)

Severe Stage	Early and Intermediate Stages
Irreversible Aplastic Anaemia <p>Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one (1) of the following:</p> <ul style="list-style-type: none"> • Blood product transfusion; • Bone marrow stimulating agents; • Immunosuppressive agents; or • Bone marrow or haematopoietic stem cell transplantation. 	<p>Reversible Aplastic Anaemia</p> <p>Acute reversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with any one (1) of the following:</p> <ul style="list-style-type: none"> • Blood product transfusion; • Bone marrow stimulating agents; • Immunosuppressive agents; or • Bone marrow transplantation or haematopoietic stem cell transplantation. <p>The diagnosis must be confirmed by a haematologist.</p>

<p>The diagnosis must be confirmed by a haematologist.</p>	<p>Myelodysplastic Syndrome or Myelofibrosis</p> <p>Diagnosis of Myelodysplastic Syndrome (MDS) or Myelofibrosis must be confirmed by haematologist as a result of marrow biopsy.</p> <p>Continuing and ongoing supportive care with regular transfusion of blood products and/or chemotherapy must be an indefinite requirement as certified by the haematologist.</p> <p>Myelofibrosis in the presence of HIV infection is excluded.</p>
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7. End Stage Lung Disease (CI Group 7)

Severe Stage	Early and Intermediate Stages
<p>End Stage Lung Disease</p> <p>End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> • FEV₁ test results which are consistently less than one (1) litre; • Permanent supplementary oxygen therapy for hypoxemia; • Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($\text{PaO}_2 \leq 55\text{mmHg}$); and • Dyspnea at rest. <p>The diagnosis must be confirmed by a respiratory physician.</p>	<p>Severe Asthma</p> <p>Evidence of an acute attack of Severe Asthma with persistent status asthmaticus that requires hospitalisation and assisted ventilation with a mechanical ventilator for a continuous period of at least four (4) hours on the advice of a respiratory physician.</p> <p>Insertion of a Vena-cava filter</p> <p>The surgical insertion of a vena-cava filter after there has been documented proof of recurrent pulmonary emboli. The need for the insertion of a vena-cava filter must be certified to be medically necessary by a consultant cardiologist.</p> <p>Surgical removal of one lung</p> <p>Surgical removal of an entire left or right lung as a result of an illness or Accident of the Life Assured. Partial removal of a lung is not included in this benefit.</p>

8. End Stage Liver Failure (CI Group 8)

Severe Stage	Early and Intermediate Stages
<p>End Stage Liver Failure</p> <p>End stage liver failure as evidenced by all of the following:</p> <ul style="list-style-type: none"> • Permanent jaundice; • Ascites; and • Hepatic encephalopathy. <p>Liver disease secondary to alcohol or drug abuse is excluded.</p>	<p>Liver Surgery</p> <p>Partial hepatectomy of at least one (1) entire lobe of the liver that has been found medically necessary as a result of illness or Accident as suffered by the Life Assured.</p> <p>Liver disease caused directly or indirectly, wholly or partly, by alcohol or drug abuse is excluded. Hepatectomy as a donor is excluded.</p> <p>Liver Cirrhosis</p> <p>Cirrhosis of Liver with a HAI-Knodell Score of six (6) and above as evident by liver biopsy. The diagnosis of liver cirrhosis must be unequivocally confirmed by a hepatologist and based on the histological findings of the liver biopsy.</p> <p>Liver disease secondary to alcohol and drug abuse are excluded.</p>

9. Coma (CI Group 9)

Severe Stage	Early and Intermediate Stages
<p>Coma</p> <p>A coma that persists for at least ninety-six (96) hours. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> • No response to external stimuli for at least ninety-six (96) hours; • Life support measures are necessary to sustain life; and • Brain damage resulting in permanent neurological deficit which must be assessed at least thirty (30) days after the onset of the coma. <p>For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.</p>	<p>Coma for 48 hours</p> <p>A coma that persists for at least forty-eight (48) hours. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> • No response to external stimuli for at least forty-eight (48) hours; • Life support measures are necessary to sustain life; and • Brain damage resulting in permanent neurological deficit which must be assessed at least thirty (30) days after the onset of the coma. <p>Coma resulting directly from alcohol, drug abuse or medically induced is excluded.</p> <p>Severe Epilepsy</p> <p>Severe epilepsy confirmed by all of the following:</p> <ul style="list-style-type: none"> • diagnosis made by a neurologist by the use of electroencephalography (EEG), magnetic resonance imaging (MRI), positron emission tomography (PET) or any other appropriate diagnostic test that is available; • there must be documentation of recurrent unprovoked tonic-clonic or grand mal seizures of more than five (5) attacks per week, and be known to be resistant to optimal therapy as confirmed by drug serum-level testing; and • the Life Assured must have been taking at least two (2) prescribed antiepileptic (anti-convulsant) medications for at least six (6) months on the recommendation of a neurologist. <p>Febrile or absence (petit mal) seizures alone will not satisfy the requirement of this definition.</p>

10. Deafness (Irreversible Loss of Hearing) (CI Group 10)

Severe Stage	Early and Intermediate Stages
<p>Deafness (Irreversible Loss of Hearing)</p> <p>Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.</p> <p>Total means "the loss of at least eighty (80) decibels in all frequencies of hearing".</p> <p>Irreversible means "cannot be reasonably restored to at least forty (40) decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of six (6) months from the date of intervention."</p>	<p>Partial loss of hearing</p> <p>Permanent binaural (relating to or involving both ears) hearing loss with the loss of at least sixty (60) decibels in all frequencies of hearing as a result of illness or Accident. The hearing loss must be established by an Ear, Nose, Throat (ENT) specialist and supported by an objective diagnostic test to indicate the quantum loss of hearing.</p> <p>Cavernous sinus thrombosis surgery</p> <p>The actual undergoing of a surgical drainage for Cavernous Sinus Thrombosis. The presence of Cavernous Sinus Thrombosis as well as the requirement for surgical intervention must be certified to be medically necessary by a neurosurgeon.</p> <p>Cochlear implant surgery</p> <p>The actual undergoing of a surgical cochlear implant (relating to one (1) or both ears) as a result of permanent damage to the cochlea or auditory nerve. The surgical procedure as well as the insertion of the implant must be certified to be medically necessary by an Ear, Nose, Throat (ENT) specialist.</p>

11. Open Chest Heart Valve Surgery (CI Group 11)

Severe Stage	Early and Intermediate Stages
Open Chest Heart Valve Surgery The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.	Percutaneous Valve Surgery Percutaneous valve surgery refers to percutaneous valvuloplasty, percutaneous valvotomy and percutaneous valve replacement where the procedure is performed via minimally invasive or intravascular catheter-based techniques. The surgery must be considered medically necessary by a consultant cardiologist and supported by appropriate investigations.

12. Irreversible Loss of Speech (CI Group 12)

Severe Stage	Early and Intermediate Stages
Irreversible Loss of Speech Total and irreversible loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of twelve (12) months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist. All psychiatric related causes are excluded.	Permanent (or Temporary) Tracheostomy The actual undergoing of tracheostomy for the treatment of lung disease or airway disease or as a ventilatory support measure following major trauma or burns. Proof of care by a medical specialist is required. The tracheostomy must have been performed for the purpose of saving life. The benefit is only payable if the tracheostomy is required to remain in place and functional for a period of three (3) months. Irreversible Loss of Speech due to neurological disease Total and irreversible loss of the ability to speak due to neurological disease or injury. The inability to speak must be established for a continuous period of twelve (12) months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose and Throat (ENT) specialist. All psychiatric related causes are excluded.

13. Major Burns (CI Group 13)

Severe Stage	Early and Intermediate Stages
Major Burns Third degree (full thickness of the skin) burns covering at least twenty percent (20%) of the surface of the Life Assured's body.	Mild Burns <ul style="list-style-type: none"> • Second (2nd) degree (partial thickness of the skin) burns covering at least twenty percent (20%) of the surface of the Life Assured's body; or • Third (3rd) degree (full thickness of the skin) burns covering at least fifty percent (50%) of the face of the Life Assured.

14. Major Organ / Bone Marrow Transplantation (CI Group 14)

Severe Stage	Early and Intermediate Stages
Major Organ / Bone Marrow Transplantation The receipt of a transplant of: <ul style="list-style-type: none"> • Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or 	Other Organ Transplants (i) Small Bowel Transplant The receipt of a transplant of: <ul style="list-style-type: none"> • At least one (1) meter of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.

<ul style="list-style-type: none"> One (1) of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ. <p>Other stem cell transplants are excluded.</p>	<p>(ii) Corneal Transplant The receipt of a transplant of:</p> <ul style="list-style-type: none"> Whole cornea due to irreversible scarring with resulting reduced visual acuity, which cannot be corrected with other methods. <p>Major Organ / Bone Marrow Transplant (on waitlist)</p> <p>This benefit is limited to those on the official waitlist for organ transplant on Ministry of Health Singapore list of hospitals only.</p> <p>Documentary evidence of being on the official waitlist for the receipt of a transplant of:</p> <ul style="list-style-type: none"> Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or One (1) of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end stage failure of the relevant organ, is required. <p>Other stem cell transplants are excluded.</p>
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15. Multiple Sclerosis (CI Group 15)

Severe Stage	Early and Intermediate Stages
<p>Multiple Sclerosis</p> <p>The definite diagnosis of Multiple Sclerosis, and must be supported by all of the following:</p> <ul style="list-style-type: none"> Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and Multiple neurological deficits which occurred over a continuous period of at least six (6) months. <p>Other causes of neurological damage such as SLE and HIV are excluded.</p>	<p>Early Multiple Sclerosis (Intermediate stage)</p> <p>The definite diagnosis of Multiple Sclerosis confirmed by a neurologist and supported by investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis.</p> <p>Other causes of neurological damage such as Systemic Lupus Erythematosus with Lupus Nephritis and Human Immunodeficiency Virus (HIV) are excluded.</p>

16. Muscular Dystrophy (CI Group 16)

Severe Stage	Early and Intermediate Stages
<p>Muscular Dystrophy</p> <p>The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living" for a continuous period of at least six (6) months.</p> <p>For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>	<p>Spinal Cord Disease or Injury resulting in Bowel and Bladder Dysfunction</p> <p>Spinal cord disease or chorda equina injury resulting in permanent bowel dysfunction and bladder dysfunction requiring permanent regular self-catheterisation or a permanent urinary conduit. The diagnosis must be supported by a consultant neurologist. The bowel and bladder dysfunction requiring self-catheterisation or urinary conduit must be confirmed to be present for at least six (6) months to be eligible for a claim under this benefit.</p> <p>Moderate Muscular Dystrophy</p> <p>The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least two (2) of the six (6) "Activities of Daily Living" for a continuous period of at least six (6) months. For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>

17. Idiopathic Parkinson's Disease (CI Group 17)

Severe Stage	Early and Intermediate Stages
<p>Idiopathic Parkinson's Disease</p> <p>The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> • The disease cannot be controlled with medication; and • Inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living" for a continuous period of at least six (6) months. <p>For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>	<p>Early Parkinson's Disease</p> <p>The unequivocal diagnosis of idiopathic Parkinson's disease by a specialist in the relevant field.</p> <p>This diagnosis must be supported by the following condition:</p> <ul style="list-style-type: none"> • The disease cannot be controlled with medication <p>Moderately Severe Parkinson's Disease</p> <p>The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> • The disease cannot be controlled with medication; and • Inability of the Life Assured to perform (whether aided or unaided) at least two (2) of the six (6) "Activities of Daily Living" for a continuous period of at least six (6) months. <p>For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>

18. Open Chest Surgery to Aorta (CI Group 18)

Severe Stage	Early and Intermediate Stages
<p>Open Chest Surgery to Aorta</p> <p>The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.</p> <p>Surgery performed using only minimally invasive or intra-arterial techniques are excluded.</p>	<p>Large Asymptomatic Aortic Aneurysm, and Minimally Invasive Surgery to Aorta</p> <p>(a) Large Asymptomatic Aortic Aneurysm: Large asymptomatic abdominal or thoracic aortic aneurysm or aortic dissection as evidenced by appropriate imaging technique. The aorta must be enlarged greater than 55mm in diameter and the diagnosis must be confirmed by a consultant cardiologist.</p> <p>(b) Minimally Invasive Surgery to Aorta: The actual undergoing of surgery via minimally invasive or intra-arterial techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by a cardiac echocardiogram or any other appropriate diagnostic test that is available and confirmed by a consultant cardiologist.</p> <p>For the purpose of this definition, Aorta shall mean the thoracic and abdominal aorta but not its branches.</p>

19. Alzheimer's Disease / Severe Dementia (CI Group 19)

Severe Stage	Early and Intermediate Stages
<p>Alzheimer's Disease / Severe Dementia</p> <p>Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the life</p>	<p>Early Dementia</p> <p>Diagnosis of dementia by neurological assessment by a consultant neurologist confirming cognitive impairment characterised by either:</p> <ul style="list-style-type: none"> • two (2) Mini Mental State Examination score of twenty-four (24) or less out of thirty (30) performed six (6) months apart; or • assessed by two (2) neuropsychometric tests performed six (6) months apart with a battery of tests which clearly define the severity of the impairment.

<p>assured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by Our appointed Registered Medical Practitioner.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol related brain damage. 	<p>The Life Assured must have been placed on disease modifying treatment prescribed by a consultant neurologist.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol related brain damage. <p>Moderately Severe Dementia including Alzheimer's Disease</p> <p>A definite diagnosis of Alzheimer's disease or dementia due to irreversible organic brain disorders by a consultant neurologist. The Mini-mental exam score must be less than twenty (20) out of thirty (30) or an equivalent of this score using other Alzheimer's tests. There must also be permanent clinical loss of the ability to do all the following:</p> <ul style="list-style-type: none"> • Remember; • Reason; and • Perceive, understand, express and give effect to ideas. <p>This diagnosis must be supported by the clinical confirmation of a Registered Medical Practitioner.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol related brain damage.
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20. Fulminant Hepatitis (CI Group 20)

Severe Stage	Early and Intermediate Stages
<p>Fulminant Hepatitis</p> <p>A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none"> • Rapid decreasing of liver size as confirmed by abdominal ultrasound; • Necrosis involving entire lobules, leaving only a collapsed reticular framework; • Rapid deterioration of liver function tests; • Deepening jaundice; and • Hepatic encephalopathy. 	<p>Hepatitis with Cirrhosis</p> <p>A submassive necrosis of the liver by the Hepatitis virus leading to cirrhosis. There must be a definite diagnosis of liver cirrhosis by a gastroenterologist that must be supported by liver biopsy showing histological stage F4 by Metavir grading or a Knodell fibrosis score of four (4).</p> <p>Liver diseases secondary to alcohol and drug abuse are excluded.</p> <p>Biliary Tract Reconstruction Surgery</p> <p>Biliary tract reconstruction surgery involving choledochoenterostomy (choledochojejunostomy or choledochoduodenostomy) for the treatment of biliary tract disease, including biliary atresia, that is not amenable to other surgical or endoscopic procedures. The procedure must be considered to be the most appropriate treatment by a specialist in hepatobiliary disease. This benefit is not payable if the procedure is done a means to treat the consequences of gall stone disease or cholangitis.</p> <p>Chronic Primary Sclerosing Cholangitis</p> <p>This benefit is payable for chronic primary sclerosing cholangitis confirmed on cholangiogram imaging confirming progressive obliteration of the bile ducts. The diagnosis must be made by a gastroenterologist and the condition must have progressed to the point where there is permanent jaundice.</p> <p>Biliary tract sclerosis or obstruction as a consequence of biliary surgery, gall stone disease, infection, inflammatory bowel disease or other secondary precipitants is excluded.</p>

21. Motor Neurone Disease (CI Group 21)

Severe Stage	Early and Intermediate Stages
Motor Neurone Disease Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.	Peripheral Neuropathy This refers to severe peripheral motor neuropathy arising from anterior horn cells resulting in significant motor weakness, fasciculation and muscle wasting. The diagnosis must be confirmed by a consultant neurologist as a result of nerve conduction studies and result in a permanent need for the use of walking aids or a wheelchair. Diabetic neuropathy and neuropathy due to alcohol is excluded. Early Motor Neurone Disease (Intermediate stage) Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and supported by appropriate investigations.

22. Primary Pulmonary Hypertension (CI Group 22)

Severe Stage	Early and Intermediate Stages
Primary Pulmonary Hypertension Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The NYHA Classification of Cardiac Impairment: Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain. Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.	Early Primary or Secondary Pulmonary Hypertension Primary or Secondary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The NYHA Classification of Cardiac Impairment: Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain. Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

23. HIV Due to Blood Transfusion and Occupationally Acquired HIV (CI Group 23)

Severe Stage	Early and Intermediate Stages
<p>HIV Due to Blood Transfusion and Occupationally Acquired HIV</p> <p>(a) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:</p> <ul style="list-style-type: none"> • The blood transfusion was medically necessary or given as part of a medical treatment; • The blood transfusion was received in Singapore after the Policy Issue Date, date of Endorsement or reinstatement date of this Policy, whichever is the latest; and • The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood. <p>(b) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Policy Issue Date, date of Endorsement or reinstatement date of this Policy, whichever is the latest whilst the Life Assured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:</p> <ul style="list-style-type: none"> • Proof that the accident involved a definite source of the HIV infected fluids; • Proof of sero-conversion from HIV negative to HIV positive occurring during the one hundred and eighty (180) days after the documented accident. This proof must include a negative HIV antibody test conducted within five (5) days of the accident; and • HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded. 	<p>HIV due to Organ Transplant and Assault</p> <p>(a) Infection with the Human Immunodeficiency Virus (HIV) through an organ transplant, provided that all of the following conditions are met:</p> <ul style="list-style-type: none"> • The organ transplant was medically necessary or given as part of a medical treatment; • The organ transplant was received in Singapore after the Policy Issue Date, Benefit Commencement Date of this Policy, date of Endorsement or reinstatement date of this Policy, whichever is the latest; and • The source of the infection is established to be from the Institution that provided the transplant and the Institution is able to trace the origin of the HIV to the infected transplanted organ. <p>(b) Infection with the Human Immunodeficiency Virus (HIV) which resulted from a physical or sexual assault provided that all the following conditions are met:</p> <ul style="list-style-type: none"> • The incident pertaining to the assault must be reported to the appropriate authority within thirty (30) days after the assault and that a criminal case must be opened; • The incident occurred after the Policy Issue Date, Benefit Commencement Date of this Policy, date of Endorsement or reinstatement date of this Policy, whichever is the latest; • Proof of the assault giving rise to the infection must be reported to the Company within thirty (30) days of the assault taking place; • Proof that the assault involved a definite source of the HIV infected fluids; and • Proof of sero-conversion from HIV negative to HIV positive occurring during the one hundred and eighty (180) days after the documented assault. This proof must include a negative HIV antibody test conducted within five (5) days of the assault. <p>This Basic Benefit shall not be payable by Us under a claim arising from CI Group 23, where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.</p> <p>HIV infection resulting from any other means including consensual sexual activity or the use of intravenous drug is excluded.</p>

<p>This benefit is only payable when the occupation of the Life Assured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore).</p> <p>This Basic Benefit will not apply under either section (a) or (b) where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.</p>	
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24. Benign Brain Tumour (CI Group 24)

Severe Stage	Early and Intermediate Stages
<p>Benign Brain Tumour</p> <p>Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:</p> <ul style="list-style-type: none"> • It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and • Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. <p>The following are excluded:</p> <ul style="list-style-type: none"> • Cysts; • Abscess; • Angioma; • Granulomas; • Vascular Malformations; • Haematomas; and • Tumours of the pituitary gland, spinal cord and skull base. 	<p>Surgical Removal of Pituitary Tumour</p> <p>The actual undergoing of surgical removal of pituitary tumour necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. Partial removal of pituitary microadenoma (tumour of size 1cm or below in diameter) is specifically excluded.</p> <p>Surgery for Subdural Haematoma</p> <p>The actual undergoing of Burr Hole Surgery to the head to drain subdural haematoma as a result of an Accident. The need for the Burr Hole Surgery must be certified to be medically necessary by a neurosurgeon.</p>

25. Severe Encephalitis (CI Group 25)

Severe Stage	Early and Intermediate Stages
<p>Severe Encephalitis</p> <p>Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in permanent neurological deficit which must be documented for at least six (6) weeks. This diagnosis must be certified by a consultant neurologist and supported by any confirmatory diagnostic tests.</p>	<p>Encephalitis</p> <p>Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) requiring hospitalisation. The diagnosis must be confirmed by a consultant neurologist and supported by any confirmatory diagnostic tests.</p> <p>Encephalitis caused by HIV infection is excluded.</p>

Encephalitis caused by HIV infection is excluded.	
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26. Severe Bacterial Meningitis (CI Group 26)

Severe Stage	Early and Intermediate Stages
Severe Bacterial Meningitis <p>Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least six (6) weeks. This diagnosis must be confirmed by:</p> <ul style="list-style-type: none"> • The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and • A consultant neurologist. <p>Bacterial Meningitis in the presence of HIV infection is excluded.</p>	Bacterial Meningitis <p>Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord which requires hospitalisation. This diagnosis must be confirmed by:</p> <ul style="list-style-type: none"> • The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and • A consultant neurologist. <p>Bacterial Meningitis in the presence of HIV infection is excluded.</p>

27. Blindness (Irreversible Loss of Sight) (CI Group 27)

Severe Stage	Early and Intermediate Stages
Blindness (Irreversible Loss of Sight) <p>Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of twenty (20) degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.</p> <p>The blindness must not be correctable by surgical procedures, implants or any other means.</p>	Irreversible Loss of sight in one eye or Optic Nerve Atrophy with low vision <p>Permanent and irreversible loss of sight in one (1) eye as a result of illness (or the unequivocal diagnosis of optic nerve atrophy affecting one (1) or both eyes) or Accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in one (1) eye using a Snellen eye chart or equivalent test, or visual field of twenty (20) degrees or less in one (1) eye. The optic nerve atrophy, degree of visual loss of sight and blindness must be confirmed by an ophthalmologist.</p> <p>Blindness due to alcohol or drug abuse is excluded.</p> <p>Optic nerve atrophy resulting from alcohol or drug misuse is excluded.</p>

28. Major Head Trauma (CI Group 28)

Severe Stage	Early and Intermediate Stages
Major Head Trauma <p>Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than six (6) weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is</p>	Facial Reconstructive Surgery <p>The actual undergoing of re-constructive surgery above the neck (restoration or re-construction of the shape of and appearance of facial structures which are defective, missing or damaged or misshapen) performed by a surgeon in the relevant field such as Ear, Nose, Throat (ENT) or cosmetic surgeon to correct disfigurement as a direct result of an Accident that occurred after the Policy Issue Date, Benefit Commencement Date of this Policy, date of Endorsement or reinstatement date of this Policy, whichever is the latest.</p> <p>The need for surgery must be certified to be medically necessary by the surgeon. Treatment relating to teeth and/or any other dental restoration alone and/or cosmetic nose surgery are all excluded.</p>

<p>independent of any other cause and is the sole cause of the head Injury.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Spinal cord injury; and • Head injury due to any other causes. 	<p>Cervical Spinal Cord Injury</p> <p>Accidental cervical spinal cord injury resulting in loss of use of at least one (1) entire limb, to be assessed no sooner than six (6) weeks from the date of the Accident. The diagnosis must be confirmed by a consultant neurologist supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.</p> <p>Intermediate Stage Major Head Trauma</p> <p>Undergoing of open craniotomy as a consequence of major head trauma for the treatment of depressed skull fractures or major intracranial injury. The operation must be supported by evidence of operation report.</p> <p>Burr hole surgery is excluded from this benefit.</p> <p>Major head trauma due to self-inflicted injuries, alcohol or drug abuse are excluded.</p>
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29. Paralysis (Irreversible Loss of Use of Limbs) (CI Group 29)

Severe Stage	Early and Intermediate Stages
<p>Paralysis (Irreversible Loss of Use of Limbs)</p> <p>Total and irreversible loss of use of at least two (2) entire limbs due to injury or disease persisting for a period of at least six (6) weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.</p> <p>Self-inflicted injuries are excluded.</p>	<p>Irreversible Loss of Use of One Limb</p> <p>Total and irreversible loss of use of one (1) entire limb (above elbow or above knee) due to illness or accident. This condition must be confirmed by a specialist in the relevant field.</p> <p>Loss of use of limb due to self-inflicted injuries, alcohol or drug abuse are excluded.</p> <p>Irreversible Loss of Use of One Limb requiring Prostheses</p> <p>Total and irreversible loss of use of one (1) entire limb (above elbow or above knee) which has required the fitting and use of prosthesis due to illness or accident. This condition must be confirmed by specialist in the relevant field.</p> <p>Loss of use of limb due to self-inflicted injuries, alcohol or drug abuse are excluded.</p>

30. Progressive Scleroderma (CI Group 30)

Severe Stage	Early and Intermediate Stages
<p>Progressive Scleroderma</p> <p>A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally confirmed by a consultant rheumatologist and supported by biopsy or equivalent confirmatory test, and serological evidence, and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Localised scleroderma (linear scleroderma or morphea); • Eosinophilic fasciitis; and • CREST syndrome. 	<p>Early Progressive Scleroderma</p> <p>A rheumatologist must make the definite diagnosis of progressive systemic scleroderma, based on clinically accepted criteria. This diagnosis must be unequivocally supported by biopsy or equivalent confirmatory test and serological evidence.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Localised scleroderma (linear scleroderma or morphea); • Eosinophilic fasciitis; and • CREST syndrome <p>Systemic Sclerosis with CREST Syndrome</p> <p>A rheumatologist must make the definite diagnosis of systemic sclerosis with CREST syndrome, based on clinically accepted criteria. This diagnosis must be unequivocally supported by biopsy or equivalent confirmatory test and</p>

	<p>serological evidence. The disease must involve the skin with deposits of calcium (calcinosis), skin thickening of the fingers or toes (sclerodactyly) and also involve the oesophagus. There must also be telangiectasia (dilated capillaries) and Raynaud's Phenomenon causing artery spasms in the extremities.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Localised scleroderma (linear scleroderma or morphea); and • Eosinophilic fasciitis
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31. Persistent Vegetative State (Apallic Syndrome) (CI Group 31)

Severe Stage	Early and Intermediate Stages
<p>Persistent Vegetative State (Apallic Syndrome)</p> <p>Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one (1) month.</p>	<p>Akinetic Mutism</p> <p>Organic brain damage which results in a person being unable to talk or move despite the fact that they appear alert at times. This diagnosis must be supported by evidence showing organic brain damage and definitely confirmed by a consultant neurologist. This condition has to be medically documented for a continuous period of at least one (1) month from the date of diagnosis.</p> <p>Akinetic mutism because of psychological reasons is excluded.</p> <p>Locked in Syndrome</p> <p>Condition in which a person is aware but cannot move or communicate verbally due to complete paralysis of all voluntary muscles in the body except for vertical eye movements and blinking. There should be evidence of quadriplegia and inability to speak. This diagnosis must be supported by evidence of infarction of the ventral pons and Electroencephalogram (EEG) indicating that the person is not unconscious. The diagnosis must be definitely confirmed by a consultant neurologist. This condition has to be medically documented for a continuous period of at least one (1) month from the date of diagnosis.</p>

32. Systemic Lupus Erythematosus with Lupus Nephritis (CI Group 32)

Severe Stage	Early and Intermediate Stages
<p>Systemic Lupus Erythematosus with Lupus Nephritis</p> <p>The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.</p>	<p>Mild Systemic Lupus Erythematosus</p> <p>The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. All of the following criteria must be met to qualify for this benefit:</p> <ul style="list-style-type: none"> • Confirmation of the final diagnosis by a certified doctor specialising in Rheumatology and Immunology. • Medical evidence from the treating specialist that there has been involvement of at least three (3) of the following internal organs: kidneys, brain, heart (or pericardium), lungs (or pleura), and joints. Joint involvement is defined as the presence of polyarticular inflammatory arthritis. For the purpose of this benefit, skin involvement is not considered one (1) of the specified organs. • Prescribed and is currently on systematic lupus immunosuppressive therapy for multiple organ involvement for at least six (6) months under the direction of a specialist. <p>Other forms such as discoid lupus and those forms with haematological involvement alone are specifically excluded.</p>

<p>The RPS/ISN classification of lupus nephritis:</p> <p>Class I: Minimal mesangial lupus nephritis</p> <p>Class II: Mesangial proliferative lupus nephritis</p> <p>Class III: Focal lupus nephritis (active and chronic; proliferative and sclerosing)</p> <p>Class IV: Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global)</p> <p>Class V: Membranous lupus nephritis</p> <p>Class VI: Advanced sclerosis lupus nephritis</p>	
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33. Other Serious Coronary Artery Disease (CI Group 33)

Severe Stage	Early and Intermediate Stages
<p>Other Serious Coronary Artery Disease</p> <p>The narrowing of the lumen of at least one (1) coronary artery by a minimum of seventy-five percent (75%) and of two (2) others by a minimum of sixty percent (60%), as proven by invasive coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed.</p> <p>Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.</p> <p>Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.</p>	<p>Mild Coronary Artery Disease</p> <p>The narrowing of the lumen of two (2) coronary arteries by a minimum of sixty percent (60%), as proven by coronary angiography or any other appropriate diagnostic test that is available, regardless of whether or not any form of coronary artery surgery has been performed.</p> <p>Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.</p> <p>Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.</p>

34. Poliomyelitis (CI Group 34)

Severe Stage	Early and Intermediate Stages
<p>Poliomyelitis</p> <p>The occurrence of Poliomyelitis where the following conditions are met:</p> <ul style="list-style-type: none"> • Poliovirus is identified as the cause, • Paralysis of the limb muscles or respiratory muscles must be present and persist for at least three (3) months. <p>The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.</p>	<p>Moderately Severe Poliomyelitis</p> <p>The occurrence of Poliomyelitis where the following conditions are met:</p> <ul style="list-style-type: none"> • Poliovirus is identified as the cause, • Paralysis of the respiratory muscles supported by ventilator for a continuous period of minimum ninety-six (96) hours. <p>The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.</p>

35. Loss of Independent Existence (CI Group 35)

Severe Stage	Early and Intermediate Stages
<p>Loss of Independent Existence</p> <p>A condition as a result of a disease, illness or injury whereby the Life Assured is unable to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living", for a continuous period of six (6) months. This condition must be confirmed by Our approved Registered Medical Practitioner.</p> <p>Non-organic diseases such as neurosis and psychiatric illnesses are excluded.</p> <p>For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>	<p>Loss of Independent Existence (Early Stage)</p> <p>Total and irreversible physical loss of all fingers including thumb at the same hand due to Accident. This condition must be confirmed by a Registered Medical Practitioner. Loss of fingers due to self-inflicted injuries is excluded.</p> <p>Loss of Independent Existence (Intermediate Stage)</p> <p>A condition as a result of a disease, illness or injury whereby the Life Assured is unable to perform (whether aided or unaided) at least two (2) out of the six (6) Activities of Daily Living for a continuous period of six (6) months.</p> <p>This condition must be confirmed by Our approved Registered Medical Practitioner.</p> <p>Non-organic diseases such as neurosis and psychiatric illnesses are excluded.</p> <p>For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>

36. Creutzfeld-Jacob Disease (CI Group 36)

Severe Stage	Early and Intermediate Stages
<p>Creutzfeld-Jacob Disease</p> <p>The occurrence of Creutzfeld-Jacob Disease or Variant Creutzfeld-Jacob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform at least three (3) of the six (6) "Activities of Daily Living".</p> <p>Disease caused by human growth hormone treatment is excluded.</p>	<p>Less Severe Creutzfeld-Jacob Disease</p> <p>An incurable brain infection that causes rapidly progressive deterioration of mental function and movement, which is unequivocally diagnosed by a consultant who is a consultant neurologist as Creutzfeld-Jacob disease based on clinical assessment, Electroencephalography (EEG), imaging or lumbar puncture.</p> <p>Disease caused by human growth hormone treatment is excluded.</p> <p>Moderately Severe Creutzfeld-Jacob Disease</p> <p>The occurrence of Creutzfeld-Jacob Disease or Variant Creutzfeld-Jacob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform at least two (2) of the six (6) "Activities of Daily Living".</p>

37. Elephantiasis (CI Group 37)

Severe Stage	Early and Intermediate Stages
<p>Elephantiasis</p> <p>The end-stage lesion of filariasis, characterised by massive swelling in the tissues of the body as a result of obstructed circulation in the blood or lymphatic vessels.</p> <p>Unequivocal Diagnosis of elephantiasis must be:</p> <ul style="list-style-type: none"> • clinically confirmed by a Physician in the appropriate medical specialty; and 	Not applicable

<ul style="list-style-type: none"> supported by laboratory confirmation of microfilariae. <p>Lymphedema caused by infection with any other disease(s), trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.</p>	
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38. Medullary Cystic Disease (CI Group 38)

Severe Stage	Early and Intermediate Stages
<p>Medullary Cystic Disease</p> <p>Medullary Cystic Disease where the following criteria are met:</p> <ul style="list-style-type: none"> the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis; clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. <p>Isolated or benign kidney cysts are specifically excluded from this benefit.</p>	Not applicable

39. Necrotising Fasciitis (CI Group 39)

Severe Stage	Early and Intermediate Stages
<p>Necrotising Fasciitis</p> <p>The occurrence of necrotising fasciitis where the following conditions are met:</p> <ul style="list-style-type: none"> the usual clinical criteria of necrotising fasciitis are met; the bacteria identified is a known cause of necrotising fasciitis; and there is widespread destruction of muscle and other soft tissues that results in a total and permanent loss of function of the affected body part. 	Not applicable

40. Progressive Supranuclear Palsy (CI Group 40)

Severe Stage	Early and Intermediate Stages
<p>Progressive Supranuclear Palsy</p> <p>Supranuclear Palsy occurring independently of all other causes and resulting in a permanent neurological deficit, which is directly responsible for a permanent inability to perform at least three (3) of the six (6) "Activities of Daily Living".</p>	<p>Less Severe Progressive Supranuclear Palsy</p> <p>A degenerative neurological disease characterised by supranuclear gaze paresis, pseudobulbar palsy, axial rigidity and dementia.</p> <p>The unequivocal Diagnosis of Less Severe Progressive Supranuclear Palsy must be confirmed by a consultant neurologist.</p>

<p>The Diagnosis of Progressive Supranuclear Palsy must be confirmed by a Physician who is a consultant neurologist.</p>	<p>The condition must result in the permanent inability to perform, without assistance, at least two (2) out of six (6) "Activities of Daily Living".</p> <p>These conditions have to be medically documented for at least 30 consecutive calendar days.</p>
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41. Severe Myasthenia Gravis (CI Group 41)

Severe Stage	Early and Intermediate Stages										
<p>Severe Myasthenia Gravis</p> <p>An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:</p> <ul style="list-style-type: none"> • Presence of permanent muscle weakness categorized as Class III, IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and • The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Physician who is a consultant neurologist. <p>Myasthenia Gravis Foundation of America Clinical Classification:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Class I:</td> <td>Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere</td> </tr> <tr> <td>Class II:</td> <td>Eye muscle weakness of any severity, mild weakness of other muscles</td> </tr> <tr> <td>Class III:</td> <td>Eye muscle weakness of any severity, moderate weakness of other muscles</td> </tr> <tr> <td>Class IV:</td> <td>Eye muscle weakness of any severity, severe weakness of other muscles</td> </tr> <tr> <td>Class V:</td> <td>Intubation needed to maintain airway</td> </tr> </table>	Class I:	Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere	Class II:	Eye muscle weakness of any severity, mild weakness of other muscles	Class III:	Eye muscle weakness of any severity, moderate weakness of other muscles	Class IV:	Eye muscle weakness of any severity, severe weakness of other muscles	Class V:	Intubation needed to maintain airway	<p>Not applicable</p>
Class I:	Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere										
Class II:	Eye muscle weakness of any severity, mild weakness of other muscles										
Class III:	Eye muscle weakness of any severity, moderate weakness of other muscles										
Class IV:	Eye muscle weakness of any severity, severe weakness of other muscles										
Class V:	Intubation needed to maintain airway										

42. Adrenalectomy for Adrenal Adenoma (CI Group 42)

Severe Stage	Early and Intermediate Stages
<p>Adrenalectomy for Adrenal Adenoma</p> <p>The actual undergoing of Adrenalectomy for treatment of poorly controlled systemic hypertension that was secondary to an aldosterone secreting adrenal adenoma and was uncontrolled by medical therapy. The adrenalectomy would have to be deemed necessary for the management of poorly controlled hypertension by a specialist.</p>	<p>Not applicable</p>

43. Chronic Auto-Immune Hepatitis (CI Group 43)

Severe Stage	Early and Intermediate Stages
<p>Chronic Auto-Immune Hepatitis</p> <p>A chronic necro-inflammatory liver disorder of unknown cause associated with circulating autoantibodies and a high serum globulin level.</p> <p>The Diagnosis must be based on all of the following criteria:</p> <ul style="list-style-type: none"> • Hypergammaglobulinaemia; • the presence of at least one (1) of the following autoantibodies: <ul style="list-style-type: none"> - Anti-Nuclear Antibody; - Anti-smooth muscle antibodies; - Anti-actin antibodies; - Anti-LKM-1 antibodies; - Anti- LC1 antibodies; or - Anti-SLA/LP antibodies; and • Liver Biopsy confirmation of the Diagnosis of autoimmune hepatitis. <p>This is only covered if the Life Assured is treated with Immunosuppressive therapy for six (6) months duration or is documented to be under the care of specialist in gastroenterology or hepatology for six (6) months duration.</p>	Not applicable

44. Infective Endocarditis (CI Group 44)

Severe Stage	Early and Intermediate Stages
<p>Infective Endocarditis</p> <p>Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:</p> <ul style="list-style-type: none"> • Positive result of the blood culture proving presence of the infectious organism(s); • Presence of at least moderate heart valve incompetence (heart valve regurgitant) or moderate heart valve stenosis attributable to Infective Endocarditis; and • The unequivocal Diagnosis and the severity of valvular impairment are confirmed by a consultant cardiologist and supported by echocardiogram or other reliable imaging technique. 	<p>Less Severe Infective Endocarditis</p> <p>Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:</p> <ul style="list-style-type: none"> • Positive result of the blood culture proving presence of the infectious organism(s); • Presence of at least mild heart valve incompetence (heart valve regurgitant) or mild heart valve stenosis attributable to Infective Endocarditis; and • The unequivocal Diagnosis and the severity of valvular impairment are confirmed by a consultant cardiologist and supported by echocardiogram or other reliable imaging technique.

45. Multiple Root of Brachial Plexus Injury (CI Group 45)

Severe Stage	Early and Intermediate Stages
Multiple Root of Brachial Plexus Injury <p>The complete and permanent loss of use and sensory functions of an upper extremity caused by Injury of two (2) or more nerve roots of the brachial plexus through accident or disease.</p> <p>Complete injury of two (2) or more nerve roots should be confirmed by electrodiagnostic study or imaging technique done by physiatrist or consultant neurologist.</p>	Not applicable

46. Severe Eisenmenger's Syndrome (CI Group 46)

Severe Stage	Early and Intermediate Stages
Severe Eisenmenger's Syndrome <p>Eisenmenger's Syndrome shall mean the occurrence of a reversed shunt as a result of pulmonary hypertension, caused by a heart disorder.</p> <p>All of the following criteria must be met:</p> <ul style="list-style-type: none"> • The unequivocal Diagnosis of Eisenmenger's Syndrome is confirmed by consultant cardiologist. • There is history of left to right shunt heart disease before the date of Diagnosis of Eisenmenger's Syndrome. The Diagnosis of left to right shunt heart disease must be supported by echocardiogram or other reliable imagine studies. • There is evidence of reversed shunt (from left-right shunt to right-left shunt) newly occurred on the date of Diagnosis of Eisenmenger's Syndrome. • Eisenmenger Syndrome has developed to the irreversible stage and there is no any operation available to correct the abnormality. • Presence of permanent physical impairment classified as NYHA IV. <p>The NYHA Classification of Cardiac Impairment:</p> <p>Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.</p> <p>Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.</p> <p>Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p> <p>Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.</p>	Severe Eisenmenger's Syndrome (Intermediate Stage) <p>Eisenmenger's Syndrome shall mean the occurrence of a reversed shunt as a result of pulmonary hypertension, caused by a heart disorder.</p> <p>All of the following criteria must be met:</p> <ul style="list-style-type: none"> • The unequivocal Diagnosis of Eisenmenger's Syndrome is confirmed by consultant cardiologist. • There is history of left to right shunt heart disease before the date of Diagnosis of Eisenmenger's Syndrome. The Diagnosis of left to right shunt heart disease must be supported by echocardiogram or other reliable imagine studies. • There is evidence of reversed shunt (from left-right shunt to right-left shunt) newly occurred on the date of Diagnosis of Eisenmenger's Syndrome. • Eisenmenger Syndrome has developed to the irreversible stage and there is no any operation available to correct the abnormality. • Presence of permanent physical impairment classified as NYHA III. <p>The NYHA Classification of Cardiac Impairment:</p> <p>Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.</p> <p>Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.</p> <p>Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p> <p>Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.</p>

Class II:	Slight limitation of physical activity. Ordinary physical activity results in symptoms.
Class III:	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
Class IV:	Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

47. Surgery for Idiopathic Scoliosis (CI Group 47)

Severe Stage	Early and Intermediate Stages
Surgery for Idiopathic Scoliosis The unequivocal Diagnosis of idiopathic scoliosis is confirmed by an orthopaedic surgeon. This scoliosis condition means that the spine curvature angle is equal or more than forty (40) Cobb angle degree. Surgery to correct abnormal spine curvature to its normal shape (as a straight line viewed from the back) is actually performed. The following conditions are excluded: <ul style="list-style-type: none"> • scoliosis due to injury or other disease; • Kyphosis; • Lordosis. 	Not applicable

48. Tuberculosis Meningitis (CI Group 48)

Severe Stage	Early and Intermediate Stages
Tuberculosis Meningitis Tuberculosis Meningitis refers to meningitis proven to be caused by mycobacterium tuberculosis that causes a permanent neurological deficit that results in either: <ul style="list-style-type: none"> • severe cognitive impairment documented by standard neuropsychological that results in the need for continuous supervision; or • physical impairment that results in a Permanent inability to perform at least one (1) of the six (6) "Activities of Daily Living". Meningitis occurring in the presence of HIV infection is excluded.	Not applicable

49. Severe Pulmonary Fibrosis (CI Group 49)

Severe Stage	Early and Intermediate Stages
Severe Pulmonary Fibrosis Severe and diffuse type of pulmonary fibrosis requiring extensive and permanent oxygen therapy at least eight (8) hours per day. The unequivocal Diagnosis must be confirmed with lung biopsy and by a specialist in respiratory medicine.	Not applicable

50. Severe Cardiomyopathy (CI Group 50)

Severe Stage	Early and Intermediate Stages
Severe Cardiomyopathy The unequivocal Diagnosis of Cardiomyopathy which have resulted in the presence of permanent physical impairments of at least Class IV of the New York Heart Association (NYHA) classification of Cardiac Impairment. The Diagnosis must be confirmed by a consultant cardiologist. Cardiomyopathy that is directly related to alcohol misuse is excluded. The NYHA Classification of Cardiac Impairment: Class No limitation of physical activity. I: Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain. Class Slight limitation of physical activity. II: Ordinary physical activity results in symptoms. Class Marked limitation of physical activity. III: Comfortable at rest, but less than ordinary activity causes symptoms. Class Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.	Not applicable

51. Acquired Brain Damage (CI Group 51)

Severe Stage	Early and Intermediate Stages
Acquired Brain Damage Acquired Brain Damage refers to a condition where all of the following conditions must be met: <ul style="list-style-type: none"> • the Life Assured has attained the age of four (4) years old or above; 	Not applicable

<ul style="list-style-type: none"> • brain imaging studies and neuropsychological testing appropriate to the Life Assured's age have confirmed the presence of moderate to severe brain damage; and • the development of the Life Assured is delayed by the equivalent of at least two (2) years and there is a need for special childcare and special schooling as confirmed by a specialist in the relevant field. <p>Brain damage as a result of congenital causes is excluded. Coverage will end on the Policy Anniversary occurring on or immediately following the Life Assured's twenty-first (21st) birthday.</p>	
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52. Brain Surgery (CI Group 52)

Severe Stage	Early and Intermediate Stages
Brain Surgery Brain Surgery refers to the actual undergoing of a craniotomy and medically necessary surgery to the brain under general anaesthesia on the recommendation by a qualified specialist in the relevant field. Brain Surgery as a result of an accident or burr hole surgery solely to remove a blood clot is excluded.	Not applicable

53. Medically Acquired HIV Infection (CI Group 53)

Severe Stage	Early and Intermediate Stages
Medically Acquired HIV Infection The Life Assured being infected by Human Immunodeficiency Virus (HIV) provided that: <ul style="list-style-type: none"> • The infection is due to an operation or a medical or dental procedure after the Policy Issue Date, date of endorsement or reinstatement date of Your Policy, whichever is the latest; and • The institution which provided the operation or the medical or dental procedure admits liability or there is a final court verdict that cannot be appealed indicating such liability; and • The infected Life Assured is not a haemophiliac. 	Not applicable

<p>The incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures.</p> <p>This Basic Benefit will not apply in the event that any medical cure is found for Acquired Immunodeficiency Syndrome (AIDS) or the effects of the Human Immunodeficiency Virus (HIV) virus or a medical treatment is developed that results in the prevention of the occurrence of Acquired Immunodeficiency Syndrome (AIDS).</p> <p>Infection in any other manner, including infection as a result of sexual activity or recreational intravenous drug use is excluded. We must have open access to all blood samples of the Life Assured and reserves the right to obtain independent testing of such blood samples.</p>	
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54. Occupationally Acquired Hepatitis B or C (CI Group 54)

Severe Stage	Early and Intermediate Stages
<p>Occupationally Acquired Hepatitis B or C</p> <p>Infection with the Hepatitis B or C virus which resulted from an accident occurring after the Policy Issue Date, date of Endorsement or reinstatement date of Your Policy, whichever is the latest whilst the Life Assured was carrying out the normal professional duties of his or her occupation, provided that all of the following are proven to Our satisfaction:</p> <ul style="list-style-type: none"> • Proof of the accident giving rise to the infection must be reported to us within thirty (30) days of the accident taking place; • Proof that the accident involved a definite source of the hepatitis B or C infected fluids; • There is a need for antiviral therapy as a consequence of proven seroconversion; • Hepatitis B or C infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded. <p>This benefit is only payable when the occupation of the Life Assured is a Physician, housemen, medical student, state registered nurse, medical</p>	<p>Not applicable</p>

<p>laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic.</p> <p>We would not be liable if there had been failure to observe any proper defined procedural practice or occupation required vaccination practices.</p>	
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55. Ebola (CI Group 55)

Severe Stage	Early and Intermediate Stages
<p>Ebola</p> <p>Infection with the Ebola virus where the following conditions are met:</p> <ul style="list-style-type: none"> • presence of the Ebola virus has been confirmed by laboratory testing; and • there are ongoing complications of the infection persisting beyond thirty (30) days from the onset of symptoms. 	Not applicable

56. Resection of the whole small intestine (duodenum, jejunum and ileum) (CI Group 56)

Severe Stage	Early and Intermediate Stages
<p>Resection of the whole small intestine (duodenum, jejunum and ileum)</p> <p>Complete surgical removal of the whole small intestine including the duodenum, jejunum and ileum as a result of illness or an accident of the Life Assured.</p> <p>Partial removal of the small intestine is excluded in this benefit.</p>	Not applicable

57. Juvenile Huntington Disease (CI Group 57)

Severe Stage	Early and Intermediate Stages
<p>Juvenile Huntington Disease</p> <p>Diagnosis of Juvenile Huntington Disease with genetic test is confirmed by a specialist who is a Paediatrician. There must be evidence of all the following:</p> <ul style="list-style-type: none"> • Movement disorder due to Juvenile Huntington Disease; • Cognitive disorder due to Juvenile Huntington Disease; and • Behaviour disorder due to Juvenile Huntington Disease. <p>Coverage will end on the Policy Anniversary occurring on or immediately following the Life Assured's twenty-first (21st) birthday.</p>	Not applicable

58. Biliary Atresia having undergone Liver transplantation (CI Group 58)

Severe Stage	Early and Intermediate Stages
Biliary Atresia having undergone Liver transplantation Biliary atresia (BA) is a progressive, idiopathic, fibro-obliterative disease of the extra-hepatic biliary tree that presents with biliary obstruction and has undergone liver transplantation or is on a registered liver transplantation waiting list. The Diagnosis should be confirmed by a gastroenterologist with supporting evidence including imaging, laboratory tests and liver biopsy. Biliary atresia due to other disease is excluded.	Biliary Atresia (on diagnosis) Biliary atresia (BA) is a progressive, idiopathic, fibro-obliterative disease of the extra-hepatic biliary tree that presents with biliary obstruction. The Diagnosis should be confirmed by a gastroenterologist with supporting evidence including imaging, laboratory tests and liver biopsy. Biliary atresia due to other disease is excluded.

59. Severe Bronchiectasis (CI Group 59)

Severe Stage	Early and Intermediate Stages
Severe Bronchiectasis Severe bronchiectasis requiring extensive and permanent oxygen therapy as well as FEV 1 test result of consistently less than one (1) litre. The Unequivocal Diagnosis must be confirmed by a specialist in respiratory medicine.	Not applicable

60. Terminal Illness (CI Group 60)

Severe Stage	Early and Intermediate Stages
Terminal Illness The conclusive diagnosis of an illness that is expected to result in the death of the Life Assured within twelve (12) months. This diagnosis must be supported by a specialist and confirmed by Our appointed Registered Medical Practitioner. Terminal illness in the presence of HIV infection is excluded.	Not applicable.

The following two terms can be found in some of the above definitions, and they are defined as follows:

(a) Permanent Neurological Deficit

Permanent means expected to last throughout the lifetime of the Life Assured.

Permanent neurological deficit means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Assured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

(b) Activities of Daily Living (ADLs)

- (i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- (ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- (iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- (iv) Mobility - the ability to move indoors from room to room on level surfaces;
- (v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (vi) Feeding - the ability to feed oneself once food has been prepared and made available.

APPENDIX C: DEFINITION OF RECURRENT CRITICAL ILLNESSES

Recurrent Critical Illnesses	Definitions
Re-diagnosed Major Cancer	<p>“Re-diagnosed Major Cancer” means cancer for which any of the following conditions are met after the stipulated waiting period, for which a claim for Major Cancer (Severe Stage) or Re-diagnosed Major Cancer was admitted under this Policy:</p> <ul style="list-style-type: none"> • The Major Cancer persists since first diagnosis; • The Major Cancer relapses, that is, though recovered temporarily (in remission), the same Major Cancer recurs at the same organ as the preceding Major Cancer; • Metastasis of the preceding Major Cancer to other parts of the body; or • The new Major Cancer is unrelated to the preceding Major Cancer. <p>Re-diagnosed Major Cancer must be confirmed by an oncologist on the basis of histopathological diagnosis. Clinical re-diagnosis of Cancer can only be adopted if histopathological diagnosis is medically not possible; in which case, the Life Assured must have medical documentary proof or record from a certificated oncologist of ongoing cancer therapy (including but not limited to radiotherapy or chemotherapy or surgery). Ongoing preventive cancer therapy (including but not limited to Tamoxifen or Raloxifene) will not be accepted as a basis of clinical re-diagnosis.</p> <p>The date of diagnosis of Re-diagnosed Major Cancer refers to the date of the histopathological report. If histopathological diagnosis is medically not possible; the date of diagnosis of Re-diagnosed Major Cancer refers to the date of documentary proof or record from a certificated oncologist of ongoing cancer therapy (including but not limited to radiotherapy or chemotherapy or surgery).</p>
Recurrent Heart Attack of Specified Severity	<p>“Recurrent Heart Attack of Specified Severity” means another occurrence of a heart attack occurring after the stipulated waiting period, for which a claim for Heart Attack of Specified Severity (Severe Stage) or Recurrent Heart Attack of Specified Severity was admitted under this Policy.</p> <p>The diagnosis must be supported with fresh evidence based on the criteria set out in the definition of Heart Attack of Specified Severity (Severe Stage) in CI Group 2.</p>
Recurrent Stroke with Permanent Neurological Deficit	<p>“Recurrent Stroke with Permanent Neurological Deficit” means another occurrence of a stroke after the stipulated waiting period, for which a claim for Stroke with Permanent Neurological Deficit (Severe Stage) or Recurrent Stroke with Permanent Neurological Deficit was admitted under this Policy.</p> <p>The diagnosis must be supported with fresh imaging evidence consistent with the diagnosis of the Stroke with Permanent Neurological Deficit based on the criteria set out in the definition of Stroke with Permanent Neurological Deficit (Severe Stage) in CI Group 3.</p>
Repeated Open Chest Heart Valve Surgery	<p>“Repeated Open Chest Heart Valve Surgery” means the actual undergoing of open-heart surgery to replace or repair heart valve abnormalities after the stipulated waiting period, for which a claim for Open Chest Heart Valve Surgery (Severe Stage) or Repeated Open Chest Heart Valve Surgery was admitted under this Policy.</p> <p>The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.</p> <p>To be eligible for a claim under Repeated Open Chest Heart Valve Surgery, the criteria set out in the definition of Open Chest Heart Valve Surgery (Severe Stage) in CI Group 11 must be met.</p>

Repeated Major Organ / Bone Marrow Transplantation	<p>"Repeated Major Organ / Bone Marrow Transplantation" is defined as the receipt of a transplant of:</p> <ul style="list-style-type: none"> • Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or • One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ; <p>after the stipulated waiting period, for which a claim for Major Organ / Bone Marrow Transplantation (Severe Stage) or Repeated Major Organ / Bone Marrow Transplantation was admitted under this Policy.</p> <p>Other stem cell transplants are excluded.</p> <p>To be eligible for a claim under Repeated Major Organ / Bone Marrow Transplantation, the criteria set out in the definition of Major Organ / Bone Marrow Transplantation (Severe Stage) in CI Group 14 must be met.</p>
Repeated Coronary Artery By-pass Surgery	<p>"Repeated Coronary Artery By-pass Surgery" is defined as another occurrence of Coronary Artery By-pass Surgery after the stipulated waiting period, for which a claim for Coronary Artery By-pass Surgery (Severe Stage) or Repeated Coronary Artery By-pass Surgery was admitted under this Policy.</p> <p>To be eligible for a claim under Repeated Coronary Artery By-pass Surgery, the criteria set out in the definition of Coronary Artery By-pass Surgery (Severe Stage) in CI Group 4 must be met.</p>

APPENDIX D: DEFINITION OF BENIGN AND BORDERLINE MALIGNANT TUMOUR BENEFIT

No.	Conditions	Definitions																								
1	Benign Tumour (suspected malignancy) requiring surgical excision	<p>An actual undergoing of a complete surgical excision of a Solid Tumour and such tumour is confirmed by histopathological examination in writing by a registered pathologist as a non-cancerous benign tumour of the following organs listed below in the Specified Organs:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 2px;">Specified Organs</th></tr> </thead> <tbody> <tr> <td style="padding: 2px;">1. Heart</td><td style="padding: 2px;">12. Pituitary gland</td></tr> <tr> <td style="padding: 2px;">2. Liver</td><td style="padding: 2px;">13. Small intestine</td></tr> <tr> <td style="padding: 2px;">3. Lung</td><td style="padding: 2px;">14. Testis</td></tr> <tr> <td style="padding: 2px;">4. Pancreas</td><td style="padding: 2px;">15. Breast</td></tr> <tr> <td style="padding: 2px;">5. Pericardium</td><td style="padding: 2px;">16. Ovary</td></tr> <tr> <td style="padding: 2px;">6. Ureter</td><td style="padding: 2px;">17. Penis</td></tr> <tr> <td style="padding: 2px;">7. Adrenal Gland</td><td style="padding: 2px;">18. Uterus (cover endometrial polyps only)</td></tr> <tr> <td style="padding: 2px;">8. Bone</td><td style="padding: 2px;">19. Nasopharynx</td></tr> <tr> <td style="padding: 2px;">9. Conjunctiva</td><td style="padding: 2px;">20. Oesophagus</td></tr> <tr> <td style="padding: 2px;">10. Kidney</td><td style="padding: 2px;">21. Oral Cavity</td></tr> <tr> <td style="padding: 2px;">11. Nerve in cranium or spine</td><td style="padding: 2px;">22. Gallbladder</td></tr> </tbody> </table> <p>The following conditions must be fulfilled:</p> <ul style="list-style-type: none"> • The decision for excision of tumour must be recommended in writing by a specialist which the tumour is considered to have a suspicion of malignancy according to appropriate medical evidence after full and appropriate investigations and must be in accordance with accepted medical protocols and based on clinical, imaging and any histopathological evidence. All related documentations regarding the need for the complete excision of tumour must be provided to Us, • tumour is completely removed; and • evidence of non-cancerous benign tumour confirmed by histopathological examination after surgical excision. <p>Where there is any doubt about the indication for a complete excision of tumour, We reserve the right to obtain an independent opinion from a specialist.</p> <p>The below conditions are specifically excluded:</p> <ul style="list-style-type: none"> • surgery for ovarian cysts including but not limited to simple cysts, endometrial cysts (endometriomas) of the ovary, • surgery for removal of tumours in organs not listed in the "Specified Organs" above or surgery for removal of gall bladder, gall stones, kidney stones, benign hormone secreting tumours of the adrenal glands, • tumour without biopsy performed after operation; and • surgery for the following causes in all organs: <ul style="list-style-type: none"> - High grade dysplasia, lipoma, haemangioma, non-solid tumours including simple cysts; or - Tumours which were clearly established as benign or of low malignant potential on radiological criteria or biopsy; or - Partial excision of tumour or other procedures including open or closed biopsies, needle aspiration biopsy or cytology, aspiration, embolization or any procedure to reduce tumour size. <p>"Solid Tumour" means an abnormal mass of tissue, which is not cyst and generally does not contain liquid.</p>	Specified Organs		1. Heart	12. Pituitary gland	2. Liver	13. Small intestine	3. Lung	14. Testis	4. Pancreas	15. Breast	5. Pericardium	16. Ovary	6. Ureter	17. Penis	7. Adrenal Gland	18. Uterus (cover endometrial polyps only)	8. Bone	19. Nasopharynx	9. Conjunctiva	20. Oesophagus	10. Kidney	21. Oral Cavity	11. Nerve in cranium or spine	22. Gallbladder
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2.	Borderline Malignant Tumour	<p>A tumour which, on morphologic grounds, cannot be classified histopathologically nor designated with certainty as benign or malignant. The nature of the tumour has to be confirmed by registered pathologist or consultant oncologist with histopathological report and classified as morphological code 8000/1 according to International Classification of Diseases for Oncology (ICD-0-3).</p> <p>Tumours from the following organs are excluded from this benefit: skin, prostate and thyroid.</p>
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APPENDIX E: DEFINITION OF SPECIAL BENEFIT

No.	Conditions covered under Special Benefit	Definitions of conditions
1	Diabetic Complications	<p>Diabetic Complications cover the following conditions only:</p> <ul style="list-style-type: none"> • Diabetic Retinopathy with the need to undergo laser treatment certified to be absolutely necessary by an ophthalmologist with support of a Fluorescent Fundus Angiography report and vision is measured at 6/18 or worse in the better eye using a Snellen eye chart. • Diabetic Nephropathy with a definite diagnosis of diabetic nephropathy by a specialist and is evident by eGFR less than 30 ml/min/1.73 m² with ongoing proteinuria greater than 300mg/24 hours. • Amputation of Part of Limb due to Gangrene with the actual undergoing of amputation of a foot / toe / hand / finger to treat gangrene that has occurred because of a complication of diabetes.
2	Angioplasty & Other Invasive Treatment For Coronary Artery	<p>The actual undergoing of balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of minimum sixty percent (60%) stenosis, of one (1) or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.</p> <p>Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.</p> <p>Diagnostic angiography is excluded.</p>
3	Osteoporosis with Fractures	<p>Osteoporosis is a degenerative bone disease that results in loss of bone. The diagnosis must be supported by a bone density reading which satisfies the World Health Organization (WHO) definition of osteoporosis with a bone density reading T-score of less than -2.5. There must also be a history of three (3) or more osteoporotic fractures involving either femur, wrist or vertebrae. These fractures must directly cause the Life Assured's inability to perform (whether aided or unaided) at least one (1) of the following six (6) "Activities of Daily Living" for a continuous period of at least six (6) months.</p> <p>For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>
4	Severe Rheumatoid Arthritis	<p>Widespread joint destruction with major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, spine, knees, ankles, feet. The diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none"> • Morning stiffness; • Symmetric arthritis; • Presence of rheumatoid nodules; • Elevated titres of rheumatoid factors; and • Radiographic evidence of severe involvement. <p>The diagnosis must be confirmed by a consultant rheumatologist.</p>
5	Mastectomy	<p>Mastectomy means surgical removal of at least three quadrants of the tissue of a breast due to carcinoma-in-situ or a malignant condition. Proof of having undergone the breast reconstructive surgery is not required.</p>

6	Chronic Adrenal Insufficiency (Addison's Disease)	<p>An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a specialist in endocrinology through one of the following:</p> <ul style="list-style-type: none"> • ACTH simulation tests; • insulin-induced hypoglycaemia test; • plasma ACTH level measurement; • Plasma Renin Activity (PRA) level measurement. <p>Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.</p>
7	Chronic Relapsing Pancreatitis	<p>More than three (3) attacks of pancreatitis resulting in pancreatic dysfunction causing malabsorption needing enzyme replacement therapy.</p> <p>The diagnosis must be made by a consultant gastroenterologist and confirmed by Endoscopic Retrograde CholangioPancreatography (ERCP).</p> <p>Chronic Relapsing Pancreatitis caused by alcohol use is excluded.</p>
8	Hysterectomy due to Cancer	<p>The removal of the uterus (at least the corpus and cervix or corpus only) with supporting evidence of carcinoma of the uterus, fallopian tube, ovary, vagina or endometrium, advanced cervical carcinoma, or hydatidiform mole.</p>
9	Dengue Haemorrhagic Fever	<p>It covers Dengue Haemorrhagic Fever Grade 3 or Grade 4, based on the World Health Organization (WHO) case definition, with unequivocal evidence of the Dengue Shock Syndrome and confirmation of dengue infection, with confirmatory serological testing of dengue; and as may be exemplified by the following findings:</p> <ul style="list-style-type: none"> • history of continuous high fever (for two (2) or more days), • minor or major haemorrhagic manifestations, • thrombocytopenia (less than or equal to 100000 per mm³), • haemoconcentration (haematocrit increased by 20% or more), • evidence of plasma leakage (i.e. pleural effusion, ascites or hypoproteinaemia, etc.), and • evidence of the Dengue Shock Syndrome (DSS), confirmed by a consultant physician, with the following criteria being met: <ul style="list-style-type: none"> - hypotension (less than 80 mm Hg) or narrow pulse pressure (20 mm Hg or less), and - evidence of tissue hypoperfusion such as cold, clammy skin, oliguria, or a metabolic acidosis.
10	Wilson's Disease	<p>A potentially fatal disorder of copper toxicity characterised by progressive liver disease and/or neurologic deterioration due to copper deposit. The diagnosis must be confirmed by a hepatologist and the treatment with a chelating agent must be documented for at least six (6) months.</p>
11	Severe Crohn's Disease	<p>Crohn's disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:</p> <ul style="list-style-type: none"> • Stricture formation causing intestinal obstruction requiring admission to hospital; • Fistula formation between loops of bowel; and • At least one (1) bowel segment resection. <p>The diagnosis must be based on histopathological features and confirmed by a specialist in the relevant field.</p>

12	Severe Ulcerative Colitis	<p>Ulcerative colitis shall mean acute fulminant ulcerative colitis with life threatening electrolyte disturbances associated with but not limited to intestinal distension or a risk of intestinal rupture, involving the entire colon with severe bloody diarrhoea or systemic signs and symptoms and for which the treatment of colectomy or ileostomy has been done.</p> <p>Diagnosis must be based on histopathological features and surgery in the form of colectomy or ileostomy should form part of the treatment.</p>
13	Pheochromocytoma	<p>Presence of neuroendocrine tumour of adrenal or extra-adrenal chromaffin tissue that secretes excess catecholamines. The diagnosis of pheochromocytoma must be confirmed by a specialist in the relevant field and supported by a histopathological examination.</p>
14	Age-related Macular Degeneration with Visual Impairment	<p>Age-related Macular Degeneration with visual impairment must be diagnosed by an ophthalmologist or a specialist in the relevant field and must have undergone laser photocoagulation or photodynamic therapy.</p> <p>Visual impairment due to alcohol or drug or substance misuse is excluded.</p>
15	Severe Presbycusis (Age-related Hearing Loss)	<p>Irreversible symmetrical loss of sensorineural hearing with loss of at least sixty (60) decibels in all audible frequencies (500,1000,2000,4000 Hz) of hearing in both ears and as a result of age degeneration that requires treatment with a hearing aid.</p> <p>Medical evidence in the form of an audiology and sound-threshold test must be provided, and the diagnosis of loss of hearing must be confirmed by a Registered Medical Practitioner who is an ear, nose and throat (ENT) specialist.</p>
16	Urinary Incontinence requiring Surgical Repair	<p>Urinary Incontinence requiring surgical repair is a condition where all the following diagnostic conditions are met:</p> <ul style="list-style-type: none"> • Urinary Incontinence has been diagnosed and under the management of a Registered Medical Practitioner for at least six (6) months during which time, there has been a need for continuous incontinence medical treatment; and • Medically necessary surgical repair has been undertaken for the sole purpose of correcting the incontinence. <p>This benefit is not payable if Urinary Incontinence was diagnosed before the Benefit Commencement Date of this Basic Benefit or date of reinstatement (if any). Surgery that includes treatment for other pathology including a hysterectomy for uterus pathology or dysfunction does not meet this condition.</p>
17	Severe Juvenile Rheumatoid Arthritis (Stills Disease)	<p>A form of juvenile chronic arthritis characterised by high fever and signs of systemic illness that can exist for months before the onset of arthritis. The condition must be characterised by cardinal manifestations which include high spiking, daily (quotidian) fevers, evanescent rash, arthritis, splenomegaly, lymphadenopathy, serositis, weight loss, neutrophilic leucocytosis, increased acute phase proteins and sero-negative tests for Antinuclear Antibodies (ANA) and Rheumatoid Factor (RF). A claim for this benefit will be admitted only if the diagnosis is confirmed by a paediatric rheumatologist and the condition has to be documented for at least six (6) months.</p>
18	Severe Haemophilia	<p>The Life Assured must be suffering from severe haemophilia A (VIII deficiency) or haemophilia B (IX deficiency) with factor VIII or factor IX activity levels less than one percent (1%). Diagnosis must be confirmed by a haematologist.</p>

19	Rheumatic Fever with Valvular Impairment	A confirmed diagnosis by a consultant cardiologist of acute rheumatic fever according to the revised Jones criteria for its diagnosis. There must be involvement of one (1) or more heart valves and at least mild valve incompetence attributable to rheumatic fever as confirmed by quantitative investigations of the valve function by a consultant cardiologist.
20	Osteogenesis Imperfecta	This is a genetic disorder characterised by brittle, osteoporotic, easily fractured bones. The Life Assured must be diagnosed as a type III Osteogenesis Imperfecta confirmed by the occurrence of all of the following conditions: <ul style="list-style-type: none"> • the result of physical examination indicating growth retardation and hearing impairment; and • the result of X-ray studies reveals multiple fracture of bones and progressive kyphoscoliosis; and • positive result of skin biopsy. Diagnosis of Osteogenesis Imperfecta must be confirmed by a paediatrician.
21	Insulin Dependent Diabetes Mellitus	Diabetes mellitus is chronic hyperglycaemia, caused by defective insulin secretion. Insulin Dependent Diabetes Mellitus is characterised by the continuous dependence on exogenous insulin for the preservation of life as diagnosed by an endocrinologist and such dependence must persist for not less than six (6) months.
22	Kawasaki Disease	This is acute, febrile and multisystem disease of children, characterised by non-suppurative cervical adenitis, skin and mucous membrane lesions. Diagnosis must be confirmed by a paediatrician and there must be echocardiograph evidence of cardiac involvement manifested by dilatation or aneurysm formation in the coronary arteries which persists for at least six (6) months after the initial acute episode.
23	Glomerulonephritis with Nephrotic Syndrome	A confirmed diagnosis of glomerulonephritis with nephrotic syndrome by a nephrologist and who should confirm that a treatment regimen appropriate to the clinical presentation has been followed throughout the period to which syndrome relates. The syndrome must have continued for a period of at least six (6) months with or without intervening periods of remission.
24	Type I Juvenile Spinal Amyotrophy	Degenerative diseases of the anterior horn cells in the spinal cord and motor nuclei of the brainstem characterised by profound proximal muscular weakness and wasting, primarily in the legs, followed by distal muscle involvement. The damage must result independently of all other causes and directly in the Life Assured's permanent inability to perform (whether aided or unaided) at least three (3) of the "Activities of Daily Living" (ADLs) for a continuous period of six (6) months. The diagnosis must be made by a neurologist with appropriate neuromuscular testing such as Electromyogram (EMG). <p>Only Life Assured whose Age is between six (6) years old to seventeen (17) years old on first diagnosis is eligible to receive a benefit under this illness.</p> <p>For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>

25	Autism of Specified Severity	<p>An unequivocal diagnosis of Autism of Specified Severity which must have continued without interruption for a period of at least six (6) months after diagnosis supported by two (2) different assessments performed at least six (6) months apart; and the Life Assured must be undergoing treatment such as but not limited to behavioural therapy, psychological interventions or special education at recognised institute.</p> <p>Autism of Specified Severity must fulfil the following diagnostic criteria and be classified as severity Level three (3) (requiring very substantial support assessed separately for each domain) based on Diagnostic and Statistical Manual of Mental Disorders (DSM-5), as certified by the attending registered specialist in Paediatric Psychiatry or Paediatric Neurology:</p> <ul style="list-style-type: none"> (a) Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following: <ul style="list-style-type: none"> • Severe deficits in verbal and non-verbal social communication skills causing severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. (b) Restricted, repetitive patterns of behaviour, interests, or activities, as manifested by the following: <ul style="list-style-type: none"> • inflexibility of behaviour, extreme difficulty coping with change, or other restricted / repetitive behaviours markedly interferes with functioning in all spheres. Great distress / difficulty changing focus or action. (c) Symptoms must be present in the early developmental period. (d) Symptoms caused clinically significant impairment in social, occupational, or other important areas of current functioning. <p>If the Life Assured is not residing in Singapore at claims stage, the diagnosis must be certified by a registered specialist in Singapore.</p>
26	Generalised Tetanus	<p>Tetanus is an illness characterised by an acute onset of hypertonia, painful muscular contractions (including but not limited to the muscles of the jaw and neck) and generalised muscle spasms caused by tetanus toxin that is produced by Clostridium tetani bacterium infection. The diagnosis of Generalised Tetanus due to tetanus toxin must be confirmed by a Registered Medical Practitioner.</p> <p>All the following criteria must be met to qualify for this benefit:</p> <ul style="list-style-type: none"> • Constant mechanical ventilation is instituted for at least three (3) days as a medically necessary treatment for Generalised Tetanus due to tetanus toxin; and • Tetanus immune Globulin is administered.
27	Rabies	<p>Rabies is an infectious disease of dogs, cats, and other animals, transmitted to humans by the bite of an infected animal. It has to be evidenced by all of the following:</p> <ul style="list-style-type: none"> • Typical symptoms of difficulty in swallowing, excessive salivation, fear of water (hydrophobia) and hallucinations; and • Presence of rabies virus antigen or rabies-neutralising antibody titre in the Cerebrospinal Fluid (CSF). <p>Diagnosis must be confirmed by a specialist in the relevant field.</p>