



Notice Date:
13 Jan 2022

Adviser Code:
080790-04-078623

Adviser Name:
LAM HO HONG KENNY

Adviser Contact No.:
92390469

Organisation:
FINANCIAL ALLIANCE PTE LTD

PRIVATE & CONFIDENTIAL

TEO SOK HOON
122B EDGEDALE PLAINS
UNIT 09-167
PUNGGOL EDGE
SINGAPORE 822122

AXA Welcomes You!

Dear Valued Customer,

Policy Number : 102-2948010
Name of Plan : Term Protector (To Age)
Life Assured : TEO SOK HOON

Thank you for choosing AXA, a global leader in financial protection and wealth management as your financial services provider.

About Us

AXA Insurance Pte Ltd is part of AXA Asia, a member of the global AXA Group servicing over 103 million customers worldwide. We aspire to understand our customers' needs and aim to become the preferred company in the life insurance industry by being available, reliable and attentive to our customers.

Your Policy

We would like to advise you that your application for the policy has been approved and the policy contract is enclosed.

Please review the content and the provisions in the enclosed policy contract carefully. We trust that this policy will satisfy your financial needs. Should you decide that your needs have changed during this period, your adviser will be available to help you understand your policy contract better. If you wish to view the Code of Life Insurance Practice or print a copy of it, kindly visit the LIA website at www.lia.org.sg.

If you decide to cancel and return the Policy to us, you may do so within 14 days from receiving it, either to your adviser or to AXA Customer Centre.



Notice of Policy Owners' Protection (PPF) 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 AXA Insurance Pte Ltd or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

We look forward to be of service to you. If you need further assistance, please contact our Customer Service at 1800 880 4888 (toll-free), between 9.00am to 5.30pm from Monday to Friday. You can also send us a fax at 6880 5501 or email us at comsvc@axa.com.sg.

Thank you for your support.

Yours sincerely,

Jean Drouffe
Chief Executive Officer

This is a computer-generated letter which requires no signature.



CERTIFICATE OF INSURANCE

POLICY PLAN :		Term Protector (To Age)		PAGE		1
Policy Number	:	102-2948010	Date of Issue	:	13 Jan 2022	
Policyholder	:	TEO SOK HOON				
Identification Number	:	S8036714G	Date of Birth	:	19 Nov 1980	
Commencement Date	:	13 Jan 2022	Policy Expiry Date	:	12 Jan 2046	
Currency	:	Singapore Dollars				
Benefits	:	As shown below				
Modal Premium	:	\$831.66	Premium Payment Mode	:	ANNUAL	
<u>DETAILS OF LIFE ASSURED:</u>						
Name of Life Assured	:	TEO SOK HOON				
Identification Number	:	S8036714G				
Date of Birth	:	19 Nov 1980	Age Nearest Birthday	:	41	
<u>COVERAGE PROVIDED :</u>						
<u>Type of Coverage</u>		<u>Initial Sum Assured/ Annual Benefit</u>	<u>Coverage Expiry Date</u>	<u>Premium</u>	<u>Premium Expiry Date</u>	
Term Protector (To Age) With						
Death Benefit		\$1,000,000	12 Jan 2046	\$642.60	12 Jan 2046	
Advance TPD Payout		\$1,000,000	12 Jan 2046	\$108.00	12 Jan 2046	
Premium Waiver (ECIUN)		-	12 Jan 2046	\$81.06	12 Jan 2046	



POLICY NUMBER :	102-2948010	PAGE	2
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Notes:

Please refer to General Provisions and/or Supplementary Provisions (if applicable) for the exact Benefits and Terms and Conditions.

This Certificate is issued by AXA Insurance Pte Ltd in Singapore on the Date of Issue stated above. Coverage details are to be read in conjunction with the Policy Document attached.

Jean Drouffe
Chief Executive Officer

This is a computer generated letter. No signature is required.

Term Protector General Provisions

1. YOUR POLICY

This is Your Term Protector Policy (Policy). It contains the following documents:

- General Provisions;
- Certificate of Insurance;
- Supplementary Provisions for Rider(s), where applicable, and
- Endorsements (if applicable).

Your Policy is a contract between You and AXA Insurance Pte Ltd. Please read through it to ensure that this product is right for You and Your needs. We agree to pay You the Benefits set out in Your Policy for the Premium paid by You.

For the purpose of Your Policy,

- We, Us, Our, Ours, Company, AXA, will mean AXA Insurance Pte Ltd
- You, Your, Yours, Policyholder, Policy Owner, will mean the person with whom this contract of assurance is made, who is responsible for paying the Premiums and who may exercise all rights under this Policy. The policyholder as named in the Certificate of Insurance.

All other definitions are set out in Section 9.

Our decision to provide insurance coverage to the Life Assured is based on the declarations and any other information provided by You and the Life Assured in the Application form. It is important that all relevant facts are declared correctly in the Application form and any changes to these facts should be communicated to Us as soon as possible.

This Policy may not be valid if any information given by You or the Life Assured is incomplete or inaccurate, or if You do not comply with the terms and conditions of this Policy.

2. FREE LOOK PERIOD

We will give You a period of fourteen (14) days from the date You receive this Policy to review it. If Your Policy is delivered by post or email, it is considered to have been received by You seven (7) days from the date of posting or email. If You decide to cancel this Policy, You must write to Us and return the Policy documents within the period of 14 days allowed. We will refund the Premium paid less any medical fees and other expenses such as payments for medical check-ups and medical reports incurred in processing Your Application.

3. WHAT DOES YOUR POLICY COVER?

Your Policy provides for the Benefit(s) set out in Your Certificate of Insurance, which includes the Basic Benefit payable under the Basic Policy, and the Additional Benefits payable under the Rider(s), if applicable.

You may refer to the Supplementary Provision(s) of the Rider(s), if applicable for what is covered under the Rider(s).

3.1 Basic Benefit – Death Benefit

We will pay the Death Benefit if the Life Assured:

- a. dies; or

- b. is diagnosed with Terminal Illness.

The amount of Death Benefit payable will be the Sum Assured, less any Indebtedness.

This Policy will automatically terminate once the Death Benefit is paid.

3.2 Indexation Option

This option is only available to You if the Premium Payment Term of Your Basic Policy is the same as the Coverage Term of Your Basic Policy. Further, this option is only applicable to You if this Policy contains an Endorsement to activate it.

Upon activation of the Indexation Option, the following will occur:

- a. The Death Benefit will be increased on each Policy Anniversary by the amount of the Indexed Sum Assured, without further evidence of insurability. You may decline such increase within 30 days after the Policy Anniversary. You cannot partially decline the increase unless otherwise agreed by Us.
- b. At the same time, Your Premiums will be increased so as to pay for each increase in Death Benefit, based on the age of the Life Assured and the premium rates for new policies at the time of each increase. Any increase in the amount of the Death Benefit will not take effect unless the increased Premium is paid when due.

The age of the Life Assured when Premiums cease to be payable will remain unchanged.

Unless We inform You otherwise in writing, the terms and conditions applicable to the increased portion of the Death Benefit will be those applicable to new policies at the time the increase takes effect.

This Indexation feature will be terminated if any of the following occurs:

- a. if You decline the increase in the Death Benefit by the Indexed Sum Assured for 2 consecutive Policy Years;
- b. upon the earlier of, (1) the Policy Anniversary occurring 5 Policy Years before the Policy Expiry Date, or, (2) the Policy Anniversary nearest to the Life Assured's 60th birthday;
- c. upon Our admission of any claim on this Policy; or
- d. we receive Your notification in writing, at least 30 days before the next Policy Anniversary, to terminate the Indexation Option entirely, with effect from the next Policy Anniversary.

Where the Indexation feature is terminated due to (a) above, You can request a reinstatement of the Indexation Option with effect from the next Policy Anniversary. Any such reinstatement is subject to Our approval and fresh evidence of the Life Assured's insurability.

3.3 Convertibility Option

You may apply in writing to convert this Policy to another Regular Premium Pure Life Protection Basic Policy ("the New Policy") available at any time on or after the first Policy Anniversary, without further evidence of insurability of the Life Assured, on the following conditions:

- a. this Policy is in force immediately before it is converted on the Conversion Date;
- b. the Life Assured is 60 years old or younger on the Conversion Date;
- c. no claim on this Policy has been admitted; and
- d. no TPD claim has been admitted in connection with any policy(ies) (including this Policy) which You may have with Us.

No partial conversion of this Policy is allowed, and this Policy will terminate upon conversion. Any excess Premium on this Policy may be refunded without interest when this Policy is terminated at the Conversion Date.

Upon conversion:

- a. The insured amount under the New Policy shall not exceed the Sum Assured under this Policy, or, where the death benefit payable under the New Policy may be a multiple of the insured amount, the death benefit under the New Policy at the point of conversion shall not exceed the Sum Assured under this Policy.
- b. The Premium of the New Policy will be based on the attained age of the Life Assured, and the prevailing premium rate of the New Policy, at the time of conversion.

You may request in writing to convert the Benefits under any existing Rider attached to this Policy (each, an “Existing Rider”) into Benefits under the New Policy or a Rider to be attached to the New Policy (to be determined at Our discretion):

- a. We will convert any existing TPD Rider under this Policy upon Your request, without underwriting.
- b. For any other Existing Rider(s), We will allow the conversion subject to (1) underwriting and (2) whether or not the Benefits under the Existing Rider(s) are offered under the New Policy which You have selected.
- c. If underwriting is not satisfactory, or, if the Benefits under the Existing Rider(s) are not offered under the New Policy selected, We will not allow the conversion.

For a non-Standard Life, conversion to the New Policy is subject to acceptance by Us. When the Premium of this Policy is calculated on a non-Standard Life basis, the Premium for the New Policy will also be calculated on a non-Standard Life basis.

4. WHAT IS NOT COVERED BY YOUR POLICY?

4.1. Suicide

We will terminate this Policy and will not pay any Benefits if the Life Assured, whether sane or insane, dies by suicide within 1 year from the Date of Issue of this Policy or the most recent date of Reinstatement, or the effective date of any increase in Sum Assured, whichever is later.

If such an event occurs, We will refund the total Premium paid (without interest) from the Commencement Date, or if this Policy has been reinstated, the total Premium paid (without interest) from the date of Reinstatement.

4.2. Pre-Existing Condition(s)

Unless the Pre-Existing Condition(s) were declared at Application or Reinstatement, whichever is later, and accepted by Us, We will not pay any Benefits under this Policy.

5. YOUR PREMIUMS

Your Certificate of Insurance, and any subsequent Endorsement(s), shows the Premium amount payable by You.

Where the Death Benefit is reduced as a result of a claim on a Rider(s), the Premium and Sum Assured will be reduced accordingly and the adjusted Premium continue to be payable up to the Policy Expiry Date, unless otherwise specified.

5.1 Premium Guarantee

The premium rates for the Death Benefit (which includes the premium rate for any Index Sum Assured, once determined) are guaranteed within each coverage term.

5.2 Premium Payment

Premium may be paid annually, semi-annually, quarterly or monthly, starting from the Commencement Date.

Monthly Premium payments are only applicable for payments made by inter-bank GIRO.

Premiums paid other than annually will be considered instalment payments of the current Policy Year's Premium. In the event of a claim, We will deduct the remaining instalments payments for the current Policy Year's Premium from the Benefits to be paid to You.

If You wish to change the mode and method of payments for Premiums, You must send Us a written request for the change two (2) weeks before the due date for the next Premium payment.

No refund of Premium shall be made for any unexpired period of cover or upon termination of this Policy.

5.3 Non-Payment of Premium

We give You 30 days Grace Period from each Premium due date to pay Your Premium, and during this Grace Period, Your Policy will stay in force. However, if any Benefit is payable by Us during the Grace Period, the amount of unpaid Premium will be deducted accordingly.

If You fail to pay Your Premium by the end of the Grace Period, Your Policy will be terminated on the Premium due date.

6. YOUR CLAIMS

6.1 How do You make a claim?

You need to notify Us in writing of the diagnosis of Terminal Illness, or death of the Life Assured, as soon as possible.

Following that, within 90 days from the date of death or diagnosis, in addition to this Policy, the following documents are to be submitted in order for Us to process the claim:

- a. the completed claim form;
- b. the birth certificate, identity card and other identification document of the Life Assured;
- c. medical report, including clinical, radiology, histological and laboratory evidence from Your attending Specialist, or a fully completed clinical abstract authorisation to enable Us to obtain reports; and
- d. the death certificate, in the case of the death of the Life Assured.

We may ask for more documents to be provided. The costs of furnishing requested documents are to be borne by this Policyholder. We may also appoint a Registered Medical Practitioner or Specialist to re-examine the Life Assured. In the event that all relevant documents have not been duly submitted to Us, We will be unable to process the claim.

6.2 Who do We pay to?

Upon our admission of a claim, We will pay:

- a. You, the Policyholder;
- b. the estate of the Policyholder;
- c. the trustees if there is a trust;
- d. the assignees if We have been notified of an assignment; or
- e. the nominated beneficiaries if We have been notified of a nomination.

We must receive to our satisfaction evidence of entitlement.

7. CHANGES TO YOUR POLICY

7.1 What changes can You make to Your Policy?

All requests for a change in this Policy must be in writing and are subject to Our consideration and approval.

The requested changes will apply only if We agree to them. Unless stated otherwise, any requested change that We agree to accept will be effective from the Commencement Date or the next date when Premium is due or from the next Policy Anniversary, as applicable, following Our approval for the change.

7.1.1 Addition or Deletion of Rider(s)

You may apply to include any Rider with effect from the next Premium due date or the next Policy Anniversary, while this Policy is in force, subject to:

- a. the availability of the Rider(s), where applicable;
- b. the terms and conditions of Our approval; and
- c. Our receipt of the additional Premium.

You may also apply to remove any Rider(s) at any time.

7.1.2 Increase in Sum Assured

If the Premium Payment Term of Your Basic Policy is the shorter than the Coverage Term of Your Basic Policy, You may apply for an increase in Sum Assured, regardless of whether You have activated the Indexation Option, only during the first Policy Year.

If the Premium Payment Term of Your Basic Policy is the same as the Coverage Term of Your Basic Policy, You may apply for an increase in Sum Assured, regardless of whether You have activated the Indexation Option, during the first Policy Year or at next Policy Anniversary Date.

Any application for an increase in Sum Assured are subject to:

- a. Our satisfaction of the Life Assured's insurability;
- b. the remaining term of this Policy is at least 5 years;
- c. the terms and conditions of Our approval; and
- d. Our receipt of the additional Premium.

Upon our acceptance of Your request to increase the Sum Assured, the Premium on Your Policy will be adjusted in proportion to the increase in Sum Assured.

7.1.3 Reduction in Sum Assured

If the Premium Payment Term of Your Basic Policy is the shorter than the Coverage Term of Your Basic Policy, You may apply for a reduction in Sum Assured, only during the first Policy Year.

If the Premium Payment Term of Your Basic Policy is the same as the Coverage Term of Your Basic Policy, You may apply for a reduction in Sum Assured, with effect from the next Premium due date or the next Policy Anniversary.

Upon our acceptance of Your request to reduce the Sum Assured, the Premium on Your Policy will be adjusted in proportion to the reduction in Sum Assured.

7.1.4 Other changes You may make to Your Policy

You may also request for the following changes to be made to this Policy:

- a. the mode and method for payment of Premium;
- b. a change to the duration of any of the insurance covers provided under an Endorsement or a Rider. You can only request for such a change during the first Policy Year.

7.2 What changes can We make to Your Policy

We may vary the provisions of this Policy if, during the term of this Policy, there is any change in:

- a. Laws affecting Us or this Policy; or
- b. Circumstances which in Our opinion makes it impossible or impractical to carry out any provisions in this Policy.

All amendments and waivers of rights or requirements will be by way of an Endorsement signed by Our authorized officer.

8. GENERAL CONDITIONS

8.1 Incontestability

In the absence of fraud, negligent misrepresentation or non-payment of Premiums, We will not contest the validity of this Policy if it has been in force for at least two (2) years from the Date of Issue or most recent Reinstatement Date whichever is later during the life time of the Life Assured.

8.2 Misstatement of Age or Gender

Subject to Our rights in the case of fraud, if the Life Assured's age or gender has been misstated, the Benefits payable under this Policy will be determined on the basis of the correct age and gender, and the Premiums paid. If at the correct age, the Life Assured was not insurable according to Our requirements, this Policy will be void from the Commencement Date, and We will refund the total Premium paid (without interest) from the Commencement Date.

8.3 Currency in use

All amounts payable to or by Us will be in the currency as stated in the Certificate of Insurance.

8.4 Additional Charges

Additional charges for service or products provided may, with Your consent, be levied.

8.5 Indebtedness

We shall deduct all amounts You owe Us before We pay You any Benefits or make any Premium refunds.

8.6 Assignment

You may use this Policy as a security or collateral. We are not responsible for the validity, legality or effect of any Assignment, even if We record the notice of Assignment. We shall not be deemed to have any knowledge of any Assignment unless You provide Us with written notice of the Assignment.

8.7 Non-Participating

This Policy will not participate in the divisible surplus of Our participating life fund.

8.8 Cash Surrender Value

This Policy will not have any cash surrender value.

8.9 Loan

We will not grant a loan on the security of this Policy.

8.10 Nomination/Trust

You may nominate beneficiaries or put Your policy under trust for the specific benefit of Your nominee(s) only if You:

- a. are the Life Assured of this Policy, as shown in Your Certificate of Insurance;
- b. have not entered into any premium financing arrangement with any bank or financial institution; and
- c. have not already assigned the legal ownership of Your Policy to any other person or entity.

The following options are available:

- d. **Trust Nomination under Insurance Act Section 49L** – an irrevocable trust designed for the sole benefit of the spouse and children of the Life Assured. You cannot change the terms of the trust after it is set up. All rights over the Policy will be subject to the terms and conditions of the trust created.
- e. **Revocable Nomination under Insurance Act Section 49M** – designed to allow You to nominate beneficiaries to receive the Death Benefit of this Policy upon the death of the Life Assured. All living Benefits will be paid to You and only the Death Benefit is payable to the beneficiaries. All rights over the Policy will be subject to the terms and conditions of the nomination created.

8.11 Reinstatement of Your Policy

Reinstatement is allowed on all of the following conditions being satisfied if Your Policy has been terminated due to non-payment of Premium:

- a. application for reinstatement is within two (2) years from the date of termination of the Policy;
- b. the Life Assured must be 70 years old or younger (based on age nearest birthday) at the time of reinstatement;
- c. You give Us, at Your expense, satisfactory evidence (including a health declaration) of the Life Assured's health; and
- d. You pay back all the unpaid Premiums of Your Policy, with interest compounded at the rate to be determined by Us up to the Reinstatement Date.

Reinstatement is subject to Our approval and may be on terms different from those applicable before Your Policy terminated. We have the right to refuse any application for reinstatement at Our discretion.

If the application for reinstatement is accepted by Us, this Policy will be reinstated from the date on which We receive payment of the full amount of the unpaid Premiums with interest.

8.12 Termination of Policy

Your Policy will terminate on the occurrence of any of the following, whichever is earlier:

- a. the Policy Expiry Date;
- b. the Conversion Date;
- c. full payment of the Death Benefit;
- d. no Premium is received from You after the Grace Period;
- e. Our acceptance of Your application to terminate Your Policy; or
- f. any other event which results in termination as set out in this Policy.

8.13 Residence, travel and occupation

This Policy does not contain any restrictions on the Life Assured's residence, travel or occupation, unless otherwise specified.

8.14 Notices, Cheque and Dispatch of Documents

For the purpose of this Policy only, We accept notice if We receive the original copy of the written notice. Any notice sent by facsimile, email or other electronic means must be confirmed by the original copy. The date on which We receive the original copy of the notice will be the date of notice. We will only act on the notice after receiving the original copy of the notice.

Every notice to Us must satisfy all the following conditions:

- a. given on the Company's prescribed form (if any);
- b. contains all the required and relevant information;
- c. contains information which is correct and complete;
- d. supported by documentary proof which must be acceptable by Us; and
- e. signed by You.

We must be satisfied that the notice and the supporting documentary proof are authentic. We reserve the right to request for additional information or documents before We act on the notice or consider the request made in the notice. Any document, cheque or written notice to be given to You will be posted to Your address held in Our records at the relevant time. We will not be responsible for any consequences arising out of Your failure to notify Us of any change of address.

8.15 Rights of Third Parties

A person who is not a party to this Policy will have no rights under the Contracts (Rights of Third Parties) Act (Chapter 53B) to enforce any of its terms.

8.16 Governing Law

Your Policy shall be governed by and interpreted according to the laws of the Republic of Singapore.

8.17 Dispute Resolution

All disputes arising out of this Policy may be submitted to the Financial Industry Disputes Resolution Centre Ltd (FIDREC) for settlement by mediation and/or adjudication in accordance with the mediation and/or adjudication procedure for the time being in force, if the parties so agree. The parties agree to take part in the mediation and/or adjudication in good faith and undertake to honor the terms of any settlement reached.

If any dispute is not referred to FIDREC or if mediation and adjudication fails in FIDREC, the dispute has to be referred to arbitration. Arbitration shall be conducted in accordance with the Arbitration Rules of the Singapore International Arbitration Centre.

The arbitration shall be in English and heard by a single arbitrator to be agreed by the parties within fourteen (14) days from the notice of arbitration failing which the arbitrator shall be appointed in accordance with and subject to the provisions of the Arbitration Rules (as maybe amended from time to time).

Where any dispute is by this condition to be referred to arbitration, the making of an award shall be binding to You and Us.

8.18 Source of Funds; No Money Laundering, No Tax Evasion

You represent, warrant and certify to Us that (i) all funds to be invested in this Policy, contract or product have been or will be properly declared to relevant tax authorities in the jurisdiction of Your tax residence and/or any other jurisdictions as necessary or appropriate in accordance with applicable laws and regulations, and (ii) none of the funds derive, directly or indirectly, from illegal activities or sources and/or tax evasion.

8.19 Breach of Representations; Insurer Right to Rescind and impose Surrender Charges; Right to Freeze Refund Amount

You acknowledge that in the event of a violation of the foregoing Your representation and warranty, You hereby expressly acknowledge and agree that We shall, to the fullest extent permitted by applicable law and regulation, have the right to:

- a. terminate this Policy, contract or product immediately;
- b. notwithstanding the actual date of termination pursuant to clause 8.19a, impose the maximum surrender and any other charges imposable on You under this Policy, contract or product as if this Policy, contract or product had been surrendered immediately after issuance;
- c. notify relevant governmental authorities and furnish all information deemed necessary or appropriate, in Our entire discretion, concerning You and/or this Policy, contract or product; and
- d. if deemed appropriate after consultation with governmental authorities and legal counsel, either (a) refund Your Premiums and other amounts paid to Us from the commencement of the Policy to the date of such termination, less applicable surrender and other charges in accordance with clause 8.19b above (the “Refund Amount”), or (b) if requested or required to do so by competent governmental authorities, freeze or pay over to relevant governmental authorities all or a portion of the Refund Amount or take such other actions as competent governmental authorities may request or require.

8.20 Policy of Cooperating with Tax and other Governmental Authorities; Consent to disclose information to Tax and other Governmental Authorities

We and AXA Group have a longstanding policy of cooperating with tax and other governmental authorities to combat money laundering, tax evasion or other illegal activities. In cases where You are not a tax resident of the jurisdiction in which this Policy is issued (a “Cross-Border Transaction”), We may disclose to the pertinent tax and/or other governmental authorities Your identity and certain information concerning this Policy or contract and You hereby consent and agree that We may, in Our discretion, make such disclosure.

8.21 Sanctions

Under no circumstances shall this Policy be deemed to provide cover and no liability be incurred to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Us to any sanction, prohibition, or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or Singapore. If a potential breach is discovered, where possible we will advise you in writing as soon as We can.

8.22 Provision of Policyholder Information

You must:

- a. when You apply to take out this Policy, as a condition of its issue to You, and from time to time during this Policy when We require You to do so, provide Us with the Policyholder Information about Yourself;
- b. provide Us with such supporting documentation for and certification of Policyholder Information as We may require;

- c. where there is any change in Policyholder Information already provided to Us (including any change in the residency, citizenship or tax status of a Policyholder), notify Us immediately of this in writing and provide Us with such information, documentation and certification in that regard as We may require;
- d. where there is a change in Policyholder, if applicable, immediately provide to Us the Policyholder Information for the new Policyholder (and where You propose that change, for example by notifying Us that You want to assign Your rights under this policy or nominate a new beneficiary, You must provide Us with the Policyholder Information on the new Policyholder as a condition to Our agreeing that change); and
- e. complete and sign such documents and take such actions, as We may reasonably require from time to time to enable Us to comply with Our regulatory obligations in respect of this Policy.

Other Account Holders:

Where You have an obligation under this policy with respect to Account Holder Information relating to any other Account Holder You must use your best endeavours to procure that the other Account Holder complies with that obligation with regard to their Account Holder Information including providing to us directly that Account Holder Information and supporting documentation and certification and giving us their consent to the disclosure and transfer of that Account Holder Information to the Tax Authorities. You agree we may contact the other Account Holders directly for these purposes.

8.23 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 GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

9. GENERAL DEFINITIONS

The following are definitions of words and expressions used in Your Policy, unless otherwise stated. The singular includes the plural and the masculine includes the feminine and neuter gender, and in each case vice versa, unless specifically indicated otherwise.

9.1. Account Holder

In respect of this policy, Account Holder means:

- (a) the policyholder; and
- (b) if the policyholder is a corporate or other entity, the persons who exercise control over that entity such as the majority shareholders of a corporate policyholder; and
- (c) each person entitled to access this policy's value (for example, through a loan, withdrawal, surrender or otherwise) or the ability to change a beneficiary under this policy which will usually also be the policyholder but also:
 - i) any person to whom the policyholder assigns any of those rights under this policy; and
 - ii) the policyholder's personal representatives, executors or administrators on the death or bankruptcy of an individual policyholder or insolvency of corporate policyholder; and
- (d) any person entitled to receive a future payment under this policy such as a beneficiary; and
- (e) if this policy is held in trust, the settlor, the trustees, the protector (if any), the beneficiaries and any other person exercising ultimate effective control over that trust.

9.2. Additional Benefits

The Additional Benefits payable under the Rider(s), if any, attached to the Basic Policy, for which You paid additional Premiums.

9.3. Application

The information provided by or on behalf of You and/or the Life Assured to purchase this Policy from Us. This includes any medical examination forms, supplementary questionnaires and correspondences containing information, which We relied or may rely on before deciding whether to insure the Life Assured.

9.4. Assignment

The Policyholder's transfer of his rights under this Policy to another person or organisation.

9.5. Basic Benefit

The Death Benefit provided on the Basic Policy, as the case may be.

9.6. Basic Policy

The terms and conditions relating to the Basic Benefit (including any Endorsements).

9.7. Benefit(s)

Includes the Basic Benefit, and any Additional Benefits payable on any Rider(s) attached to the Basic Policy.

9.8. Certificate of Insurance

The Certificate forming part of this Policy showing ownership, details of this Policy and the applicable Riders when this Policy was first issued.

9.9. Commencement Date

The commencement date stated on the Certificate of Insurance.

9.10. Conversion Date

The commencement date stated on the Certificate of Insurance of the New Policy in relation to Clause 3.3 on Convertibility Option.

9.11. Coverage Expiry Date

The dates on which the respective Benefit(s) under this Policy will cease, as stated on the Certificate of Insurance

9.12. Coverage Term

The number of years between the Commencement Date and the Coverage Expiry Date.

9.13. Consumer Price Index

The consumer price index for the last calendar year, released by the Singapore Department of Statistics.

9.14. Date of Issue

The date as shown on:

- a. the Certificate of Insurance, as the date on which this Policy is first issued; or
- b. in the case of a subsequent Endorsement or addition of Rider(s), the date of issue shown on such Endorsement or Rider(s).

The Date of Issue of a particular insurance cover is the date on which that insurance cover becomes effective.

9.15. Endorsement

A written statement attached to this Policy altering the terms and conditions of this Policy.

9.16. Grace Period

A period of 30 days from the due date for any Premium payment, except for the first Premium.

9.17. Indebtedness

Amounts due to Us as a result of this Policy and the Rider(s), including Premium and charges due.

9.18. Index Sum Assured

Where applicable, this means the amount of the automatic increase in Death Benefit at each Policy Anniversary. This increase will be the higher of 5% or the percentage increase in the Consumer Price Index over the preceding year.

The Index Sum Assured added at each Policy Anniversary will be stated in a letter sent by Us to You. This letter will constitute an Endorsement.

9.19. Life Assured

The person whose life is insured under Your Policy and as named in the Certificate of Insurance.

9.20. Policy Anniversary

Each anniversary of the Commencement Date.

9.21. Policy Expiry Date

The date that the entire Policy expires, i.e., the Policy Expiry Date as stated in the Certificate of Insurance.

9.22. Policy Year

The period between two (2) consecutive Policy Anniversaries. The period from the Commencement Date to the day before the first Policy Anniversary is the first Policy Year or Policy Year 1.

9.23. Policyholder Information or Account Holder Information

Policyholder Information or Account Holder Information means the information about Policyholders:

- a. where the Policyholder or Account Holder is an individual, their name, date and place of birth, residential address, mailing address, contact information (including telephone number), NRIC or Passport number, U.S. taxpayer identification number (if applicable), U.S. social security number (if applicable), citizenships, residency, tax residency and details of any other tax regime to which they are subject or in respect of which they have any tax reporting or tax payment obligations; and
- b. where the Policyholder or Account Holder is a corporate or other entity, its full name, date and place of incorporation or formation, registered address, address of place of business, U.S. taxpayer identification number (if applicable), tax status, tax residency and details of any other tax regime to which it is subject or in respect of which it has any tax reporting or tax payment obligations and such other information as we may reasonably require about each of the Policyholder's shareholders or controlling persons.

9.24. Pre-Existing Condition(s)

A condition existing before the Date of Issue or the last Reinstatement Date of this Policy for which:

- a. the Life Assured had symptoms that would have caused any prudent person to seek medical treatment, diagnosis or care, or medical advice; or
- b. treatment was recommended by or received from a Registered Medical Practitioner; or
- c. the Life Assured had undergone medical tests or investigations,

unless such condition has been communicated to Us in writing before the Date of Issue or the most recent Reinstatement Date.

9.25. Premium(s)

The amount to be paid to Us to keep this Policy in force until Premium Expiry Date.

9.26. Premium Expiry Date

The date the Premiums under this Policy will cease, as stated in the Certificate of Insurance.

9.27. Premium Payment Term

The number of years between the Commencement Date and the Premium Expiry Date.

9.28. Registered Medical Practitioner

A person with a degree in Western medicine who is authorised by law to provide medical services but excludes:

- a. the Life Assured; and
- b. the Policyholder ; and
- c. a business partner or a relative of the Life Assured or Policyholder.

9.29. Regular Premium Pure Life Protection Basic Policy

A Regular Premium Pure Life Protection Basic Policy means a regular premium whole life, endowment or investment linked policy before the addition of any Rider(s).

9.30. Reinstatement Date

The date when the insurance cover under this Policy resumes after it is terminated due to failure to pay Premium.

9.31. Rider(s)

The terms and conditions relating to the Additional Benefit(s) that We have agreed to provide for additional charges.

9.32. Specialist

Registered Medical Practitioner who is licensed in the geographical area of his practice and who is classified by the appropriate health authorities as a physician with superior and special expertise to treat the type of disability, injury or illness for which a claim is made for treatment provided to the Life Assured.

9.33. Standard Life

A life which is not subject to any extra mortality and/or morbidity ratings and/or exclusions.

9.34. Sum Assured

The amount of insurance coverage for the Basic Policy and Rider(s), if applicable, and as shown in the Certificate of Insurance or subsequent Endorsement(s). Where the Indexation Option is applicable, the sum assured in respect of the Death Benefit includes every Index Sum Assured added, as at the latest Policy Anniversary.

9.35. Terminal Illness

The conclusive diagnosis of an illness that is expected to result in the death of the Life Assured within 12 months. This diagnosis must be supported by a Specialist and confirmed by the Company's appointed doctor.

9.36. TPD

Total and Permanent Disability or Disability as defined in the Advance Total and Permanent Disability Payout Supplementary Provisions.

Premium Waiver Supplementary Provisions

1. YOUR RIDER

This is Your Premium Waiver Rider (Rider). It forms part of Your Policy and contains the following documents:

- Premium Waiver Supplementary Provisions;
- Critical Illness Definitions for Premium Waiver; and
- Endorsements (if applicable).

It is important that this Supplementary Provisions are read in conjunction with Your Basic Policy General Provisions. All terms, conditions, and definitions as stated in the Basic Policy General Provisions will apply to this Rider, unless otherwise stated in this Supplementary Provisions.

2. WHAT DOES YOUR POLICY COVER?

Your Rider provides for the Additional Benefits set out in Your Certificate of Insurance or subsequent Endorsement.

This Benefit is applicable on the occurrence of the following events within the Premium Payment Term of Your Policy, and provided Your Policy is in force at the time We receive Your claim:

2.1 Early, Intermediate and Advanced Stage Critical Illness

We will waive all future Premiums that are payable in respect of Your Policy if the Life Assured is diagnosed as having a Critical Illness.

We will waive the future Premiums of Your Policy from the Policy Anniversary following Our admission of Your Critical Illness claim, until the Coverage Expiry Date of this Rider. If We approve Your Critical Illness claim while the Involuntary Loss of Income (ILOI) waiver period is still active, no Premium(s) shall be refunded even if they have not been utilised.

Upon the admission of a Critical Illness claim under this Benefit, Your Rider will automatically terminate.

The maximum Critical Illness benefits payable on the Life Assured is S\$3 million, inclusive of all other policies issued by Us and other insurance companies, in respect of the same Life Assured.

This Benefit will discontinue when the Critical Illness condition You are diagnosed with ceases to meet the Critical Illness definitions set out in this Rider and subject to other applicable Termination of Rider clauses.

Please refer to Appendix 1 for the Critical Illness Definitions covered under this Rider.

2.2 Involuntary Loss of Income

We will waive six (6) months of Premiums that are payable in respect of Your Policy if the Life Assured, working under Full-Time Employment, suffers an ILOI before age fifty (50).

ILOI refers to either of the following:

- a. the employer of the Life Assured under Full-Time Employment has terminated such Full-Time Employment due to Redundancy or Retrenchment; or
- b. the Life Assured suffers from Short Term Disability for a continuous period of at least three (3) months, and is unable to be engaged under Full-Time Employment.

In both instances, the Life Assured must not be receiving income from any employment, whether full-time or part-time.

We will waive six (6) months of Premiums of Your Policy from the next Premium due date following Our admission of Your ILOI claim. The amount to be waived will be determined using the Premium payment frequency (i.e. annually, semi-annually, quarterly or monthly) of Your Policy at the time We receive Your claim.

For Premiums paid annually, We will deduct the amount to be waived from Your next annual Premium. The balance Premium amount shall be payable by You, by the next Premium due date following Our admission of Your ILOI claim. If You fail to pay Your balance Premium by the end of the Grace Period, Your Policy will be terminated on the Premium due date.

After the end of the waiver period, Premium payment of Your Policy will resume.

You will be eligible to claim for ILOI if the Policy has been in force for at least three (3) months from the Commencement Date or the last Reinstatement Date to the effective date of unemployment.

You can only claim for ILOI once throughout the term of Your Policy, and provided there has been no successful Critical Illness claim previously made under this Benefit.

2.3 Guaranteed Renewability

Where Your Basic Policy has Guaranteed Renewability, this Rider will automatically renew together with Your Basic Policy, without further evidence of insurability of the Life Assured on the following conditions:

- a. this Rider is inforce immediately before it is renewed on the Renewal Date;
- b. the Life Assured is 75 years old or younger at the Renewal Date; and
- c. no claim on this Rider has been admitted.

The Coverage Term of Your Rider will remain unchanged upon renewal, subject to the Coverage Expiry Date of this Rider upon renewal. The same terms of acceptance as at the inception of this Rider will continue to be applicable to the renewed Rider unless We state otherwise.

If You do not want to renew this Rider, You must give Us written notice of Your intention within 30 days prior to the next Renewal Date of Your Basic Policy.

3. WHAT IS NOT COVERED BY YOUR POLICY?

The Benefit will not be provided if:

3.1 The Critical Illness the Life Assured is diagnosed as having:

- a. for Early and Intermediate stages of Critical Illnesses, if they are diagnosed within **90 days** from:
 - i) the Date of Issue of the Policy; or
 - ii) the Date of Reinstatement of the Policy,whichever is later.
- b. for any Medical Conditions and Medical Procedures under all stages of Critical Illness for Major Cancer, Coronary Artery By-pass Surgery, Heart Attack of Specified Severity, Angioplasty and Other Invasive Treatments for Coronary Artery and Other Serious Coronary Artery Disease, listed in the list of covered illnesses of such Medical Conditions or the diagnosis of any Medical Conditions resulting in such Medical Procedures being performed on the Life Assured, was made within 90 days from:
 - i) the Date of Issue of the Policy; or
 - ii) the Date of Reinstatement of the Policy,whichever is the later date.
- c. for any Medical Condition that is diagnosed from the date the Policy lapses to the Date of Reinstatement of the

Policy, if the Policy is reinstated;

- d. if there was a Pre-existing Medical Condition under any stage of any Critical Illness which is the same Medical Condition that is the subject of a claim under this Policy;
- e. for any Medical Condition or Medical Procedure under any stage of any Critical Illness, resulting directly or indirectly from self-inflicted injuries, while sane or insane;
- f. for any Medical Conditions suffered by the Life Assured or any Medical Procedure undergone by the Life Assured under any stage of any Critical Illness if that Medical Condition or that Medical Procedure was caused directly or indirectly by Acquired Immunodeficiency Syndrome (AIDS), AIDS related complex or infection by Human Immunodeficiency Virus (HIV), except as stated under HIV Due to Blood Transfusion and Occupationally Acquired HIV;
- g. for any Medical Conditions suffered by the Life Assured or any Medical Procedure undergone by the Life Assured under any stage of any Critical Illness as a result of an Accident due to provoked assault;
- h. for any Medical Condition or any Medical Procedure under any stage of any Critical Illness arising from the donation of any of the Life Assured's organs;
- i. for any Medical Conditions suffered by the Life Assured or any Medical Procedure undergone by the Life Assured under any stage of any Critical Illness if that Medical Condition or that Medical Procedure was caused directly or indirectly under the influence, misuse or abuse of alcohol, drugs or illegal substance not prescribed by a Registered Medical Practitioner;
- j. If the Life Assured commits suicide, while sane or insane, within 12 months from the Date of Issue or the most recent Date of Reinstatement of this Policy whichever is later, We shall void and cancel this Policy and refund the Premiums paid since commencement or reinstatement, whichever is applicable;
- k. Other Limitations:
 - i) If there is claim made for different stages of the same Critical Illness at the same time, We will only waive the premium one time;
 - ii) For the avoidance of doubt, even if the Life Assured holds more than one policy with Us, and a claim is made for the same stage of the same Critical Illness under each of these policies, We will only pay as per claim limits set out in the benefit table, when aggregated across all policies;
 - iii) If there are related Critical Illness claims, We will not waive premium upon any Critical Illness Benefit for related Critical Illnesses as follows:

Other Serious Coronary Artery Disease v/s Coronary Artery By-pass Surgery

 - A claim admitted under Early Stage or Intermediate Stage for Other Serious Coronary Artery Disease will terminate the Critical Illness Benefit under Early Stage or Intermediate Stage for Coronary Artery By-pass Surgery.
 - Likewise, a claim admitted under Early Stage or Intermediate Stage for Coronary Artery By-pass Surgery will terminate the Critical Illness Benefit under Early Stage or Intermediate Stage of Other Serious Coronary Artery Disease.
 - iv) Once We waive premium upon an Early Stage Critical Illness claim, We will not waive premium upon any future claims under Early Stage of the same Critical Illness;
 - v) Once We waive premium upon an Intermediate Stage Critical Illness claim, We will not waive premium upon any future claims under Intermediate Stage of the same Critical Illness;
 - vi) Any claim admitted under Early Stage Critical Illness will not entitle You to make another claim under Early Stage of any other Critical Illness if such a claim arose from the same Medical Condition as the first claim;
 - vii) Any claim admitted under Intermediate Stage Critical Illness will not entitle You to make another claim under

Early Stage or Intermediate Stage of any other Critical Illness.

3.2 The ILOI is due to Redundancy or Retrenchment and:

- a. the Redundancy or Retrenchment commences before the Issue Date or the last Reinstatement Date, whichever is later;
- b. the Life Assured was given advance notice of such a Redundancy or Retrenchment prior to the application of this rider;
- c. the Life Assured is retiring, resigning, leaving immediately after or during a probation period, or is dismissed by the Employer;
- d. the Life Assured is coming to the end of an employment contract;
- e. the Life Assured is a student, housewife, retiree or unemployed immediately before the Redundancy or Retrenchment;
- f. the Employer which provides Full-time Employment to the Life Assured who is not Self-Employed is:
 - i) the Life Assured himself/herself, his spouse, father, mother, brother, sister, uncle, aunt, nephew, niece, grandfather, grandmother, son, daughter, grandson or granddaughter of the Life Assured; or
 - ii) related by blood or marriage to the Policyholder or Life Assured.

3.3 The ILOI is due to Short Term Disability and whether directly or indirectly:

- a. arises from a Pre-existing Condition which was not communicated to Us in writing before the Date of Issue of this Policy or the last Reinstatement Date, whichever is the later;
- b. the deferment period is less than 90 days;
- c. arises out of any attempted suicide or self-inflicted injuries while sane or insane;
- d. due to any airborne activity other than travelling as a passenger or crew member on board a licensed international airline on a regular scheduled commercial route;
- e. due to service in the military, naval, air force or police during times of war whether declared or undeclared;
- f. arises from an activity or medical condition specifically excluded by Us and endorsed in this Policy;
- g. improper use or abuse of drug and/or alcohol, or under the influence of alcohol;
- h. the use of unprescribed drugs where such drugs are required by law to be prescribed by a Registered Medical Practitioner;
- i. due to pregnancy/childbirth/miscarriage or its complication.

4. YOUR PREMIUMS

Your Certificate of Insurance, and/or any subsequent Endorsement(s), shows the Premium amount payable by You.

Premiums are payable throughout the Premium Payment Term of this Rider, unless otherwise specified.

Where this Rider is automatically renewed, the renewal Premiums will be calculated based on the age of the Life Assured nearest to the Renewal Date using prevailing premium rates at the time of renewal.

4.1 Non-Guarantee of Premium

The premium rates for the Rider are not guaranteed. We may change the rates by giving You one (1) month written notice sent by ordinary mail to Your last known correspondence address in Our records.

5. YOUR CLAIMS

5.1 How to make a claim

5.1.1 A claim on Critical Illness

You need to notify Us in writing of the diagnosis of Critical Illness, as soon as possible.

Following that, within 90 days from the date of diagnosis of Critical Illness, in addition to Your Policy, the following documents are to be submitted in order for Us to process the claim:

- a. the completed claim form;
- b. the birth certificate, identity card and other identification document of the Life Assured;
- c. medical report, including clinical, radiology, histological and laboratory evidence from Your attending Specialist, or a fully completed clinical abstract authorisation to enable Us to obtain reports.

We may ask for further information and documents to be provided. The costs of furnishing requested information and documents are to be borne by You. We may also appoint a Registered Medical Practitioner to re-examine You.

Once We admit a claim, the Policy to which this Rider is attached cannot be altered or amended.

5.1.2 A claim on Involuntary Loss of Income

You need to notify Us in writing of the ILOI as soon as possible.

Following that, within six (6) months from the commencement date of ILOI, in addition to Your Policy, the following documents are to be submitted in order for Us to process the claim:

- a. For Redundancy or Retrenchment:
 - i) where You are a salaried staff,
 - the official Redundancy or Retrenchment letter endorsed by the company's Human Resource Department; and
 - CPF, pay slip or Income Tax statement as proof of Full-Time Employment.
 - ii) where You are Self-Employed,
 - a copy of the application to close a company/ sole-proprietorship/ partnership which has been approved by ACRA (Accounting and Corporate Regulatory Authority), or its equivalent as proof of Redundancy or Retrenchment; and
 - pay slip, Income Tax statement or a copy of an up to date Company ACRA (Accounting and Corporate Regulatory Authority) Report as proof of Full-Time Employment.
- b. For Short Term Disability:
 - i) where You are a salaried staff,
 - an official letter endorsed by the company's Human Resource Department to certify that the Life Assured is on unpaid medical leave; and
 - written notification of the diagnosis of the Short Term Disability by a Registered Medical Practitioner approved by Us, including adequate medical evidence of the Life Assured's inability to perform each and every duty of his or her own occupation for a continuous period of at least three (3) months;
 - ii) where You are Self-Employed,
 - written notification of the diagnosis of the Short Term Disability by a Registered Medical Practitioner approved by Us, including adequate medical evidence of the Life Assured's inability to perform each and every duty of his or her own occupation for a continuous period of at least three (3) months; and

- pay slip, Income Tax statement or a copy of an up to date Company ACRA (Accounting and Corporate Regulatory Authority) Report as proof of Full-Time Employment.

5.2 Conditions of claim

You can only claim for ILOI after three (3) months from the Commencement Date or most recent Reinstatement Date, whichever is later.

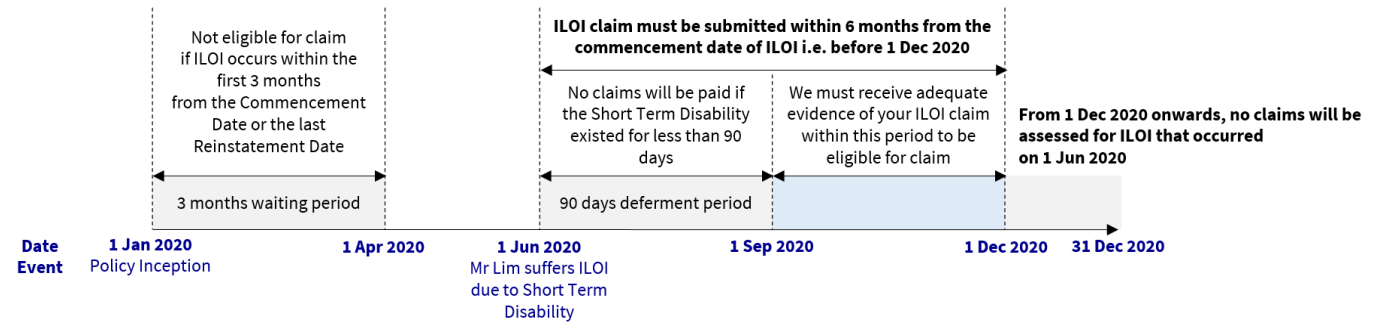
If the Life Assured is a resident in Singapore, the Critical Illness and/or Short Term Disability must be diagnosed by a Registered Medical Practitioner in Singapore.

If the Life Assured is a resident overseas, the diagnosis must be by a Registered Medical Practitioner approved by Us.

Example of a claim on ILOI:

Mr Lim, age 36, is an employee of Company XYZ. He purchased a Basic Policy with Premium Waiver Rider. On 1 June 2020, Mr Lim was diagnosed with Short Term Disability that resulted in him going on unpaid medical i.e. involuntarily losing his income due to Short Term Disability.

Illustration:



Mr Lim must submit adequate evidence to prove that from 1 June to 31 August 2020, he did not receive any form of income due to diagnosis of Short Term Disability.

6. GENERAL CONDITIONS

6.1 Termination of Rider

Your Rider will terminate on the occurrence of any of the following, whichever is earlier:

- the termination of Your Basic Policy;
- the Coverage Expiry Date of this Rider, unless it is renewed;
- Our admission of Your Critical Illness claim;
- the assignment of this Policy;
- no Premium is received from You after the Grace Period;
- Our acceptance of Your application to terminate Your Rider;
- any other event which results in termination as set out in this Rider.

6.2 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 GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

7. GENERAL DEFINITIONS

Unless otherwise stated here, all other Definitions of Your Basic Policy will not change and will have the same meaning for Your Rider, if applicable.

7.1 Accident

An event caused solely and independently of any other cause and directly by violent, external and visible means.

7.2 Critical Illness

The list of Critical Illnesses covered by this Rider is defined in the "Critical Illness Definitions for Premium Waiver" of this Rider.

7.3 Full-Time Employment

Full-Time Employment shall mean that the Life Assured is working for at least forty (40) hours per week with a registered company on a permanent basis.

In the case of Singaporeans or Permanent Residents, they should be contributing on a regular basis for the past twelve (12) months to the CPF (Central Provident Fund) Ordinary Account in Singapore. In the case of foreigners working in Singapore, they have to provide a valid work permit for the last twelve (12) months.

If the Life Assured is Self-Employed, he/she should be engaged on a full-time basis for the past twelve (12) months, in a business entity that is registered in Singapore.

7.4 Medical Condition

Refers to any of the medical conditions at any stage of the covered Critical Illnesses.

7.5 Medical Procedure

Refers to any of the medical procedures at any stage of the covered Critical Illnesses.

7.6 Redundancy

Redundancy shall mean the termination of the Full-Time Employment caused by the Employer due to:

- a. re-structuring, re-organizing, outsourcing and closing the business; or
- b. relocation of the business.

7.7 Retrenchment

Retrenchment shall mean a forced lay-off of employees by the employer on the grounds of Redundancy.

7.8 Self-Employed

You are a self-employed person when you perform work for others under a contract for service.

As a self-employed with your own business, you work for yourself and you are in the position to realise a business profit or loss. Your income is derived from the buying and selling of goods, or from providing professional or personal services.

Sole-proprietors and partners registered with the Accounting and Corporate Regulatory Authority (ACRA) are self-employed.

7.9 Short Term Disability

Short Term Disability shall mean the continuous inability of the Life Assured to perform each and every duty of his or her own occupation, by reason of Accident, sickness or disease. The Life Assured has to provide medical evidence from a Registered Medical Practitioner approved by us, which confirms this diagnosis.

8. APPENDICES

Appendix 1: Critical Illness Definitions for Premium Waiver

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
1	Alzheimer's Disease / Severe Dementia*	<p>Diagnosis of Dementia including Alzheimer's Disease</p> <p>Diagnosis of dementia by neurological assessment by an appropriate specialist confirming the cognitive impairment characterized by a Mini Mental State Examination score of 24 or less out of 30 (20 to 24 out of 30) as assessed by two (2) neuropsychometric tests performed six (6) months apart which clearly define the severity of the impairment. The Life Assured must have been placed on disease modifying treatment prescribed by a specialist and must be under the continuous care of a specialist.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> (1) Non-organic diseases such as neurosis and psychiatric illnesses; and (2) Alcohol related brain damage <p><i>Note: Coverage for Early Stage Alzheimer's Disease/Severe Dementia expires on the Policy Anniversary on which the Life Assured is Age 85 Nearest Birthday.</i></p>	<p>Moderate to Severe Alzheimer's Disease or Dementia</p> <p>A definite diagnosis of Alzheimer's disease or dementia due to irreversible organic brain disorders by a consultant neurologist. The Mini-mental State Examination score must be less than 20 out of 30 as assessed by two (2) neuropsychometric tests performed six (6) months apart which clearly define the severity of the impairment. There must also be permanent clinical loss of the ability to do all of the following:</p> <ul style="list-style-type: none"> (1) Remember; (2) Reason; and (3) Perceive, understand, express and give effect to ideas. <p>This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by Company's appointed doctor</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> 1) Non-organic diseases such as neurosis and psychiatric illnesses; and 2) Alcohol related brain damage. 	<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 Assured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> (1) Non-organic diseases such as neurosis and psychiatric illnesses; and (2) Alcohol related brain damage.
2	Benign Brain Tumour*	<p>Surgical Removal of Pituitary Tumour (by Transphenoidal/Transnasal Hypophysectomy)</p> <p>A. The actual undergoing of surgical removal of pituitary tumour by</p>	<p>Surgical Removal of Pituitary Tumour (by Open Craniotomy)</p> <p>The actual undergoing of total surgical removal of a pituitary tumour by open craniotomy necessitated as a result of</p>	<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</p>

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
		<p>transphenoidal / transnasal hypophysectomy 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 is specifically excluded, or</p> <p>Removal of the following are excluded:</p> <ol style="list-style-type: none"> (1) Cysts; (2) Abscess; (3) Angioma; (4) Granulomas; (5) Vascular Malformations; (6) Haematomas; and (7) Tumours of the spinal cord and skull base. <p>B. The actual undergoing of burr hole surgery to the head to drain a subdural haematoma as a result of an accident. The need for the burr hole surgery must be certified to be absolutely necessary by a specialist in the relevant field.</p>	<p>symptoms associated with increased intracranial pressure caused by the tumour or where surgical removal is considered necessary upon the advice of a consultant endocrinologist. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. Surgical removal of the pituitary by transphenoidal hypophysectomy is excluded. Removal of the following are excluded:</p> <ol style="list-style-type: none"> (1) Cysts; (2) Abscess; (3) Angioma; (4) Granulomas; (5) Vascular Malformations; (6) Haematomas; and (7) Tumours of the spinal cord and skull base. 	<p>or cranial nerves where all of the following conditions are met:</p> <ol style="list-style-type: none"> (1) It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and (2) 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> <ol style="list-style-type: none"> 1) Cysts; 2) Abscess; 3) Angioma; 4) Granulomas; 5) Vascular Malformations; 6) Haematomas; 7) Tumours of the pituitary gland, spinal cord and skull base.
3	Blindness (Irreversible Loss of Sight)*	<p>Corneal Transplant</p> <p>The receipt of a transplant of a whole cornea due to irreversible scarring with resulting reduced visual acuity which cannot be corrected with other methods.</p>	<p>Irreversible Loss of Sight in One Eye</p> <p>Permanent and irreversible loss of sight in one (1) eye 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 one (1) eye using a Snellen eye chart or equivalent test, or visual field of 20</p>	<p>Blindness (Irreversible Loss of Sight)*</p> <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</p>

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
			<p>degrees or less in one (1) eye.</p> <p>The blindness must be confirmed by an ophthalmologist.</p> <p>Blindness resulting from alcohol or drug misuse will be excluded.</p> <p>The blindness must not be correctable by surgical procedures, implants or any other means.</p>	<p>visual field of 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>
4	Coma*	<p>Coma for 48 hours</p> <p>Coma that persists for at least forty-eight (48) hours. This diagnosis must be supported by evidence of all of the following:</p> <ol style="list-style-type: none"> (1) No response to external stimuli for at least forty-eight (48) hours; (2) The use of life support measures to sustain life; and (3) 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>Severe Epilepsy</p> <p>Severe epilepsy confirmed by all of the following:</p> <ol style="list-style-type: none"> (1) Diagnosis made by a specialist in the relevant field by the use of electroencephalography (EEG), magnetic resonance imaging (MRI), position emission tomography (PET) or any other appropriate diagnostic test that is available; (2) There must be documentation of recurrent unprovoked tonicclonic or grand mal seizures of more than 5 attacks per week, and be known to be resistant to optimal therapy as confirmed by drug serum-level testing; and (3) The Life Assured must have been taking at least 2 prescribed anti-epileptic (anti-convulsant) medications for at least 6 months on the recommendation of a specialist in the relevant field. <p>Febrile or absence (petit mal) seizures alone will not satisfy the requirement of this definition.</p>	<p>Coma*</p> <p>A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following:</p> <ol style="list-style-type: none"> (1) No response to external stimuli for at least 96 hours; (2) Life support measures are necessary to sustain life; and (3) Brain damage resulting in permanent neurological deficit which must be assessed at least 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>

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
			<p>Coma for 72 hours</p> <p>Coma that persists for at least seventy-two (72) continuous 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 seventy-two (72) hours; • the use of life support measures 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>	
5	Coronary Artery By-pass Surgery*	<p>Transmyocardial Laser Therapy</p> <p>The undergoing of transmyocardial laser therapy for the treatment of refractory angina which has persisted despite optimal medical therapy. Coronary artery bypass surgery and percutaneous angioplasty must have failed or considered inappropriate. This benefit is not payable in addition to any other form of cardiac revascularization treatment including CABG and coronary angioplasty.</p>	<p>Port Access or Key Hole Cardiac Surgery</p> <p>Coronary Artery Bypass Graft Surgery or coronary arterectomy performed by port access procedures or MIDCAB procedures (where median sternotomy is not required) to correct blockages in the coronary arteries. All intravascular procedures are excluded. All percutaneous intravascular techniques are excluded.</p>	<p>Coronary Artery By-pass Surgery*</p> <p>The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist. Angioplasty and all other intra-arterial, catheter-based techniques, 'keyhole' or laser procedures are excluded.</p>
6	Deafness (Irreversible Loss Of Hearing)*	<p>Partial Loss of Hearing / Cavernous Sinus Thrombosis Surgery</p> <p>A. Permanent binaural hearing loss with the loss of at least 60 decibels in all</p>	<p>Cochlear Implant Surgery</p> <p>The actual undergoing of a surgical cochlear implant as a result of permanent damage to the cochlea or auditory nerve. The surgical</p>	<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</p>

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
		<p>frequencies of hearing as a result of illness or accident. The hearing loss must be established by a specialist in the relevant field and supported by an objective diagnostic test to indicate the quantum loss of hearing, or</p> <p>B. 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 absolutely necessary by a specialist in the relevant field.</p>	<p>procedure as well as the insertion of the implant must be certified to be absolutely necessary by a specialist in the relevant field.</p>	<p>audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.</p> <p>Total means “the loss of at least 80 decibels in all frequencies of hearing”.</p> <p>Irreversible means “cannot be reasonably restored to at least 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 6 months from the date of intervention.”</p>
7	Elephantiasis	Not applicable	Not applicable	<p>Elephantiasis</p> <p>End stage Lymphatic Filariasis, characterised by significant enlargement and disfiguration of the infected body area (legs, genitals or breasts) due to blockage of the lymphatic system by filariae parasites. The diagnosis of permanent lymphatic obstruction must be made by a Specialist and supported by laboratory tests showing circulating filariae antigen or microfilariae in a blood smear (Wuchereria bancrofti or Brugia malayi). Other forms of lymphedema or acute lymphangitis are specifically excluded.</p>
8	End Stage Kidney Failure*	<p>Surgical Removal of One Kidney</p> <p>The complete surgical removal of one kidney necessitated by any illness or accident. The need for the surgical removal of the kidney must be certified to</p>	<p>Chronic Kidney Disease</p> <p>A nephrologist must make a diagnosis of chronic kidney disease with permanently impaired renal function. There must be laboratory evidence that shows that renal</p>	<p>End Stage Kidney Failure*</p> <p>Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.</p>

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
		be absolutely necessary by a specialist in the relevant field.	function is severely decreased with an eGFR less than 15ml/min/1.73m ² body surface area, persisting for a period of 6 months or more.	
9	End Stage Liver Failure*	Liver Surgery Partial hepatectomy of at least one entire lobe of the liver that has been found necessary as a result of illness or accident of the Life Assured.	Liver Cirrhosis Cirrhosis of the liver with a HAI-Knodell Scores of 6 and above as evident by liver biopsy. The diagnosis must be unequivocally confirmed by a specialist in the relevant field and based on the histological findings of the liver biopsy.	End Stage Liver Failure* End stage liver failure as evidenced by all of the following: (1) Permanent jaundice; (2) Ascites; and (3) Hepatic encephalopathy. Liver disease secondary to alcohol or drug abuse is excluded.
10	End Stage Lung Disease*	Severe Asthma / Insertion of a Vena Cava Filter A. Evidence of an acute attack of Severe asthma with persistent status asthmaticus that requires hospitalization and assisted ventilation with a mechanical ventilator for a continuous period of at least 4 hours on the advice of a specialist in the relevant field; or B. 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 absolutely necessary by a specialist in the relevant field.	Surgical Removal of One Lung Complete surgical removal of a lung as a result of an illness or an accident of the Life Assured. Partial removal of a lung is not included in this benefit.	End Stage Lung Disease* End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following: (1) FEV ₁ test results which are consistently less than 1 litre; (2) Permanent supplementary oxygen therapy for hypoxemia; (3) Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO ₂ ≤ 55mmHg); and (4) Dyspnea at rest. The diagnosis must be confirmed by a respiratory physician.
11	Fulminant Hepatitis*	Biliary Tract Reconstruction Surgery Biliary tract reconstruction surgery involving choledochenterostomy (choledochojunostomy or	Chronic Primary Sclerosing Cholangitis This benefit is payable for chronic primary sclerosing cholangitis confirmed on cholangiogram imaging confirming	Fulminant Hepatitis* A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
		choledochoduodenostomy) for the treatment of biliary tract disease, including biliary atresia, that is not amenable to other surgical or endoscopic measures. The procedure must be considered the most appropriate treatment by a specialist in hepatobiliary disease. This benefit is not payable for the consequences of gall stone disease or cholangitis.	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. The benefit is payable only where there is a need for immunosuppressive treatment, drug therapy for intractable pruritis or if biliary tract obliteration has required balloon dilation or stenting of the bile ducts. Biliary tract sclerosis or obstruction as a consequence of biliary surgery, gall stone disease, infection, inflammatory bowel disease or other secondary precipitants is excluded.	diagnosis must be supported by all of the following: <ol style="list-style-type: none"> (1) Rapid decreasing of liver size as confirmed by abdominal ultrasound; (2) Necrosis involving entire lobules, leaving only a collapsed reticular framework; (3) Rapid deterioration of liver function tests; (4) Deepening jaundice; and (5) Hepatic encephalopathy.
12	Heart Attack of Specified Severity*	<p>Cardiac Pacemaker Insertion</p> <p>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 to be absolutely necessary by a specialist in the relevant field.</p> <p>Pericardiectomy</p> <p>The undergoing of a total and partial pericardiectomy as a result of pericardial disease.</p> <p>The surgical procedure must be certified to be absolutely necessary by a specialist in the relevant field.</p>	<p>Cardiac Defibrillator Insertion</p> <p>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 absolutely necessary by a specialist in the relevant field.</p> <p>Early Cardiomyopathy</p> <p>The unequivocal diagnosis of cardiomyopathy which has resulted in the presence of permanent physical impairments to at least Class III of the New York Heart Association (NYHA) classification of Cardiac Impairment. The diagnosis must be confirmed by a specialist in the relevant field. Cardiomyopathy that is directly related to alcohol misuse is excluded.</p>	<p>Heart Attack of Specified Severity*</p> <p>Death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:</p> <ol style="list-style-type: none"> (1) History of typical chest pain; (2) 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; (3) 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; (4) Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
			<p>The NYHA Classification of Cardiac Impairment (Source: “Current Medical Diagnosis & Treatment –39th Edition”):</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>imaging must be done by Cardiologist specified by the Company.</p> <p>For the above definition, the following are excluded:</p> <ul style="list-style-type: none"> (i) Angina; (ii) Heart attack of indeterminate age; and (iii) 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>
13	HIV Due to Blood Transfusion and Occupationally Acquired HIV*	<p>HIV Due to Assault</p> <p>Infection with the Human Immunodeficiency Virus (HIV) which resulted from a physical or sexual assault occurring after the Issue Date, date of endorsement or date of Reinstatement of this Policy, whichever is the later, provided that all of the following conditions are met:</p> <ul style="list-style-type: none"> (1) The incident must be reported to the appropriate authority and that a criminal case must be opened; and (2) Proof of the assault giving rise to the infection must be reported to the Company within thirty (30) days of the assault taking place; 	<p>HIV Due to Organ Transplant</p> <p>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"> (1) The organ transplant was Medically Necessary or given as part of a medical treatment; and (2) The organ transplant was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Policy, whichever is the later; and (3) 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>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"> (1) The blood transfusion was medically necessary or given as part of a medical treatment; (2) The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later; and (3) The source of the infection is established to be from the Institution that provided the

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
		<p>(3) Proof that the assault involved a definite source of the HIV infected fluids; and</p> <p>(4) 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> <p>HIV infection resulting from any other means including consensual sexual activity or the use of intravenous drug is excluded.</p> <p>This benefit will not apply where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.</p>	<p>This benefit will not apply where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious</p>	<p>blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.</p> <p>B. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or date of reinstatement of this Supplementary Contract, whichever is the later whilst the Insured 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> <p>(1) Proof that the accident involved a definite source of the HIV infected fluids;</p> <p>(2) Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and</p> <p>(3) HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.</p> <p>This benefit is only payable when the occupation of the insured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or</p>

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
				<p>paramedical worker, working in medical centre or clinic (in Singapore).</p> <p>This 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>
14	Idiopathic Parkinson's Disease*	<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 all of the following conditions:</p> <ol style="list-style-type: none"> (1) The disease cannot be controlled with medication; and (2) There are signs of progressive neurological impairment 	<p>Moderately Severe Parkinson's Disease</p> <p>The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist.</p> <p>This diagnosis must be supported by all of the following conditions:</p> <ol style="list-style-type: none"> (1) The disease cannot be controlled with medication; and (2) Inability of the Life Assured to perform (whether aided or unaided) at least 2 of the 6 "Activities of Daily Living" for a continuous period of at least 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>Idiopathic Parkinson's Disease*</p> <p>The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist.</p> <p>This diagnosis must be supported by all of the following conditions:</p> <ol style="list-style-type: none"> (1) The disease cannot be controlled with medication; and (2) Inability of the Life Assured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 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>
15	Irreversible Aplastic Anaemia*	<p>Pure Red Cell Aplasia (PRCA)</p> <p>Complete or nearly complete cessation of red cell production in the bone marrow without effects on other haematopoietic cells. The condition must have resulted in reversible but severe anaemia, meeting both of the following criteria:</p>	<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> <ol style="list-style-type: none"> (1) Blood product transfusion; (2) Bone marrow stimulating agents; (3) Immunosuppressive agents; or 	<p>Irreversible Aplastic Anaemia*</p> <p>Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:</p> <ol style="list-style-type: none"> (1) Blood product transfusion; (2) Bone marrow stimulating agents;

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
		<p>Hemoglobin <4 g/dL or Hematocrit <10 percent;</p> <p>Absolute reticulocyte count <10,000/microL or reticulocyte percentage <0.5 percent;</p> <p>The diagnosis must be confirmed by a specialist in the relevant field based on a bone marrow biopsy.</p>	<p>(4) Bone marrow or haematopoietic stem cell transplantation.</p> <p>The diagnosis must be confirmed by a specialist in the relevant field.</p>	<p>(3) Immunosuppressive agents; or</p> <p>(4) Bone marrow or haematopoietic stem cell transplantation.</p> <p>The diagnosis must be confirmed by a haematologist.</p>
16	Irreversible Loss of Speech*	<p>Permanent (or Temporary) Tracheostomy</p> <p>The performance of tracheostomy for the treatment of lung disease or airway disease or as a ventilatory support measure following major trauma or burns. The Life Assured must have been a patient in a designated intensive care unit under the care of a medical specialist. The benefit is only payable if the tracheostomy is required to remain in place and functional for a period of three (3) months. This benefit would not be payable in addition to any ICU, Major Head Trauma, Major Burns, End stage lung disease or Major cancer benefit.</p>	<p>Loss of Speech due to Vocal Cord Paralysis</p> <p>This benefit is payable on diagnosis of complete and irrecoverable paralysis of the vocal cords as a consequence of neurological injury. The benefit is only payable where surgical intervention is required on the advice of an Ear, Nose, and Throat (ENT) surgeon to restore the loss of speech. 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.</p> <p>All psychiatric related causes are excluded.</p>	<p>Irreversible Loss of Speech*</p> <p>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 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.</p> <p>All psychiatric related causes are excluded.</p>

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
17	Loss of Independent Existence*	Loss of Independent Existence (Early Stage) Total and irreversible physical loss of all fingers including thumb of the same hand due to an accident. This condition must be confirmed by a Registered Medical Practitioner. Loss of fingers due to self-inflicted injuries is excluded.	Not applicable	Loss of Independent Existence* 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 6 months. This condition must be confirmed by the company's approved doctor. Non-organic diseases such as neurosis and psychiatric illnesses are excluded. 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.
18	Major Burns*	Mild Severe Burns A. Second degree (partial thickness of the skin) burns covering at least 20% of the surface of the Life Assured's body; or B. Third degree (full thickness of the skin) burns covering at least 50% of the face of the Life Assured.	Moderately Severe Burns Third degree (full thickness of the skin) burns covering at least 10% of the surface of the Life Assured's body which requires skin grafting.	Major Burns* Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assured's body.
19	Major Cancer*	Carcinoma In Situ Carcinoma in situ 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. The diagnosis of the	Carcinoma In Situ of Specified Organs Treated With Radical Surgery The actual undergoing of a Radical Surgery to arrest the spread of malignancy in that specific organ, which must be considered as appropriate and necessary treatment. "Radical Surgery" is defined in this policy as the total and complete removal of one of the following organs: breast (mastectomy), prostate (prostatectomy), corpus uteri	Major Cancer* A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue. The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
		<p>Carcinoma in situ must always be supported by a histo-pathological report. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result.</p> <p>Early Prostate Cancer Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.</p> <p>Early Thyroid Cancer Thyroid Cancer that is histologically described utilizing using the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of thyroid.</p> <p>Early Bladder Cancer Bladder cancer that is histologically described using the TNM Classification as T1N0M0. Non-invasive papillary urothelial carcinoma of the bladder (stage Ta) is excluded.</p> <p>Early Chronic Lymphocytic Leukemia Chronic Lymphocytic Leukemia (CLL) RAI Stage 1 or 2. CLL RAI Stage 0 or lower is excluded.</p> <p>Neuroendocrine tumours All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification)</p>	<p>(hysterectomy), ovary (oophorectomy), fallopian tube (salpingectomy), colon (colectomy) or stomach (gastrectomy). The diagnosis of the Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of fixed tissues additionally supported by a biopsy of the removed organ. Clinical diagnosis does not meet this standard.</p> <p>Early prostate cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification is also covered if it has been treated with a radical prostatectomy.</p> <p>The actual undergoing of the surgeries listed above and the surgery must be certified to be absolutely necessary by an oncologist. Partial surgical removal such as lumpectomy, partial mastectomy or partial prostatectomy are specifically excluded.</p> <p>Carcinoma in situ 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.</p> <p>‘Invasion’ means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report.</p> <p>For the above definition, the following are excluded:</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> <ol style="list-style-type: none"> (1) All tumours which are histologically classified as any of the following: <ol style="list-style-type: none"> (i) Pre-malignant; (ii) Non-invasive; (iii) Carcinoma-in-situ (Tis) or Ta; (iv) Having borderline malignancy; (v) Having any degree of malignant potential; (vi) Having suspicious malignancy; (vii) Neoplasm of uncertain or unknown behaviour; or (viii) All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia; (2) Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond; (3) Malignant melanoma that has not caused invasion beyond the epidermis;

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
		<p>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 which are treated with surgery or chemotherapy as recommended by an oncologist.</p> <p>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> <p>The diagnosis of the above minor cancers must be established by histological evidence and be confirmed by a specialist in the relevant field.</p> <p>For the above definition, the following are excluded:</p> <ol style="list-style-type: none"> (1) Clinical Diagnosis (2) Any diagnosis 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 that does not meet the above definition; (3) Any lesion or tumour which is histologically described as benign, dysplasia, premalignant, borderline malignant, or suspicious malignant potential; 	<ol style="list-style-type: none"> (1) Clinical diagnosis; (2) Any diagnosis 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 that does not meet the above definition; (3) Any lesion or tumour which is histologically described as benign, dysplasia, premalignant, borderline malignant, or suspicious malignant potential; (4) Cervical Dysplasia, CIN-1, CIN-2 and CIN-3 and low grade & high grade squamous epithelial lesions. unless specifically reported as CIS (carcinoma in situ); (5) Prostatic Intraepithelial Neoplasia (PIN); (6) Vulvar Intraepithelial Neoplasia (VIN); and (7) All tumours in the presence of Human Immunodeficiency Virus (HIV) infection. 	<ol style="list-style-type: none"> (4) All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification; (5) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; (6) All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below; (7) All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below; (8) 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; (9) Chronic Lymphocytic Leukaemia less than RAI Stage 3; (10) 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 (11) All tumours in the presence of HIV infection.

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
		<p>(4) Cervical Dysplasia, CIN-1, CIN-2 and CIN-3 and low grade & high grade squamous epithelial lesions. unless specifically reported as CIS (carcinoma in situ);</p> <p>(5) Prostatic Intraepithelial Neoplasia (PIN);</p> <p>(6) Vulvar Intraepithelial Neoplasia(VIN);</p> <p>(7) Melanoma in situ and any non-melanoma skin carcinoma (in-situ or invasive), skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans;</p> <p>(8) Non-invasive papillary urothelial carcinoma of the bladder (Stage Ta);</p> <p>(9) All tumours in the presence of Human Immunodeficiency Virus (HIV) infection; and</p> <p>(10) Neuroendocrine tumour of adrenal or extra-adrenal chromaffin tissue.</p>		
20	Major Head Trauma*	<p>Head Trauma Requiring Re-constructive Surgery and Accidental Spinal Cord Injury</p> <p>A. 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 misshapened) performed by a specialist in the relevant field to correct disfigurement as a direct result of an accident. The need for surgery must be certified to be absolutely necessary by a specialist in the relevant field. Treatment</p>	<p>Head Trauma Requiring Open Craniotomy</p> <p>Undergoing of open craniotomy as a consequence of major head trauma by accident for the treatment of depressed skull fractures or major intracranial injury. Burr hole surgery is excluded from this benefit.</p>	<p>Major Head Trauma*</p> <p>Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 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 independent of any other cause and is the sole cause of the head Injury.</p>

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
		<p>relating to teeth and/or any other dental restoration alone is excluded; or</p> <p>B. Accidental cervical spinal cord injury resulting in loss of use of at least one entire limb, to be assessed no sooner than six weeks from the date of the accident. The diagnosis must be confirmed by a specialist in the relevant field and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.</p> <p>“Accident” means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the injury.</p>		<p>The following are excluded:</p> <p>(1) Spinal cord injury; and</p> <p>(2) Head injury due to any other causes.</p>
21	Major Organ / Bone Marrow Transplantation*	<p>Small Bowel Transplant</p> <p>The receipt of a transplant of at least one meter of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.</p>	<p>Major Organ / Bone Marrow Transplant (on waitlist)</p> <p>This benefit covers those who are on an official organ transplant waiting list for the receipt of a transplant of:</p> <p>(1) Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or</p> <p>(2) One of the following human organs: heart, lung, liver, kidney or pancreas that resulted from irreversible end stage failure of the relevant organ.</p> <p>Other stem cell transplants are excluded.</p>	<p>Major Organ / Bone Marrow Transplantation*</p> <p>The receipt of a transplant of:</p> <p>(1) Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or</p> <p>(2) One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.</p> <p>Other stem cell transplants are excluded.</p>

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
			This benefit is limited to those on the official waitlist for organ transplant on Ministry of Health Singapore list of hospitals only.	
22	Medullary Cystic Disease	Early Stage Medullary Cystic Disease Early Stage Medullary Cystic Disease where the following criteria are met: <ol style="list-style-type: none"> (1) the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis; (2) clinical manifestations of anaemia, polyuria, and decreased kidney function; and (3) the Diagnosis of Medullary Cystic Disease is confirmed by a specialist in the relevant field. 	Not applicable	Medullary Cystic Disease Medullary Cystic Disease where the following criteria are met: <ol style="list-style-type: none"> (1) the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis; (2) clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and (3) The Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. Isolated or benign kidney cysts are specifically excluded from this benefit.
23	Motor Neurone Disease*	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 Refers to the diagnosis of motor neurone disease, a progressive degeneration of the corticospinal tracts and anterior horn cells or bulbar efferent neurons. These include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. A neurologist must make the definite diagnosis of a motor neurone disease and this diagnosis must be supported by appropriate investigations.	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.
24	Multiple Sclerosis*	Early Multiple Sclerosis There must be a definite diagnosis of Multiple Sclerosis confirmed by a	Mild Multiple Sclerosis There must be a definite diagnosis of Multiple Sclerosis confirmed by a neurologist. The	Multiple Sclerosis*

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
		<p>neurologist. The diagnosis must be supported by all of the following:</p> <ol style="list-style-type: none"> (1) Investigations that unequivocally confirm the diagnosis to be Multiple Sclerosis; and (2) Well documented history of exacerbations and remissions of neurological signs. <p>Other causes of neurological damage such as SLE and HIV are excluded.</p>	<p>diagnosis must be supported by all of the following:</p> <ol style="list-style-type: none"> (1) Investigations that unequivocally confirm the diagnosis to be Multiple Sclerosis; (2) Any permanent residual neurological deficit confirmed by a neurologist at 3 months; and (3) Well documented history of exacerbations and remissions of neurological signs. <p>Other causes of neurological damage such as SLE and HIV are excluded.</p>	<p>The definite diagnosis of Multiple Sclerosis, and must be supported by all of the following:</p> <ol style="list-style-type: none"> (1) Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and (2) Multiple neurological deficits which occurred over a continuous period of at least 6 months. <p>Other causes of neurological damage such as SLE and HIV are excluded</p>
25	Muscular Dystrophy*	<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 and the permanency assessed at six (6) months.</p>	<p>Moderate Muscular Dystrophy</p> <p>A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least 2 of the 6 “Activities of Daily Living” for a continuous period of at least 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>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 3 of the 6 “Activities of Daily Living” for a continuous period of at least 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>
26	Necrotising Fasciitis	<p>Early Stage Necrotising Fasciitis</p> <p>The occurrence of necrotising fasciitis where the following conditions are met:</p> <ol style="list-style-type: none"> (1) the usual clinical criteria of necrotising fasciitis are met; 	Not applicable	<p>Necrotising Fasciitis</p> <p>The occurrence of necrotising fasciitis where the following conditions are met:</p> <ol style="list-style-type: none"> (1) the usual clinical criteria of necrotising fasciitis are met;

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
		<p>(2) the bacteria identified is a known cause of necrotising fasciitis; and</p> <p>(3) treatment of Necrotising Fasciitis requiring at least 96 hours intensive care unit (ICU) admission and total requiring at least 7 days hospital admission.</p>		<p>(2) the bacteria identified is a known cause of necrotising fasciitis; and</p> <p>(3) 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.</p>
27	Open Chest Heart Valve Surgery*	<p>Percutaneous Valvuloplasty or Valvotomy</p> <p>The actual undergoing of simple percutaneous intravascular balloon Valvotomy or Valvuloplasty without any deployment of device or prosthesis necessitated by damage of the heart valve as confirmed by a specialist in the relevant field and established by a cardiac echocardiogram or any other appropriate diagnostic test that is available.</p> <p>All other surgical corrective methods will be excluded from this benefit.</p>	<p>Valve Replacement or Valve Repair with Device</p> <p>The actual undergoing a heart valve replacement where clips and rings are deployed by the arterial route to or repair-by percutaneous transvascular or other minimally invasive intra-thoracic cardiac surgery as deemed medically necessary by a specialist in the relevant field and confirmed by a cardiac echocardiogram.</p> <p>Minimally invasive cardiac surgery refers to any procedure performed without a full sternotomy / laparotomy or by a percutaneous intravascular route. Minimally invasive cardiac surgery therefore includes any procedure performed through Partial Sternotomy, Mini-thoracotomy, Thoracoscopy (Port access or robotic), “Key hole” route or any minimally invasive cardiac surgeries consistent with the current standard of the medical services available in Singapore</p>	<p>Open Chest Heart Valve Surgery*</p> <p>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.</p>
28	Open Chest Surgery to Aorta*	<p>Large Asymptomatic Aortic Aneurysm</p> <p>Asymptomatic abdominal or thoracic aortic aneurysm or dissection greater than 55 mm in diameter as evidence by appropriate imaging technique, and</p>	<p>Percutaneous or Minimally Invasive Surgery to Aorta</p> <p>The actual undergoing of surgery via minimally invasive techniques to repair or correct an aneurysm, narrowing, obstruction</p>	<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</p>

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
		confirmed by a specialist in the relevant field.	<p>or dissection of the aorta, as evidenced by an echocardiogram or any other appropriate diagnostic imaging test that is available and confirmed by a consultant cardiologist or vascular surgeon. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. Open repair, resection or grafting of aneurisms involving laparotomy or thoracotomy by open surgery or laparoscopic (port access) techniques are excluded.</p> <p>Minimally invasive cardiac surgery refers to any procedure performed without a full sternotomy / laparotomy or by a percutaneous intravascular route. Minimally invasive cardiac surgery therefore includes any procedure performed through Partial Sternotomy, Mini-thoracotomy, Thoracoscopy (Port access or robotic), “Key hole” route or any minimally invasive cardiac surgeries consistent with the current standard of the medical services available in Singapore.</p>	<p>abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques are excluded.</p>
29	Other Serious Coronary Artery Disease*	<p>Mild Coronary Artery Disease</p> <p>The narrowing of the lumen of two coronary arteries by a minimum of 60%, as proven by invasive coronary arteriography, regardless of whether any form of coronary artery surgery has been recommended or 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>Moderate Coronary Artery Disease</p> <p>The narrowing of the lumen of three coronary arteries by a minimum of 60%, as proven by invasive coronary arteriography, regardless of whether any form of coronary artery surgery has been recommended or 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>Other Serious Coronary Artery Disease*</p> <p>The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 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</p>

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
		<p>Coronary arteries herein refer to right coronary artery, left main stem, left anterior descending and left circumflex.</p> <p>The branches of the above coronary arteries are excluded.</p> <p>If a claim is admitted under this benefit, no further claim on Intermediate Stage of Coronary Artery By-pass Surgery will be payable.</p>	<p>Coronary arteries herein refer to right coronary artery, left main stem, left anterior descending and left circumflex.</p> <p>The branches of the above coronary arteries are excluded.</p> <p>If a claim is admitted under this benefit, no further claim on Intermediate Stage of Coronary Artery By-pass Surgery will be payable.</p>	<p>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>
30	Paralysis (Irreversible Loss of Use of Limbs)*	<p>Loss of Use of One Limb</p> <p>Total and irreversible loss of use of one (1) entire limb due to illness or accident. This condition must be confirmed by a specialist in the relevant field.</p> <p>Self-inflicted injuries are excluded.</p>	<p>Loss of Use of One Limb requiring Prosthesis</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 specialists in the relevant fields.</p> <p>Self-inflicted injuries are excluded.</p>	<p>Paralysis (Irreversible Loss of Use of Limbs)*</p> <p>Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 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>
31	Persistent Vegetative State (Apallic Syndrome)*	<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 EEG indicating that the person is conscious. The 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 a</p>	Not applicable	<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 month.</p>

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
		continuous period of at least one (1) month.		
32	Poliomyelitis*	Poliomyelitis (Early Stage) The occurrence of Poliomyelitis where the following conditions are met: (1) Poliovirus is identified as the cause, (2) Paralysis of the respiratory muscles supported by ventilator for a continuous period of minimum 96 hours	Not applicable	Poliomyelitis* The occurrence of Poliomyelitis where the following conditions are met: (1) Poliovirus is identified as the cause, (2) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months. The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.
33	Primary Pulmonary Hypertension*	Early Pulmonary Hypertension Primary or Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The diagnosis must be established by cardiac catheterization by a specialist in the relevant field.	Secondary Pulmonary Hypertension Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The diagnosis must be established by cardiac catheterization by a specialist in the relevant field.	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

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
				<p>less than ordinary activity causes symptoms.</p> <p>Class IV: Unable to engage in any physical activity without discomfort.</p> <p>Symptoms may be present even at rest.</p>
34	Progressive Scleroderma*	<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 and serological evidence.</p> <p>The following are excluded:</p> <ol style="list-style-type: none"> (1) localised scleroderma (linear scleroderma or morphea); (2) eosinophilic fasciitis; and (3) CREST syndrome 	<p>Progressive Scleroderma 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 and 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 esophagus. There must also be telangiectasia (dilated capillaries) and Raynaud's Phenomenon causing artery spasms in the extremities.</p> <p>The following are excluded:</p> <ol style="list-style-type: none"> (1) localised scleroderma (linear scleroderma or morphea); and (2) eosinophilic fasciitis. 	<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> <ol style="list-style-type: none"> (1) Localised scleroderma (linear scleroderma or morphea); (2) Eosinophilic fasciitis; and (3) CREST syndrome
35	Severe Bacterial Meningitis*	<p>Bacterial Meningitis with Full Recovery</p> <p>Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord which requires hospitalization. This diagnosis must be confirmed by:</p>	<p>Bacterial Meningitis with Reversible Neurological Deficit</p> <p>Bacterial Infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in reversible neurological deficit, that resolves fully within 6 weeks of the confirmed meningitis</p>	<p>Severe Bacterial Meningitis*</p> <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 6 weeks. This diagnosis must be confirmed by:</p>

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
		<p>(1) The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and</p> <p>(2) A consultant neurologist.</p> <p>Bacterial Meningitis in the presence of HIV infection is excluded.</p>	<p>infection. This diagnosis must be confirmed by:</p> <p>(1) The presence of bacterial infection in cerebrospinal fluid by lumbar puncture and the offending organism must be identified; and</p> <p>(2) A consultant neurologist.</p> <p>Bacterial Meningitis in the presence of HIV infection is excluded.</p>	<p>(1) The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and</p> <p>(2) A consultant neurologist.</p> <p>Bacterial Meningitis in the presence of HIV infection is excluded.</p>
36	Severe Encephalitis*	<p>Encephalitis with Full Recovery</p> <p>Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) requiring hospitalization. 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>	<p>Encephalitis with Reversible Deficit</p> <p>Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) resulting in significant but reversible neurological deficit and there must be evidence of hospitalization for at least two (2) weeks. The neurological deficit must persist for at least six (6) weeks. 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>	<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 6 weeks. This diagnosis must be certified by a consultant neurologist, and supported by any confirmatory diagnostic tests.</p> <p>Encephalitis caused by HIV infection is excluded.</p>
37	Severe Myasthenia Gravis	<p>Early Stage Myasthenia Gravis</p> <p>An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatiguability, where all of the following criteria are met:</p> <p>a) The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Physician who is a neurologist; and</p> <p>b) The actual undergoing of thymectomy to treat Myasthenia Gravis.</p>	<p>Myasthenic Crisis</p> <p>An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatiguability, where all of the following criteria are met:</p> <p>a) The Diagnosis of Myasthenic Crisis and categorization are confirmed by a Physician who is a neurologist; and</p>	<p>Severe Myasthenia Gravis</p> <p>An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatiguability, where all of the following criteria are met:</p> <p>a) Presence of permanent muscle weakness categorized as Class III, IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and</p>

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
			b) At least one episode of myasthenic crisis with actual undergoing of endotracheal intubation and mechanical ventilation.	<p>b) The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Physician who is a neurologist.</p> <p>Myasthenia Gravis Foundation of America Clinical Classification:</p> <p>Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere</p> <p>Class II: Eye muscle weakness of any severity, mild weakness of other muscles</p> <p>Class III: Eye muscle weakness of any severity, moderate weakness of other muscles</p> <p>Class IV: Eye muscle weakness of any severity, severe weakness of other muscles</p> <p>Class V: Intubation needed to maintain airway</p>
38	Stroke with Permanent Neurological Deficit*	<p>Brain Aneurysm Surgery / Cerebral Shunt Insertion</p> <p>A. The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous malformation via craniotomy. The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field. Endovascular repair or procedures are not covered; or</p> <p>B. The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised</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 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>	<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> <p>a) Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and</p>

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
		pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a specialist in the relevant field.		<p>b) Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.</p> <p>The following are excluded:</p> <ol style="list-style-type: none"> (1) Transient Ischaemic Attacks; (2) Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease; (3) Vascular disease affecting the eye or optic nerve; (4) Ischaemic disorders of the vestibular system; and (5) Secondary haemorrhage within a pre-existing cerebral lesion.
39	Systemic Lupus Erythematosus with Lupus Nephritis*	<p>Mild Systemic Lupus Erythematosus</p> <p>A multisystem, multifactorial, autoimmune disorder which mostly affects females in their childbearing years and is characterised by the development of auto-antibodies directed against various self-antigens. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus that require systemic immunosuppressive therapy for multiple organ involvement for at least 6 months under the direction of a specialist. Evidence must be provided from the treating specialist that proves to our satisfaction that there has been involvement of at least three specified internal organs. For the purposes of this</p>	<p>Moderately Severe Systemic Lupus Erythematosus with Lupus Nephritis</p> <p>Moderately Severe Systemic Lupus Erythematosus (S.L.E) with Lupus Nephritis means an autoimmune illness in which tissues and cells are damaged by deposition of pathogenic autoantibodies and immune complexes and damage of the kidney function.</p> <p>The diagnosis of S.L.E. with Lupus Nephritis will be based on the following conditions:</p> <ol style="list-style-type: none"> (1) Clinically there must be at least 4 out of the following presentations suggested by The American College of Rheumatology. <ol style="list-style-type: none"> 1.1. Malar rash 1.2. Discoid rash 1.3. Photosensitivity 1.4. Oral ulcers 	<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 specializing in Rheumatology and Immunology.</p>

No.	Critical Illnesses	Early Stage	Intermediate Stage	Advanced Stage
		<p>benefit the listed specified organs are restricted to the kidneys, brain, heart (or pericardium), lungs (or pleura) and joints. Joint involvement is defined as the presence of polyarticular inflammatory arthritis. Skin involvement is not considered one (1) of the specified organs for the purposes of this benefit.</p> <p>Other forms, discoid lupus and those forms with haematological involvement will be specifically excluded. The final diagnosis may have to be supported by a certified doctor specialising in Rheumatology and Immunology.</p>	<p>1.5. Arthritis 1.6. Serositis 1.7. Renal Disorder 1.8. Leukopenia (<4,000/mL), or Lymphopenia (<1,500/mL), or Haemolytic anaemia, or Thrombocytopenia (<100,000/mL) 1.9. Neurological disorder</p> <p>AND</p> <p>(2) 2 or more of the following tests being positive 2.1. Anti-nuclear Antibodies 2.2. L.E. cells 2.3. Anti-DNA 2.4. Anti-Sm (Smith IgG Autoantibodies)</p> <p>AND</p> <p>(3) There is lupus nephritis causing impaired renal function with a creatinine clearance rate of 50 ml per minute or less.</p> <p>The Company reserves the right to change this definition from time to time to reflect the changes in qualitative or quantitative medical categorization of this illness so as to give effect to the original intent of this definition.</p>	<p>The RPS/ISN classification of lupus nephritis:</p> <p>Class I: Minimal mesangial lupus nephritis Class II: Mesangial proliferative lupus nephritis Class III: Focal lupus nephritis (active and chronic; proliferative and sclerosing) Class IV: Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global) Class V: Membranous lupus nephritis Class VI: Advanced sclerosis lupus nephritis</p>

Others:

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

1. 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.

2. 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.

* The Life Insurance Association Singapore (LIA) has standard Definitions for 37 advanced 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.

Advance Total and Permanent Disability Payout Supplementary Provisions

1. YOUR RIDER

This is Your Advance Total and Permanent Disability Payout Rider (Rider). It forms part of Your Policy and contains the following documents:

- Advance Total and Permanent Disability Payout Supplementary Provisions; and
- Endorsements (if applicable).

It is important that this Supplementary Provisions are read in conjunction with Your Basic Policy General Provisions. All terms, conditions, and definitions as stated in the Basic Policy General Provisions will apply to this Rider, unless otherwise stated in this Supplementary Provisions.

2. WHAT DOES YOUR RIDER COVER?

Your Rider provides for the Additional Benefit set out in Your Certificate of Insurance or subsequent Endorsement.

2.1 Additional Benefit – Total and Permanent Disability (TPD) Benefit

We will pay the TPD Benefit if the Life Assured suffers from TPD during the term of the rider before age 70. The amount of TPD Benefit payable will be the Sum Assured of this Rider, less any Indebtedness.

The maximum TPD benefits payable on the Life Assured is as per limits below, inclusive of all other policies issued by Us and other insurance companies, in respect of the same Life Assured:

- a. S\$6 million if the Life Assured is a Singapore Citizen, Permanent Resident, or holder of a valid pass; and
- b. S\$4 million if the Life Assured is not a Singapore Citizen, Permanent Resident, or holder of a valid pass.

Upon the admission of a claim under this Rider:

- a. if the sum payable of this Rider is the same as the Sum Assured of Your Basic Policy, Your Policy will automatically terminate; or
- b. if the sum payable of this Rider is less than the Sum Assured of Your Basic Policy, the Sum Assured of Your Basic Policy will be automatically reduced by an amount equal to the sum payable of this Rider. Your Policy will remain inforce, and the Premiums payable will be adjusted accordingly based on the reduced Sum Assured of Your Basic Policy, subject to Our minimum Premium and Sum Assured requirements as at the Date of Issue of Your Basic Policy.

2.2 Guaranteed Renewability

Where Your Basic Policy has Guaranteed Renewability, this Rider will automatically renew together with Your Basic Policy, without further evidence of insurability of the Life Assured on the following conditions:

- a. this Rider is inforce immediately before it is renewed on the Renewal Date;
- b. the Life Assured is 65 years old or younger at the Renewal Date;
- c. after the renewal, the Sum Assured under the renewed Rider is the same Sum Assured as under this Rider before the Renewal Date; and
- d. no claim on this Rider has been admitted.

The same terms of acceptance as at the inception of this Rider will continue to be applicable to the renewed Rider unless We state otherwise. If You do not want to renew this Rider, You must give Us written notice of Your intention within 30 days prior to the next Renewal Date of Your Basic Policy.

3. WHAT IS NOT COVERED BY YOUR POLICY?

The TPD Benefit will not be payable if the TPD:

- a. arises from a Pre-existing Condition which was not communicated to Us in writing before the Date of Issue of this Rider or the last date of Reinstatement, whichever is the later;
- b. has existed for less than six (6) consecutive months;
- c. arises directly or indirectly out of any attempted suicide or self-inflicted injuries while sane or insane;
- d. was due to any airborne activity other than travelling as a passenger or crew member on board a licensed international airline on a regular scheduled commercial route;
- e. was due to service in the military, naval, air force or police during times of war whether declared or undeclared, or
- f. arises from an activity or medical condition specifically excluded by Us and endorsed in the Policy.

4. YOUR PREMIUMS

Your Certificate of Insurance, and/or any subsequent Endorsement(s), shows the Premium amount payable by You.

Premiums are payable throughout the Premium Payment Term of this Rider, unless otherwise specified.

Where this Rider is automatically renewed, the renewal Premiums will be calculated based on the age of the Life Assured nearest to the Renewal Date using prevailing premium rates at the time of renewal.

4.1 Premium Guarantee

The premium rates for the TPD Benefit are guaranteed within each Policy Term.

4.2 Premium Payment upon admission of a claim

We will no longer require Premium to be paid on this Rider from the next Policy Anniversary for as long as the Life Assured suffers from TPD.

5. YOUR CLAIMS

You need to notify Us in writing of the diagnosis of TPD of the Life Assured, as soon as possible.

Following that, within 90 days from the date of diagnosis of TPD, in addition to Your Policy, the following documents are to be submitted in order for Us to process the claim:

- a. the completed claim form;
- b. the birth certificate, identity card and other identification document of the Life Assured; and
- c. medical report, including clinical, radiology, histological and laboratory evidence from Your attending Specialist, or a fully completed clinical abstract authorisation to enable Us to obtain reports.

Once We admit a claim, the Policy to which this Rider is attached cannot be altered or amended.

6. CHANGES TO YOUR POLICY

6.1 What happens if you make changes to Your Basic Policy?

If the Sum Assured of the Basic Policy is reduced either at Your request, or due to a claim, or for any other reason:

- a. where the reduced Sum Assured of the Basic Policy is at least the Sum Assured of this Rider, there will be no change to the Sum Assured of this Rider; or
- b. where the reduced Sum Assured of the Basic Policy is less than the Sum Assured of this Rider, the Sum Assured of this Rider will automatically be reduced to equal the reduced Sum Assured of the Basic Policy, and the Premium payable on this Rider will be adjusted accordingly.

7. GENERAL CONDITIONS

7.1 Termination of Rider

Your Rider will terminate on the occurrence of any of the following, whichever is earlier:

- a. the termination of Your Basic Policy;
- b. the Coverage Expiry Date of this Rider, unless it is renewed;
- c. full payment of the Additional Benefit;
- d. the Policy Anniversary nearest to the Life Assured's 70th birthday;
- e. no Premium is received from You after the Grace Period;
- f. Our acceptance of Your application to terminate Your Rider; or
- g. any other event which results in termination as set out in this Rider.

7.2 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 GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

8. GENERAL DEFINITIONS

Unless otherwise stated here, all other Definitions of Your Basic Policy will not change and will have the same meaning for Your Rider, if applicable.

8.1. Accident

Accident means an event caused solely and independently of any other cause and directly by violent, external and visible means.

8.2. Loss of Use

Loss of use means total, continuous and permanent functional disablement of a limb, which has lasted for at least six (6) months.

8.3. Physical Loss

Physical loss means complete severance of a limb at or above the ankle or wrist.

8.4. Total and Permanent Disability (TPD)

Total and Permanent Disability (“Disability” or “TPD”) means any of the following situations:

If the Life Assured is less than age 16	<p>In the opinion of two (2) Registered Medical Practitioners approved by Us, the disability is caused by an Accident, sickness or disease and:</p> <ul style="list-style-type: none"> i) the Life Assured is in constant need of care and attention; or ii) the Life Assured is confined to his home under medical supervision or in a hospital or similar institution; and iii) the disability is continuous, expected to be permanent, and has lasted for at least six (6) months.
If the Life Assured is between age 16 and less than age 65	<p>(1) In the opinion of two (2) Registered Medical Practitioners approved by Us, the disability is caused by an Accident, sickness or disease and:</p> <ul style="list-style-type: none"> i) results in the complete and continuous inability of the Life Assured to engage in any business, occupation, work or profession of any kind for profit, compensation, wages or remuneration; and ii) the disability is continuous, expected to be permanent and has lasted for at least six (6) months; <p>Or</p> <p>(2) As a result of disease, illness or injury, the Life Assured becomes totally and permanently unable to perform at least three (3) of the following six (6) “Activities of Daily Living” even with the aid of special equipment, and always require physical assistance of another person throughout the physical activity for a continuous period of at least six (6) months:</p> <ul style="list-style-type: none"> i) Transferring: The ability to move from a bed to an upright chair or wheelchair and vice versa ii) Mobility: The ability to move indoors from room to room on level surfaces iii) Toileting: The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene iv) Dressing: The ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or surgical appliances v) Washing: The ability to wash in the bath or shower (including getting into and out of the bath or shower) or to wash satisfactorily by any other means vi) Feeding: The ability to feed oneself once food has been prepared and made available <p>The diagnosis must be confirmed and certified by a Registered Medical Practitioner.</p>
If the Life Assured is age 65 to age 70	<p>As a result of disease, illness or injury, the Life Assured becomes totally and permanently unable to perform at least three (3) of the following six (6) “Activities of Daily Living” even with the aid of special equipment, and always require physical assistance of another person throughout the physical activity for a continuous period of at least six (6) months:</p> <ul style="list-style-type: none"> i) Transferring: The ability to move from a bed to an upright chair or wheelchair and vice versa ii) Mobility: The ability to move indoors from room to room on level surfaces iii) Toileting: The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene iv) Dressing: The ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or surgical appliances

	<p>v) Washing: The ability to wash in the bath or shower (including getting into and out of the bath or shower) or to wash satisfactorily by any other means</p> <p>vi) Feeding: The ability to feed oneself once food has been prepared and made available</p> <p>The diagnosis must be confirmed and certified by a Registered Medical Practitioner.</p>
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For all ages, it shall be considered a TPD if the Life Assured suffers from any of the following:

- a. Total and permanent loss of sight in both eyes; or
- b. Physical loss or loss of use of any two (2) limbs; or
- c. Total and permanent loss of sight in one (1) eye with physical loss or loss of use of any one (1) limb.



Application Form (EASE)

WARNING NOTE:

Pursuant to Section 25(5) of the Insurance Act of Singapore (CAP 142), you are to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know, or the policy issued below may be void

FOR OFFICE USE ONLY

Proposer Number:

102-2948010

Financial Consultant Code:

080790-04-078623

Financial Consultant Name:

LAM HO HONG KENNY

Name of Organisation:

FINANCIAL ALLIANCE PTE LTD

PERSONAL DETAILS

Life Assured (Life Assured is also the Proposer)			
Personal Particulars			
Name	TEO SOK HOON	Date of Birth (dd/mm/yyyy)	19/11/1980
Surname (as shown in ID)	TEO	Age	41
Given Name (as shown in ID)	SOK HOON	Gender	FEMALE
English or other name	-	Marital Status	MARRIED
Han Yu Pin Yin Name	-	Nationality	SINGAPOREAN
ID Document Type	NRIC		
ID Number	S8036714G		
Smoking Status (A Smoker is defined as a person who is using/have used any tobacco or nicotine products within the past 12 months)	NON SMOKER		
Professional Details			
Name of Employer /Business/ School	CELLRESEARCH CORPORATION PTE LTD	Country of Employer/ Business/ School	SINGAPORE
Industry	MANAGEMENT / OFFICE / DESK-BOUND	Average Monthly Income (including Bonuses)/Allowance SGD	S\$ 1,250
Annual Personal Expenses	S\$ 6,000	Additional Annual Unearned Income	0
Occupation	ACCOUNTANT		
Contact Details			
Residential Address	122B, EDGEDALE PLAINS UNIT 09-167, PUNGGOL EDGE SINGAPORE, 822122	Mailing Address	122B, EDGEDALE PLAINS UNIT 09-167, PUNGGOL EDGE SINGAPORE, 822122
Mobile	+65 - 97956714	Email (This will be used to communicate on matters related to the servicing of your policy)	sokhoon80@gmail.com

PLAN DETAILS

Term Protector				
Basic Plan	Sum Assured/ Benefits	Policy Term	Premium Term	Total Premium Amount (including riders, if any)
Term Protector	S\$ 1,000,000	To Age 65	To Age 65	S\$ 831.21
Rider	Sum Assured/ Benefits	Policy Term	Premium Term	Premium
Advance TPD Payout	S\$ 1,000,000	To Age 65	To Age 65	S\$ 108.00
Critical Illness PremiumEraser	-	To Age 65	To Age 65	S\$ 80.61
Other Plan Details				
Policy Currency	SGD	Payment Mode	Annual	
Plan Type	To Age	Backdating	No	
Occupation Class	1			
Indexation	No			

RESIDENCY & INSURANCE INFO

Residency Questions		Life Assured				
Singapore Citizen I am currently: Residing in Singapore. <input checked="" type="checkbox"/>						
Do you travel or reside outside Singapore for more than 30 days in a year (other than for holidays or studies)? If yes, please provide details of country/city, frequency and duration of the trips?		No				
Details of Previous and Concurrent Insurance Applications		Life Assured				
1.Do you have any existing life insurance policies or other investment products?		Yes				
2.Other than this current application, do you have any other pending or concurrent insurance applications with AXA and/or other companies?		No				
3.Is this proposal to replace or intended to replace (in part or full) any existing or recently terminated insurance policy, or other investment product from AXA Insurance Pte Ltd or other Financial Institution?		No				
WARNING NOTE: It is usually disadvantageous to replace an existing life insurance policy or other investment product with a new one. Some of the factors to consider: 1. You may suffer a penalty for terminating the original policy or other investment product. 2. You may incur transaction costs without gaining any real benefit from replacing the policy or other investment product. 3. You may not be insurable on standard terms or may have to pay a higher premium in view of higher age or the financial benefits accumulated over the years may be lost. In your own interest, we would advise that you consult your own financial consultant before making a final decision. Hear from both sides and make a careful comparison to ensure that you are making a decision that is in your best interest.						
Life Assured						
Total Other Company Policies (S\$)						
Sum Assured	Total & Permanent Disability	Disability Income	Critical Illness	Personal Accident	Annual Regular Premium	Single Premium
100,000	100,000		100,000		1,440	

INSURABILITY INFORMATION

General Health Information	Life Assured
What is your height?	160 centimeter(s)
What is your weight?	50 kilogram(s)
Have you experienced weight gain or loss of more than 5 kgs in the last 12 months?	No
Do you consume alcohol?	No
Have you ever used any habit-forming substance / drugs or have sought medical advice or referred for counselling for substance / drug overdose, misuse or abuse?	No
Previous Insurance History	Life Assured
Have you ever made an application for a life, disability, accident, medical, critical illness insurance which has been accepted with an extra premium, with exclusions, with special terms, postponed, declined, withdrawn or is still pending and being reviewed by AXA Insurance Pte Ltd or any other insurer?	No
Are you presently incapable of work, or have received or presently receiving a disability benefit, or have made or intend to make any claim for disability, accident, medical care, hospitalisation, critical illness and/or other benefits with AXA Insurance Pte Ltd or any other insurer?	No
Family Medical History	Life Assured
<p>Has any of your biological parents, brothers, or sisters been diagnosed with any of the following:</p> <p>Alzheimer's Disease</p> <p>Breast Cancer</p> <p>Ovarian Cancer</p> <p>Colon Cancer</p> <p>Lynch Syndrome/Hereditary Non-Polyposis Colorectal Cancer (HNPCC)</p> <p>Other types of cancer not mentioned above</p> <p>Cardiovascular Disease (Angina, Heart Attack/Myocardial Infarction, Stroke)</p> <p>Diabetes Mellitus</p> <p>Parkinson's Disease</p> <p>Polycystic Kidney Disease</p> <p>Huntington's Disease</p> <p>None of the Above</p>	None of the Above
Full Personal Medical History	Life Assured
<p>Have you ever had, or been told you had, or received medical advice or treatment, or currently experiencing symptoms related to the following:</p> <p>Allergies or Immune System Disorder</p> <p>Genitourinary Disorder</p> <p>Blood Disease or Disorder</p> <p>Bone, Joint, Muscle, or Connective Tissue Disorder</p> <p>Brain, Spinal Cord, or Neurologic Disorder (such as Bell's Palsy, headache, dizziness, Multiple Sclerosis, Transient Ischaemic Attack)</p> <p>Respiratory Disorder</p> <p>Cancer, Melanoma, Tumour or Growth of any kind</p> <p>Ear, Nose, Throat, or Mouth Disorder</p> <p>Eye Disorder</p> <p>Heart, Vein, or Blood Vessel Disorder (such as high blood pressure, heart attack, mitral valve prolapse, deep vein thrombosis)</p> <p>Hormone, Gland, or Metabolic Disorder (such as diabetes, hyperthyroidism, hypothyroidism, hypercholesterolemia)</p> <p>Infectious or Viral Disorder (such as flu, tuberculosis, hepatitis, Herpes Simplex)</p> <p>Gastrointestinal Disorder</p> <p>Mental, Behavioral, or Emotional Disorder</p> <p>Gender/Sex Reassignment Surgery</p> <p>Other (not listed)</p> <p>None of These</p> <p><u>Other (not listed)</u></p> <p>Please provide the name of the condition:</p> <p><u>Raised Cholesterol</u></p> <p>When were you first diagnosed with this condition?</p> <p>Do any of your natural parents or siblings have a history of elevated cholesterol levels?</p>	<p>Other (not listed)</p> <p>Raised Cholesterol</p> <p>3/25/21 (m/d/yy)</p> <p>Yes</p>

Do you know your most recent HDL Ratio reading?	Yes
What was your most recent reading?	2.6
Are you currently using prescription medications for this condition?	No
Have you ever been prescribed medication for this condition?	No
Other than regular monitoring of your cholesterol levels, has any further treatment or investigation been discussed or contemplated?	No
Other than what has been declared previously, do you have a regular attending doctor?	No
Are you currently pregnant?	No
Medical Treatment History	Life Assured
Apart from the conditions listed, have you ever been prescribed medication from a doctor or other health practitioner for a period greater than 5 days (apart from the usual flu)?	No
Do you intend to seek or have you been advised to seek medical treatment for any health problems you have not yet disclosed or are you awaiting any hospital admission or surgery or the results of any tests/investigations?	No
In the past five years other than routine health screening, have you had any tests done such as X-ray, ultrasound, MRI, CT scan, biopsy, electrocardiogram (ECG), Treadmill Stress Test (TST), blood or urine test in connection with any medical condition that you have not declared previously?	No
Other than what has been declared previously, do you have a regular attending doctor?	No
Hobbies and Pursuits	Life Assured
Do you participate or intend to participate in any hazardous activities below? (check all that apply)	None of the Above
Scuba Diving	
Mountaineering	
Skydiving, parachuting or hang gliding	
Motor sports	
Aviation (excluding flying as a passenger on a regular scheduled airline)	
Horse Riding	
Others	
None of the Above	

DECLARATION

Bankruptcy	Life Assured
Are you an undischarged bankrupt?	No
Politically Exposed Person (PEP)	Life Assured
Are you a current/former Political Exposed Person (PEP) or a family member (parent, step parent, child, step-child, adopted child, spouse, sibling, step-sibling and adopted sibling) or close associate (closely connected either socially or professionally) of a PEP?	No
<p>PEP means an individual who is or has been entrusted with prominent public functions in Singapore, a foreign country or an international organisation, which includes the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organisations.</p>	
Source of Funds	
1. Source of Payment	Singapore (e.g. Singapore banks/credit cards)
2. Payor's Details - Who is paying the insurance premium for this application?	Sok Hoon
e-Policy (By default your policy documents will be available in MyAXA only)	
I understand that I would be receiving my e-policy in MyAXA.	
Declaration and Authorisation	
<p>I or We declare that:</p> <ol style="list-style-type: none"> To the best of my or our knowledge and belief the information given by me or us to AXA Insurance Pte Ltd or its Medical Examiner is true and complete and that no material facts such as facts likely to influence the assessment and acceptance of this proposal have been withheld. 	

2. I or We, the Life Assured, Adult Life Assured and Proposer, authorise any medical source, insurance office or organisation, to release to AXA Insurance Pte Ltd and AXA Insurance Pte Ltd to release to any medical source, insurance office or organisation, any relevant information concerning me or ourselves, at any time, irrespective of whether the proposal is accepted by AXA Insurance Pte Ltd. A photocopy of this authorisation shall be as valid as the original.
- 3a. I or We agree that payment of premium before acceptance of this proposal by AXA Insurance Pte Ltd does not commit AXA Insurance Pte Ltd to issue the policy I or We have applied for and the said policy shall not take effect unless and until this proposal has been fully accepted and the full initial premium has been paid during my life or our lives and good health.
- 3b. I or We agree to inform AXA Insurance Pte Ltd if there is any change in the state of health, occupation or activity of the Life Assured, Adult Life Assured and Proposer between the date of this proposal or medical examination and the issue of my or our policy. On receiving this information AXA Insurance Pte Ltd is entitled to accept or reject my or our proposal.
4. I or We declare that I or We have received, read and understood Your Guide to Life Insurance, the Cover Page, the Product Summary, Policy Illustration, the Bundled Product Disclosure, the Product Highlight Sheet (if applicable) and the contents of which have been explained to and understood by me or us to my or our satisfaction.
5. Should I or We decide not to take up the proposal under the standard terms offered by AXA Insurance Pte Ltd or if the proposal is officially accepted by AXA Insurance Pte Ltd and I or We decide to terminate the policy within 14 days from the date of receipt of the policy document, then the amount refundable to me or us shall be determined by AXA Insurance Pte Ltd after taking into account the premium(s) paid, less medical fees incurred in underwriting the policy. Should this be an investment-linked policy, an adjustment made to reflect the change in market value of the underlying assets and medical fees, shall be taken into account before the premium(s) is refunded. However, should AXA Insurance Pte Ltd decline the proposal, then I or We shall be entitled to a full refund of the premium(s) paid.
6. I or We represent, warrant and certify to AXA Insurance Pte Ltd that (i) all funds to be invested in this policy, contract or product have been or will be declared to relevant tax authorities in the jurisdiction of my or our habitual residence for the purposes of taxation and/or any other jurisdictions as necessary or appropriate in accordance with applicable laws and regulations, and (ii) none of the funds derive, directly or indirectly, from illegal activities or sources and/or tax evasion.
7. The AXA Group and AXA Insurance Pte Ltd have a longstanding policy of cooperating with tax and other governmental authorities to combat money laundering, tax evasion or other illegal activities. In cases where I am or We are not a tax resident of the jurisdiction in which this policy, contract or product is issued (a "Cross Border Transaction") the AXA Group may, in accordance with applicable laws and regulations, disclose to the pertinent tax and/or other governmental authorities the identity of me or us and certain information concerning the policy, contract or product that is the subject of this application and I or We hereby consent and agree that AXA Insurance Pte Ltd may, in its discretion, make such disclosure.
8. I or We agree that all amounts payable to and due from AXA Insurance Pte Ltd will be calculated and made in the policy currency selected by me or us. I or We understand that any request not to pay in policy currency is subject to the acceptance and approval of AXA Insurance Pte Ltd.
9. I am or We are aware that Accidental Death cover (subject to terms and conditions) will be granted to me or us upon receipt by AXA Insurance Pte Ltd of the first premium and the top-up amount (for investment-linked policies and where applicable) in respect of my proposal.
- 10a. The information I or We have provided is my or our personal data and, where it is not my or our personal data, that I or We have the consent of the owner of such personal data to provide such information.
- 10b. By providing this information, I or We understand and give my or our consent for AXA Insurance Pte Ltd and their respective representatives or agents to:
- Collect, use, store, transfer and/or disclose the information, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling AXA Insurance Pte Ltd to provide me with services required of an insurance provider, including the evaluating, processing, administering and/or managing of my or our relationship and policy(ies) with AXA Insurance Pte Ltd, and for the purposes set out in AXA Insurance Pte Ltd's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").
 - Collect, use, store, transfer and/or disclose personal data about me or us and those whose personal data I or We have provided from sources other than myself or us for the Purposes.
 - Contact me or us to share marketing information about products and services offered by AXA Insurance Pte Ltd that may be of interest to me or us by post and e-mail and

☐ By Telephone

☒ By Text Message

- 10c. I or We consent to receive all communication by e-mail and/or SMS.

If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the financial consultant but was not included in the proposal. Please check to ensure that you are fully satisfied with the information declared in this proposal before signing.

Financial Consultant's Declaration	Life Assured
1. How long have you known your customer?	16
2. Are you related to your customer?	No
<ul style="list-style-type: none">• I, Financial Consultant, certify that the proof of Identity/(ies) uploaded and submitted is(are) true copy(ies) of the original(s).• I declare that all answers provided to me by the Proposer and Life Assured are declared in the proposal. I have not withheld any other information which may influence the acceptance of this proposal by the Company.• I have not given any statement to the Proposer and Life Assured which is contrary to the provision given in the Company's standard policy.• I confirm that the Proposer and Life Assured have fully understood all questions and answers in the Proposal form. I have checked and verified the personal particulars given against their original NRIC or Passport or Birth certificate and confirm them to be true and correct.• I have personally seen the Proposer and Life Assured and have explained the terms of the insurance to him / her.	

Signed and dated in Singapore

Signature of Financial Consultant (Witness)

Signature of Proposer

PAYMENT

PREMIUM DETAILS			
Policy Number	102-2948010	Policy Currency	SGD
Initial Basic Premium (including Riders, if any)	S\$ 831.21		
		Total Initial Premium	S\$ 831.21
PAYMENT METHOD			
Subsequent Payment Method as GIRO	Yes		
Initial Payment Method	Pay Later		



Supplementary proposal

This form is to be used for the following purposes only:

1. Completion of omissions or unanswered questions in the proposal form (indicate question number)
2. Additional declaration or clarification pertaining to health, financial, occupation, avocation, residency information
3. Change in proposer (a new proposal form, Policy Illustration and FNA has to be submitted with this form)
4. Change in plan (a new Policy Illustration and FNA has to be submitted with this form)
Note: For change of plan from Non-ILP to ILP plan, CKA and Risk Profiling must be conducted.
5. Change in age or fund details for investment-linked plan (a new Policy Illustration has to be submitted)
Note: Proposer has to confirm that the new fund selection is "in line" or "not in line" with the risk profile.
6. Request for backdating (age should match the Policy Illustration)
7. Changes in mode and method of payment (a new Policy Illustration has to be submitted for Investment-linked plan)

WARNING NOTE:

Pursuant to Section 25(5) of the Insurance Act of Singapore (CAP 142), you are to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know, or the policy issued below may be void.

Application / Policy No : 102-2948010

Name of life assured : Teo Sok Hoon

Name of proposer / Policyholder (if other than life assured) : _____

I am confirming to change my rider from Critical Illness Premium Eraser to Premium Waiver (ECIUN) and confirm my premium payable to be \$81.06 with the change of the rider.

I or We* declare that the foregoing statements are to the best of my or our* knowledge and belief, true and complete and that they shall form part of my or our* application dated 28/11/2021.

Witnessed by Financial Consultant

Date: 4/12/2021

Signature of proposer
(if other than life assured)

Date: 4/12/2021

Note:

* Please delete where applicable



FINANCIAL QUESTIONNAIRE

WARNING: IN PURSUANCE OF SECTION 25(5) OF THE INSURANCE ACT (CAP 142) REVISED EDITION 2002, SINGAPORE. YOU ARE TO DISCLOSE IN THIS SUPPLEMENTARY QUESTIONNAIRE, FULLY AND FAITHFULLY, ALL FACTS WHICH YOU KNOW, OR OUGHT TO KNOW, OTHERWISE THE POLICY ISSUED HEREUNDER MAY BE VOID.

Name of Proposer :	Application Number :
Name of Life to be Assured :	

1. Please indicate the reason(s) for this application

2. Please indicate the source of fund used to finance the premiums (e.g. salary, rental income, inheritance etc). Please provide details.

3. Have you been working with current employer for at least 2 years?

☐ Yes ☐ No

If "No", please provide the following information

Details on current employer

Length of service with current employer

Details on previous employer

Please indicate the position and duties

Annual income with previous employer

Length of service

4. Please state your annual income over the last 3 years:

Year	From own occupation (S\$)	From investment (S\$)	From other sources (S\$) (Please give details)

5. Please provide details of your dependents

Name of dependents	Age	Relationship
Ashton Tan Guan Yi @ Tan Mian En		



6. Do you have any existing policy(ies)?
If "Yes", please provide details below

☐ Yes ☐ No

Name of Company	Total Sum Assured (SGD)				
	Life	Total Permanent Disability	Dread Disease	Accident	Hospitalisation/ Others

7. Are you concurrently proposing/submitting any other proposal or application with any other insurer(s)?
If "Yes", please provide details below

☐ Yes ☐ No

Name of Company	Total Sum Assured (SGD)				
	Life	Total Permanent Disability	Dread Disease	Accident	Hospitalisation/ Others

8. Please give an estimated value of your assets and any debts.

Assets	Estimated Value (S\$)	Debts	Estimated Value (S\$)
Cash and savings		Overdraft and personal loans	
Residential property		Residential property mortgage	
Investment property		Investment property mortgage	
Investment (shares, bonds, unit trusts and so on)		Motor vehicle loans	
Other assets (please give details)		Other debts (please give details)	
Total assets		Total liabilities	



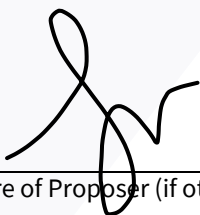
9. For personal loan protection and collateral only
Please provide the following information:

a) Purpose of loan	
b) Name of lender	
c) Name of borrower(s)	
d) Loan details:	
- Amount of loan (S\$)	
- Term and repayment method	
- Loan approval date	

I/We hereby declare that the foregoing statements are to the best of my/our knowledge and belief, true and complete and that they shall form part of my/our Application for Life Assurance dated:

Signature of Life Assured

Date: _____



Signature of Proposer (if other than Life Assured)

Date: _____

**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 6880 4888 or your Financial Advisor 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.

Term Protector (To Age)

Product Type	Non-Participating Term Plan
Premium Term	To Age 65
Policy Term	To Age 65
Name of Insurer	AXA Insurance Pte Ltd
Policy Currency	Singapore Dollars

WHAT ARE YOU PURCHASING?

This is a non-participating term plan which offers you insurance coverage in the event of Death and Terminal Illness. It is payable in the event of Death or Terminal Illness of the Life Assured. 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 \$1,177 as shown in the Policy Illustration. This makes up 7.63% 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.

Adviser's Signature
Date: 4/12/2021

Proposer's Signature
Date: 4/12/2021



OTHER IMPORTANT INFORMATION

After purchasing a life insurance policy, the insurer will give you at least 14 days from the date you receive the policy documents to be sure that you want to keep the policy. If the insurer posts or emails the policy to you, the 14 days will start seven days from the date of posting or emailing.

During this time, if you choose to cancel the 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.

Adviser's Signature

Date: 4/12/2021

Proposer's Signature

Date: 4/12/2021

CONFIDENTIAL



MAIN POLICY ILLUSTRATION

Adviser Name : LAM HO HONG KENNY Date : 03/12/2021
Adviser Company : FINANCIAL ALLIANCE PTE LTD
Adviser Tel : 62221889
Adviser HP : +6592390469
Adviser Email : kennylam@fapl.sg

Life Assured Details:

Name : Teo Sok Hoon Gender : Female
Age : 41 (as at 03/12/2021) Smoking Status : Non-Smoker
Date of Birth : 19/11/1980
Country of Residence : Singapore
Payment Mode : Annual
Policy Currency : Singapore Dollars
Indexation : No

Your Plan

Plan Name	Payment Term	Policy Term	Sum Assured/ Benefit
Term Protector (To Age)	24 Years	To Age 65	1,000,000
Advance TPD Payout	24 Years	To Age 65	1,000,000
Premium Waiver (ECIUN)	24 Years	To Age 65	

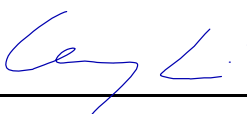
Your Premium

Plan Name	Annual Premium	Semi-Annual Premium	Quarterly Premium	Monthly Premium
Term Protector (To Age)	642.60	327.72	167.07	56.22
Advance TPD Payout	108.00	55.08	28.08	9.45
Premium Waiver (ECIUN)	81.06	41.34	21.07	7.09
Total Premium	831.66	424.14	216.22	72.76


If you have chosen to attach Advance TPD Payout rider and/or Advance CI Payout rider and selected regular premium payment for all plans,

(a) the premiums have reflected a 40% campaign premium discount for Term Protector and Term Protector Prime, Advance TPD Payout rider and/or Advance CI Payout rider for all available basic policy terms except term to age 99

(b) the premiums have reflected a 20% campaign premium discount for Term Protector and Term Protector Prime, Advance TPD Payout rider and/or Advance CI Payout rider for basic policy term to age 99



Adviser's Signature
Date: 4/12/2021



Proposer's Signature
Date: 4/12/2021



MAIN POLICY ILLUSTRATION

Proposal on the life of: Teo Sok Hoon
Gender: Female (Non-Smoker)

Date : 03/12/2021
Age : 41 (As At 03/12/2021)

INTRODUCTION

This information forms part of your Policy Illustration.

AXA 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. You are required to disclose all material facts to this policy truthfully in the proposal form, otherwise your policy issued may be void.

If you need clarification please do not hesitate to ask your financial adviser.

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 AXA Insurance Pte Ltd or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Adviser's Signature

Date: 4/12/2021

Proposer's Signature

Date: 4/12/2021



MAIN POLICY ILLUSTRATION

Proposal on the life of: Teo Sok Hoon
Gender: Female (Non-Smoker)

Date : 03/12/2021
Age : 41 (As At 03/12/2021)

IMPORTANT NOTES

1. This Policy Illustration is intended for illustrative purposes only. The terms and conditions are specified in the policy contract.
2. The quotation is applicable to standard life.
3. Please note that the premium rate(s) for the following plan(s) is / are non-guaranteed. These rate(s) may be adjusted based on future experience.
 - Advance Critical Illness Payout
 - Early Critical Illness Payout
 - Critical Illness Plus Benefit
 - DisabilityCash Benefit
 - Personal Accident Benefit
 - Critical Illness PremiumEraser
 - Payer PremiumEraser (DTPD)
 - Payer PremiumEraser (DTPDCI)
 - Payer PremiumEraser (UN)
 - Payer PremiumEraser (DTPDUN)
 - Payer PremiumEraser (DTPDCIUN)
 - Payer PremiumEraser (DTPDECIUN)
 - Premium Waiver (UN)
 - Premium Waiver (CIUN)
 - Premium Waiver (ECIUN)
 - Super CriteCare

Adviser's Signature

Date: 4/12/2021

Proposer's Signature

Date: 4/12/2021



MAIN POLICY ILLUSTRATION

Proposal on the life of: Teo Sok Hoon
Gender: Female (Non-Smoker)

Date : 03/12/2021
Age : 41 (As At 03/12/2021)

Policy Currency : Singapore Dollars

The following table of values relate to the basic plan and rider(s) selected.

End of Policy Year/Age	Annual Premium (S\$)	Total Premiums Paid To-date (S\$)	Guaranteed Death Benefit (S\$)	Guaranteed Surrender Value (S\$)
1/42	831	831	1,000,000	0
2/43	831	1,663	1,000,000	0
3/44	831	2,494	1,000,000	0
4/45	831	3,326	1,000,000	0
5/46	831	4,158	1,000,000	0
6/47	831	4,989	1,000,000	0
7/48	831	5,821	1,000,000	0
8/49	831	6,653	1,000,000	0
9/50	831	7,484	1,000,000	0
10/51	831	8,316	1,000,000	0
15/56	831	12,474	1,000,000	0
20/61	831	16,633	1,000,000	0
24/65	831	19,959	1,000,000	0

End of Policy Year/Age	Annual Premium (S\$)	Total Premiums Paid To-date (S\$)	Guaranteed Maturity Value [#] (S\$)
24/65	831	19,959	0

[#]This refers to the lump sum benefit for Guaranteed Survival Payout Rider, if selected. Refer to the Product Summary for more details.

Adviser's Signature

Date: 4/12/2021

Proposer's Signature

Date: 4/12/2021



MAIN POLICY ILLUSTRATION

Proposal on the life of: Teo Sok Hoon
Gender: Female (Non-Smoker)

Date : 03/12/2021
Age : 41 (As At 03/12/2021)

Policy Currency : Singapore Dollars

The following table of values relate to the basic plan, Term Protector (To Age):

End of Policy Year/Age	Annual Premium (S\$)	Total Premiums Paid To-date (S\$)	Guaranteed Death Benefit (S\$)	Guaranteed Surrender Value (S\$)
1/42	642	642	1,000,000	0
2/43	642	1,285	1,000,000	0
3/44	642	1,927	1,000,000	0
4/45	642	2,570	1,000,000	0
5/46	642	3,213	1,000,000	0
6/47	642	3,855	1,000,000	0
7/48	642	4,498	1,000,000	0
8/49	642	5,140	1,000,000	0
9/50	642	5,783	1,000,000	0
10/51	642	6,426	1,000,000	0
15/56	642	9,639	1,000,000	0
20/61	642	12,852	1,000,000	0
24/65	642	15,422	1,000,000	0

End of Policy Year/Age	Annual Premium (S\$)	Total Premiums Paid To-date (S\$)	Guaranteed Maturity Value (S\$)
24/65	642	15,422	0

Adviser's Signature

Date: 4/12/2021

Proposer's Signature

Date: 4/12/2021



MAIN POLICY ILLUSTRATION

Proposal on the life of: Teo Sok Hoon
Gender: Female (Non-Smoker)

Date : 03/12/2021
Age : 41 (As At 03/12/2021)

TOTAL DISTRIBUTION COST

How much are you paying for distribution costs?

This table shows the total costs of distribution that AXA 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 (S\$)	Total Distribution Cost To-date (S\$)
1/42	642	697
2/43	1,285	975
3/44	1,927	1,115
4/45	2,570	1,136
5/46	3,213	1,157
6/47	3,855	1,177
7/48	4,498	1,177
8/49	5,140	1,177
9/50	5,783	1,177
10/51	6,426	1,177
15/56	9,639	1,177
20/61	12,852	1,177
24/65	15,422	1,177

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.

Adviser's Signature

Date: 4/12/2021

Proposer's Signature

Date: 4/12/2021



SUPPLEMENTARY POLICY ILLUSTRATION

Proposal on the life of: Teo Sok Hoon
Gender: Female (Non-Smoker)

Date : 03/12/2021
Age : 41 (As At 03/12/2021)

Policy Currency : Singapore Dollars

This is only a supplementary illustration and must be read in conjunction with the main illustration.

The following table of values relate to all rider(s) selected:

End of Policy Year/Age	Annual Premium (S\$)	Total Premiums Paid To-date (S\$)	Guaranteed Surrender Value (S\$)
1/42	189	189	0
2/43	189	378	0
3/44	189	567	0
4/45	189	756	0
5/46	189	945	0
6/47	189	1,134	0
7/48	189	1,323	0
8/49	189	1,512	0
9/50	189	1,701	0
10/51	189	1,890	0
15/56	189	2,835	0
20/61	189	3,781	0
24/65	189	4,537	0

End of Policy Year/Age	Annual Premium (S\$)	Total Premiums Paid To-date (S\$)	Guaranteed Maturity Value [#] (S\$)
24/65	189	4,537	0

[#]This refers to the lump sum benefit for Guaranteed Survival Payout Rider, if selected. Refer to the Product Summary for more details.

Adviser's Signature

Date: 4/12/2021

Proposer's Signature

Date: 4/12/2021



SUPPLEMENTARY POLICY ILLUSTRATION

Proposal on the life of: Teo Sok Hoon
Gender: Female (Non-Smoker)

Date : 03/12/2021
Age : 41 (As At 03/12/2021)

TOTAL DISTRIBUTION COST

How much are you paying for distribution costs?

This table shows the total costs of distribution that AXA expects to incur in relation to your rider(s), including the cost of any financial advice provided to you.

TOTAL DISTRIBUTION COST		
End of Policy Year/Age	Total Premiums Paid To-date (S\$)	Total Distribution Cost To-date (S\$)
1/42	189	198
2/43	378	273
3/44	567	303
4/45	756	311
5/46	945	319
6/47	1,134	326
7/48	1,323	326
8/49	1,512	326
9/50	1,701	326
10/51	1,890	326
15/56	2,835	326
20/61	3,781	326
24/65	4,537	326

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.

Adviser's Signature

Date: 4/12/2021

Proposer's Signature

Date: 4/12/2021



ACKNOWLEDGEMENT

Presented to:

Name of Life Assured : Teo Sok Hoon

Your Plan and Rider(s), if any:

Term Protector (To Age)

Advance TPD Payout

Premium Waiver (ECIUN)

Client(s) Acknowledgement:

1. I / We confirm that I / We have received all pages of the Policy Illustration for the basic plan and/or all riders listed above, where applicable.
2. I / We confirm that I / We have received all pages of the Product Summary for the basic plan and/or riders listed above, where applicable, and that the terms and conditions of the policy as set out in the Product Summary have been explained to me and that I understand the features of the policy and the applicable fees and charges.

Adviser's Signature

Date: 4/12/2021

Proposer's Signature

Date: 4/12/2021

- **Prevalence** = the proportion of a population that has a disease at a particular point in time

- + 100%

Acknowledgement by Client / Joint-Client

- ### Declaration by Financial Adviser Representative (Financial Consultant)

- Supervisor's Review

- Signature of Supervisor _____ Name of Supervisor _____
Date _____ Title of Supervisor _____



Generate Amendment Form

Submission Summary

2 Standard Advice (SA)

Family Protections Upon Death, Family Protections Upon TPD

1 Insurance Policy with 2 Riders selected

SHOW CHECKLISTS



