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## MEDICAL INSURANCE POLICY

Here is **Your** new Medical Insurance Policy document. Please examine it, together with the **Schedule**, to make sure that **You** have the cover **You** need.

It is important that the Policy, the **Schedule** and any amendments are read together to avoid any misunderstanding.

### How Your insurance operates

Your Medical Insurance Policy is a contract between **Us**, the **Company**, and **You**, our **Insured** named in the **Schedule**. The Medical Insurance Application Form and any information given are the basis of this contract.

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

Any endorsement made altering the **Schedule** or Policy terms and conditions form part of this Policy.

### Our Promise of Service

**We** wish to provide **You** with a high standard of service and to meet any claims covered by this Policy honestly, fairly and promptly. Should **You** have any reason to believe that **We** have not done so, please contact preferably in writing, our Manager for Bancassurance, who will be ready to help **You** with **Your** concerns.

### A GUIDE TO YOUR MEDICAL INSURANCE POLICY

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## DEFINITION OF WORDS

(which apply to the whole Policy)

Certain words are defined below. These have the same meaning wherever they are used in the Policy or the **Schedule** and are highlighted in bold print, e.g. **Worker**, **Accident** etc.

### **Accident**

means an event which happens suddenly, solely and directly caused by violent, external and visible means and gives rise to a result the **Worker** and/or the **Insured** did not intend or anticipate.

### **Company/We/Us**

means **MSIG Insurance (Singapore) Pte. Ltd.**

### **Doctor**

means a properly qualified medical practitioner (other than the **Insured** or a member of the **Insured's** or **Worker's** immediate family) licensed by the Ministry of Health in Singapore, and who in rendering such treatment is practicing within the scope of his licensing and training.

### **Enrolment Date**

means the date which a **Worker** is accepted by the **Company** to be insured under this Policy or any reinstatement of this Policy.

### **Full Time Active Service**

means a **Worker** will be considered to be in **Full Time Active Service** on any day if he is then performing or is capable of performing in the customary manner all of the regular duties of his employment as performed or was capable of being performed on the last regularly scheduled work day or being on entitled annual leave for reasons other than on medical reasons.

### **Home Country**

means the country of which the **Worker** holds a passport.

### **Hospital**

means an institution in Singapore which is legally licensed as a medical or surgical hospital in Singapore in which it must provide service primarily for reception, care and treatment of injured or sick persons as **Inpatient** under the constant supervision of a **Doctor**. These exclude nursing, rest homes or convalescent homes, institutions for treatment of substance abuse, mental institutions or geriatric wards and places for drug addicts or alcoholics or for any purpose.

### **Illness**

means any sudden and unforeseen sickness, illness or disease first manifested whilst in Singapore and occurring during the Period of Insurance.

### **Injury**

means all bodily injury suffered anywhere in Singapore, caused solely by **Accident** and not by sickness, disease or gradual physical or mental wear and tear.

### **Inpatient**

means an in-patient stay in the **Hospital** by the **Worker** where the treatment is being received for which room and board charges are made by the **Hospital**, and this excludes in-patient stay by the **Worker** under observation in a ward.

### **Insured/You**

means the Employer of the **Worker** and is the policyholder named as the **Insured** in the **Schedule**.

### **Notification Period**

means the period of 30(thirty) days from the date of diagnosis of **Injury** or **Illness** or death.

### **Permanent Disablement**

means **Injury** which, having lasted for a continuous period of 12 (twelve) consecutive months from the date of the **Accident**, with no hope of improvement at the end of that period, totally disables and prevents a **Worker** from performing any business or occupation of any kind.

### **Pre-existing Conditions**

means any **Serious Condition**, **Injury**, **Illness**, condition or symptom:

- (a) for which treatment, or medication, or advice or diagnosis has been sought or received or was foreseeable prior to the **Enrolment Date** of cover for the **Worker** concerned, or
- (b) which presented signs or symptoms of which the **Worker** or the **Insured** concerned was aware or should reasonably have been aware or which originated or existed, prior to the commencement of cover for the **Worker** concerned.

**Physiotherapist**

refers to a person, (other than the **Insured** or a **Worker** or a member of the **Worker's** immediate family), qualified by a duly accredited degree in physiotherapy and legally licensed and duly qualified to perform physiotherapy, and who in rendering such treatment is practicing within the scope of his licensing and training.

**Reasonable and Customary Charges**

means charges for medical care which shall be considered by the **Company** or its medical advisers to be reasonable and customary to the extent that they do not exceed the general level of charges being made by others of similar standing in the locality where the charges are incurred when giving like or comparable treatment, services or supplies to individuals of the same sex and of comparable age for a similar disease or **Injury** or **Illness**. Any scales of charges which may be agreed from time to time between the **Company** and **Hospitals** and **Doctor** shall also be indicative of **Reasonable and Customary Charges**.

**Schedule**

means the Schedule containing the details of the policy, benefits, endorsements (if any), **Worker(s)**, type of cover selected and Period of Insurance and this includes the Renewal Certificate issued by the **Company**. The **Schedule** is part of the policy.

**Serious Condition**

shall mean:

- Any Disease or Disorder of the Blood,
- All forms of Cancer,
- Any Disease or Disorder of the Heart,
- Chronic Obstructive Lung Disease,
- Any Disease or Disorder of the Kidney, including Kidney Failure,
- Stroke (Cerebrovascular Accident),
- Liver Cirrhosis,
- Systemic Lupus Erythematosus,
- Degenerative Diseases,

and/or any **Illness**, **Injury**, disease, disability, defect which is chronic, life-threatening or terminal, for which existed before the **Enrolment Date** for the **Worker** concerned:

- (a) for which treatment, or medication, or advice or diagnosis has been sought or received or was foreseeable, or
- (b) which originated or was known to exist by the **Worker** or the **Insured** prior to the **Enrolment Date** whether or not treatment or advice or diagnosis was sought or received.

**Specialist**

means a **Doctor**, (other than the **Insured** or a member of the **Insured's** or **Worker's** immediate family) who is licensed as a Specialist by the Ministry of Health in Singapore, or its equivalent in the country in which treatment is provided, whose practice is based on special expertise in a selected medical specialty to treat the type of **Illness** or **Injury** for which a claim may be made, which is relevant to the treatment provided to the **Worker**.

**Worker**

means **Your** foreign worker in **Your** direct employment with a valid work permit or special pass issued by the Ministry of Manpower in Singapore, and named as Insured Person in the **Schedule**, unless otherwise agreed by the **Company** in writing, and who meets the eligibility criteria set out in General Condition 1 of the Policy and must be employed by the employer identified as the **Insured** in the **Schedule**.

**Usual Country of Residence**

means the Country in which the **Worker** is usually living at the **Enrolment Date**, and which is declared in the Application Form or in the form as required by the **Company**.

In this Policy, where the context admits and is applicable, words imputing the masculine gender shall include the feminine gender and words imputing the singular number shall include the plural number and vice versa.

## TABLE of BENEFITS (\$\$)

Benefits	Sum Insured per Worker
<b>Section 1:</b> Medical Expenses	<b>Annual Limit : \$15,000</b>
1.1 Hospital and Related Services	Room & Board in a 4 bedded ward in Government or Restructured <b>Hospital</b> (included within the Annual Limit)
1.2 Pre-Hospital Consultation & Diagnostic Services	Included within the Annual Limit but up to 90 days from the date of admission
1.3 Post-Hospital Follow up Treatment	Included within the Annual Limit but up to 90 days from the date of admission
<b>Section 2:</b> Special Grant	\$1,000
<b>Section 3 (Personal Accident):</b> A. Death or B. <b>Permanent Disablement</b> as a result of an <b>Accident</b>	\$5,000

### BENEFITS

#### SECTION 1 – MEDICAL EXPENSES

We will pay **You** the **Reasonable and Customary Charges** for medical expenses for Sections 1.1, 1.2 and 1.3 below which are necessarily incurred as a result of an **Injury** or **Illness** sustained by the **Worker**, not during or in the **Worker's** course of employment, commencing or occurring in Singapore during the Period of Insurance provided such expenses are incurred in Singapore.

The maximum aggregate total sum payable under this Section 1 in respect of the **Worker** for the Period of Insurance is the Sum Insured as stated in Section 1 referred to in the Table of Benefits.

##### 1.1. Hospital and Related Services

All medically necessary treatment and services provided by or on the order of a **Doctor** to the **Worker** when admitted for a treatment of a covered **Illness** or **Injury** as a registered in-patient to a **Hospital** in Singapore.

Cover includes:

- **Hospital** accommodation (subject to the Limits stated in the Table of Benefits),
- meal charges, nursing care, diagnostic, laboratory or other medically necessary facilities and services, operating theatre charges,
- **Doctor's/Physiotherapist's** fees, **Specialist** consultations and visits,
- Intensive Care Unit or High Dependency Unit (HDU) or Coronary Care Unit (CCU) charges,
- All dressings or medications prescribed by the treating **Doctor** for in-**Hospital** use.

The cover extends to include Day Care Surgery. Day Care Surgery means all medically necessary surgical procedures and related treatment provided by or on the order of a **Doctor** to the **Worker** at a **Hospital**. Day Care Surgery Cover excludes all non-surgical procedures and related treatment and is subject otherwise to the terms, conditions and exclusions of this Policy.

The costs of non-medically necessary goods or services including such items as telephone, television and newspaper are not covered.

##### 1.2 Pre-Hospital Specialist Consultation and Diagnostic Services

Consultation by the **Specialist**, and Laboratory, X-ray or other medically necessary diagnostic procedures ordered by a **Doctor** and which within 90 (ninety) days of being carried out, result in the **Worker** being admitted as a registered in-patient to a **Hospital** in Singapore for the treatment of the specific medical condition diagnosed, provided that such medical condition is covered by the Policy.

### 1.3 Post-Hospital Follow-up Treatment

The medically necessary follow up treatment by a **Doctor** to be rendered for up to 90 (ninety) days from the **Worker's** discharge from a **Hospital** in Singapore. Cover is restricted to follow up treatment of the specific medical condition for which the **Worker** received in-**Hospital** treatment covered by the Policy.

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## SECTION 2 – SPECIAL GRANT

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The Policy will pay the Sum Insured as stated in Section 2 referred to in the Table of Benefits if a **Worker** dies from

- (i) an **Injury**; or
- (ii) an **Illness**

as a registered in-patient during the treatment for such **Injury** or **Illness** at a **Hospital** in Singapore or within 90 (ninety) days after discharge from the **Hospital** in Singapore.

### SPECIAL CONDITIONS TO SECTION 1

1. The Policy will not provide compensation other than on a proportionate basis if the **Insured** or a **Worker** has any other insurance in force or is entitled to indemnity from any other source in respect of the same **Accident, Illness, Injury**, death or expense.
2. A Pro-ration factor of 50% will apply in the event that the **Worker** is admitted to :
  - (a) a 2 or 3 bedded or single bedded ward in a Singapore Government or Restructured **Hospital**, or
  - (b) a Private **Hospital** (regardless of the ward type).

The 50% is applied on the actual charges incurred and covered under the Policy, including charges in respect of Pre-Hospital Consultation and Diagnostic Services and Post Hospital Follow up Treatment received in connection with hospitalisation, or the **Reasonable and Customary Charges**.

### SPECIAL CONDITIONS TO SECTIONS 1 AND 2

3. Benefit payable under Sections 1 and 2 is up to the Sum Insured and Limits stated in the Table of Benefits respectively, including the applicable Goods and Services Tax (GST), where applicable.

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## SECTION 3- PERSONAL ACCIDENT

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We will pay to the **Worker** or his legal personal representatives the Benefit under Section 3 referred to in the Table of Benefits if during the Period of Insurance the **Worker** named in the **Schedule** sustains an **Injury** which within 12 (twelve) calendar months from the **Accident** results directly and independently of any other cause in death or **Permanent Disablement**.

### BENEFIT A - DEATH

Where the **Worker** dies in Singapore, the Sum Insured as stated in Section 3A referred to in the Table of Benefits.

### BENEFIT B - PERMANENT DISABLEMENT

Where the **Worker** suffers in Singapore any **Permanent Disablement**, the Sum Insured as stated in Section 3B referred to in the Table of Benefits.

### SPECIAL CONDITIONS TO SECTION 3

1. A valid claim made for Benefit A or for Benefit B, will, with effect from the date of the **Accident** resulting in such claim, discharge **Us** from liability for any further claim under Section 3.
2. No benefit shall be payable if the **Worker** dies or suffers **Permanent Disablement** directly as a result of an **Accident** outside Singapore.

## GENERAL CONDITIONS

(which apply to the whole Policy and to be observed by the **Insured** and all persons insured under the Policy)

It is important part of our contract that **You** observe the following General Conditions and they are, where their nature permit, condition precedents to the right to recover from Us:

### 1. ELIGIBILITY

Unless **We** agree in writing, otherwise any person **You** wish to insure under the Policy must be named as a **Worker** in the **Schedule** and must at the **Enrolment Date**, be between 18 (eighteen) to 60 (sixty) years old, and is **Full Time Active Service**, with his **Usual Country of Residence** as Singapore.

**You** must inform **Us** on the enrolment of any eligible **Worker** within 30 (thirty) days from the date they are employed by **You**, otherwise, there is no coverage for the **Worker**. No cover is in force until confirmed by the issue of a Policy or a **Schedule** by the **Company**.

### 2. CO-OPERATION

As a condition precedent to the **Company's** liability, the **Insured**, the **Worker** or his representatives shall co-operate fully with the **Company** and its medical advisers and will fully and faithfully disclose all material facts and matters which the **Insured** or **Worker** knows or ought to know and will upon request as the **Company** may reasonably make execute any document to empower the **Company** to obtain relevant information, at the **Insured** or **Worker's** expense, from any **Doctor** or **Hospital** or other source.

### 3. CO-ORDINATION OF BENEFITS

The Policy will not provide compensation other than on a proportionate basis if the **Insured** or **Worker** has any other insurance in force or is entitled to indemnity from any other source in respect of the same **Accident, Injury, Illness**, death or expense.

The **Company** has full rights of subrogation and may take proceedings in the **Insured's** or **Worker's** name, but at the **Company's** expense, to recover for the **Company's** benefit the amount of any payment made under the Policy and/or to secure an indemnity from a third party.

### 4. REASONABLE PRECAUTIONS AND MATERIAL CHANGES

The **Insured** and **Worker** shall take all reasonable precautions to prevent and minimise any **Accident, Injury** or **Illness** or death or expense and the **Company** must be informed immediately in writing as soon as **You** are aware of any material information or change of circumstances whether relating to a change in job occupation, duties, sporting activity or pursuits of any **Worker**, or any other change which may increase the possibility of a claim under this Policy. The **Company** reserves the right to continue cover on terms and conditions it considers appropriate to such changes in material information or circumstances or to decline to continue cover under the Policy.

### 5. PERIOD OF INSURANCE

Period of Insurance means the period specified in the **Schedule** during which **You** declare to **Us** the particulars of the **Workers** to be insured under this Policy.

If during the Period of Insurance, the **Worker** returns to his **Home Country**,

- (a) cover ceases from the time he/she leaves Singapore or 7 (seven) days after the cancellation or expiry of his work permit or special pass, whichever is the earlier.
- (b) cover resumes upon his return to Singapore or upon the renewal of his work permit or special pass whichever is the later, and

**You** must inform **Us** within 30 (thirty) days of such event.

### 6. OBSERVANCE

The due observance and fulfillment of the terms, provisions and conditions of this Policy in so far as they relate to anything to be done or not to be done by **You** and/or the **Worker** and the truth of the statements and answers in the proposal, any claims documents and notices of change in circumstances shall be conditions precedent to any liability on our part to make any payment under this Policy.

## 7. ALTERATION

- (a) At each renewal of this Policy, **We** have the right to vary the premium payable and all other terms, conditions and exceptions of the Policy. **We** will notify **You** in writing of any such change at least 30 (thirty) days before the renewal date. For avoidance of doubt, the **Company** may change the Policy terms and conditions at its discretion at any renewal. Your continued payment of premium after **We** give such notice will mean You accept the change.
- (b) Any misrepresentation of or failure to disclose material facts by the **Insured** or **Worker**, will entitle the **Company** to alter, amend or cancel the Policy having regard to the true facts and all benefits under the Policy shall be forfeited. A material fact is any information that could influence the **Company** in its assessment of the proposal.

## 8. CANCELLATION

- 8.1 The **Insured** may cancel this Policy by giving other party 30 (thirty) days' written notice sent to the last known address.

Refunds of premium in respect of a Period of Insurance will be made as follows:

- (a) If the **Insured** cancels the Policy, the **Company** will make a refund of premium that the **Insured** has paid on a pro-rated basis from the date of cancellation notified to the **Company** provided that no claim has arisen in relation to that Period of Insurance and the amount refundable is more than \$25.00
  - (b) If the **Company** cancels the Policy, the **Company** will make a pro-rata refund of the premium paid. In the event of a claim, the **Company** reserves the right to retain 100% of the annual premium for the whole policy.
- 8.2 In the event that a **Worker** does not enter Singapore and his in-principle approval is cancelled, the **Insured** is entitled to cancel the cover for the said **Worker** and the **Company** will make a refund of the premium in full without charging any administrative fees, provided the **Insured** notifies and provides the **Company** with proper documentation of the cancellation of the in-principle approval from the relevant authority within 30 (thirty) days upon the receipt of such documentation.

## 9. TERMINATION OF COVER

- (a) The entire Policy will terminate and cover for all **Workers** will cease immediately upon:
  - i) non-payment of premium by the due date as described in the Premium Payment Warranty of this Policy; or
  - ii) the cancellation of this Policy as described in General Condition 8, whichever is the earlier.
- (b) Unless **We** have agreed otherwise in writing, the cover of a **Worker** under this Policy will terminate immediately in any of the following circumstances, whichever first occurs:
  - i) when the **Worker** ceases to be eligible, or
  - ii) when the **Worker** ceases to be in Singapore, or
  - iii) when the **Worker's** employment with the **Insured** terminates, or
  - iv) when the **Worker** ceases to be in **Full Time Active Service** with the **Insured**, or
  - v) where the **Worker**, on the expiry of the Period of Insurance in which the **Worker** has attained 65<sup>th</sup> (sixty-fifth) birthday,
  - vi) at the time of death of the **Worker**,

In respect of 9(b)(i)(ii)(iii)(iv)(v), the **Company** will refund premium to the **Insured** for the insurance terminated from the date of notification of termination to the expiry of this Policy, on a pro-rated basis provided the **Company** had not incurred or paid claim for the **Worker** and the refund premium is above the minimum premium of \$25 plus the applicable Goods & Services Taxes. In the event of any claim, the **Company** reserves the right to retain 100% of the annual premium for the Whole Policy.

## 10. ACCEPTANCE OF INSTRUCTIONS

Any instruction, request or notice will not be accepted by the **Company** until such documents, information and consents as the **Company** may reasonably require are received at the **Company's** office address stated in the Policy.

## 11. LEGAL PROCEEDINGS

No action in law or equity shall be brought to recover under the Policy until after the expiration of 60 (sixty) days from the date proof of claim has been furnished in accordance with the Policy conditions. The parties submit themselves to the exclusive venue and jurisdiction of the Courts of Singapore for the resolution of any such conflict or dispute save where the circumstances are governed by the Arbitration clause of the Policy.

## 12. ARBITRATION

Where **We** have accepted a claim but the amount to be paid is in dispute, the matter shall be referred to arbitration in Singapore and Singapore law will apply. The arbitration shall be heard by a single arbitrator to be agreed by the parties with 14 (fourteen) days from the commencement of arbitration. In default of agreement, the arbitrator shall be appointed in accordance with and subject to the provisions of the Arbitration Act (Cap 10) or any statutory re-enactment thereof. Arbitration proceedings shall be conducted in accordance with the

Arbitration Rules of the Singapore International Arbitration Centre. Where any dispute is by this condition to be referred to arbitration, the making of an award shall be a condition precedent to any right of action against the **Company**.

**13. IN THE EVENT OF FRAUD**

If the **Insured** and/or the **Worker** or anyone acting on their behalf make any claim under this Policy knowing the claim to be false or fraudulent or if fraudulent means or devices are used by the **Insured** and/or the **Worker**, the Policy shall become void and all benefits forfeited.

**14. COMMENCEMENT OF ARBITRATION OR COURT ACTION**

If the **Company** offers an amount in settlement or disclaims liability altogether for a claim, and such a claim is not within 12 (twelve) calendar months from the date of such an offer or disclaimer referred to arbitration as required under General Condition 12 or been made subject to pending court action, the claim shall be deemed to be abandoned and the **Company** shall have no liability in respect of it.

**15. DIFFERENCE IN OPINION**

In the event of any difference in opinions between our medical advisers and Your **Doctor**, our medical adviser's opinion shall prevail.

**16. CONSENT**

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

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

**17. NO TRUST**

The **Company** will not recognise or be affected by any notice of trust, charge or assignment relating to this Policy and the receipt of the **Insured** or **Worker** or his legal personal representative or any person to whom any benefit is expressed to be payable, shall in all cases effectively discharge our liability.

**18. LEGAL PERSONAL REPRESENTATIVES**

The terms, exceptions and conditions of this Policy also apply to the legal personal representatives of the **Insured** or the **Worker**.

**19. GOVERNING LAW**

The Policy is to be construed according to the laws of the Republic of Singapore

**20. SUBROGATION**

In the event of a claim **We** are entitled to undertake in the name and on behalf of **You** and/or the **Worker** the absolute conduct control and settlement of any proceedings and to take proceedings at own expense and for own benefit in **Your** name and/or the **Worker** to recover compensation or secure indemnity from any third party in respect of anything covered by this Policy.

**21. EXCLUSION OF RIGHTS UNDER THE CONTRACTS (RIGHTS OF THIRD PARTIES) ACT**

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

For the avoidance of doubt, it is declared and agreed that the **Worker** is not a party to this Policy contract.

**22. DISCHARGE**

**Your** receipt or that of the **Worker** or of **Your** or his legal personal representatives as the case may be shall in all cases be a valid discharge of the **Company's** liability to pay in respect thereof.

**23. CONDITION PRECEDENT**

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

- (a) for the risk insured, the **Insured** has never had any insurance terminated in the last 12 (twelve) months due solely or in part to a breach of any premium payment condition; or
- (b) if the **Insured** has declared that it has breached any premium payment condition in respect of a previous Policy taken up with another insurer in the last 12 (twelve) months;
  - (i) the **Insured** has fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous Policy; and



- (ii) a copy of the written confirmation from the previous insurer to this effect is first provided by the **Insured** to the **Company** before cover incept.

## CLAIMS CONDITIONS

(which apply to the whole Policy)

**We** will act in good faith in all our dealings with **You**. Equally, the payment of claims is dependant on due observation of the following.

If the **Insured** or **Worker** fail(s) to observe any of these conditions, the Benefits under the Policy will not be paid and there will be no refund of any premium paid. Satisfactory proof of claim must be submitted in all cases, and the **Company** may appoint independent administrators to settle claims on its behalf.

On the happening of any **Accident** or **Illness** which may give rise to a claim under this Policy, **You** or save for Clause (f) the **Worker** must:

- (a) give notice in writing to Us within the **Notification Period** stating the circumstances of the death, **Injury** or **Illness**.
- (b) deliver to **Us** as soon as reasonably practicable a claim in writing with such detailed particulars and proofs as may be reasonably required.
- (c) give **Us** all reports, certificates and information required by **Us** which shall be furnished at **Your** or **Your Worker's** expense and shall be in such form as **We** shall prescribe.
- (d) provide evidence of the Singapore Ministry of Manpower's approval of the work permit or special pass and the work permit or special pass for the **Worker**.
- (e) ensure that the **Worker** shall from time to time submit himself to medical examination at the expense of **Us** as may be required in connection with any claim.
- (f) ensure that in the case of death where any reasonable doubt exists as to the cause of it, a qualified medical practitioner appointed by **Us** is allowed to make a post mortem examination of the body of the **Worker** at our expense.

## GENERAL EXCEPTIONS

(which apply to the whole Policy)

The following treatments, items, conditions, activities and their related consequential expenses are excluded from the Policy and the **Company** shall not be liable for:

1. **Pre-existing Conditions** as defined, including any treatment and complication arising from the **Pre-existing Conditions**, unless the **Worker** has already been insured consecutively for 12 (twelve) months under this Policy prior to the commencement of this insurance coverage under this Policy.

For the avoidance of any doubt, the **Pre-existing Conditions** Exclusion, including any treatment and complication arising from the **Pre-existing Conditions**, shall always apply unless specifically waived or limited by the **Company** in writing in the **Schedule** or official endorsement thereto.

2. Routine medical examinations or check-ups, routine eye or ear examinations, or any form where there is no objective indication of impairment of normal health or any treatment or investigation of a preventive nature, or any treatment which is not medically necessary, vaccinations, cosmetic surgery or plastic surgery, treatment for obesity, weight reduction (including liposuction) and weight improvement programmes, breast reduction or enlargement (regardless whether it is medically necessary or not), rest cures and services or treatment in any home, spa, hydro-clinic, sanatorium or long term care facility that is not a **Hospital** as defined.
3. Tests or treatment related to infertility, contraception, sterilisation(or its reversal), varicocele, impotence or erectile dysfunction, sexual dysfunction, treatment relating to sex change, sexually transmitted diseases, venereal disease, and any treatment or test in connection with Human Immunodeficiency Virus (HIV), including Acquired Immune Deficiency Syndrome (AIDS) or any HIV/AIDS related conditions or diseases.
4. Instrument examinations and laboratory tests not ordered by a **Doctor** or not resulting in a diagnosis of a condition leading to hospitalisation or surgery or treatment for a covered condition in this Policy.
5. Birth defects, congenital **Illness**, hereditary conditions, abortion or miscarriage, childbirth, menopause.
6. Psychiatric treatment or treatment of mental disorders; any form of dental expenses;
7. Any expenses in respect of any **Hospital** confinement, surgical operation, treatment or services which have not been previously recommended by a **Doctor**.
8. Prosthesis, corrective devices and medical appliances which are not surgically required; or hearing aids.
9. All types of Sleep Disorders including Sleep Apnoea.

10. Costs arising under any legislation which seeks to increase the cost of medical treatment and services actually received above charge levels which would be considered **Reasonable and Customary Charges** in the absence of such legislation.
11. **Hospital** in-patient treatment for conditions in respect of which the **Worker** can be properly treated as an outpatient.
12. Treatment provided to a **Worker** by the **Insured** or a family member of the **Insured**, or self-treatment by the **Worker**, including the prescription of drugs.
13. Treatment of alcoholism or drug abuse; any **Accident** or **Illness** in anyway attributed to alcoholism or other communicable diseases.
14. All costs relating to cornea, bone marrow, muscular, skeletal or human organ or tissue transplant from a donor to a recipient and all expenses directly or indirectly related to organ transplantation.
15. Any wilful act or wilful negligence of the **Insured** and/or the **Worker** or of his representatives; any unlawful act of the **Insured** and/or **Worker** or wilful exposure to danger (other than in an attempt to save human life), suicide, attempted suicide or intentional self **Injury** or any attempt suicide while sane or insane or caused directly by **You**/his deliberate act or that of **You**/his immediate family member residing with **You**/him.
16. Unreasonable failure to seek or follow medical advice.
17. Any flying activity or air travel other than as a fare-paying passenger in a commercially licensed passenger carrying aircraft.
18. **Illness** or **Injury** arising from the **Worker** participating in hazardous sports or pastimes including taking part in (or practising for) boxing, caving, climbing, horse-racing, jet-skiing, martial arts, mountaineering, off-piste skiing, pot-holing, power-boat racing, underwater diving, yacht racing or any race, trial or timed motor sport or any racing of any kind of other than on foot.
19. **Illness** or **Injury** or death or any **Permanent Disablement** occurring when the **Worker** is living outside Singapore.
20. Any **Accident**, **Injury** or **Illness** which occurs or happens during, out of, or in the **Worker's** course of employment.
21. Any damage, loss, liability and/or expenses in respect of any **Accident** or **Illness** or **Injury** arising out of and/or in the course of employment regardless of whether it constitutes a valid claim under the Work Injury Compensation Act or similar or subsequent Act or legislation, is excluded.
22. **Illness** or **Injury** arising from the **Worker** riding on motorcycle or motor scooter, mechanically assisted pedal cycle(whether as a driver or passenger) for social, recreation, sports, exhibition, competition or for any other purpose of any kind whatsoever.
23. Any action for compensation under this Policy brought in any jurisdiction outside Singapore.
24. The costs of medical reports; hotel or non-**Hospital** accommodation costs.

Additional the following apply:

25. Institute Radioactive Contamination, Chemical, Biological, Biochemical and Electromagnetic Weapons Exclusion Clause  
 This clause shall be paramount and shall override anything contained in this insurance inconsistent therewith; In no case shall this insurance cover loss damage liability or expense directly or indirectly caused by or contributed to by or arising from
  - (i) ionising radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel
  - (ii) the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof
  - (iii) any weapon or device employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter
  - (iv) the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter. The exclusion in this sub-clause does not extend to radioactive isotopes, other than nuclear fuel, when such isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific or other similar peaceful purposes
  - (v) any chemical, biological, bio-chemical, or electromagnetic weapon.
26. War & Terrorism Exclusion  
 Notwithstanding any provision to the contrary within this Policy or any endorsement thereto it is agreed that this insurance excludes:

death, disability, loss, damage, destruction, any legal liabilities, cost or expense including consequential loss of whatsoever nature, directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss;

(a) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising,

(b) any act of terrorism including but not limited to

i. the use or threat of force, violence and/or

ii. harm or damage to life or to property (or the threat of such harm or damage) including, but not limited to, nuclear radiation and/or contamination by chemical and/or biological agents,

by any person(s) or group(s) of persons, committed for political, religious, ideological or similar purposes, express or otherwise, and/or to put the public or any section of the public in fear; or

(c) any action taken in controlling, preventing, suppressing or in any way relating to (a) or (b) above.

If the **Company** says that any loss, damage, cost or expense are not covered by this insurance by reason of any of these General Exceptions, then the burden of proving that such loss is covered shall be upon **You** and/or the **Worker**.

#### **PREMIUM PAYMENT WARRANTY**

1. Notwithstanding anything herein contained but subject to clause 2 hereof, it is hereby agreed and declared that if the period of insurance is 60 days or more, any premium due must be paid and actually received in full by the **Company** (or the intermediary through whom this Policy was effected) within 60 days of the inception date of the coverage under the Policy, Renewal Certificate or Cover Note.
2. In the event that any premium due is not paid and actually received in full by the **Company** (or the intermediary through whom this Policy was effected) within the 60-day period referred to above, then:-
  - (a) the cover under the Policy, Renewal Certificate or Cover Note is automatically terminated immediately after the expiry of the said 60-day period;
  - (b) the automatic termination of the cover shall be without prejudice to any liability incurred within the said 60-day period; and
  - (c) the **Company** shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$25.00.
3. If the Period of Insurance is less than 60 days, any premium due must be paid and actually received in full by the **Company** (or the intermediary through whom this Policy was effected) within the Period of Insurance.

#### **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 your insurer or visit the GIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg))

**IMPORTANT - The Insured is requested to read this Policy. If any error or misdescription be found, the Policy should be returned to the issuing office for correction.**

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