

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL & SURGICAL POLICY

Group Policy Number : G0003524
 Policyholder : LEIPIG PTE LTD
 Policy Commencement Date : 01 JANUARY 2015

Notwithstanding anything contained in this Policy to the contrary, it is hereby declared and agreed with effect from 01 January 2024 the Benefit Schedule as stated in the Policy shall be deleted and replaced by the following :-

SCHEDULE OF BENEFITS (Maximum limit per Any One Disability)		PLAN 1	PLAN 2	PLAN 3	PLAN 4
INPATIENT BENEFITS		S\$	S\$	S\$	S\$
(a)	Daily Room and Board (Max 120 days including ICU)	STANDARD 2 BED (RESTR)	STANDARD 2 BED (RESTR)	STANDARD 1 BED (RESTR)	STANDARD 1 BED (PTE)
(b)	Intensive Care Unit (ICU)	10,000	10,000	10,000	10,000
(c)	Hospital Miscellaneous Services	4,000	6,000	8,000	10,000
(d)	Surgery - Subject to Schedule of Surgical Operations except for admission to Singapore Government/ Restructured Hospitals	6,000	9,000	12,000	15,000
(e)	In-Hospital Attending Doctor's Visit (Max 120 days)	95	150	200	200
(f) (g) (h)	Pre-Hospitalisation Specialist Consultation (Within 90 days before hospitalisation) Pre-Hospitalisation Diagnostic X-Ray and Laboratory Tests (Within 90 days before hospitalisation) Post Hospitalisation / Surgery Treatment (Up to 90 days after discharge)	2,000	2,500	3,500	4,500
(i)	Emergency Outpatient Treatment (due to Accident Only)	2,000	2,500	3,000	3,500
(j)	Miscarriage	1,000	1,000	1,000	1,000
(k)	Funeral Expense	3,000	10,000	10,000	10,000
(l)	Outpatient Kidney Dialysis and Cancer Treatment (Maximum per Policy Period) Co-insurance	14,000 N.A.	20,000 N.A.	25,000 N.A.	30,000 N.A.
	Overall Limit Per Disability if admitted to a ward of his entitlement or equivalent in a Singapore Government or Restructured Hospital (for items c to h only)	15,000	23,000	25,000	28,000
ANNUAL PREMIUM		S\$	S\$	S\$	S\$
EMPLOYEE ONLY		257.00	330.00	389.00	481.00
EMPLOYEE & SPOUSE / CHILD(REN)		N.A.	N.A.	N.A.	N.A.
EMPLOYEE & FAMILY		N.A.	N.A.	N.A.	N.A.

Except to the extent expressly amended by the terms of this Endorsement, the terms and conditions of the Policy and all other instruments and agreements executed, delivered or entered into thereunder or pursuant thereto are hereby confirmed and shall remain in full force and effect.

Checked by: SGID_SJJ
 Issue Date: 22 April 2024

THE BC LIFE ASSURANCE COMPANY LIMITED

GROUP HOSPITAL AND SURGICAL POLICY

**ENDORSEMENT NO. 023 ATTACHING TO AND FORMING PART OF
GROUP POLICY NO. G0003524
(POLICYHOLDER: LEIPIG PTE. LTD.)**

Notwithstanding anything to the contrary contained in this Policy, it is hereby declared and agreed that with effect from 01 January 2023, the following shall apply:-

BASIS OF COVERAGE

Plan 1 : All Other Staffs

Plan 2 : Executives

Plan 3 : All Managers

Plan 4 : Directors

Except to the extent expressly amended by the terms of this Endorsement, the terms and conditions of the Policy and all other instruments and agreements executed, delivered or entered into thereunder or pursuant thereto are hereby confirmed and shall remain in full force and effect.

Checked by: SGID_SJJ

Issue Date: 31 March 2023

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

**ENDORSEMENT NO. 024 ATTACHING TO AND FORMING PART OF
GROUP POLICY NO. G0003524
POLICYHOLDER: LEIPIG PTE. LTD.**

Notwithstanding anything to the contrary contained in this Policy, it is hereby declared and agreed that with effect from 01 January 2019, the following shall apply:-

BASIS OF COVERAGE

Plan 1 : General Manager / Divisional Managers / Department Managers

Plan 2 : Junior Executives / Non-Bargainable Employees

Plan 3 : Bargainable Employees (Sales / Administrative Support / Supervisor / General Worker) & Contract staff

Plan 4 : Directors

Except to the extent expressly amended by the terms of this Endorsement, the terms and conditions of the Policy and all other instruments and agreements executed, delivered or entered into thereunder or pursuant thereto are hereby confirmed and shall remain in full force and effect.

Checked by: SGID_NBH

Issue Date: 29 April 2019

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

**ENDORSEMENT NO. 022 ATTACHING TO AND FORMING PART OF
GROUP POLICY NO. G0003524
POLICYHOLDER: LEIPIG PTE. LTD.**

Notwithstanding anything to the contrary contained in this Policy, it is hereby declared and agreed that with effect from 01 January 2018, the following shall apply:-

EXTENSION OF COVERAGE FOR INSURED MEMBER ABOVE AGE 70 YEARS OLD

Insured Members who are accepted and insured under this Policy before attaining their sixty-seventh (67) birthdays, shall be eligible for continuation of coverage beyond age seventy (70) next birthday at the Renewal Date, subject to the following conditions:-

- (a) Participation shall be on compulsory basis; and
- (b) No evidence of insurability is required at each Renewal Date;
- (c) The maximum benefit payable shall be as limited to S\$3,000 (inclusive of Funeral Benefit) per Insured Member under this Policy including Group Major Medical Contract Rider (where applicable); and
- (d) The coverage of any Insured Member shall automatically be terminated at the end of the Policy Period during which the Insured Member reaches his 75th birthday; and
- (e) The annual premium charged on the Insured Member shall be based on the prevailing premium rates as specified in the Schedule of Benefit under this Policy.

Except to the extent expressly amended by the terms of this Endorsement, the terms and conditions of the Policy and all other instruments and agreements executed, delivered or entered into thereunder or pursuant thereto are hereby confirmed and shall remain in full force and effect.

Checked by: SGID_TNT

Issue Date: 13 February 2018

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

**ENDORSEMENT NO. 021 ATTACHING TO AND FORMING PART OF
GROUP POLICY NO. G0003524
POLICYHOLDER: LEIPIG PTE. LTD.**

Notwithstanding anything to the contrary contained in this Policy, it is hereby declared and agreed that with effect from 01 January 2018, the following shall apply:-

SECTION V - COVERAGE FOR INSURED MEMBER ABOVE AGE 65 YEARS OLD shall be deleted and replaced by:-

EXTENSION OF COVERAGE FOR INSURED MEMBER ABOVE AGE 67 YEARS OLD:

Insured Members who are accepted and insured under this Policy before attaining their sixty-seventh (67) birthdays shall be eligible for continuation of coverage beyond age sixty-seventh (67) next birthday at the Renewal Date, subject to the following conditions:-

- (a) Participation shall be on compulsory basis; and
- (b) No evidence of insurability is required at each Renewal Date;
- (c) The maximum benefit payable shall be as per the benefits limits as specified in Section III, clause 2(a) to 2(l) under this policy; and
- (d) The coverage of any Insured Member shall automatically be terminated at the end of the Policy Period during which the Insured Member reaches his 70th birthday; and
- (e) The annual premium charged on the Insured Member shall be based on the prevailing premium rates as specified in the Schedule of Benefit under this Policy.

Except to the extent expressly amended by the terms of this Endorsement, the terms and conditions of the Policy and all other instruments and agreements executed, delivered or entered into thereunder or pursuant thereto are hereby confirmed and shall remain in full force and effect.

Checked by: SGID_TNT

Issue Date: 13 February 2018

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

**ENDORSEMENT NO. 020 ATTACHING TO AND FORMING PART OF
GROUP POLICY NO. G0003524
POLICYHOLDER: LEIPIG PTE. LTD.**

Notwithstanding anything to the contrary contained in this Policy, it is hereby declared and agreed that with effect from 01 January 2018, the following shall apply:-

SECTION I - GENERAL DEFINITIONS, Clause (5) "Defendant" and (7) "Eligible Member" shall be deleted and replaced by:-

5. "Defendant" means any of the following person(s) residing in the Republic of Singapore, whom on the Policy Commencement Date or Renewal Date, is:

(a) the legal spouse of an Insured Member who is not divorced or separated, and who has not attained the age of 67 years; or

(b) an unmarried and unemployed natural or step child(ren) from a legal marriage or legally adopted child(ren) of an Insured Member who is between the age of 15 days old and 25 years old.

7. "Eligible Member" means a full-time and permanent employee of the Policyholder who has not yet attained the age of 67 years at the Policy Commencement Date or any Renewal Date and whose eligibility to participate in the insurance plan under this Policy has been agreed in writing between the Policyholder and the Company.

SECTION II - GENERAL PROVISIONS, Clause 3(a) Termination, shall be deleted and replaced by:-

3. Termination

(a) The coverage of any Insured Member shall automatically be terminated on the earliest of the following dates:

(i) The date of termination of his active full-time employment with the Policyholder;

(ii) The date on which this Policy is terminated;

(iii) The date of expiration of the period for which the last premium payment is made in respect of his coverage;

(iv) The end of the Policy Period during which the Insured Member reaches his 75th birthday;

(v) When the Insured Member begins his temporary leave of absence, vacation without pay, sick or injured for more than 6 months. Written notice shall be given to the Company within 14 days after the 6th month from the date the Insured Member was first on temporary leave of absence, vacation without pay, sick or injury;

(vi) The date the Insured Member dies;

(vii) The date that this Policy is terminated in accordance with Section II Clause 3(c) and 3(d) of this Policy.

(viii) When the Insured Member and/or the Policyholder is/becomes a Prohibited Person.

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

Except to the extent expressly amended by the terms of this Endorsement, the terms and conditions of the Policy and all other instruments and agreements executed, delivered or entered into thereunder or pursuant thereto are hereby confirmed and shall remain in full force and effect.

Checked by: SGID_TNT

Issue Date: 13 February 2018

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

**ENDORSEMENT NO. 019 ATTACHING TO AND FORMING PART OF
GROUP POLICY NO. G0003524
POLICYHOLDER: LEIPIG PTE. LTD.**

Notwithstanding anything to the contrary contained in this Policy, it is hereby declared and agreed that with effect from 01 January 2018, the following shall apply:-

ELIGIBILITY

All Full-Time and Permanent Employees Below Age 67 on non-contributory basis.

EFFECTIVE DATE

The Effective Date of coverage for all Eligible Members shall be from date of employment.

Except to the extent expressly amended by the terms of this Endorsement, the terms and conditions of the Policy and all other instruments and agreements executed, delivered or entered into thereunder or pursuant thereto are hereby confirmed and shall remain in full force and effect.

Checked by: SGID_TNT

Issue Date: 13 February 2018

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

**ENDORSEMENT NO. 018 ATTACHING TO AND FORMING PART OF
GROUP POLICY NO. G0003524
POLICYHOLDER: LEIPIG PTE. LTD.**

Notwithstanding anything to the contrary contained in this Policy, it is hereby declared and agreed that with effect from 01 January 2019, the following shall apply:-

BASIS OF COVERAGE

Plan 1 : General Manager / Divisional Managers / Department Managers

Plan 2 : Junior Executives / Non-Bargainable Employees

Plan 3 : Bargainable Employees (Sales / Administrative Support / Supervisor / General Worker) & Contract staff

Plan 4 : Directors

Except to the extent expressly amended by the terms of this Endorsement, the terms and conditions of the Policy and all other instruments and agreements executed, delivered or entered into thereunder or pursuant thereto are hereby confirmed and shall remain in full force and effect.

Checked by: SGID_NBH

Issue Date: 29 April 2019

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

**ENDORSEMENT NO. 017 ATTACHING TO AND FORMING PART OF
GROUP POLICY NO. G0003524
POLICYHOLDER: LEIPIG PTE. LTD.**

Notwithstanding anything to the contrary contained in this Policy, it is hereby declared and agreed that with effect from 01 January 2017, the following shall apply:-

SECTION I - GENERAL DEFINITIONS is extended to include the following additional definition clauses:-

(34) "Daily Room and Board" means actual Standard Room accommodation charges (including room and board in a high dependency unit), meals and general nursing care incurred per day while the Insured Member is in Hospital Confinement.

(35) "Standard Room" means the class of hospital ward, which is categorised as standard by the Hospital in which the Insured Member is confined as an inpatient and shall not include luxury suites or other special rooms that exist at the Hospital in addition to standard room.

SECTION III - BENEFIT PROVISIONS Clause 2 (a) shall be deleted and replaced by:-

2(a) Daily Room and Board

(i) We will reimburse the actual daily room and board charges incurred by an Insured Member during his Hospital Confinement, based on the Hospital's prevailing room and board charges for the class of ward which the Insured Member is entitled to, as specified in the Schedule of Benefits.

(ii) If an Insured Member is admitted to a hospital ward higher than the class of ward which he is entitled to, as specified in the Schedule of Benefits, we will reimburse the Daily Room and Board charges up to the Hospital's prevailing room and board charges for the class of ward which the Insured Member is entitled to, as specified in the Schedule of Benefits.

(iii) The aggregate number of days for which the Daily Room and Board charges are payable inclusive of confinement in the intensive care unit of the Hospital shall not exceed the maximum number of days per Any One Disability as stated in the Schedule of Benefit.

Except to the extent expressly amended by the terms of this Endorsement, the terms and conditions of the Policy and all other instruments and agreements executed, delivered or entered into thereunder or pursuant thereto are hereby confirmed and shall remain in full force and effect.

Checked by: SGID_SMT

Issue Date: 26 November 2019

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

**ENDORSEMENT NO. 016 ATTACHING TO AND FORMING PART OF
GROUP POLICY NO. G0003524
POLICYHOLDER: LEIPIG PTE. LTD.**

Notwithstanding anything to the contrary contained in this Policy, it is hereby declared and agreed that with effect from 01 January 2016, the following shall apply:-

SECTION V - COVERAGE FOR INSURED MEMBER ABOVE AGE 65 YEARS OLD shall be deleted and replaced by:-

1. Insured Members who are accepted and insured under this Policy before attaining their sixty-fifth (65) birthdays shall be eligible for continuation of coverage beyond age sixth-fifty (65) years next birthday at the Renewal Date subject to the following conditions:-

- (a) Participation shall be on compulsory basis; and
- (b) The maximum benefit payable shall be as per the benefits limits as specified in the Schedule of Benefits under this Policy including Group Major Medical Contract Rider (where applicable); and
- (c) The coverage of any Insured Member shall automatically be terminated at the end of the Policy Period during which the Insured Member reaches his 70th birthday.
- (d) The annual premium charged on the Insured Member shall be based on the prevailing premium rates as specified in the Schedule of Benefit under this Policy.

Except to the extent expressly amended by the terms of this Endorsement, the terms and conditions of the Policy and all other instruments and agreements executed, delivered or entered into thereunder or pursuant thereto are hereby confirmed and shall remain in full force and effect.

Checked by: _____

Issue Date: 11 February 2016

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

**ENDORSEMENT NO. 014 ATTACHING TO AND FORMING PART OF
GROUP POLICY NO. G0003524
POLICYHOLDER: LEIPIG PTE. LTD.**

Notwithstanding anything to the contrary contained in this Policy, it is hereby declared and agreed that with effect from 01 January 2016, the following shall apply:-

SECTION IV - LIMITATIONS AND EXCLUSIONS Clause 2(k) shall be deleted and replaced by:

An Insured Member shall not be eligible for any benefits in respect of any fees or charges incurred for the following:

2(k) All treatments for any type of sexually transmitted disease (except Venereal Disease), Acquired Immunodeficiency Syndrome (AIDS) and all illnesses or diseases caused by or related to the Human Immunodeficiency Virus (HIV).

Except to the extent expressly amended by the terms of this Endorsement, the terms and conditions of the Policy and all other instruments and agreements executed, delivered or entered into thereunder or pursuant thereto are hereby confirmed and shall remain in full force and effect.

Checked by: _____

Issue Date: 11 February 2016

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

**ENDORSEMENT NO. 013 ATTACHING TO AND FORMING PART OF
GROUP POLICY NO. G0003524
POLICYHOLDER: LEIPIG PTE. LTD.**

Notwithstanding anything to the contrary contained in this Policy, it is hereby declared and agreed that with effect from 01 January 2016, the following shall apply:-

Section II - GENERAL PROVISIONS, Clause 16 of this Policy shall be deleted entirely and replaced by the following:

16. Data Use

The Policyholder hereby confirms and represents to the Company, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") that each Insured Member has agreed and consented to the disclosure of his personal data to the Companies and their Representatives, and further, that for the Companies and their Representatives' collection, use and/or disclosure of the personal data of the Insured Members, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonable required by the Companies to provide the insurance coverage under this Policy. In respect of the Insured Members who are subsequently enrolled into this Policy, the Policyholder further undertakes that it shall ensure and procure that each of such Insured Members has provided such agreement and consent in relation to his/her personal data for such purposes.

These purposes are set out in the Company's Privacy Statement, which is accessible at <https://www.greateasternlife.com/sg/en/privacy-and-security-policy.html> and which the Policyholder hereby confirms that both the Policyholder and the Insured Members have read and understood.

Except to the extent expressly amended by the terms of this Endorsement, the terms and conditions of the Policy and all other instruments and agreements executed, delivered or entered into thereunder or pursuant thereto are hereby confirmed and shall remain in full force and effect.

Checked by: _____

Issue Date: 11 February 2016

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

**ENDORSEMENT NO. 008 ATTACHING TO AND FORMING PART OF
GROUP POLICY NO. G0003524
POLICYHOLDER: LEIPIG PTE. LTD.**

Notwithstanding anything to the contrary contained in this Policy, it is hereby declared and agreed that with effect from 01 January 2015, the following shall apply:-

Section II - GENERAL PROVISIONS, Clause 16 of this Policy shall be deleted entirely and replaced by the following:

16. Data Use

The Policyholder hereby confirms and represents to the Company, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") that each Insured Member has agreed and consented to the disclosure of his personal data to the Companies and their Representatives, and further, that for the Companies and their Representatives' collection, use and/or disclosure of the personal data of the Insured Members, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonable required by the Companies to provide the insurance coverage under this Policy. In respect of the Insured Members who are subsequently enrolled into this Policy, the Policyholder further undertakes that it shall ensure and procure that each of such Insured Members has provided such agreement and consent in relation to his/her personal data for such purposes.

These purposes are set out in the Company's Privacy Statement, which is accessible at <http://www.greateasternlife.com/sg/en/pncpolicies.htm> and which the Policyholder hereby confirms that both the Policyholder and the Insured Members have read and understood.

Except to the extent expressly amended by the terms of this Endorsement, the terms and conditions of the Policy and all other instruments and agreements executed, delivered or entered into thereunder or pursuant thereto are hereby confirmed and shall remain in full force and effect.

Checked by: _____

Issue Date: 31 March 2015

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

**ENDORSEMENT NO. 007 ATTACHING TO AND FORMING PART OF
GROUP POLICY NO. G0003524
POLICYHOLDER: LEIPIG PTE. LTD.**

Notwithstanding anything to the contrary contained in this Policy, it is hereby declared and agreed that with effect from 01 January 2015, the following shall apply:-

1) Section I - GENERAL DEFINITIONS is extended to include the following additional clause:

(34) "Prohibited Person"

"Prohibited Person" means a person or an entity (as the case may be) who is subject to any sanction(s) pursuant to any laws and/or regulations, administered by any governmental or regulatory authority or any competent authority or law enforcement agency, in any country.

2) Section II - GENERAL PROVISIONS, Clause 3(a), Termination is extended to include the following additional clause:

(viii) When the Insured Member and/or the Policyholder is/becomes a Prohibited Person.

Except to the extent expressly amended by the terms of this Endorsement, the terms and conditions of the Policy and all other instruments and agreements executed, delivered or entered into thereunder or pursuant thereto are hereby confirmed and shall remain in full force and effect.

Checked by: _____

Issue Date: 31 March 2015

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

**ENDORSEMENT NO. 005 ATTACHING TO AND FORMING PART OF
GROUP POLICY NO. G0003524
POLICYHOLDER: LEIPIG PTE. LTD.**

Notwithstanding anything to the contrary contained in this Policy, it is hereby declared and agreed that with effect from 01 January 2015, the following shall apply:-

EXPERIENCE REFUND

1. The Policyholder shall be entitled to an Experience Refund for any Policy Period (period of insurance during which this Policy is insured by the Company), upon the date of expiry of the Policy Period subject to:

- (a) The Policyholder renewing this Policy for a further period of 12 months or longer, from the date of expiry of the Policy Period, with full payment of the premium required for the renewal of this Policy. If this Policy is not renewed, the Experience Refund computed below will not be payable.
- (b) The Total Nett Annual Premium (as defined below) paid in the Policy Period, of all policies issued to the Policyholder is at least S\$100,000.
- (c) All premiums due on this Policy, for the Policy Period and for all prior policy periods preceding the date of expiry of the Policy Period, have been paid by the Policyholder to the Company.

2. Computation of Experience Refund

2.1 The Experience Refund (ER) shall be computed as

$$ER = 60\% (65\% P - C - L)$$

where:

P = Total Nett Annual Premium

C = Total Claim

L = Loss Brought Forward from Preceding Policy Periods

where:

(a) Total Nett Annual Premium is the total premium due and paid on this Policy for this Policy Period, but shall exclude any health, occupational, or geographical extra premium.

(b) Total Claim is the total of all claims becoming payable during this Policy Period, regardless of whether the claims have been paid or not.

(c) Total Nett Annual Premium and Total Claim shall consist of premium and claims from Group Hospital and Surgical Policy.

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

2.2 Loss Brought Forward (L)

Loss Brought Forward is the total of losses in each of the 3 preceding policy periods (if any) which have not been offset by profits in subsequent period of insurances, in accordance with Sub-Clause 3.2 below.

3. Profit/Loss in Policy Period

For this Policy Period,

(a) If 65% P is greater than C, then the Profit = 65% P - C, and

(b) If 65% P is less than C, then the Loss = C - 65% P.

3.1 If there is a Loss in this Policy Period, then such Loss shall be carried forward together with any Loss Brought Forward and there shall not be any Experience Refund.

Loss Carried Forward = Loss Brought Forward + Loss

3.2 If there is a Profit in this Policy Period, and:

(a) If the Profit is greater than the Loss Brought Forward, then the Experience Refund will be:

ER = 60% (Profit - Loss Brought Forward), and

Loss Carried Forward = 0 (Nil)

(b) If Profit is less than the Loss Brought Forward, then the Loss Carried Forward into the Experience Refund computation for the next Policy Period will be:

Loss Carried Forward = Loss Brought Forward - Profit,

and there shall not be any Experience Refund.

4. More Than One Policy

4.1 If the Policyholder holds more than one policy, the Experience Refund will be computed as if all these policies constituted one policy and the Experience Refund computed (if there is Profit) in this Policy Period shall be granted as a credit against the renewal premium for any of these policies.

4.2 If the Policyholder requests, and the Company agrees, to combine the Experience Refund computations of policies held by other associated companies, the policies of all these companies combined, including that of the Policyholder shall constitute one policy for the purpose of computing Experience Refund, and the Experience Refund computed (if there is Profit) in this Period of Insurance shall be granted as a credit against the renewal premium for any of these policies.

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

4.3 The policies for which the Experience Refund will be computed in conjunction with this Policy are policies with the following policy number:

Policy No.----- Policyholder

G0003533 ----- ZAG SINGAPORE PTE LTD

5. Computation Date

The Experience Refund for this Policy Period will not be computed until at least 3 months upon the date of expiry of this Policy Period, and only if the premium for the renewal of the Policy had been paid in full during the Policy Period.

6. Further Claims / Re-computation

The Company reserves the right to re-compute the Experience Refund and recover any excess Experience Refund paid, if there is any further claims relating to this Policy Period being reported to the Company after the Experience Refund has been computed.

7. Early Termination of Policy after Renewal

7.1 If, after this Policy has been renewed and an Experience Refund has been paid, the Policyholder terminates this Policy before the expiry of the new Policy Period (i.e. the policy period immediately follows this Policy Period), the Company shall deduct the whole Experience Refund from any renewal premium to be refunded.

7.2 There shall be no refund of premium on such termination if the Experience Refund is higher than the amount of premium to be refunded, which the Policyholder will otherwise be entitled to.

Except to the extent expressly amended by the terms of this Endorsement, the terms and conditions of the Policy and all other instruments and agreements executed, delivered or entered into thereunder or pursuant thereto are hereby confirmed and shall remain in full force and effect.

Checked by: _____

Issue Date: 31 March 2015

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

**ENDORSEMENT NO. 003 ATTACHING TO AND FORMING PART OF
GROUP POLICY NO. G0003524
POLICYHOLDER: LEIPIG PTE. LTD.**

Notwithstanding anything to the contrary contained in this Policy, it is hereby declared and agreed that with effect from 01 January 2015, the following shall apply:-

1. Single or Double Bed Ward Plan : When an Insured Person is warded in the following Class of Ward in a Singapore Restructured Hospital, the respective hospital cash benefit shall apply accordingly:

Class of Ward-----Hospital Cash benefit per day of Hospital Confinement

B1-----100

B2/B2+ -----200

C-----300

2. Four Bed Ward Plan : When an Insured Person is warded in the following Class of Ward in a Singapore Restructured Hospital, the respective hospital cash benefit shall apply accordingly:

Class of Ward-----Hospital Cash benefit per day of Hospital Confinement

B2/B2+-----150

C-----200

The above shall be subjected to the following conditions:-

i) Hospital Cash Benefit is only applicable for Hospital Confinement (excluding Day Surgery); and

ii) The entire length of Hospital Confinement must be in the same class of ward; and

iii) The Hospital Cash Benefit is payable for a maximum 90 days per Any One Disability.

The above Hospital Cash Benefits are not applicable to Foreign Workers (Employment Pass, Work Permit and S-Pass Holders).

Except to the extent expressly amended by the terms of this Endorsement, the terms and conditions of the Policy and all other instruments and agreements executed, delivered or entered into thereunder or pursuant thereto are hereby confirmed and shall remain in full force and effect.

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

Checked by: _____

Issue Date: 31 March 2015

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

**ENDORSEMENT NO. 002 ATTACHING TO AND FORMING PART OF
GROUP POLICY NO. G0003524
POLICYHOLDER: LEIPIG PTE. LTD.**

Notwithstanding anything to the contrary contained in this Policy, it is hereby declared and agreed that with effect from 01 January 2015, the following shall apply:-

BASIS OF COVERAGE

Plan 1 : General Manager / Divisional Managers / Department Managers and their Eligible Dependents (excluding Low Wa Evelyn)

Plan 2 : Junior Executives / Non-Bargainable Employees and their Eligible Dependents

Plan 3 : Bargainable Employees (Sales / Administrative Support / Supervisor / General Worker)

Plan 4 : Directors and their Eligible Dependents

Except to the extent expressly amended by the terms of this Endorsement, the terms and conditions of the Policy and all other instruments and agreements executed, delivered or entered into thereunder or pursuant thereto are hereby confirmed and shall remain in full force and effect.

Checked by: _____

Issue Date: 31 March 2015

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

**ENDORSEMENT NO. 001 ATTACHING TO AND FORMING PART OF
GROUP POLICY NO. G0003524
POLICYHOLDER: LEIPIG PTE. LTD.**

Notwithstanding anything to the contrary contained in this Policy, it is hereby declared and agreed that with effect from 01 January 2015, the following shall apply:-

ELIGIBILITY

All Full-Time and Permanent Employees Below Age 65 on non-contributory basis.

EFFECTIVE DATE

The Effective Date of coverage for all Eligible Members shall be from date of employment.

Except to the extent expressly amended by the terms of this Endorsement, the terms and conditions of the Policy and all other instruments and agreements executed, delivered or entered into thereunder or pursuant thereto are hereby confirmed and shall remain in full force and effect.

Checked by: _____

Issue Date: 31 March 2015

THE BC LIFE ASSURANCE COMPANY LIMITED
GROUP HOSPITAL AND SURGICAL POLICY

Group Policy Number : G0003524
Policyholder : LEIPIG PTE. LTD.
Policy Commencement Date : 01 JANUARY 2015

Notwithstanding anything contained in this Policy to the contrary, it is hereby declared and agreed with effect from 01 January 2022 the Benefit Schedule as stated in the Policy shall be deleted and replaced by the following :-

SCHEDULE OF BENEFITS (Maximum limit per Any One Disability)		PLAN 1	PLAN 2	PLAN 3	PLAN 4
INPATIENT BENEFITS		S\$	S\$	S\$	S\$
(a)	Daily Room and Board (Max 120 days including ICU)	STANDARD 2 BED (RESTR)	STANDARD 2 BED (RESTR)	STANDARD 1 BED (RESTR)	STANDARD 1 BED (PTE)
(b)	Intensive Care Unit (ICU)	10,000	10,000	10,000	10,000
(c)	Hospital Miscellaneous Services	4,000	6,000	8,000	10,000
(d)	Surgery - Subject to Schedule of Surgical Operations except for admission to Singapore Government/ Restructured Hospitals	6,000	9,000	12,000	15,000
(e)	In-Hospital Attending Doctor's Visit (Max 120 days)	95	150	200	200
(f) (g) (h)	Pre-Hospitalisation Specialist Consultation (Within 90 days before hospitalisation) Pre-Hospitalisation Diagnostic X-Ray and Laboratory Tests (Within 90 days before hospitalisation) Post Hospitalisation / Surgery Treatment (Up to 90 days after discharge)	1,500	2,000	3,000	4,000
(i)	Emergency Outpatient Treatment (due to Accident Only)	2,000	2,500	3,000	3,500
(j)	Miscarriage	1,000	1,000	1,000	1,000
(k)	Funeral Expense	3,000	10,000	10,000	10,000
(l)	Outpatient Kidney Dialysis and Cancer Treatment (Maximum per Policy Period) Co-insurance	14,000 N.A.	20,000 N.A.	25,000 N.A.	30,000 N.A.
	Overall Limit Per Disability if admitted to a ward of his entitlement or equivalent in a Singapore Government or Restructured Hospital (for items c to h only)	15,000	23,000	25,000	28,000
ANNUAL PREMIUM		S\$	S\$	S\$	S\$
EMPLOYEE ONLY		225.00	289.00	341.00	422.00
EMPLOYEE & SPOUSE / CHILD(REN)		N.A.	N.A.	N.A.	N.A.
EMPLOYEE & FAMILY		N.A.	N.A.	N.A.	N.A.

Except to the extent expressly amended by the terms of this Endorsement, the terms and conditions of the Policy and all other instruments and agreements executed, delivered or entered into thereunder or pursuant thereto are hereby confirmed and shall remain in full force and effect.

Checked by: SGID_SJJ
Issue Date: 31 March 2022

GROUP HOSPITAL AND SURGICAL POLICY

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SECTION I - GENERAL DEFINITIONS

In this Policy where the context so admits the masculine gender shall be deemed to include the feminine, and likewise, the singular word shall be deemed to include the plural and vice versa, and the following words and expressions shall be deemed to have the following meanings:

- (1) "**Accident**" means any event suffered by an Insured Member which is caused solely and directly by external, violent, visible and accidental means, which is independent of any cause and is not caused by self-inflicted means.
- (2) "**Actively At Work**" means reporting for work at the place assigned by the Policyholder and performing, in the customary manner, all the regular duties of his employment with the Policyholder on full time basis or being on entitled annual leave for reasons other than on medical grounds.
- (3) "**Any One Disability**" means all disabilities arising from the same cause, including any and all complications therefrom. Subsequent recurrence or relapse from the same cause shall be treated as a new disability if it is separated by 30 calendar days following the latest discharge from the Hospital of the Insured Member.
- (4) "**Bodily Injury**" or "**Bodily Injuries**" means a bodily injury sustained by an Insured Member and is caused by an Accident.
- (5) "**Dependant**" means any of the following person(s) residing in the Republic of Singapore, whom on the Policy Commencement Date or Renewal Date, is:
 - (a) the legal spouse of an Insured Member who is not divorced or separated, and who has not attained the age of 65 years; or
 - (b) an unmarried and unemployed natural or step child(ren) from a legal marriage or legally adopted child(ren) of an Insured Member who is between the age of 15 days old and 25 years old.
- (6) "**Effective Date**" means the date from which the insurance coverage of the Insured Member as specified under this Policy has become effective.
- (7) "**Eligibility Date**" means the date agreed in writing between the Policyholder and the Company on which an Eligible Member is eligible to participate in the insurance coverage under this Policy.
- (8) "**Eligible Expenses**" means expenses which are covered according to the provisions of this Policy.
- (9) "**Eligible Member**" means a full-time and permanent employee of the Policyholder who has not yet attained the age of 65 years at the Policy Commencement Date or any Renewal Date and whose eligibility to participate in the insurance plan under this Policy has been agreed in writing between the Policyholder and the Company.
- (10) "**Evidence of Insurability**" means the health declaration form completed by the Eligible Member and/or any medical reports to support his application for insurance under this Policy.
- (11) "**Foreign Based Employee**" means a permanent full time employee of the Policyholder who is residing, or is based, outside the Republic of Singapore for more than one year, and engaged in a Class 1 or 2 Occupation where:

Class 1 Occupation" means a professional, managerial, administrative, clerical, non-manual occupation or work of a supervisory nature which does not involve the use of tools and machinery or exposure to special hazards,

and

Class 2 Occupation" means a work involving a substantial amount of travelling, or manual work not of a particularly hazardous nature but involving the use of tools and machinery.

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- (12) "**Foreign Based Employee's Dependant**" means a person who qualifies as a Dependant and he is not residing in the Republic of Singapore.
- (13) "**GST**" means the goods and services tax payable under the Goods and Services Tax Act, Chapter 117A of Singapore.
- (14) "**Government**" refers to the government of the Republic of Singapore.
- (15) "**Hospital**" means an establishment constituted and registered as a hospital for the care and treatment of sick and injured persons as bed-paying patients and which
 - (a) has facilities for diagnosis and major surgery, provides 24 hours a day nursing services by registered graduate nurses and is under constant supervision of one or more Registered Medical Practitioners;
 - (b) is not a clinic, an alcoholic or drug rehabilitation centre, a nursing, rest or convalescent home, a spa or a hydroclinic or similar establishment;
 - (c) is not a community hospital unless:
 - (i) it is for continuity of medical treatments immediately following discharge from a Singapore Government Hospital,
 - (ii) it must be referred by a Registered Medical Practitioner from a Singapore Government Hospital,
 - (iii) it is not for respite care, and
 - (iv) it is essential for medical as distinct from domestic reasons
- (16) "**Hospital Confinement**" means confinement of an Insured Member in a Hospital:
 - (a) for at least 6 consecutive hours and in which a room and board charge is made in connection with such confinement; or
 - (b) for any duration because of a surgical procedure without incurring any charge for Room and Board.
- (17) "**Illness**" means a physical condition marked by a pathological deviation from normal healthy state.
- (18) "**Insured Member**" means an Eligible Member or a Dependant, in respect of whom an insurance coverage under this Policy has been effected as specified in the endorsement attached to this Policy.
- (19) "**Insured Dependant**" means any Dependant, in respect of whom insurance under this Policy has been effected.
- (20) "**Medical Services**" means medically necessary services and medical examinations to be provided to an Insured Member on account of an Illness or Injury, other than the services excluded under SECTION IV – LIMITATIONS AND EXCLUSIONS of this Policy.
- (21) "**Policy**" means this agreement, any rider or endorsement therein, any amendment signed by the Company, the application of the Policyholder, medical reports and any individual proposal form or any other form signed by the Insured Member or the Policyholder constituting the entire contract.
- (22) "**Policy Commencement Date**" means the date from which the insurance coverage under this Policy becomes effective.
- (23) "**Policy Period**" means a period of one calendar year or such other periods as may be agreed in writing between the Company and the Policyholder, starting from the Policy Commencement Date for the first Policy Period and from the respective Renewal Dates for subsequent Periods of Insurance.
- (24) "**Pre-Existing Condition**" means any illnesses, diseases, injuries or impairments from which the Insured Member is suffering, whether known or unknown to the Insured Member as long as the cause or pathology of the conditions has already existed before the Effective Date in respect of the Insured Member under this Policy.

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- (25) "**Reasonable and Customary Charges**" means charges that do not exceed the general level of charges made by providers of medical services of similar standing in the locality where the charges are incurred for similar or comparable treatment or services or supplies for similar Illness or Injury.
- (26) "**Registered Medical Practitioner**" means a person qualified by degree in western medicine and legally licensed and authorised to practice medicine and surgery in the geographical area of his country, who is neither an Insured Member himself, nor a relative, sibling, spouse, child or parent.
- (27) "**Renewal Date**" means the date immediately following the last day of any Policy Period as stated in the endorsement to this Policy.
- (28) "**Singapore Government Hospital**" or "**Singapore Government Restructured Hospital**" means any of the Hospitals classified as a Singapore Government Hospital or Singapore Government Restructured Hospital respectively by the Ministry of Health in Singapore.
- (29) "**Specialist**" means a Registered Medical Practitioner, qualified by a degree in western medicine, possesses a specialist qualification recognized by the Singapore Medical Council, accredited with the Specialist Accreditation Board under the Ministry of Health in Singapore and who is neither an Insured Member himself, nor a relative, sibling, spouse, child or parent.
- (30) "**Surgery**" means any of the following surgical operations not otherwise excluded under this Policy in a Hospital or a legally licensed clinic (for day surgery) and performed by a duly qualified surgeon or Registered Medical Practitioner and involving local or general anaesthesia:
 - (a) incision, excision and suturing of wounds (excluding removal of suturing); or
 - (b) electrocautery and laser techniques; or
 - (c) reduction of a fracture and dislocation by manipulation; or
 - (d) the use of endoscopic procedures other than purely for routine examination purposes.
- (31) "**Visit**" means a personal visit during which the Registered Medical Practitioner or Specialist actually see the Insured Member and does not include consultation by telephone call.
- (32) "**We**" or "**our**" or "**us**" or "**the Company**" means The Great Eastern Life Assurance Company Limited.
- (33) "**You**" or "**your**" or "**Policyholder**" means the person, persons or corporation named as the Policyholder in the Schedule of this Policy.

GROUP HOSPITAL AND SURGICAL POLICY

SECTION II - GENERAL PROVISIONS

1. Eligibility and Commencement of Insurance

- (a) All Eligible Members who are Actively At Work on the Policy Commencement Date shall be covered under this Policy on such date, unless otherwise agreed by the Company.
- (b) All Eligible Members who are not Actively At Work on the Policy Commencement Date shall not be covered under this Policy and shall only be covered on the date they are Actively At Work, unless otherwise agreed by the Company.
- (c) All new and existing employee of the Policyholder becoming eligible after the Policy Commencement Date will be covered on his respective Eligibility Date provided he is Actively At Work on his respective Eligibility Date. Any Eligible Member who is on medical leave or in hospital on his respective Eligibility Date, will be covered on the date he returns to active service at work.
- (d) An Insured Member whose insurance coverage under this Policy was terminated due to any cause and who re-applies for insurance coverage shall be considered as a new member.

2. Dependant's Participation and Insurance

- (a) Section II Clause 2 of this Policy is valid only upon the application of the Dependant's coverage by the Policyholder and the Company's acceptance of the Dependant's insurance in writing.
- (b) Insurance on a Dependant will start on his Eligibility Date provided he is not hospitalised, or on medical leave and is in good health.
- (c) If the participation of the Dependant under this Policy is voluntary basis, the Insured Member shall have to furnish Evidence of Insurability of that Dependant acceptable to the Company at his own expense.

3. Termination

- (a) The coverage of any Insured Member shall automatically be terminated on the earliest of the following dates:
 - (i) The date of termination of his active full-time employment with the Policyholder;
 - (ii) The date on which this Policy is terminated;
 - (iii) The date of expiration of the period for which the last premium payment is made in respect of his coverage;
 - (iv) The end of the Policy Period during which the Insured Member reaches his 70th birthday;
 - (v) When the Insured Member begins his temporary leave of absence, vacation without pay, sick or injured for more than 6 months. Written notice shall be given to the Company within 14 days after the 6th month from the date the Insured Member was first on temporary leave of absence, vacation without pay, sick or injury;
 - (vi) The date the Insured Member dies;
 - (vii) The date that this Policy is terminated in accordance with Section II Clause 3(c) and 3(d) of this Policy.

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- (b) The coverage of any Insured Dependant Member shall automatically be terminated on the earliest of the following dates:
- (i) The date the insurance of the Insured Member to whom the Insured Dependant is a dependant is terminated;
 - (ii) The date on which this Policy is terminated;
 - (iii) The date of expiration of the period for which the last premium payment is made in respect of his coverage;
 - (iv) The end of the Policy Period during which the Insured Dependant reaches his 70th birthday;
 - (v) The date the Insured Dependant no longer qualifies as a Dependant as defined in Section I Clause 5 of this Policy and his insurance will end on the last day of the Policy Period during which he no longer qualifies as an Dependant;
 - (vi) The date that this Policy is terminated in accordance with Section II Clause 3(c) and 3(d) of this Policy.
- (c) This Policy shall be terminated on the date notified to the Policyholder by the Company to terminate the Policy by virtue of war (declared or undeclared) or act of war (whether or not there has been a declaration of war) where such date shall be at the discretion of the Company.
- (d) This Policy may be terminated by either the Company or the Policyholder by giving thirty-one (31) days notice in writing. Termination of this Policy by the Policyholder or by the Company shall be without prejudice to any claim arising prior to such termination. If the Policy is terminated by the Company, a prorata premium will be charged for the period the Policy was in force. If the Policyholder terminates the Policy the premium charged will be based on the following scale:

<u>Period Of Cover</u>	<u>Premium Charged</u>
Up to 1 Month	3 Months
More than 1 Month and Up to 2 Months	4 Months
More than 2 Months and Up to 3 Months	5 Months
More than 3 Months and Up to 4 Months	6 Months
More than 4 Months and Up to 5 Months	7 Months
More than 5 Months and Up to 6 Months	8 Months
More than 6 Months and Up to 8 Months	10 Months
More than 8 Months	12 Months

4. Premium

Premium is payable to the Company in advance on each premium due date, unless otherwise specified by the Company in writing. The payment of any premium shall not maintain the coverage under this Policy in force beyond the date when the next premium becomes payable, except as set forth in the provision below entitled 'Grace Period'.

The Company reserves the right to change the rate at which the premiums are calculated on any Renewal Date or when the risks being insured under this Policy have substantially increased and provided further that the Company notifies the Policyholder at least thirty (30) days in advance.

5. Renewal Privilege

This Policy shall be renewed for a further term of one policy year on each Renewal Date subject to the consent of the Company.

6. Grace Period

It is a condition precedent to liability under this Policy that any premium due must be paid and actually received in full by the Company within the time period stipulated below ("Grace Period"):

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- (a) Where the premium is payable on an annual basis, thirty (30) days from Policy Commencement Date or Renewal Date of the Policy, or thirty (30) days from the date of the premium/tax invoice issued by the Company, whichever is the later, or
- (b) Where the premium is payable other than on annual basis,
 - (i) Thirty (30) days from the Policy Commencement Date or Renewal Date of the Policy or thirty (30) days from the date of the premium tax invoice issued by the Company, whichever is the later, for the first instalment, and
 - (ii) on the agreed premium payment dates for subsequent instalments.

Where the Policyholder has confirmed its intention to renew the Policy but has not provided the Company with the complete data necessary for the renewal of the Policy by the renewal date, the Company shall issue a premium tax invoice for the estimated renewal premium. The premium tax invoice will be issued within thirty (30) days from the date of risk inception. The payment of the estimated premium under the premium tax invoice shall be subject to the Grace Period.

- (c) In the event that any premium is not paid to the Company within the Grace Period, the Company reserves the right to terminate this Policy from the Renewal Date and the Company shall be discharged from all liability therefrom.

No claim incurred within the Grace Period shall be paid until premiums due under this Policy relating to the respective Policy Period is received in full by the Company.

7. Data Required

- (a) The Policyholder shall furnish to the Company all such data, information and evidence as the Company may reasonably require upon or with regard to the happening of any event affecting or relating to the insurance coverage of any Insured Member under this Policy. Clerical errors in keeping the Policyholder's records shall not invalidate insurance otherwise validly in force nor continue insurance otherwise validly terminated. But upon discovery of such error, an equitable adjustment will be made.
- (b) The Company shall be permitted to examine the Policyholder's records at all reasonable times, as far as they relate to the subject matter of this Policy.
- (c) The Policyholder shall give immediate notice to the Company of any change in the nature of its business which increases the risks already being insured under this Policy and shall pay additional premium that may be required by the Company.

8. Assignment or Succession

If the business of the Policyholder shall be assigned to or succeeded by any person, persons or corporation, then subject to the consent of the Company, the payment of premiums under this Policy may at the option of such person, persons or corporation be continued in which case such person, persons or corporation shall as from the date of such assignment or succession take the place of and be treated for all purposes of this Policy (including this present condition) as being the Policyholder hereof.

9. Evidence of Age

Documentary evidence of age satisfactory to the Company shall be required before any benefit in respect of any coverage under this Policy shall be payable.

If the age has been under stated, the amount payable shall be only such sum as the premium paid would purchase according to the premium rate at the true age. If the age is over-stated the excess of premium will be refunded.

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10. Misstatement

Where a misstatement of age or other relevant facts has caused an Insured Member to be Insured hereunder when he is otherwise ineligible for insurance coverage, or where such statement has caused an Insured Member to remain insured when he would otherwise be disqualified for further insurance coverage in accordance with the terms and limitations of this Policy, his insurance coverage shall be void and there shall be a refund of premiums paid in respect of the Insured Member, provided always that where there is fraud on the part of the Policyholder or Insured Member, no premiums paid are to be refunded.

11. Contract

All statements relating to material facts made by the Policyholder or by an Insured Member shall, in the absence of fraud, be deemed representations and not warranties and no such statement shall avoid this Policy or be used in defence of a claim thereunder, unless it is in writing.

No agent or broker is authorised to make or to modify this contract, to extend the time for payment of premium, to waive any lapse or forfeiture, to waive any of the Company's rights or requirements, or to bind the Company by making any promise or by accepting any representation or information in respect of this Policy.

This Policy cannot be varied unless approved in writing by the Company.

12. Alteration of Contract

This Policy may at any time be amended and changed by written agreement between the Company and the Policyholder. Any amendments to this contract shall be binding on all Insured Members whether insured under this Policy prior to or on or after the Effective Date of the amendment.

13. Arbitration

All differences arising out of the Policy or incidental thereto or to the insurance coverage hereby effected shall be referred to a single arbitrator to be appointed in writing by the parties, or if they cannot agree upon a single arbitrator, to two arbitrators, one to be appointed in writing by each party and such arbitrators shall before commencing their investigations elect an umpire. In all other respects the arbitration shall be subject to the statutory provisions for the time being in force relating to arbitration. Unless and until an award has been made, no action or other legal proceedings shall be commenced in respect of any claim or by virtue of this Policy. After the expiration of two years from the date of an event giving rise to a claim under this Policy, the Company shall not be liable in respect thereof unless the Company shall have admitted liability in respect of such claim or the claim shall in the meantime have been referred to arbitration.

14. Exclusion of Contracts (Rights Of Third Parties) Act Cap. 53B

This Policy is a contract between the Company and the Policyholder. A person who is not a party to this Policy shall have no right under the Contracts (Rights of Third Parties) Act Cap. 53B and any subsequent amendments to the Act, to enforce any of its terms. Insured Members are not parties to this Policy and shall have no rights whatsoever under this Policy.

15. Operation of Law

This Policy shall be construed according to and governed by the law of Singapore.

16. Data Use

Any information collected or held by the Company whether contained in the Insured Member's application or otherwise obtained may be used and disclosed to the Company's associated individual/companies or any independent third parties (within or outside Singapore) for any matters relating to the Policyholder's application, this Policy and to provide advice or information concerning products and services which the Company believe may be of interest to the Policyholder and to communicate with the Policyholder for any purpose.

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17. Non-Participation

This Policy does not participate in the profits of the Company.

18. 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 the Policy is automatic and no further action is required from the Policyholder. 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 the Company or visit the Life Insurance Association (LIA) or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

SECTION III – BENEFIT PROVISIONS

1. Extent of Benefits

If an Insured Member is in Hospital Confinement or undergoes Surgery as a result of an Illness or Bodily Injury while he is insured under this Policy, we will pay the benefits as described below according to the Schedule of Benefits and subject to the terms, conditions, limitations, exclusions and provisions of this Policy.

2. Inpatient Benefits

(a) Daily Room and Board

- (i) We will reimburse the actual daily room and board charges incurred by an Insured Member during his Hospital Confinement up to the maximum benefit limit and maximum number of days per Any One Disability as stated in the Schedule of Benefits for the Daily Room and Board Benefit.
- (ii) Daily Room and Board means actual room and board (including room and board in a high dependency unit), meals and general nursing care incurred per day while the Insured Member is in Hospital Confinement.

(b) Intensive Care Unit

- (i) If an Insured Member is warded in an intensive care unit while in Hospital Confinement, we will reimburse the actual charges up to the maximum benefit limit as stated in the Schedule of Benefits.
- (ii) The aggregate number of days for which the charges are payable in respect of Daily Room and Board charges for intensive care unit shall not exceed the overall maximum of days stay as stated in the Schedule of Benefits for the Intensive Care Unit Benefit.

(c) Hospital Miscellaneous Services

If an Insured Member is warded in a Hospital, we will reimburse the actual amount charged by the Hospital for any of the following services rendered during such Hospital Confinement which are customarily supplied by the Hospital for the Insured Member's use :

- (i) Drugs and Medicines consumed during his Hospital Confinement;
- (ii) Dressings, Ordinary Splints and Plaster casts;
- (iii) X-ray Examinations;
- (iv) Electrocardiograms;
- (v) Basal Metabolism Tests;

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- (vi) Laboratory Tests;
- (vii) Intravenous Infusions;
- (viii) Blood Transfusions;
- (ix) Head/brain scan and ultrasound;
- (x) Anaesthesia and oxygen and their administration (not exceeding 25% of the Surgical Benefits eligible by the Company);
- (xi) An operating room; and
- (xii) Ambulance fee subject to a maximum of S\$150

However, the amount payable when taken together must not exceed the maximum limit per Any One Disability as stated in the Schedule of Benefits for Hospital Miscellaneous Services Benefit.

(d) Surgery

- (i) If an Insured Member undergoes a Surgery in a Singapore Government Hospital or Singapore Government Restructured Hospital, we will reimburse the actual surgical fee charged for the Surgery. However, the maximum benefit for all surgical operations during hospitalization for Any One Disability must not exceed the maximum benefit limit stated in the Schedule of Benefit for Surgery.
- (ii) If an Insured Member undergoes a Surgery in a legally licensed clinic or Hospital other than a Singapore Government Hospital or Singapore Government Restructured Hospital, we will reimburse the actual surgical fee charged for the Surgery but the maximum benefit payable for all surgical operations performed during hospitalization must not exceed the sum obtained by multiplying the appropriate percentage shown for that operation in the Schedule of Surgical Operations by the maximum benefit limit per Any One Disability shown in the Schedule of Benefit for Surgery. If the surgical operation performed is not shown in the Schedule of Operations, we will adopt a percentage that is consistent with the percentages assigned to the surgical operations included in the Schedule of Surgical Operations at our absolute discretion. Surgical fees below S\$1,000 will not be subject to the Schedule of Surgical Operations.
- (iii) If two or more surgical procedures are performed during the course of a single operation through the same incision, we will reimburse the amount specified for the one surgical procedure with the largest amount payable.
- (iv) If the surgery for a condition resulting from illness or Bodily Injury is performed either through a single or multiple incisions in various stages over a period of time, all the surgical fees charged in the various stages for the said condition will be aggregated in computing the maximum amount payable under the Schedule of Surgical Operations.

(e) In-Hospital Attending Doctor's Visit

- (i) If an Insured Member is confined to a Hospital but no Surgery is performed, we will reimburse the fee charged by the attending Registered Medical Practitioner for Visits in the hospital up to the maximum benefit limit per day and maximum number of days as shown in the Schedule of Benefits for In-Hospital Attending Doctor's Visit Benefit. Such benefit is payable regardless of number of Visits per day but subject only to the daily maximum benefit limit as stated in the Schedule of Benefits for In-Hospital Attending Doctor's Visit Benefit.
- (ii) Where Surgery has been performed on the Insured Member, such consultation fees shall form part of the Surgery Benefit as specified in Section III Clause 2d above.

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(f) Pre-Hospitalisation Specialist Consultation

If an Insured Member incurred charges for Specialist consultation (including medications) which are recommended by a Registered Medical Practitioner shall be payable up to the maximum limit as shown in the Schedule of Benefits provided Hospital Confinement or surgical treatment is required within 90 days after the Specialist Consultation.

(g) Pre-Hospitalisation Diagnostic X-Ray and Laboratory Tests

If an Insured Member incurred charges for diagnostic X-ray and laboratory tests which are recommended by a Registered Medical Practitioner shall be payable up to the maximum limit as shown in the Schedule of Benefits provided Hospital Confinement or surgical treatment is required within 90 days after the diagnostic X-ray and laboratory tests.

(h) Post Hospitalisation/Surgery Treatment

- (i) If an Insured Member incurs expenses for the follow-up treatment provided or recommended by the same Registered Medical Practitioner treating him during his hospitalization within 90 days immediately following his discharge from the hospital or clinic (in the case of day-surgery), we will reimburse the expenses incurred for Medical Services for follow-up treatment including medication, diagnostic, laboratory tests and outpatient physiotherapy in connection to the Illness or Bodily Injury.
- (ii) However, the amount payable must not exceed the maximum benefit limit per Any One Disability as shown in the Schedule of Benefits for Post Hospitalisation Surgery Treatment Benefit.

(i) Emergency Outpatient Treatment (due to Accident Only)

If an Insured Member sustains Bodily Injury as a result of an Accident and within 24 hours from the time of the Accident, was given emergency outpatient treatment in a hospital or at a Registered Medical Practitioner's clinic, we will reimburse the Reasonable and Customary Charges incurred for such treatment and any follow-up treatment up to 31 days from date of the Accident. The total amount payable must not exceed the maximum limit per Any One Disability as shown in the Schedule of Benefits for Emergency Outpatient Treatment Benefit (For Accidents Only).

(j) Miscarriage

We will reimburse the actual charges incurred by the Insured Member for non elective miscarriage due to an Accident or medical reason or ectopic pregnancy which requires in-hospital or outpatient treatment by a Registered Medical Practitioner, up to the maximum benefit limit per Any One Disability stated in the Schedule of Benefit for Miscarriage Benefit, excluding charges incurred during prenatal treatments.

(k) Funeral Expense

The Funeral Expense Benefit as shown in the Schedule of Benefits will be payable upon satisfactory proof of death of the Insured Member due to any causes. However, if the death of the Insured Member is due to an accident, the amount payable shall be doubled, subject to a maximum payment of S\$10,000 per Insured Member.

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(l) Outpatient Kidney Dialysis and Cancer Treatment

- (i) If an Insured Member incurs expenses for outpatient kidney dialysis at a registered dialysis centre or unit or cancer treatment at an outpatient department of a Hospital or a registered cancer treatment centre which are recommended by a Registered Medical Practitioner, the Company shall reimburse the Insured Member these fees and charges incurred provided such benefit is specifically provided for under the Schedule of Benefit of this Policy. Eligible outpatient expenses incurred by the Insured Member in respect of Kidney dialysis, chemotherapy (including immunotherapy), radiotherapy, Erythropoietin, and Cyclosporin treatment is subject to the Co-payment amount or Co-Insurance (where applicable) and maximum benefit limit as stated in the Schedule of Benefits for Outpatient Cancer and Kidney Dialysis Benefit.
- (ii) Notwithstanding anything contrary to Section IV clause 2(a) this benefit shall not be payable if an Insured Member had been diagnosed or received medical treatment or has been prescribed treatment for kidney diseases or cancer or its related conditions prior to the Effective Date of the Insured Member's cover for the Outpatient Cancer and Kidney Dialysis Benefit.

SECTION IV – LIMITATIONS AND EXCLUSIONS

1. Limitations

- (a) When an Insured Member is entitled to benefits payable under the Work Injury Compensation Act or similar legislation, government or public programme of medical benefits, other group or individual insurance, the benefits payable under this Policy shall be the lower of the balance of charges not covered by benefits payable under such law, legislation, programme or other insurances or the amount calculated from the Schedule of Benefits of this Policy.
- (b) The Company shall reimburse the fees and charges incurred by an Insured Member or Dependant for only one Visit on any given day to an Outpatient Clinic (whether an Accident & Emergency Department of any Hospital in Singapore, an Outpatient Clinic outside Singapore, or a Government Polyclinic in Singapore) other than a Panel Clinic. Should an Insured Member or Dependant make two or more such Visits per day, the Company shall only reimburse fees and charges up to the highest benefit limit per Visit the Insured Member or Dependant is eligible for on that day.
- (c) For a visit to an Accident & Emergency Department of any Hospital in Singapore or an Outpatient Clinic Outside Singapore, or to a Government Polyclinic in Singapore, the Company shall not reimburse any GST and any other Government duties or taxes levied on the fees and charges incurred by an Insured Member or Insured Dependant.

2. Exclusions

An Insured Member shall not be eligible for any benefits in respect of any fees or charges incurred for any of the following services provided to the Insured Member:

- (a) Any Pre-Existing Condition of the Insured Member which originated before the Effective Date of his insurance unless he has already been continuously insured, without lapse in coverage for at least 12 months with a similar Group Hospital and Surgical Insurance Policy issued in Singapore or under this Policy or with both.
- (b) All treatments relating to congenital anomalies and congenital sickness or anomalies or genetic defects present at or existing from the time of his birth regardless of the time of discovery of such anomalies or defects and the time of such treatment or surgical procedure for the same.
- (c) Self-inflicted injuries, or injuries sustained as a result of a criminal act or attempted suicide (while sane or insane); nervous and mental conditions; alcoholism or drug addiction.

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- (d) All treatments pertaining to sterilisation, infertility (including procedures done at fertility clinic, reproductive assistance clinic or reproductive medicines clinics or centres), sexual dysfunction, sex-reassignment operation or procedure ,impotency and use of birth control methods; sex and growth hormone replacement therapies.
- (e) All treatments occasioned by or resulting from pregnancy, childbirth (including diagnostic tests for pregnancy), miscarriage, abortion and all complications arising from any of the same except for non-elective miscarriage due to medical reason and ectopic pregnancy.
- (f) Any dental work or treatment, oral surgery, orthodontics and orthognathic surgery; temporo-mandibular joint disorder; eye examination and vision care, surgical procedure for correction of eye refraction, Laser treatment of eye, procurement or use of contact lenses or eye glasses; speech therapy.
- (g) All health screening related examinations, including multiphasic health screening, laboratory tests and X-rays, and screening mammograms; services (irrespective of whether there is hospital confinement) for the primary purpose of diagnosis, medical check-up, genetic screening; immunisation/vaccinations, outpatient physiotherapy, procedures not generally recognised as standard medical practice such as hydrotherapy, traditional Chinese medicine, acupuncture, osteopathic, podiatric, chiropractic, foot reflexology, experimental treatment and procedure under investigation.
- (h) All treatments for xanthelasma, scar, keloid, syringoma, acne, alopecia, cosmetic skin surgeries, inguinal hernia (except if Insured Person is more than 5 years old), hydrocele and all complication; Circumcision (except where it is medically necessary) or treatment relating to the same; vitamins and health supplement; house-call or office calls by Registered Medical Practitioner
- (i) All treatments for cosmetic and plastic surgery for the purposes of beautification and any complication arising thereof except for cosmetic and plastic surgery which are medically necessary arising from injury sustained as a result of an Accident occurring while the Insured Member is insured under this Policy.
- (j) All treatments for sleep apnea including sleep study, obesity, weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition or whether treatment is medically necessary.
- (k) All treatments for any type of sexually-transmitted disease, Acquired Immunodeficiency Syndrome (AIDS) and all illnesses or diseases caused by or related to the Human Immunodeficiency Virus (HIV); Communicable diseases requiring by law isolation or quarantine in the event of an epidemic.
- (l) Outpatient treatment for chemotherapy, radiotherapy, immunotherapy, kidney dialysis stem cell therapy, interferon and other biological response modifiers unless provided in the Schedule of Benefits of this Policy.
- (m) Rest cares, sanatoria care or special nursing care; treatment or services that are not medically necessary or reasonably required for the illness or bodily injury caused by an Accident; treatments, services and supplies not recommended, approved and performed by a Registered Medical Practitioner or which are not medically necessary for the treatment of an Illness or Bodily Injury; administrative or other charges of a non-medical nature e.g. telephone calls, referral fees or medical report fees.
- (n) Implants (homograft, heterograft, artificial) and prostheses; procurement of hearing aids, wheel-chairs, all forms of home aids, dialysis machine and any other hospital-type equipment; stem cell support therapy, treatment following brain death, Interferon and other biological response modifiers.
- (o) Injuries or sickness arising directly or indirectly from insurrection, war or act of war (whether declared or undeclared), direct participation in strikes, riots or civil commotion, or full-time service in any of the armed forces including National Service under Section 10 of the Enlistment Act, Cap. 93 of the Republic of Singapore except National Service reservist duty or training under Section 14 of the Enlistment Act, Cap. 93 of the Republic of Singapore.

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- (p) Goods and Services Tax (GST) and any other Government duties or taxes levied on the medical fees and charges incurred.
- (q) Hospital Confinement or treatments occurring and received by the Insured Member after the Insured Member ceases to be insured under this Policy.

SECTION V – COVERAGE FOR INSURED MEMBER ABOVE AGE 65 YEARS OLD

1. Insured Members who are accepted and insured under this Policy before attaining their sixty-fifth (65) birthdays, shall be eligible for continuation of coverage beyond age sixty-fifth (65) years next birthday at the Renewal Date, subject to the following conditions:
 - (a) Participation shall be on compulsory basis.
 - (b) The maximum benefit payable, including the Funeral Expenses, shall be limited to S\$3,000 per Policy Period per Insured Member.

SECTION VI – COVERAGE FOR FOREIGN BASED EMPLOYEE AND EMPLOYEES’ DEPENDANTS

1. This Policy will not insure any person who is residing or based outside Singapore unless:
 - (a) the person is a Foreign Based Employee as defined under Section I of this Policy; and
 - (b) the Policyholder has declared to the Company the name of the Foreign Based Employee and the country in which he is residing or based in; and
 - (c) the Company has advised the Policyholder in writing of the terms of acceptance of insurance on that Foreign Based Employee. Insurance coverage on the Foreign Based Employee will not start until the Company has accepted such cover in writing.
2. The Company reserves the right to decline insurance on any Foreign Based Employee who is based or residing in a country where the risk is not acceptable to the Company.
3. If a Foreign Based Employee’s name has not been declared to the Company, the Company reserves the right to decline any claim for benefit under this Policy or adjust the benefit amount payable in respect of that Foreign Based Employee.
4. Upon any Renewal Date of this Policy, the continuation of coverage for any Foreign Based Employee on or after the Renewal Date will be subject to acceptance by the Company in writing, and on such terms and conditions which the Company may choose to impose.
5. A Foreign Based Employee’s Dependant will not be eligible for insurance under this Policy unless we agree in writing.

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SECTION VII – CLAIMS

1. Notice and Proof of Claim

- (a) The Insured Member or his legal representative must notify us in writing within 30 days after the happening of any event likely to give rise to a claim under this Policy. However, the claim will not be invalidated if it can be shown that it was not reasonably possible for him to notify us within this period.
- (b) Written notice given by or on behalf of the Insured Member to the Company with particulars sufficient to identify the Insured Member, shall be deemed to be notice to the Company. Failure to furnish notice within the time provided in this Policy shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that such notice was given as soon as was reasonably possible.
- (c) All certificates, medical reports, information and evidence required by the Company shall be furnished at the expense of the Insured Member or the Insured Member's legal representative and shall be in such form and of such nature as the Company may prescribe. The Company shall have the right and opportunity to examine the Insured Member as and when and as often as it may reasonably be required pending any claim or the payment of any claims made under this Policy.
- (d) Proof of the date of birth of the Insured Member must be furnished to the Company before any claim will be admitted or payable. If the date of birth and/or age of any Insured Member notified to the Company is incorrect, the Company shall not be liable to pay more than the amount which would be payable under this Policy if the date of birth and/or age had been correctly stated.

2. Payment of Benefit

- (a) All benefits shall be paid only when the claim shall have been proven to the satisfaction of the Company and the total amount of compensation shall have been ascertained and agreed upon by the Company and Policyholder.
- (b) Any amount payable under this Policy will be paid by cheque to the order of the Policyholder, unless the Policyholder otherwise notifies in writing. Any payment so made shall effectively discharge the Company from any further liability in respect thereof.
- (c) If the medical or hospital bills submitted for reimbursement of benefits under this Policy are not expressed in Singapore currency, we will convert the amount of the bills into Singapore currency at the rate of exchange as determined by the Company.

3. Fraudulent Claims

If any claim under this Policy is in any respect, fraudulent or if any fraudulent means or devices shall be used by the Policyholder or an Insured Member or any one acting on behalf of the said parties to obtain a benefit under this Policy, the Company shall be under no liability in respect of such claims and shall be entitled to recover any payment made prior to the discovery of fraud.

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SECTION VIII – COMPANY NOT LIABLE

The Company shall not be held responsible or be liable as a party in any way whatsoever to any legal proceeding for damages or otherwise, which may be instituted by any Insured Member against any provider of Medical Services for reasons of neglect, malpractice or other causes arising from acts or omissions in the treatment or examination of the Insured Member by any provider of Medical Services as provided in this Policy.

In providing a service to an Insured Member, the Company and its authorised providers may supply information including medical information pertaining to the treatment of the Insured Member to the Policyholder.

Neither the Company nor its employees nor its authorised providers shall be liable for any loss or damage suffered by the Policyholders, Insured Member due to any error or omission in the information supplied however caused if the supply of information had been made in good faith by the Company or its authorised providers.

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SCHEDULE OF SURGICAL OPERATIONS

Surgical Code Table	Surgical Percentage
1A	5%
1B	10%
1C	15%
2A	20%
2B	25%
2C	30%
3A	40%
3B	45%
3C	50%
4A	55%
4B	60%
4C	65%
5A	70%
5B	75%
5C	80%
6A	85%
6B	90%
6C	95%
7A	100%
7B	100%
7C	100%

Note:

Detailed surgical procedures under each category shown above can be found in Medisave Table of Operations.