Table of Cover

Benefits		Maximum benefit (S$) per insured person Essential	Enhanced	Supreme
Section 1	**Major cancer (once per lifetime)**	30,000	50,000	80,000
Section 2	**Monthly living allowance (per month; for 12 months)**	300	500	800
Optional Benefits				
Section 3	**Early cancer (once per lifetime)**	6,000	10,000	16,000
Section 4	**Double cover for specific major cancers (once per lifetime)**	30,000	50,000	80,000

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Policy Conditions
CancerAssist

Your policy

This is **your** CancerAssist insurance **policy** and it contains details of benefits, conditions and exclusions relating to **you**. This **policy** will form the basis on which **we** will settle all claims. It is only valid if the **policyholder** has paid the appropriate premium in full and **we** have given the **policyholder** a **schedule**.

Any statement, information or declaration the **policyholder** has given on **your** behalf or **you** have given; including any declaration made over the phone, or by fax, email or the internet at the time of making the application, will form the basis of the contract.

The **schedule**, **table of cover** and any further **endorsements** are all part of this **policy**.

Please keep this document in case **you** need to refer to it.

Who is eligible?

This **policy** is only available to **you** if **you**:

1 hold a valid Singapore identification document such as a Singapore National Registration Identification Card (NRIC), Employment Pass, Work Permit, Long Term Visit Pass or Student Pass;
2 have never been diagnosed with cancer or carcinoma-in-situ (CIS);
3 do not have any **cancer-linked pre-existing medical conditions**;
4 are between 16 and 55 years of **age** (**we** may continue to cover **you** up to 65 years old and **we** may apply new terms depending on **our** decision); and
5 **your** premium has been fully paid.

Things to remember

- **You** and the **policyholder** must reveal all facts **you** or the **policyholder** know or ought to know which may affect the insurance cover the **policyholder** is applying for. If not, this **policy** may not be valid.
- **We** will cancel this **policy** from the **original start date** and premium will be fully refunded if **you** have been diagnosed with cancer, carcinoma-in-situ (CIS) or **cancer-linked pre-existing medical conditions** before the **original start date** or if **early cancer** or **major cancer** was diagnosed within the **waiting period**, or if there were signs or symptoms which appeared before the **waiting period** expires.
- This is not a life or medical insurance and there is no coverage for death or medical expenses. **You** must live beyond the **survival period** before **we** will pay any claim.
- For a **policy** with a monthly **recurring payment arrangement**, before **we** can pay the claim, **we** will first deduct the outstanding premium owed for the remaining **policy period** from the claim amount.
- **You** can only be covered under one CancerAssist policy.

Definitions

Age means **your** current age at the start of this **policy**.

Cancer-linked pre-existing medical condition means any condition or sickness (including any signs, symptoms, diagnosis, or complications which may arise) directly or indirectly causing cancer which existed before the **original start date**, and which **you**:

a knew about;
b exhibited symptoms that would have caused a sensible person to seek medical attention;
c have received diagnosis, consultation, medical treatment or were prescribed drugs for in the 12 months before the **original start date**; or
d have been asked to get medical treatment or medical advice for by a **medical practitioner** within 12 months before the **original start date.**

Below are examples of **cancer-linked pre-existing medical condition.** The list is not exhaustive:-

- Tumour, polyp, cyst, fibroid or growth of any kind, histologically considered to be pre-malignant
- Liver cirrhosis

- Hepatitis B
- Hepatitis C
- Anemia
- Monoclonal Gammopathy of Undetermined Significance (MGUS)
- Barrett's oesophagus
- BRCA1/2 genetic test abnormalities
- Ulcerative colitis
- Crohn's disease
- Abnormal cancer screening test results
- Mammogram categorized as BIRADS 3 and above
- Familial polycystic kidney disease
- Kidney failure
- Haematuria

Endorsement means an authorized amendment to this **policy**.

Family member means the **policyholder's** or **your** parents, brothers and sisters, husband or wife, children, parents-in-law, brothers-in-law, sisters-in-law, grandparents, grandparents-in-law, daughters-in-law, sons-in-law or grandchildren.

Insured person means the individual named in the **schedule** as the person who is insured under this **policy**.

Medical practitioner means any person registered and legally qualified as a doctor by a medical degree in western medicine and authorized by the medical licensing authority of Singapore to provide medical or surgical services within the scope of their licence and training. The **medical practitioner** cannot be **you**, **your family member**, partner, business partner, employer, employee or agent.

Original start date means the start date of the CancerAssist policy where **you** were first insured by **us**. If this is a new application (or if **you** are applying again after a lapse **policy**), it will be the same as the **start date**.

Payment frequency means how often payment is made for the premium due. This can be monthly or yearly, depending on what the **policyholder** chooses.

Period of insurance means the period of cover as shown in the **schedule**.

Policy means this document, including any information provided or declaration made by the **policyholder** for and on behalf of **you**, the **schedule**, the **table of cover** and any **endorsements we** have issued under this **policy**.

Policyholder means the person named and who has made the declaration and paid the premium on behalf of the **insured person** as shown in the **schedule**.

Policy year means:

a a period of 12 months from the **start date** as shown in the **schedule**;

b each further consecutive period of 12 months for which this **policy** renews for; or

c any period of cover as agreed between the **policyholder** and **us**.

Prohibited person means a person or entity who is, or who is **related** to a person or entity:

- subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict **us** from providing insurance or carrying out any transaction under this **policy**, or
- who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.

Recurring payment arrangement means:

a the premium is charged to a credit card, chosen by the **policyholder**, either on a monthly or yearly basis to pay premiums due for the current **policy** or when it is renewed, depending on the **payment frequency** chosen by the **policyholder**; or

b the premium is taken from a bank account chosen by the **policyholder** to pay the premiums due for the current **policy** or when it is renewed, by General Interbank Recurring Order (GIRO); depending on the **payment frequency** chosen by the **policyholder**.

Related includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.

Relevant person includes persons and entities such as the **policyholder**, **insured person**, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of the application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.

Schedule means the document which proves that **you** have the insurance cover, listing, among other things, details of the **insured person**, the **policyholder**, the plan and the **period of insurance** covered under this **policy**.

Start date means the date this **policy** starts as set out in the **schedule**.

Survival period means 7 consecutive days immediately following the date of **your** diagnosis of **early cancer** or **major cancer**.

Table of cover means the separate table showing the list of benefits **we** will pay to each of **you** according to **your** plan while this **policy** is in force. It will depend on the terms, conditions, limits, exclusions and qualifications of this **policy**.

Waiting period means 90 consecutive days immediately following the **original start date**.

We, **our**, **us**, and **Income** means NTUC Income Insurance Co-operative Limited.

You, **your** and **yours** means the **insured person** referred to in the **schedule.**

Definition of early cancer and major cancer

Early cancer means the following medical conditions:	**Early cancer** excludes the following medical conditions:
The diagnosis of first Carcinoma-in-situ (CIS) during **your** lifetime. CIS means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. Invasion means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of CIS must always be supported by a histopathological report. Furthermore, the diagnosis of CIS must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard. CIS diagnosed in the cervix uteri should include a pap smear with cone biopsy or colposcopy with the cervical biopsy report clearly indicating presence of CIS.	1. CIS diagnosed clinically without support from a histopathological report and positive diagnosis upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. 2. CIS diagnosed in the cervix uteri using pap smear only. 3. CIS diagnosis in the cervix uteri using Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN 1, CIN 2 and CIN 3 (severe dysplasia without CIS). 4. CIS of the skin (both melanoma and non-melanoma). 5. CIS of the biliary system.
Early prostate cancer Prostate cancer that is histologically described using the TNM classification as T1N0M0 or prostate cancers described using another equivalent classification.	1. Early prostate cancer diagnosed as TNM classification T1 with a Gleason score of 5 or less, unless major interventionist therapy (including but not limited to surgery, radiotherapy, brachytherapy or chemotherapy) is performed.
Early thyroid cancer Thyroid cancer that is histologically described using the TNM classification as T1N0M0, and papillary microcarcinoma of thyroid that is from 1cm to less than 2cm in diameter.	The following that are less than 10mm: 1. papillary microcarcinoma; 2. non-invasive papillary carcinoma; 3. flat, non-invasive CIS of the thyroid; 4. follicular thyroid carcinoma
Early bladder cancer Bladder cancer that is histologically described using the TNM classification as T1N0M0, and papillary microcarcinoma of the bladder.	The following that are less than 10mm: 1. papillary microcarcinoma 2. non-invasive papillary carcinoma 3. flat, non-invasive CIS of the bladder
Early chronic lymphocytic leukaemia Chronic lymphoctic leukaemia (CLL) RAI stage 1 or 2.	1. Early chronic lymphocytic leukaemia diagnosed as less than RAI stage 1 or CLL RAI stage 0 or lower. 2. CLL that is defined to be in the blood and bone marrow only.

Major cancer* means the following medical conditions:	**Major cancer*** excludes the following medical conditions:
A malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue. The term **major cancer** includes, but is not limited to, leukaemia, lymphoma and sarcoma.	1. **Major cancer** diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence. 2. All tumours which are histologically classified as any of the following: a. pre-malignant; b. non-invasive; c. Carcinoma-in-situ (Tis) or Ta; d. having borderline malignancy; e. having any degree of malignant potential; f. having suspicious malignancy; g. neoplasm of uncertain or unknown; behavior; or h. All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia; 3. Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond; 4. Malignant melanoma that has not caused invasion beyond the epidermis; 5. All prostate cancers histologically described as T1N0M0 (TNM classification) or below, or prostate cancers of another equivalent or lesser classification; 6. All thyroid cancers histologically classified as T1N0M0 (TNM classification) or below; 7. All neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below; 8. All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification) or below; 9. All gastro-intestinal stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below; 10. Chronic lymphocytic leukaemia less than RAI stage 3; 11. All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and 12. All tumours in the presence of human immunodeficiency virus (HIV) infection.

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

What your policy covers

This **policy** is meant to assist **you** financially while **you** recuperate upon the diagnosis of first **major cancer** and/or first **early cancer** during the **period of insurance** and after the **waiting period**; and **you** must survive the **survival period** to receive the payout.

There is no coverage for medical expenses and is not a substitute for medical insurance.

The amount **we** will pay depends on the conditions and maximum benefit limits of **your** plan as set out in the **table of cover**.

Section 1 – Major cancer		
When we pay	**What we pay**	**What we do not pay**
A If **you** are diagnosed with **major cancer**. **You** must provide clinical, radiological, histological and laboratory evidence of **your** diagnosis from a **medical practitioner** in Singapore. **We** may ask **you** to have a medical examination by a **medical practitioner we** appoint.	**1** **We** will pay **you** the cash benefit as shown in the **table of cover**. **2** **We** will only pay this benefit once per lifetime, even if **you** are diagnosed with more than one **major cancer**.	**1** **We** do not pay if the condition is excluded under the definition of **major cancer**, or is excluded in the general exclusions listed in part 1 of the general conditions.
Section 2 – Monthly living allowance		
When we pay	**What we pay**	**What we do not pay**
A If **you** are diagnosed with **major cancer.** **B** **You** must have a valid claim for which **we** will pay under section 1. **You** must be alive to receive this benefit and it will end once **we** have made 12 monthly payments.	**1** **We** will pay **you** the cash benefit as shown in the **table of cover** every month over a maximum period of 12 months while **you** are alive.	**1** **We** do not pay if the condition is excluded under the definition of **major cancer**, or is excluded in the general exclusions listed in part 1 of the general conditions. **2** Monthly living allowance due upon **your** demise.
Optional Benefits		
Section 3 – Early cancer		
When we pay	**What we pay**	**What we do not pay**
A If **you** are diagnosed with the following. 1 **Early cancer**; or 2 **Major cancer** for which **you** have a valid claim which **we** will pay under section 1 and which progresses from an **early cancer**. **You** must provide clinical, radiological, histological and	**1** **We** will pay **you** the cash benefit as shown in the **table of cover**. **2** **We** will only pay this benefit once per lifetime, even if **you** are diagnosed with more than one **early cancer** or **major cancer**.	**1** **We** do not pay if the condition is excluded under the definition of **major cancer** or **early cancer**, or is excluded in the general exclusions listed in part 1 of the general conditions.

laboratory evidence of **your** diagnosis from a **medical practitioner** in Singapore. **We** may ask **you** to have a medical examination by a **medical practitioner we** appoint.		
Section 4 – Double cover for specific major cancers		
When we pay	**What we pay**	**What we do not pay**
A If **you** are diagnosed with **major cancer** in the following organs. For male: 1 Colon 2 Lung 3 Prostate For female: 1 Breast 2 Colon 3 Lung **B** **You** must have a valid claim for which **we** will pay under section 1.	**1** **We** will pay **you** the cash benefit as shown in the **table of cover**. **2** **We** will only pay this benefit once per lifetime, even if **you** are diagnosed with more than one **major cancer.**	**1** **We** do not pay if the condition is excluded under the definition of **major cancer**, or is excluded in the general exclusions listed in part 1 of the general conditions.

General conditions which apply to the whole policy

1 General Exclusions

This **policy** does not cover claims directly or indirectly caused by or arising from the following.

a **Early cancer** or **major cancer** diagnosed during the **waiting period**, or where **you** suffered signs or had symptoms or investigations before the **waiting period** expires.

b **Early cancer** or **major cancer** in the presence of human immunodeficiency virus (HIV) infection.

c **Early cancer** or **major cancer** caused directly or indirectly by:

i. alcohol or drug abuse;

ii. asbestos, including 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.

d Cancer, carcinoma-in-situ (CIS) or **cancer-linked pre-existing medical conditions** that existed before the **original start date** or the date **we** receive the premium for a plan upgrade, whichever is later, unless **we** have agreed in writing to cover.

If **we** refuse to pay a claim as a result of any of the exclusions listed above and **you** disagree with **our** decision, **you** are responsible for proving that **we** are legally responsible for the claim. If any part of any exclusion is found to be invalid or **we** cannot enforce it, it will not affect the rest of the exclusions.

2 Changing your plan

The **policyholder** may write and ask to change the plan at **your** next **policy** renewal if **we** have not paid out any claim under this **policy**. If **we** do approve **your** request, **we** will tell **you** when the change in plan will take place and the change will be reflected in an **endorsement** issued by **us**.

If **you** upgrade **your** plan to receive a higher coverage, **you** will continue to be covered under the previous plan for 90 consecutive days from the date **we** receive payment for the plan upgrade. Any **early cancer** or **major cancer** diagnosed during this period, or if **you** suffered signs or had symptoms or investigations before the end of this period, **you** will be covered under **your** previous plan. Claims arising from conditions that **you** developed or are diagnosed with before the request to upgrade plan will also continue to be covered under the previous plan.

For example,

Policy Year	Plan	Remarks
1	Essential	Contracted Hepatitis B
2	Essential	Upgrade plan
3	Enhanced	Within 90 consecutive days from the date **we** receive payment for the plan upgrade: • Coverage is still under Essential plan. After 90 consecutive days from the date **we** receive payment for the plan upgrade: • **Early cancer** or **major cancer** arising from Hepatitis B still covered under Essential plan; • Others are covered under Enhanced plan.

3 Premium

a The premium that the **policyholder** pays for this **policy** can change. If **we** change the premium for this **policy**, **we** will write to the **policyholder** at their last-known address or email address at least 30 days before the change is to take place, to tell the **policyholder** what the new premium is.

b Premium due dates

i. The premium is due on or before the **start date** of this **policy** and if this **policy** is renewed, the start date of the next **policy year**. If the **policyholder** has chosen monthly **recurring payment arrangement**, the premium is due on the dates shown in the debit note or tax invoice issued to the **policyholder**.

c Premium payment

i. The **policyholder** can pay the premium due for this **policy** using the **recurring payment arrangement** they have chosen.

ii. Before the premium due date, **we** will charge the premium to a credit card or take the premium by GIRO from a bank account chosen by the **policyholder**.

iii. The **policyholder** can change the chosen **payment frequency** and **recurring payment arrangement** by calling **us** or writing to **us** at least 21 days before the end of the **policy year**. The change will take effect from the start date of next **policy year**.

4 Payment before cover warranty

We (or **our** intermediary) must receive the premium due on or before:

a the **start date** of this **policy**.

b The start date of the next **policy year**, if this **policy** is renewed; and

c The subsequent premium due dates as shown in the debit note or tax invoice (which applies only if the **policyholder** chooses the monthly **recurring payment arrangement**).

If **we** or **our** intermediary do not receive the premium due on the dates described above, this **policy** will not be valid or renewed and **we** will not pay any benefits.

5 No Claim Bonus

If **you** do not have any claims, **we** will increase the benefit limit of section 1 in **your** next policy renewal by 5% up to a limit of 5 consecutive renewals. For example, if **you** do not have any claims, **you** will have a no claim bonus of 25% from the 5th renewal onwards.

If **your policy** is not renewed continuously, or if there is any claim under this **policy** under any section for which **we** accept or pay, the no claim bonus will be reduced to zero, and **we** will not give any no claim bonus for any and all subsequent renewals.

For avoidance of doubt, if **you** change **your** plan in the next **policy year** and no claim has been made, the no claim bonus for **your** renewal policy will be computed based on the original benefit limit as at the **original start date**.

6 Renewal

If this **policy** is renewed, **we** will provide the new terms and conditions (if these apply) for the next **policy year** before the start date of the next **policy year**. **Your** successful payment of premium for the next **policy year** would mean that **you** have accepted the new terms and conditions.

If **we** did not receive request to cancel this **policy** as set out in general condition 8(b), **we** will take the premium using the last **recurring payment arrangement** chosen by the **policyholder**.

This **policy** will apply as long as **we** can successfully collect the premium before the premium due date.

If **we** do not successfully collect the premium before the start date of the next **policy year**, this **policy** is not renewed and cannot be reinstated.

7 Free-look period

We will give the **policyholder** 14 days from the time they receive this **policy** to decide whether to continue with it. If the **policyholder** does not want to continue and there is no claim made under this **policy**, they may call **us** or write to **us** to cancel this **policy** from the **original start date**. **We** are not liable to pay out any benefits under this **policy** and the **policyholder** will get a full refund of the premium. **We** consider that this **policy** has been delivered (and received) seven days after **we** post it. This condition does not apply to policy renewals.

8 Cancellation and refund

a For **policy** cancellation, **we** will not refund any premium if a claim has been made under this **policy**.

b If **we** cancel this **policy**

i. **We** can cancel this **policy** by giving the **policyholder** seven days' written notice. **We** will consider that the **policyholder** has received this cancellation notice on the same day if **we** deliver the notice by hand, mail, fax or email.

ii. **We** will cancel this **policy** on the date the premium is due if **we** do not receive the premium due or **we** are not successful in taking the premium from the credit card or GIRO account the **policyholder** has chosen.

iii. **We** will cancel this **policy** from the **original start date** and premium will be fully refunded if **you** have been diagnosed with cancer, carcinoma-in-situ (CIS) or **cancer-linked pre-existing medical conditions** before the **original start date** or if **early cancer** or **major cancer** was diagnosed within the **waiting period**, or if there were signs or symptoms which appeared before the **waiting period** expires.

If **we** cancel this **policy** because the premium has not been paid, **you** may apply for a new **policy**. However, **your** application will depend on **us** accepting it based on **your** latest medical conditions.

c If there is no claim under this **policy** and the **policyholder** wishes to cancel the **policy**

i. Monthly **recurring payment arrangement**

- The **policyholder** may cancel this **policy** by calling **us** or writing to **us** and cancellation will be effective from the date **we** receive the notice of cancellation.
- For cancellation after the 14-day free-look period (under general condition 7), **we** must receive the notice of cancellation no

later than 21 days before the next monthly premium due date. This **policy** will then be cancelled on the day the monthly premium is due.

- But, if **we** receive the notice of the cancellation less than 21 days before the next monthly premium due date, this **policy** will be cancelled on the following month when the premium is due.

Cancellation of policy with monthly premium – For example	
Period of insurance	22 Sep 2019 to 21 Sep 2020
Monthly premium due date	22 (Sep, Oct, Nov, Dec, Jan, Feb and so on)
If we receive the notice of cancellation:	
On 1 Oct 2019	cancellation will take effect on 22 Oct 2019.
On 20 Oct 2019	cancellation will take effect on 22 Nov 2019.

ii. Yearly **recurring payment arrangement**

- The **policyholder** may cancel this **policy** by calling **us** or writing to **us** and cancellation will apply from the date **we** receive the notice of cancellation.
- For cancellation after the 14-day free-look period (under general condition 7), **we** will work out and refund the premium as follows if no claim has been made under this **policy**.

$$\frac{\text{**Period of insurance** (in days) still left to run}}{\text{Original **period of insurance** of this **policy**}} \times \text{85\% of the premium paid}$$

- **We** will not refund any premium below $54.00 @ 8% GST in 2023 and $54.50 @ 9% GST from 2024.

If **we** refund premiums, **we** will do so by cheque to the **policyholder**.

9 Paying benefits

We will pay the benefits listed in this **policy** only if:

a the **policyholder** has met general condition 4;
b the **policyholder** or **you** have given **us** satisfactory proof of the claim; and
c **you** live beyond the **survival period**.

We will pay benefits as described in section 1, 3 or 4 as shown in the **table of cover** to **you** unless **you** die after the **survival period**, in which case **we** will pay to **your** legal representative.

If **you** die after the **survival period**, **we** will stop paying the benefit under section 2.

For a **policy** with a monthly **recurring payment arrangement**, before **we** can pay the claim, **we** will first take from the claim amount any premium owed to **us** for the rest of the **policy year**.

When **we** have paid the claim for any benefit, **we** will have no further legal responsibility to **you** or the **policyholder** under this **policy** for the specific claim.
Despite anything **we** have stated to the contrary, **we** will not pay any claim if the laws of Singapore, or the country of which **you** are a citizen, prevent **us** from doing so.

10 Misrepresentation

We will treat this **policy** as void if **you** or the **policyholder** misrepresents or misdescribes any information which may affect **our** decision to accept the application.

11 Fraud

You or the **policyholder** must not act in a fraudulent way. **We** will take the action shown below if **you** or the **policyholder** or anyone acting for **you**:

a makes a claim under this **policy** knowing the claim to be false or fraudulently exaggerated in any way; or
b makes a statement to support a claim knowing the statement to be false in any way; or
c sends **us** a document to support a claim knowing the document to be forged or false in any way.

We can do any or all of the following.

a **We** will not pay the claim.
b **We** will not pay any other claim which has been or will be made under this **policy**.
c **We** may declare this **policy** invalid.
d **We** can recover from **you** or the **policyholder** the amount of any claim **we** have already paid under this **policy**.
e **We** will not refund the premium.
f **We** may not allow **you** or the **policyholder** to buy other policies from **us**.
g **We** may report **you** or the **policyholder** to the police.

12 Reasonable care

You must take all reasonable precautions and all practical steps to minimize claims. For example, seeking medical treatment upon diagnosis of early cancer.

13 One policy

You shall not be covered under more than one in force CancerAssist policy issued by **us**. If **you** have more than one CancerAssist policy**, we** will consider **you** to be insured only under the policy which provides the highest benefit level. If the benefits under each CancerAssist policy is identical, **we** will consider **you** to be insured under the first policy issued by **us.**

14 Changes in circumstance

If there is any change in circumstances affecting **your** risk, **you** must give **us** immediate written notice and pay any extra premium that **we** may ask for. In particular, **you** must tell **us** about any change in **your** health and body condition or smoking status. **We** can choose not to pay the claim if **you** have failed to inform **us** of such change in circumstances affecting **your** risk.

15 Claims conditions

a **You** or the **policyholder** must tell **us** as soon as possible and in any case within 30 days following the diagnosis of **major cancer** or **early cancer**. **We** have the right to reject **your** claim if **you** tell **us** later than 30 days from the date of diagnosis.

b **We** pay all claims in Singapore dollars.

16 What you need to provide when you send us your claim

The **policyholder, you** or **your** legal representatives must supply all information, reports (including prognosis), clinical, radiological, histological and laboratory evidence of **your** diagnosis, medical certificates, documents (such as a translation of a foreign-language document into English), confirmed by oath if necessary, **we** may need before **we** assess **your** claim. **We** may refuse to pay the claim which **you** cannot provide original documentations for.

17 Ending the policy

This **policy** will end immediately when:

a **you** die;

b **we** cancel this **policy** under general conditions 4, 8(b) or 11;

c the **policyholder** cancels this **policy** under general condition 8(c);

d **we** have paid the benefit under section 1;

e **you** no longer satisfy any of the eligibility requirements set unless **we** have agreed in writing to cover;

f **you** or the **policyholder** do not provide all facts **you** or they know or ought to know which may affect this **policy** before entering into or renewing this **policy**; or

g **we** do not renew this **policy**.

18 Excluding third party rights

A party who is not covered by this **policy** has no right under the Contracts (Rights of Third Parties) Act (Chapter 53B) to enforce this **policy**.

19 Currency and interest

All dollar amounts shown in this **policy** and **schedule**, and **table of cover** are in Singapore dollars (S$). **We** will not add interest to any amount **we** pay under this **policy**.

20 Prohibited persons

If **you** or any **relevant person** is found to be a **prohibited person**:

- **we** are entitled not to accept **your** application; and
- if any **policy** is issued, **we** are entitled to end the **policy**, not pay any benefit or not allow any transaction to be carried out under the **policy**. **We** will not refund any unutilised premium when the **policy** is ended.

Our decision in every respect of the above will be final.

The **policyholder** or **you** will need to inform **us** immediately if there is any change in any **relevant person's** identity, status or identity documents.

21 Governing law

Singapore law will apply to this **policy**.

22 Dealing with disputes

If the **policyholder** is not satisfied with **our** final decision on **your** claim, the **policyholder** shall refer the case to the Financial Industry Disputes Resolution Centre Ltd (FIDREC), an independent and impartial institution specializing in solving disputes between financial institutions and consumers. Their website address is: www.fidrec.com.sg

If the dispute cannot be referred to or dealt with by FIDREC, the dispute must be referred to and decided using arbitration in Singapore in line with the Arbitration Rules of the Singapore International Arbitration Centre which apply at that point of time. **We** will not be legally responsible under **your policy** unless **you** have first received an award under arbitration.

23 Feedback procedure

The information below is not legally binding and is just for **your** information.

Making yourself heard

We are committed to providing **you** with an exceptional level of service and customer care.

We realise that things can go wrong and there may be times when **you** feel that **we** have not provided the service **you** expected. When this happens, **we** want to hear about it so that **we** can try to put things right.

Please send **your** feedback to: www.income.com.sg/enquiry

Our promise to you

We will:

- Acknowledge **your** complaint promptly;
- investigate quickly and thoroughly;
- keep **you** informed of **our** progress; and
- do everything possible to deal with **your** complaint.

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income or visit the GIA / LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg)

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