Insurance Coverage

1 Feb 2015 to 31 Jan 2016





Types of Insurance Coverage

- Group Hospital & Surgical Insurance with Group Extended Major Medical
- Group Specialist Outpatient
- Group Personal Accident
- Group Term Life
- Work Injury Compensation
- Group Business Travel



Insurance Coverage

Name of Insurer	AIA	AIA	Federal	AIA	MSIG	Federal
Insurance Broker			Willis (Singapo	ore)		Aon Consulting
Policy Number	67818	67818	92319136 67818		B 27250031 WIC	92319888
Category of Staff	Group Hospital & Surgical Insurance with Extended Major Medical	Group Ce Specialist Outpatient Outpatient Group Personal Accident Insurance Insurance		Group Term Life Insurance	Work Injury Compensation	Group Business Travel
Grade 6 & Below	Plan 1	Plan 1	18 x Last Drawn Basic Monthly Salary	18 x Last Drawn Basic Monthly Salary	Applicable to all	Applicable to all
Grade 8 & Above	Plan 2	Plan 2	26 x Last Drawn Basic Monthly Salary	26 x Last Drawn Basic Monthly Salary	category of staff	category of staff



Group Hospital & Surgical Insurance

Penefit Schedule (May per any one dischility)	Maximum Per Any One Disability		
Benefit Schedule (Max per any one disability)	Plan 1	Plan 2	
1 Daily Room & Board (Max of 120 days per any one disability)	\$220	\$330	
2 Intensive Care Unit (ICU) (Max of 30 days per any one disability)	\$660	\$990	
3 Other Hospital Services	\$2,000	\$3,500	
4 Surgical Benefit (subject to Surgical Schedule of Fees)	\$3,500	\$5,500	
5 In-Hospital Doctor Consultation (Max of 120 days per any one disability)	\$50	\$70	
6 Pre-Hospitalisation Specialist Consultation (within 90 days before hospitalization)			
7 Pre-Hospitalization Diagnostic X-Ray & Lab Test (within 90 days before hospitalization)	\$1,000	\$1,300	
8 Post-Hospitalization Treatment (within 90 days after hospitalization)			
9 Emergency Outpatient Treatment (Accidental Injury)	\$1,000	\$2,000	
10 Miscarriage Benefit (Accidental)	As per disability, including ectopic pregnancy		
11 Death Benefit	\$3,000	\$3,000	
12 Outpatient Kidney & Cancer Treatment (As per policy year)	\$15,000	\$15,000	
13 Singapore Government/Restructured Hospitals (Lump Sum Benefit, Point 3 to 9)	\$11,000	\$16,500	
(Overall maximum limit per disability excluding R&B & ICU)	\$11,000	Ψ10,300	
14 Overseas Hospitalisation (Accidental)	150% of GHS Benefits		
15 Rehabilitation Benefit	\$5,000	\$5,000	
16 Chiropratic Treatment (Post Treatment)	Benefit enhancement inclusive in Benefit 8		
17 Psychiatric Treatment (claimable only if the claimiant is hospitalizated and only applicable to Government/Restructured Hospital)	\$300	\$300	
18 Hospital Cash Allowance, but subjective to the following terms:	B1 Class of Ward:	B1 Class of Ward:	
* Insured member is warded in a Singapore Government Restructured Hospital	N.A.	N.A.	
* Hospital confinement only (not applicable for day surgery & observation ward)	B2/B2+ Class of Ward:	B2/B2+ Class of Ward:	
* Maximum payable period is 120 days per disability	\$80	\$100	
* Entire length of hospital stay must be in the same class of ward	C Class of Ward:	C Class of Ward:	
* Applicable to Singaporean & PR only	\$100	\$150	



Group Hospital & Surgical Insurance

Exclusions

- 1 12 months pre-existing conditions.
- 2 Investigation and treatment of psychological, emotional and mental and behavioural conditions; alcoholism or drug addiction; intentional self-inflicted injuries while sane or insane; injuries sustained as a result of a criminal act of the Insured Member.
- 3 Injuries arising from direct participation in a strike, riot, insurrection of war, declared or undeclared.
- 4 General physical or medical check-up or tests not incidental to treatment or diagnosis of an actual sickness or injury; treatment which is not medically necessary or treatment of an optional nature; treatment with respect to weight management; immunization, vaccination or inoculation; non-prescribed medication.
- 5 Procurement or use of special braces, appliances, equipment or prosthetic devices, implants contact lenses, eye glasses, hearing aids and non-medical services such as government taxes, television and telephone and the like.
- 6 Any dental or eye examination/treatment; surgical procedure for correction of eye refraction; cosmetic procedure or plastic surgery/treatment except to the extent that such surgery is necessary for the repair of damage caused solely by accidental bodily injuries covered under the Policy.
- 7 Any investigation, treatment or surgical operation for congenital anomalies or complications arising from such congenital anomalies, or physical defects present at the time of birth regardless of the time of discovery or the time of such treatment or surgical operation.
- 8 Birth control measures, treatment pertaining to infertility, treatment occasioned by or resulting from pregnancy, childbirth, abortion, except ectopic pregnancy and non-surgical procedures required or recommended subsequent to consultations at Fertility clinics, In-Vitro Fertilisation clinics, Reproductive assistance clinics or centres for Reproductive Medicine.
- 9 Acupuncture, acupressure, bonesetting, herbalist treatment, hypotism, massage therapy, aroma therapy and other forms of alternative treatments; treatments by podiatrist, chiropractors and traditional Chinese medicine practitioners.
- 10 Educational treatments such as speech therapy, diabetic classes and nutritional treatments or group support treatments.
- 11 Special or private duty nursing care; clinical home care; custodial care in any setting; day care; hospice; respite care.
- 12 AIDS or any HIV infection.
- 13 Contracts (rights of Third Parties) Act 2001



Group Extended Major Medical

Penefit Schedule (May per any one disability)	Maximum Per A	Maximum Per Any One Disability		
Benefit Schedule (Max per any one disability)	Plan 1	Plan 2		
	Reimburse 80% of actual and necessary expenses			
	incurred by insured member in excess of the in-patient			
	benefits covered under the Basic Hopsital & Surgical			
	Insurance proved that the ir	nsured member has either:-		
Scope of Cover	(i) been confined in a hospi	tal for a period in excess of		
	20 days; or			
	(ii) undergone a surgical operation at least 75% of the			
	Maximum Benefit payable under the Surgical			
	Schedule of Fees			
1 Daily Room & Board (from 121st day onwards)	\$220	\$330		
2 Other Inpatient Benefits	As charged, subject to (7)	As charged, subject to (7)		
3 Home Nursing Benefit (max 30 days)	\$60	\$80		
4 HIV due to blood transfusion and occupationally acquired to HIV	\$6,000	\$8,000		
5 Deductible Amount	Basic GHS	Basic GHS		
6 Overall Maximum (Per any one disability)	\$40,000	\$60,000		
7 Co-Insurance	20%	20%		

Exclusions

- 1 AIDS or any HIV (unless the condition was acquired due to blood transfusions or occupational related infections as provided for in Section 5 of EMM Policy Contract).
- 2 Pre-existing conditions which have existed during 24 months preceding the Entry Date of the Insured member, whether known or unknown to
- 3 All exclusions of the Basic GHS Policy.



Group Specialist Outpatient

Schedule of Benefits	Maximum Benefi	Maximum Benefit Per Policy Year		
Scriedule of Bellelits	Plan 1	Plan 2		
1 Specialist Consultation Overall Benefit	\$600	\$900		
(with Referral Letter)	\$000	4300		
2 Diagnostic X-Ray & Laboratory Test	\$450	\$550		

Exclusions

- 1 Drugs purchased without doctor's prescription
- 2 Specialist consultation, x-ray or laboratory test not recommended by a Registered Medical Practitioner for the diagnosis of Sickness or Injury.
- 3 Routine physical examinations, health check-ups or tests not incidental to treatment or diagnosis of an actual Sickness or Injury or any treatment which is not medically necessary.
- 4 An examination made in a Hospital if the Insured Member is entitled to any other benefits with respect to such examinations under the Policy to which this is Supplementary Contract is attached.
- 5 Eye refraction, fixing of glasses, contact lenses or hearing aids, gingivitis, dental or oral care.
- 6 Injuries due to insanity or self-infliction
- 7 Congenital anomalies, treatment resulting from pregnancy, childbirth, miscarriage or abortion or relating to birth control, sterilization or infertility
- 8 Any type of therapy or dialysis or acupuncture
- 9 Contract (Rights of Third Parties) Act 2001
- 10 As per Policy Contracts



Bas	Basis of Compensation			
- 1	Accidental Death	100% of Capital Sum Insured		
2	Permanent Disablement and Second & Third Degree Burns	Percentage of Capital Sum Insured, as per Table of Benefits		
3	Simple or Other Fractures	Up to SGD5,000 each Insured Person per Accident		
4	Other Benefits	As per Policy		
Ext	tended Benefits			

- 1 Assault, Hijack and Murder
 - Insured Person suffers an Accidental Bodily Injury as a victim of assault, hijack or murder, which directly and independently of all oher causes, results in death or Permanent Total Disablement, the Company will pay the Benefit Amount stated in the table of benefits, provided that such injury does not arise out of the Insured Person's own participation or provocation of any such act.
- 2 Disappearance

Insured Person disappears and after 365 days, it is reasonable to believe that such Insured Person has died as a result of Accidental Bodily Injury, the Company will pay the death Benefit Amount stated in the table of benefits, subject to a signed understaking by the Named Insured that if the Insured Person is subsequently found alive, such death Benefit Amount shall be refunded to the Company.

- Drowning and Suffocation by Gas, Poisonous Fumes or Smoke Insured Person suffers an Accidental Bodily Injury due to drowning or suffocation by gas, poisonous fumes or smoke, which directly and independently of all other causes, results in death or Permanent Total Disablement, the Company will pay the Benefit Amount stated in the table of benefits, provided that such injury does not arise out of the Insured Person's wilful and intentional act.
- 4 Exposure Insured Person suffers an Accidental Bodily Injury due to unavoidably exposure to the elements, which directly and independently of all other causes, results in death or Permanent Total Disablement, the Company will pay the Benefit Amount stated in the table of benefits.
- 5 Strike, Riot, Civil Commotion and Terrorism (including nuclear, biological & chemical terrorism)
 Insured Person suffers an Accidental Bodily Injury due to Strike, Riot, Civil Commotion or Terrorism, which directly and independently of all other causes, results in death or Permanent Total Disablement, the Company will pay the Benefit Amount stated in the table of benefits, provided that such injury does not arise out of the Insured Person's wilful and intentional act.



Automatic Increase in Benefit

Insured Person in respect of Benfits (A) and (B) of this Policy will increase each year by 5% of Capital Sum Insured in the prior year provided that:

- a. no claim has been made under the Policy during the last period of insurance by any Insured Person;
- b. there has been no interruption of cover in the current or prior periods of insurance;
- c. the maximum period for increase in the Capital Sum Insured shall be limited to five consecutive years;
- d. the total increase in Captial Sum Insured in respect of any one Insured Person shall not exceed SGD500,000 or its equivalent and
- e. the amount payable under this provision is subject to the Policy's aggregate limit (if any is applicable).

Insofar as any Insured Person is concerned, the Benefit of this provision shall accrue only from the time such Insured Person was first insured by the Company and such Insured Person has been continuously employed by the Name Insured for at least 12 months prior to the incident giving rise to the claim.

Mobility Extension

Insured Person suffers an Accidental Bodily Injury, which directly and independently of all other causes, results in Permanent Total Disablement or Specific Loss, of such a nature that such Insured Person need and can operate:

- a. a self-powered, climbing wheelchair; and/or
- b. his/her motor vehicle with the controls suitably adjusted; and/or
- c. a lift, necessary ramps, railings and holds to usual place of residence

the Company will reimburse the actual cost of such equipment and installation thereof incurred by the Insured Person up to five thousand dollars (SGD5,000) or its equivalent.

Specific Loss definition

Specific Loss under this clause shall mean the following Permanent Disablement payable under Part III: Benefits, Clause 1 of this Policy:-

- 1. Loss of or the Permanent total loss of use of two limbs; or
- 2. Loss of or the Permanent total loss of use of one limb; or
- 3. Permanent total loss of sight of both eyes; or
- 4. Permanent total loss of sight of one eye; or
- 5. Loss of or the Permanent total loss of use of one limb and loss of sight of one eye; or
- 6. Loss of speech and hearing

Ambulance Costs

Insured Person suffers an Accidental Bodily Injury necessitates the use of an ambulance during the Policy Period, the Company will reimburse the actual ground ambulance costs incurred by the Insured Person up to five hundred dollars (SGD500) or its equivalent, for transportation to the hospital.



Funeral Expenses

Insured Person suffers an Accidental Bodily Injury, which directly and independently of all other causes, results in death, the Company will pay a lump sum of two thousand dollars (SGD2,000) or its equivalent towards funeral expenses.

Child Education Fund

Insured Person suffers an Accidental Bodily Injury, which directly and independently of all other causes, results in death, and at the date of the Accident, had any Dependent Child enrolled in a kindergarten, primary or secondary school, institution for vocational or tertiary education licensed by the local government, the Company will pay a one lump sum of five thousand dollars (SGD5,000) or its equivalent per child.

Simple or Other Fractures

Insured Person suffers an Accidental Bodily Injury, which directly and independently of all other causes, results in a Simple Fracture or Other Fracture of the nature as specified herein, the Company will pay the relevant Benefit of up to five thousand dollars (SGD5,000) or its equivalent, provided always that:

- a. this benefit shall not be payable to any Insured Person who has been diagnosed as having osteoporosis prior to the date on which he or she
 was first covered under this Policy;
- b if any Insured Person is diagnosed as having osteoporosis after the date on which he or she was first covered under this Policy, the Company will only be liable to pay this benefit in respect of the first occasion on which a Simple Fracture or Other Fracture is sustained, and this benefit shall not be payable in respect of subsequent incidents.

Maximum Benefit payable in respect of any one Accidental Bodily Injury resulting in Simple Fracture or Other Fracture

		% of Benefit amount up to SGD5,000
*	Neck, skull or spine (full break)	100%
*	Hip	75%
*	Jaw, pelvis, leg, ankle or knee (other fracture)	50%
*	Cheekbone, shoulder or hairline fracture of skull or spine	30%
*	Arm, elbow, wrist or ribs (other fracture)	25%
*	Leg, ankle or knee (simple fracture)	20%
*	Nose or collar bone	20%
*	Arm, elbow, wrist or ribs (simple fracture)	10%
*	Finger, thumb, foot, hand or toe	7.5%

The aggregate amount of Benefits payable in respect of all Simple and/or Other Fractures resulting from any one Accidental Bodily Injury shall not exceed the maximum amount of SGD5,000 as indicated above.

Accidental Death Benefit Due to Natural Catastrophe

Insured Person suffers an Accidental Bodily Injury due to a Natural Catastrope, which directly and independently of all other causes, results in death or Permanent Total Disablement, the Company will pay an additional ten percent (10%) of the Capital Sum Insured or SGD50,000 (or its equivalent), whichever is lesser.



Comatose State Lump Sum Benefit

Insured Person suffers an Accidental Bodily Injury, which directly and independently of all other causes, results in the Insured Person being in a Hospital and in a Comatose State, within thirty (30) days of the date of the Accident, the Company will pay the following Benefit:

Duration of Comatose State	Benefit percentage of Comatose State sum insured
At least 3 months	25%
At least 6 months	50%
At least 9 months	75%
At least 12 months	100%

Comatose State sum insured will be 10% of the Capital Sum Insured or maximum of SGD50,000 (or its equivalent), whichever is the lesser. This extended benefit is payable in addition to the compensation, if any, under Part III: Benefits, Clause 1 of this Policy but does not cover any duration of the Comatose State extending beyong the Policy Period.

Specific Provision

In case of successive Comatose State with less than 10 days between each one for a same cause, the Comatose State will be deemed as one.

Conditions

The Insured Person must be in a hospital for the duration of the Comatose State for any benefits to be payable.

Accidental Hospital Recuperation Benefit

Insured Person suffers an Accidental Bodily Injury and within 30 days, is confined as a Resident In-patient in a Hospital for at least twenty-four (24) hours, the Company will pay a one time payment of two hundred and fifty dollars (SGD250) or its equivalent. Subsequent hospitalization resulting from the same Accidental Bodily Injury is not payable.

Exclusions:

The Company shall not be liable to pay for any claim directly or indirectly consequent upon the following causes:

- 1 Civil War or Foreign War;
- Insured Person engaging in navel, military or airforce service or operations (except peacetime reservist training or operationally ready national service under Section 14 of the Enlistment Act, Cap. 93 of the Republic of Singapore);
- 3 Self-inflicted injury, suicide or any attempts thereat, suicide pacts or agreement while sane or insane;
- 4 Insured Person engaging in racing on wheels;
- 5 Injury directly or indirectly resulting from sickness, disease, or pregnancy inlcuding any complications, related conditions or treatments thereof;
- Injury occurring during or as a direct or indirect result of any surgery except when such surgery was necessary to treat or restore function after an Acciental injury covered by this Policy.



		Compensation Payable
ا ما		% of Capital Sum Insured
Deat		100%
Perm	nanent Disablement	
1	Permanent Total Disablement	150%
2	Loss of or the Permanent total loss of use of two limbs	150%
3	Loss of or the Permanent total loss of use of one limb	125%
4	Permanent total loss of sight of both eyes	150%
5	Permanent total loss of sight of one eye	100%
6	Loss of or the Permanent total loss of use of one limb and loss of sight of one eye	150%
7	Loss of speech and hearing	150%
8	Permanent and incurable insanity	100%
9	Permanent total loss of hearing	
	(a) Both ears	100%
	(b) One ear	30%
10	Loss of speech	75%
11	Permanent total loss of the lens of one eye	75%
12	Loss of or the Permanent total loss of use of four fingers and thumb of	
	(a) Right hand	85%
	(b) Left hand	65%
13		
	(a) Right hand	55%
	(b) Left hand	45%
14	Loss of or the Permanent total loss of use of one thumb	
	(a) Both right phalanges	40%
	(b) One right phalanx	25%
	(c) Both left phalanges	30%
	(d) One left phalanx	20%
15	Loss of or the Permanent total loss of use of fingers	
	(a) Three right phalanges	20%
	(b) Two right phalanges	15%
	(c) One right phalanx	10%
	(d) Three left phalanges	15%
	(e) Two left phalanges	10%
	(f) One left phalanx	5%



TABLE OF BENEFITS			
		Compensation Payable	
		% of Capital Sum Insured	
16	Loss of or the Permanent total loss of use of toes		
	(a) All-one foot	25%	
	(b) Great toe-two phalanges	10%	
	(c) Great toe-one phalanx	10%	
	(d) Other than great toe, each toe	2%	
	Fractured Leg or Patella with Established Non-Union	20%	
	Shortening of leg by at least 5cm	10%	
Seco	nd & Third Degree Burns		
Head	Third Degree Burns of 20% or more of the total head surface area	100%	
	Second Degree Burns of 10% or more of the total head surface area	50%	
Rest	Third Degree Burns of 40% or more of the total body surface area	100%	
of	Second Degree Burns of 40% or more of the total body surface area	50%	
Body	Third Degree Burns of 25% or more, but less than 40% of the total body surface area	80%	
	Second Degree Burns of 25% or more, but less than 40% of the total body surface area	40%	
	Third Degree Burns of 15% or more, but less than 25% of the total body surface area	60%	
	Second Degree Burns of 15% or more, but less than 25% of the total body surface area	30%	

SPECIAL CONDITIONS:-

- a. The total compensation payable in respect of any disabilities due to the same injury is arrived at by adding together the various percentages but shall not exceed 150% of the capital sum insured and there shall be no further liability under the Policy in respect of the same Insured Person for Injury sustained thereafter;
- b. The Company shall in its absolute discretion determine the percentage payable for any Permanent disablement not otherwise provided for under items 1 to 18 and C inclusive;
- c. In case where the Insured Person is left-handed, the compensation percentage in items 12 to 15 shall be reversed whereby the greater compensation percentage shall apply to the left hand and parts thereof.
- d. Assessment of percentage of body affected by burns will be based on the Rules of Nines system.

ADDITIONAL DEFINITION

Second Degree Burns means burns which penetrate beyond the epidermis, causing formation of blisters.

Third Degree Burns means burns that have destroyed the full skin thickness.

Rules of Nines mean a system used by doctors for assessing the percentage of the body surface affected by burns. In this system, the head and each arm cover 9% of the body; the front of the body and the back of the body and each leg covers 18% of the body. The groin covers the remaining 1%.



Group Term Life

Basis of Compensation 1 Death Pays the sum insured on death due to sickness or accident. 2 Total and Permanent Disablement In case of Total & Permanent Disablement (TPD) and unable to follow any and all occupation, the mode of the TPD payment will be as follows: i) Immediate lump sum payment of S\$200,000 or 10% the sum insured, whichever is higher, and ii) the balance of the sum insured, if any, will be payable in a lump sum commencing 1 year after the first payment. Benefits for TPD shall be deemed to be identical to the Death Benefit granted. If benefit is payable under TPD, then no Death Benefit will be payable and vice versa. 3 Total Disability Extended Death Benefit Cover insured member when he suffered from Total and Permanent Disability when he was terminated and remained continously under such disability until his death. 4 Advanced Payment/Terminal Illness Benefit Upon disgnosis of a terminal illness from which death is highly probable within the next 12 months, an accelerated benefit advance of 100% of sum insured, up to maximum S\$400,000 shall be payable. 5 Repatriation of Mortal Remains Pepatriation of remains, up to a maximum of S\$50,000. 6 Family Income Benefit Upon Death or TPD, an additional lump sum benefit of 12% of the sum assured up to a maximum of S\$60,000 to the employee's family. **Exclusions:** (1) No TPD benefit if such disability is caused by self destruction or any attempt thereat. (2) Contract (Rights of Third Parties) Act 2001.



Work Injury Compensation

Item Categories of Employees in Insured's Employment 1 Admin & Management Staff 2 Marketing / Sales Staff 3 Engineering Staff (job involves lab testing and engineering design evaluation) Scope of Cover To cover the insured's statutory liability under the Work Injury Compensation Act or legal liability at Common Law. Place of Employment As per Work Injury Compensation ACT Limit of Liability at Common Law S\$10,000,000 any one claim or series of claims arising out of one event Extensions/Clauses 1 WCl002 - 24 hours cover on business travel 2 WCl006 - Students during vacational training 3 WCl007 - Temporary/part-time/contract employees clause 4 | Social/Recreational activities clause 5 FN56 Loss notification clause 6 Travelling to and from work and during meal-break clause 7 Endoresement WICA216 8 Sanction limitation and exclusion clause 9 WN4 Contingent liability clause



Work Injury Compensation

Major Exclusions

- 1 Any liability of the Insured which attaches by virtue of an agreement bu thwich would not have attached in the absence of such agreement.
- 2 The Insured's liability to employees of independent contractors engaged by the Insured.
- 3 Any employee of the Insured who is not an "employee" within the meaning of the Legislation.
- 4 Any sum which the Insured would have been entitled to recover from any party but for an agreement between the Insured and such party.
- Any injury by accident or disease attributable to war invasion act of foreign enemy hostilities or warlike operations (whether war be declared or not) civil war mutiny rebellion revolution insurrection or military or usurped power.
- 6 Any loss damage liability or expense directly or indirectly caused by or contributed to by or arising from
 - a jonising radiations from or contamination by radioactivity from any nuclear fuel or from the combustion of nuclear fuel
 - b the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly of nuclear components thereof
 - c any weapon or device employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter
 - d the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter. The exclusion in this subclause does not extend to radioactive isotopes, other than nuclear fuel, when such isotopes are bening prepared, carried, stored, or used for commercial, agricultural, medical, scientific or other similar peaceful purposes
 - e any chemical, biological, bio-chemical or electromagnetic weapon.
- Any injury to any employee of the Insured resulting from an accident if it is proved that the injury to the employee is directly attributable to the employee having been at the time thereof under the influence of alcohol or a drug not prescribed by a medical practitioner unless the Insured is liable under the Legislation.
- 8 Any incapacity or death resulting from a deliberate self-injury or the deliberate aggravation of an accidental injury.



Work Injury Compensation

- Any dealth, disability, loss damage, destruction, any legal liabilities, cost or expense including consequential loss of whatsoever nature, directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss;
 - a war, invasion, acts of foreign enemies, hostities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising military or usurped power, or
 - b any act of terorism including but not limited to
 - (i) the use of threat of force, violence and/or
 - (ii) harm or damage to life or to property (or threat of suh harm or damage) including, but not limited to, nuclear radiation and/or contamination by chemical and/or biological agents
 - by any person(s) or group(s) of persons, committed for political, religious, ideological or similar purposes, express or otherwise, and/or to put the publi or any section of the public in fear, or
 - c any action taken in controlling, preventing, suppressing or in any way relating to (s) or (b) above.
 - If the Company alleges that by reason of this Exception, any loss, damage, cost, or expense is not covered by this insurance the burden of proving the contrary shall be ipon the Insured.
- 10 Any claims and losses based upon, arising out of, directly or indirectly resulting from or in consequence of, or any way involving:
 - a asbestos, or
 - b any actual or alleged asbestos related injury or damage involving the use, presence, existence, detection, removal, elimination or avoidance of asbestos or exposure or potential exposure to asbestos.
 - This exclusion shall only apply to the liability of the Insured which attaches under Common Law.
- 11 Any claim of whatsoever nature which arises directly or indirectly from or consists of the failure or inability of any
 - a electronic circuit, microchip, integrated circuit, microprocessor, embedded system, hardware, software, firmware, program, computer, data processing equipment, telecommunication equipment or systems, or any similar device
 - b media or systems used in connection with any of the foregoing
 - whether the property of the Insured or not, at any time to achieve any or all of the purposes and consequential effects intended by the use of any number, symbol or word to denote a date including without limitation, the failure or inability to recognise capture save retain or restore and/or correctly to manipulate, interpret, transmit, return, calculate or process any date, data, information, command, logic or instruction as a result of
 - i recognising using or adopting any date, day of the week or period of time, otherwise than as, or other than, the true or correct date, day of the week or period of time
 - ii the operation of any command or logic which has been programmed or incorporated into anything referred to in (a) and (b) above.



Group Business Travel

SCHEDULE OF BENEFITS			Benefit Amount (Per Insured Person)
			(SGD)
1	Accidental Death		500,000
	Permanent Disablement	Up to	500,000
	- Scale 3		
	- The percentages as stated in the table of benefits		500,000
	Accidental Burns Benefit		
	- Second & Third Degree Burns		
	- The percentages as stated in the table of benefits		
2	Accidental Death due to Common Carrier	Up to	50,000
3	Medical Expenses with Return Treatment	Up to	350,000
	- including Chinese Physician Expenses up to SGD1,000		
4	Child Education Benefit	Up to	25,000
	- SGD5,000 per Dependent Child per year for up to 5 years		
5	Comatose State Lump Sum Benefit	Up to	50,000
6	Funeral Benefits & Related Expenses	Up to	5,000
7	Hospital Allowance Benefit	Up to	10,000
	- SGD250 per day		
8	Hospital Allowance in Intensive Care Unit (ICU)	Up to	20,000
	- SGD400 per day		
9	Oversreas Rehabilitation Allowance Benefit	Up to	10,000
	- SGD200 per day		
10	Simple or Other Fracture	Up to	5,000



Group Business Travel

SCHEDULE OF BENEFITS			Benefit Amount (Per Insured Person)
30	HEDULE OF BENEFITS		(SGD)
11	Emergency Medical Evacuation		Unlimited
12	Repatriation of Mortal Remains		Unlimited
13	Compassionate Visit by Relatives or Friends	Up to	10,000
14	Employee Replacement Benefit	Up to	5,000
15	Baggage Delay	Up to	2,000
	- SGD250 per 6 hours of continuous delay		
16	Deviated Travel	Up to	1,000
	- SGD200 per 6 hours of continuous delay		
17	Loss or Damage of Personal Baggage and Property	Up to	5,000
	- Limit SGD1,000 per article, pair or set		
18	Loss of Personal Money and Travel Documents	Up to	2,000
	Specific Items:		
	- Maximum Limit for lost of Personal Money	Up to	1,000
19	Overbooked Flight, Voyage or Train	Up to	500
20	Travel Delay	Up to	1,000
	- SGD200 per 6 hours of continuous delay		
21	Travel Missed Connection	Up to	1,000
22	Trip Cancellation	Up to	10,000
23	Trip Curtailment with Catastrophe Cover Extension	Up to	10,000
24	Trip Re-arrangement	Up to	5,000
25	Hijacking	Up to	5,000
	- SGD250 per 8 hours of continuous delay		

Group Business Travel

SCHEDULE OF BENEFITS			Benefit Amount (Per Insured Person)	
			(SGD)	
26	Kidnap & Hostage	Up to	5,000	
	- SGD300 per 24 hours of being kidnapped or held hostag	e		
27	Personal Liability	Up to	1,000,000	
			Any one occurrence and in the aggregate	
28	Bail Bond Facility	Up to	15,000	
29	Legal Assistance following an Automobile Accident	Up to	15,000	
30	Credit Card Indemnity	Up to	5,000	
31	Emergency Telephone Charges	Up to	200	
<u>Ger</u>	eral Exclusions:			
1	Any congenital anomaly.			
2	2 Indjury directly or indirectly resulting from sickness, disease, or regnancy including any complications, related conditions or treatments thereof.			
3	Injury occurring during or as a direct or indirect result of any surgery except when such surgery was necessary to treat or restore function after an accidental injury covered b this policy.			
Ter	ritorial Limits			
Inte	national - Worldwide (including USA and Canada)			
Agg	regate Limit of Liability			
SGI	010,000,000 per conveyance			





Filing an Insurance Claim



Group Hospital & Surgical Claim Procedures

PRIVATE HOSPITAL

- 1. Upon admission, Patient signs the Medisave Authorization form and pays a deposit as requested by the hospital
- 2. Patient must request the attending doctor/surgeon to complete Part III of this form. Expenses incurred for the completion of Part III will not be reimbursed
- 3. Upon discharge from the hospital, Patient has to submit:
 - a) This form with all 3 parts fully completed
 - b) Original hospital detailed final bills/outpatient bills & receipts

GOVERNMENT / RESTRUCTURED HOSPITAL

If the claim amount does not exceed S\$1,000, Patient has to submit:

- a) This form with only Part I & II completed
- b) Original hospital detailed final bills/outpatient bills & receipts
- c) A photocopy of the Hospital Admission Summary (if any)
- d) The Discharge Summary form

If the claim amount exceeds S\$1,000, Patient has to submit:

- a) Original hospital detailed final bills/outpatient bills & receipts
- b) This form with all 3 parts fully completed
 - The Employer/Patient must complete Part I & II of this form respectively
 - Then submit the form to the Medical Records Section of the hospital for the completion of Part III. The medical report fee will be charged.
 - If the claim is payable, AIA will reimburse S\$80, subject to the maximum of "Other Hospital Services" benefit as stated in the policy schedule.



Group Hospital & Surgical Claim Procedures

Hospital	Medical Report Fee
	(subject to changes from the hospitals)
Singapore General Hospital	\$108.28
Tan Tock Seng Hospital	\$ 80.25
National University Hospital	\$ 80.25
K.K. Women's & Children's Hospital	\$ 96.30
Changi General Hospital	\$ 80.00
Alexandra Hospital	\$ 80.00
Khoo Teck Puat Hospital	\$ 80.00

Important notes:

- 1. To enable the claim to be processed on a timely basis, please duly complete all the questions in the claim form and attach all the required documents.
- 2. The claim will be returned if the required documents are not provided together with this form.



Group Hospital & Surgical Insurance Claim Form

	ROUP HOSPITAL & SURGICAL I Corporate Solut		RM
3 Tampines Gran	de, AIA Tampines #07-00, Singapore 528799, Fax:	9538 5603 / 6538 4340 Email: sg.eb.	claims@aia.com
Part I (to be comple	ted by the Employer)		
Name of Employer		Policy No	
Name of Employee		. NRIC/PP No	
Date of birth	mm/dd/yy Sex: M / F	Plan Type Room	& Board
Date of Employment .	mm/ did/ уу	Designation	
Employee's email		Marital Status: Single / Mar	rried
Employee's commence	ment date of insurancemm/	id/yy	
Company's stamp	Employer's name/Telephone No.	Employer's signature	Date
Part II (to be comple	eted by the Patient)		
Name of Patient		IRIC/PP No	
Relationship to employe	eeOccupation	Date of birth	J (mm/dd/yy)
1. If hospitalisation is			
Diagnosis/symptoms		Date/Type of operation:	
	due to accident, please provide:		
	mm/dd/yy. Place of ac	rident	
	what happened and state the extent of the init		
andly describe	and happened and state are extent of the high	",	
(Please submit a	nsurance company		
	e's bank a/c: Bank: Br	anch: Account no :	
	oyee's / Employer's Name		
CONT. 60 100 SC			
	thorisation (to be signed by the Patient/Gu	ardian)	
I/we, hereby authorise, a	gree and consent to: s, whether within or outside Singapore, including but n	of Smiles to medical accords beautiful as	destroy office health-one
employers or financial servic to AIA Singapore, its associ outside Singapore (collectiv personal data and informati services rendered, and any relevant for the Purpose (de		resentatives (collectively "Third Parties vice providers and its and their represe solicy owner and the insured person's aboy and notes, prescriptions, treatmen taking of copies of such records (coll	our or the insured persor) disclosing and release intertives, whether within) at any time, including its, descriptions of medic actively "Personal Data
employers or financial service to AIA Singapore, its associ- outside Singapore (collects- personal data and informati- services rendered, and any relevant for the Purpose (de b) the AIA Persons sharing disclosure and relesse of ac-	is providen, or their third party service providens or resided personal programs atoms, its and their third party ser- sily "AMA Persons"), any information concerning the ; n, medical information, medical phatoary, consultation is employment and financial information, including the finite below); the acope of auX—clause (a) above, along with any of idditional relevant Personal Date for the Purpose;	rementatives (collectively "Third Partite vivice providers and its and their represe solicy owner and the insured person(s) solicy and notes, prescriptions, bestimate taking of copies of such records (coll the Personal Date, with any relevant The	our or the insured person of disclosing and releasi metrices, whether within at any time, including its, descriptions of medi- ectively "Personal Data and Parties to procure the
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Part III (to be completed by the Attending Doctor/Surgeon)	
Name of Patient :	
Admission date : Discharge date:	
3. Name of hospital:	
Period of medical leave : From	
S. Date of first consultation:	
6. Presenting symptoms :	
7. Primary diagnosis:	ICD Code:
8. Date of diagnosis:	
9. a) Date of surgery : Su	rgical Code:
b) Surgical procedure:	
c) if excision was performed, please indicate the measurements of the lesion/tumor	
d) Were the above surgical procedures approached through the same incision/orific	e? Yes No
e) Was surgery performed for cosmetic purposes?	Yes No
10. a) How long had the patient been troubled by symptoms prior to the diagnosis?	
b) In your medical opinion, how long do you think the liness existed prior to your dia	agnosis?
11. Has the patient had any prior treatment for this condition	Yes No
if "Yes", state the date of treatment, name & address of doctor who treated the patie	
12. Was the patient referred by another doctor?	Yes No
If "Yes", please furnish the name and address of the referral doctor.	
13. Was the above condition discovered during your investigation of his/her infertility condition?	Yes No
14. Was the condition of patient due to or related to :	
a) congenital anomaly?	Yes No
b) psychological, mental or emotional disorder?	Yes No
c) dental/gum treatment or oral mucosal?	Yes No
d) pregnancy, childbirth, sub-fertility or infertility? (Date of last menstrual period) Yes No
Name of doctor	
Name & address of clinic :	
Signature of doctor :	
Date :	



Specialist Outpatient Claim Procedures

- 1. This form is for filing of claims for:
 - Specialist Outpatient Treatment, with referral letter from a registered general practitioner
 - Specialist Outpatient Treatment (Pre/Post Hosp)
- 2. Claims should be submitted within 20 days with original bills and receipts. Original bills and receipts must show the patient's name, date of treatment, diagnosis and must have the attending physician's stamp and signature.
- 3. Claims for Specialist Outpatient Treatment or X-Rays/laboratory tests must include a copy of the attending physician's referral letter.
- 4. Claims for purchase of drugs must include a copy of the attending physician's prescription.



Specialist Outpatient Claim Form



AIA SINGAPORE OUTPATIENT CLAIM FORM

Corporate Solutions

3 Tampines Grande, AIA Tampines #07-00, Singapore 528799 Fax: 6538 5603/6538 4340 Email: sg.eb.claims@aia.com

IHS /	Cllir	ical	/ Sn	eci:	alist

- 1. This form is for filing of claims for
- Treatment at Government Polyclinics
 Specialist Outpatient Treatment (if applicable), with referral letter from a registered general practitioner
- Treatment at Non-panel Clinics

 2. Claims should be submitted within 20 days with original bills and receipts. Original bills and receipts must show the patient's name, date of
- Claims should be submitted within 3rd garge was origine uses a starting and signature. treatment, diagnosis and must have the attending physician's starting and signature.

3.	Claims for Specialist Outpatient Treatment or X-rays/laboratory tests must include a copy of the attending phy
4	Claims for purchase of drugs must include a copy of the attending physician's prescription.

Name of Emp	loyer (Company)					Po	olicy No.:	
Name of Insu	red Employee			Date of Birth mm/_	: ddV		an:	
Employee's E	mall			Date of Emp	•	1	CIC/PP No	L
	refer to card):			mm/_	dd/	уу		
	Employee's Bank : Employee's / Employer's N							
IHS General P	at Non-panel GP Clinic	Eme	rgency OP Treat	atment	AIA Special Specialist C Specialist C			atment Post Hos
						E0	R AIA USE	OMIL V
						FU	IN AUA USE	ONLY
Date of Consultation (MMDDYY)	Name of Patient & Card Member No.	Ee/ Sp/ Ch*	Details of Cla	lm/Diagnosis	Amount	Dep Code	Claim No.	Adjuste
Concultation		8p/	Details of Clai	im/Diagnosis	Amount	Dep	Claim	Adjust
Concultation	Member No.	8p/	Details of Cla	im/Diagnosis	Amount	Dep	Claim	Adjust
Concultation	Member No. Name : Member No. : Name :	8p/	Details of Clai	im/Diagnosis	Amount	Dep	Claim	Adjuste
Concultation	Member No. Name: Member No.: Name: Member No.: Name:	8p/	Details of Cla	im/Diagnosis	Amount	Dep	Claim	Adjuste
Concultation	Member No. Name: Member No.: Name: Member No.: Name: Member No.: Name:	8p/	Details of Clai	im/Diagnosis	Amount	Dep	Claim	Adjuste Amoun

*Ee: Employee / Sp: Spouse / Ch: Child



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Declaration and Authorisation (to be signed by the Patient/Guardian)

I/we hereby authorise, agree and consent to:

- a) persons and organisations, whether within or outside Singapore, including but not limited to medical sources, hospitals, doctors. other healthcare professionals, laboratories, regulator, dispute resolution centres and insurers, their associated persons/organisations, my/our or the insured person's employers or financial service providers, or their third party service providers or representatives (collectively "Third Parties") disclosing and releasing to AIA Singapore, its associated persons/organisations. Its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "AIA Persons"), any information concerning the policy owner and the insured person(s) at any time, including all personal data and information, medical information, medical history, consultation history and notes, prescriptions, treatments, descriptions of medical services rendered, and any employment and financial information, including the taking of copies of such records (collectively "Personal Data"), relevant for the Purpose (defined below);
- b) the AIA Persons sharing the scope of sub-clause (a) above, along with any of the Personal Data, with any relevant Third Parties to procure their disclosure and release of additional relevant Personal Data for the Purpose:
- c) the AIA Persons, including their approved medical examiners or laboratories, performing any necessary medical assessments and examinations and tests to determine, assess and evaluate the health of the insured person(s):
- d) the AIA Persons collecting, using, disclosing, storing, retaining and/or processing (collectively, "Using"/'Use") the Personal Data for the Purpose; and
- e) waive any right (on my own behalf and on behalf of the insured person(s) where applicable, in respect of which I/we represent and warrant that the insured person(s) have granted melus authority to so waive) to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of any Personal Data for the Purpose.

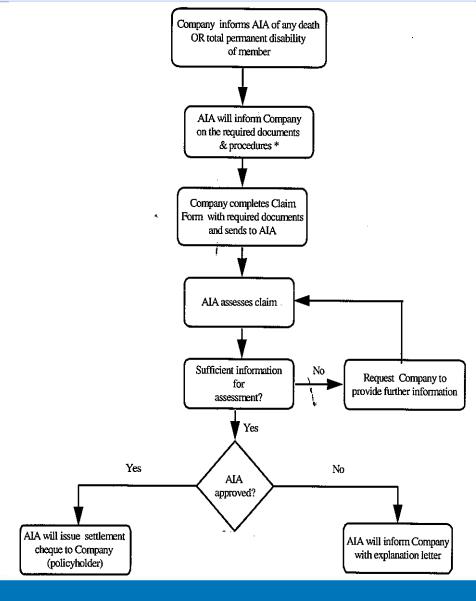
Where I/we are not the insured person, I/we represent and warrant that I/we have obtained the consent of the insured person(s), except to the extent such consent is not required under relevant laws: (i) to collect their Personal Data: (ii) to disclose their Personal Data to the AIA Persons: and (III) for the AIA Persons and Third Parties to Use any of their Personal Data in the manner and for the purposes described in this Clause. I/we hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. In this Clause, "Purpose" means any of the purposes described in the AIA Personal Data Policy, including but not limited to processing of this form, to provide subsequent advice or services to melus or the insured person in relation to any existing or future policy/policles/programmes that I/we may hold/participate with AIA Singapore. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our Application/form is accepted by AIA Singapore. A photocopy of this authorisation shall be valid and effective as the original.

Defe	Employee's Signature	Employer's Signature/Company stamp

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Flowchart – Term Life & Total Permanent Disability



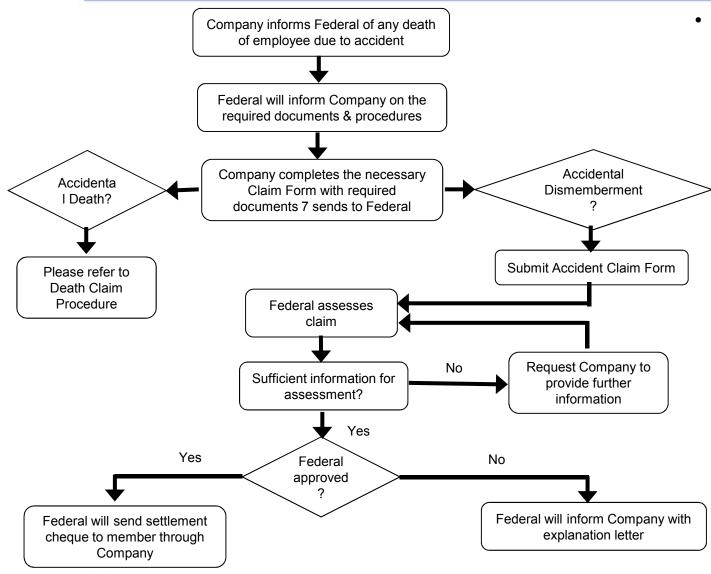
Term Life & Total Permanent Disability Requirement

- Required Documents for Death Claim
 - > Claimant's statement
 - Certified true copy of Death Certificate
 - > Company statement
 - Physician statement (if death is due to illness)
 - Post Mortem Report,
 Coroner's Report, Police
 Report (for unnatural death)
 - Copy of last payslip (if sum assured is in multiple of basic monthly/annual salary)

- Required Documents for Total Permanent Disability
 - ➤ Disability Claim Form
 - Copy of last payslip (if sum assured is in multiple of basic monthly/annual salary)
 - ➤ Police Report (disability is due to accident)



Flowchart – Accidental Death & Dismemberment



- Basic Documents
 Required for
 Accidental
 Dismemberment
 - Accident Claim Form
 - Police Report
 - Copy of last payslip (if sum assured is in multiples of monthly/annual salary)

Business Travel Insurance Claim – Documents Required

Please tick documents attached:

For all Travel Claims submitted	Completed claim form (Note: for Business Travel and Secondment Policies, the Claim Form must be endorsed with company's stamp and signed by an authorised company's representative) Original air tickets and boarding passes for the entire trip Copy of travel itinerary for the entire trip
Flight Delay or Missed Connection	Airline written confirmation stating reason(s) for delay and the length of delay Airline's letter or any documents confirming date and time of re-scheduled flight Original invoices/receipt(s) for additional expenses for accommodation and travel (if applicable) Airline's letter stating compensation (if applicable)
Baggage Delay	Airline baggage tag Airline Property Irregularity Report stating date / time of delay Documents confirming date / time baggage was returned Airline's letter stating compensation (if applicable)
Loss of Money, Passport or Documents	Original copy of police report Original invoices / receipts for expenses incurred to replace lost documents Documents to substantiate claim quantum
Loss of or Damage to Baggage or Personal Effects	Original copy of police report Original property irregularity report from airline, airport authority or hotel confirming loss or damage Original airlines' letter stating compensation for lost / damaged items Original invoice/receipt of damaged or lost items Photo of damaged item and repair quotation (if any) Repair invoice/receipt of damaged item with details of damage sustained and repair work done If item is replaced, copy of invoice / receipt of replacement item
Trip Cancellation or Trip Curtailment	Certified true copy of death certificate and documents (e.g. birth certificate, marriage certificate) to prove relationship between Insured Person/Claimant and deceased Medical report and/or other documents to substantiate the reason for trip cancellation or trip curtailment Original invoices/receipts showing any pre-paid costs or deposits made and not refunded Original documentation/receipts indicating the additional travel and/or accommodation expenses incurred



Business Travel Insurance Claim – Documents Required

Please tick documents attached:

	<u>, </u>
Medical Expenses	Original medical bills/receipts Original medical report or certification from the attending Physician stating diagnosis or reason for treatment
Permanent Disablement / Accidental Death	Original copy of police report and newspaper report, if available Original medical report Additional documents for Accidental Death Claim: Certificate true copy of death certificate, coroner's report or autopsy report (if any) Certificate true copy of claimant's identification documents (such as identity card, passport, marriage or birth certificate) to prove relationship between Claimant and Insured Person Legal documents (such as certified true copy of Grant of Letters of Administration or Grant of Probate and Estate Duty Schedule) where and when required by law, must be submitted at the claimants' expense
Personal Liability	Copy of police or accident report, if any Copy of letter of demand from third party and writ, if any
Others	

Business Travel Insurance Claim Form



FEDERAL INSURANCE COMPANY

One of the Chubb Group of Insurance Companies

18 Cross Street #11-08 China Square Central Singapore 048423 Telephone: 6333 8113 Facsimile: 6333 8112 Unique Entity No. S83FC3361G

OVERSEAS / BUSINESS TRAVEL INSURANCE CLAIM FORM ®

IMPORTANT NOTE

The Insured is requested to state as fully and as accurately as possible the information asked for hereunder in order to expedite claim processing. Please ensure that all relevant supporting documentation is submitted within 30 days from date of return with this claim form. If any information or documents are currently not exaliable, please lef us know and state the reasons(s). Any documentary proof or reports required by the Company shall be furnished at the expense of the Policholder or Claimant. Thank you for your assistance to enable us to expedite claim processing. Our acceptance of this Form is not in itself an admission of lightility on the read of the Common.

liebil	lify on the part of the Company.			
Α	POLICYTYPE Personal Travel: Single	Trip 🗆	Annual 🗌 🛭 B	usiness Travel 🗆 Secondment 🗆
1	Employer / Policyholder		Policy No.	
2	Address			
3	Tel/Mobile		Email	
	EMPLOYEE / CLAIMANT		Marital Stat	us Married Single
4	Employee		Sex	F M Age
5	NRIC/Passport No.		Nationality	
6	Occupation			
7	Commencement date of employment		Tel/Mobile	
8	If employed less than 12 months, state name of prior medical insurer			
9	ADDITIONAL INFORMATION FOR OVERSEAS POSTING / SECONDMENT POLICY	Home / 0	Country of Resi	dence
10	Commencement Date of Posting	City / Co	untry of Posting	
11	Insured Person (if not Employee)	Relation	ship to Employ	ee
12	NRIC/Passport No.	_ Age / Date	of Birth	
13	Insured Person's prior medical insurer, if insured less than 12 months under this policy			
14	Are there any other insurance which would cover this loss?	Yes 🗌	No]
15	Name of Insurance Company & Policy No.			
	If Yes, please submit claim to the other insurance company and provide	e copies of	policy and com	pleted claim form for our review.
В	CLAMITYPE Please tick box accordingly			
	Flight Delay Medical Expenses Trip Cancellet	ion 🗌	Loss / Dar	mage to Personal Effects
	Baggage Delay Missed Connection Trip Curtailme	nt 🗌		oney / Documents
	Baggage Loss Personal Insurance Personal Liab	iity 🗌	Permanent	Disablement / Accidental Death

С	DETAILS FOR ALL CLAIMS (Please attach a separate sheet if space below is insufficient)						
	Date and Time Place						
	NOTE: If you are claiming for MEDICAL EXPENSES incurred, the doctor's diagnosis a for seeking medical treatment is crucial information and must be stated below. To will cause delay to your claim. Additional details are required in Section F.	nd/or the cause or reason his information, if missing,					



Others

Business Travel Insurance Claim Form

D. TRAVEL DETAILS PLEASE COMPL	ETE THIS SECTION FOR CLAIM INVOLVING TRAVEL OVER	RSEAS		ITUM FOR ALL CLAIMS ATE BRAND / MODEL NO. FOR LOST PROPERTY OR	BAGGAGE CLAIMS	TO AID CLAIM A	ASSESSMENT
Purpose of Trip	Business	rsonal Vacation Home Leave	Purchase Date o Consultation Date		Original Price Paid or	Replacement or Repair Costs	Amount Claimed
Duretion of Trip	From To				Consultation Fees	,	
You can omit the follow	ving if a copy of your travel itinerary or e-ticket is submitted wi	in this claim form					
Departure Airport	Carrier / Flight No.	Date and Time					
2. Transit Airport, if any	Carrier / Flight No.	Date and Time					
3. Arrival Airport	Carrier / Flight No.	Date and Time					
E. TRAVEL DELAY/	BAGGAGE DELAY CLAIM INFORMATION						
1. FLIGHT DELAY	Airport Delayed Flight No	Date & Time					
2. MISSED CONNECTION	Airport Delayed Flight No	Date & Time					
3. BAGGAGE DELAY/LOS	8 Airport Place of Receipt	Date & Time		Please attach a separate list if space is in	nsufficient above		
	ONAL ACCIDENT CLAIM INFORMATION ed this or a similar condition or was this recurrence of a previous Yes No	ous iliness or injury? If yes, please provide	undersland that any pen false, incomplete or misk I also hereby authorise a Federal Insurance Cor consultations, prescriptio	DECLARATION the best of my knowledge and belief, the statements and ar son who knowingly and with intent to defauld or deceive any eading information may be subject to prosecution for insurance my hospital, physician, or other person who had examined me npany or its authorised representative, any and all informa ns or treatment, or incident or copies of all hospital or medical flective and valid as the original.	iswers in this form are rinsurance company fi e fraud. e or attended to me, to tion with respect to ar	es a claim containir disclose when reque ly illness, or injury,	ng any materially ested to do so by medical history,
Names and addresse	is of usual attending Physician(s):		PAYMENT OF CLAIM Subject to Policy terms this claim to:	and conditions, I/we hereby authorise and request Federa	l Insurance Company	to pay the benefit o	lue in respect of
For Accident, names	and addresses of witnesses, if any:		Note: Payment is mad Residence/Seco	te in the form of Singapore Dollars cheque, regardless of the nationality or location of the Policyholder.	te Insured Person/Clai	mant's Home Count	iry or Country of
	If the Police Station where the report was lodged. A copy of the ed, please advise reason.	e report should be attached to this form.	Name & Signature of Insured Person and/o Name, Signature & D Policyholder's Repres Personnel & endorse Company stamp	esignation of sentative / HR		Date	