

## Schedule of benefits

Outpatient benefits (for each accident)			
Item	Description	Plan 1	Plan 2
A	Outpatient benefit - includes ambulance fees and follow-up treatment - includes dental treatment due to an accident	Up to \$2,000	Up to \$1,000
B	Physiotherapy at specialist outpatient clinics (SOCs) at restructured hospitals and Singapore Sports Council	Up to \$25 per visit, not more than 6 visits.	Up to \$25 per visit, not more than 6 visits.
C	Traditional Chinese medicine	Up to \$25 per visit, not more than 3 visits.	Up to \$25 per visit, not more than 3 visits.

Inpatient benefits (for each accident) See the note below.			
Item	Description	Plan 1	Plan 2
A	Daily room and board benefit (including ICU)	Up to \$250 a day	Up to \$150 a day
B	Daily in-hospital consultation	As charged	As charged
C	Surgical benefit		
D	Other hospital charges		
E	Follow-up treatment after stay in hospital		
F	Overall limit for each accident	\$25,000	\$10,000

Note : For inpatient benefits received at **private hospitals** or **hospitals** outside of Singapore, **we** will reduce any eligible expenses by 50%. **We** will pay up to the amount set out above, or the actual costs of treatment, whichever is less.

## Schedule of deductibles

Outpatient benefits		
Item	Description	Deductible amount each accident
A	Outpatient benefit - includes ambulance fees and follow-up treatment - includes physiotherapy at specialist outpatient clinics (SOCs) in restructured hospitals and Singapore Sports Council	\$250
B	Dental treatment due to an accident	\$300
C	Traditional Chinese medicine	\$150

Inpatient benefits		
Item	Description	Deductible amount each accident
A	Daily room and board benefit (including ICU)	\$100 a day up to 50 days
B	Daily in-hospital consultation and surgical benefit	\$300
C	Other hospital charges	\$800
D	Follow-up treatment after stay in hospital	\$300

# Conditions for Student Sports Injury Plan

## Your policy

This is **your** student sports injury plan policy. It contains:

- the **schedule**;
- the **schedule of benefits**;
- the **schedule of deductibles**; and
- the **endorsements** (if any).

The full agreement between **you** and **us** is made up of these documents and:

- all written correspondence relating to the **policy** between **you** and **us**.

**We** refer to them together as '**Your policy**'. Please examine them to make sure the **insured members** have the protection needed. It is important that **you** read them together to avoid any misunderstanding. If there are any amendments, it must be agreed between **you** and **us** and **we** will add an **endorsement** to the **policy**. The **endorsements** will be binding on all **insured members**.

Words **we** have defined in these conditions have the meanings given to them in the definitions section and the same definitions apply if the defined words are used in any of the documents in the **policy** or any correspondence between **you** and **us**.

Student Sports Injury Plan (SSIP) is a group personal accident policy designed to supplement the Student Protection Plan (SPP). The SSIP provides additional protection for the **insured members** who are active in their co-curricular activities (CCA), while they are studying in primary **school**, secondary **school** or junior college. It is taken up on compulsory basis for all students of the CCA teams that the **school** chooses to cover. There are 2 **plans** to choose from and the **school** can only select 1 **plan** for all CCA teams.

## Who is eligible?

Full-time students between the ages of 6 and 25 (age last birthday) who are registered with **you** and taking part in a CCA approved by **you**.

## Definitions

**Accident** or **accidental** means a sudden, unexpected event which happens during the **period of insurance** and which must be the only cause of **injury**.

**Chinese medicine practitioner** means a legally licensed acupuncturist or bone-setter who is registered and can practise within the scope of their licence under the laws of the country. This cannot be the **insured member**, the **insured member's family member**, partner, business partner, employer, employee or agent.

**Deductible** means the part of the benefit the **insured member** is claiming that they must pay before **we** will pay any benefit. The deductible is shown in the **schedule of deductibles**.

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

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

**Hospital** means an establishment which is registered under the relevant national laws and regulations to care for and treat sick and injured people as bed-paying patients and which:

- has organised facilities for diagnosis, treatment and major surgery;
- provides nursing services by registered nurses 24 hours a day;
- is under the supervision of one or more medical practitioners; and
- is not mainly a clinic, a secure place to care for alcoholics or drug addicts, an ayurvedic hospital, a TCM hospital, a nursing or rest or convalescent home, a palliative care centre or a home for the elderly or similar establishment.

It can be:

- a **restructured hospital**;
- a **private hospital**; or
- any other hospital **we** accept.

**Injury** means damage or harm caused to the body by an external force suffered during the **period of insurance** and which is caused only by an **accident**. This does not include all medical conditions, diseases, **sickness**, bacterial infections or viral infections, even if these conditions resulted from or are connected with the **accident**.

**Insured member** means the individual (or individuals) named in the **schedule** as the person (or people) insured under this **policy**.

**Necessary medical treatment** means treatment which, in the professional opinion of a **registered medical practitioner** or a **specialist** in the relevant field of medicine, is appropriate and consistent with the symptoms, findings, diagnosis and other relevant clinical circumstances of the illness or **injury** and reduces the negative effect of the illness or **injury** on the **insured member's** health. The treatment must be provided in line with generally accepted medical practice in Singapore.

**Period of grace** means the period shown in clause 5.2.

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

**Plan** means the type of plan you have chosen under your **policy** and which is shown in the **schedule**.

**Physiotherapy** means treating physical problems or **injury** by using therapeutic exercise or methods to restore or help with normal function.

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

**Policy year** means one year starting from:

- the **start date**; or
- if the **policy** is renewed, the **renewal date**.

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

**Pre-existing medical condition** means any **injury** or **sickness**, including any complications which may arise:

- which the **insured member** knew about before the start of the **policy**;
- which the **insured member** had received diagnosis, consultation, medical treatment or prescribed drugs for within one year before the start of the **policy**; or
- for which the **insured member** has been asked to get medical treatment or medical advice by a medical practitioner within one year before the start of the **policy**.

**Premium** means the premium as shown in the **schedule**.

**Private hospital** means any licensed private hospital that is not a **restructured hospital**.

**Reasonable expenses** means expenses paid for medical services or treatment which are appropriate and consistent with the diagnosis and according to accepted medical standards, and which could not have reasonably been avoided without negatively affecting the **insured member's** medical condition. These expenses must not be more than the general level of charges made by other medical service suppliers of similar standing in Singapore for the services and supplies.

**Registered medical practitioner** means a doctor qualified in western medicine who is licensed and authorised in the geographical area they are practising in to provide medical or surgical services. They cannot be the **insured member** or the **insured member's family member**.

**Renewal date** means the **start date** of the relevant renewed **policy year** covered by the **policy** and shown in the **schedule**.

**Restructured hospital** means a hospital in Singapore that:

- is run as a private company owned by the Singapore Government;
- is governed by broad policy guidance from the Singapore Government through Ministry of Health, Singapore; and
- receives a yearly government subsidy to provide subsidised medical services to its patients.

**Schedule** means the document which proves that **you** have the insurance cover, listing among other things, details of the **insured member** (or members), the **policyholder**, the benefits, the sum insured and the **period of insurance** covered under this **policy**.

**Schedule of benefits** means the schedule of benefits attached to these conditions (or any revised schedule of benefits which **we** may issue in an **endorsement** to the **policy**, or when renewing the **policy**).

**School** means a primary school, secondary school or junior college registered with the Ministry of Education (MOE), Singapore.

**Sickness** means worsening physical health not caused by an **accident**, for which the **insured member** needs the treatment of a **registered medical practitioner**.

**Specialist** means a **registered medical practitioner** who has the extra qualifications and expertise needed to practise as a recognised specialist of diagnostic techniques, treatment and prevention, in a particular field of medicine, like neurology, paediatrics or orthopaedic.

**Start date** means the start date of the **policy** and is shown in the **policy schedule**.

**Staying in a hospital** means a continuous period of time, during which the **insured member** is admitted to and stays in a **hospital** for **necessary medical treatment**, in line with the terms of the **policy** and where room and board charges are made.

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

**You and your** means the **policyholder** referred to in the **schedule**.

## 1 What your policy covers

Your **policy** covers **insured members** against **accidents** while they are taking part in supervised co-curricular activities CCAs authorized by **you** whether the **accidents** happen on **your** premises or not.

**We** will also pay if the **insured member** suffers an **injury** when travelling to and from the venue where the CCA is held.

**We** will pay the actual costs of treatment up to the amount, and for the number of visits, set out for the specific benefit in the **schedule of benefits** for the chosen **plan**. This will apply for up to one year from the date of the **accident**.

The **insured member** must pay the **deductible** as shown in the **schedule of deductibles** before **we** pay any benefit.

### A Main benefits

#### Section 1.1 - Outpatient benefits

If the **insured member** suffers an **injury** and asks for treatment from a **registered medical practitioner**, **we** will pay the **reasonable expenses** for **necessary medical treatment** of that **injury**.

**We** will pay the actual costs of treatment up to the amount, and for the number of days, shown in the **schedule of benefits** for the specific benefit or up to a period of one year from the date of the **accident**, whichever comes first.

The total **we** will pay will not be more than the amount, and for the number of **accidents**, shown in the **schedule of benefits** in each **policy year**.

Outpatient benefits are made up of the following benefits.

##### 1.1.1 Outpatient treatment

**We** will pay for medical treatment of **injuries** and ambulance fees.

**We** will also pay for dental treatment to remove, restore or replace sound natural teeth which have been lost or damaged in an **accident**.

##### 1.1.2 Physiotherapy

**We** will pay for **physiotherapy** to treat an **injury**. Treatment must be received at specialist outpatient clinics of **restructured hospitals** in Singapore or the Singapore Sports Council, unless **we** have agreed otherwise in writing.

##### 1.1.3 Traditional Chinese medicine

**We** will pay for treatments by a **Chinese medicine practitioner**.

### Section 1.2 – Inpatient benefits

**We** will pay inpatient benefits if the **insured member** suffers an **injury** and needs to get medical treatment while **staying in hospital**.

If the **insured member** is admitted into a **restructured hospital**, **we** will pay the **reasonable expenses** for **necessary medical treatment** up to the limits set out in the **schedule of benefits** for the chosen **plan**.

If the **insured member** is admitted into a **private hospital** or a **hospital** outside of Singapore, **we** will only pay 50% of the **reasonable expenses** for **necessary medical treatment** of the **insured member**, up to the limits set out in the **schedule of benefits** for the chosen **plan**.

Inpatient benefits are made up of the following benefits.

##### 1.2.1 Daily room and board including in an intensive care unit (ICU)

**We** will pay the ward charges for each day the **insured member stays in a hospital**. This includes:

- being admitted to a high-dependency ward; and
- being admitted to an intensive care unit ward.

##### 1.2.2 In-hospital consultation and surgical benefit

**We** will pay the expenses for the services of a **registered medical practitioner** for each day the **insured member stays in a hospital** and the costs of surgery, including:

- surgeon's fees;
- medical consultations; and
- **specialist** consultations.

##### 1.2.3 Other hospital services

**We** will pay the expenses for the following services for each day the **insured member stays in a hospital**.

- Fees and charges for anaesthesia and oxygen and for them to be administered

- Use of operating room
- Prescriptions
- Other medical charges
- Examinations
- Laboratory tests

#### 1.2.4 Follow-up treatment after a stay in hospital

We will pay for the cost of medical treatment received by the **insured member** after the date they leave **hospital**.

This treatment includes **specialist** outpatient medical services and consultations, diagnostic and laboratory services, examinations and investigations ordered by a **registered medical practitioner**.

The treatment must:

- have resulted directly from the condition for which the **stay in hospital** was needed; and
- be recommended by the **registered medical practitioner** who treated the **insured member** during the period they were in **hospital**.

## B Extensions

### Section 1.3 – Extensions of benefits

We will extend **your policy** to cover **insured members** from:

#### 1.3.1 Injuries suffered during supervised co-curricular activities (CCA) which are otherwise excluded.

We will pay up to the limit in the relevant section shown in the **schedule of benefits** if the **insured member** suffers or dies from **injuries** as a result of rockclimbing, horse riding, sailing, canoeing, kayaking or other water activities which do not need underwater breathing equipment, as long as these are supervised co-curricular activities (CCA) which are approved by **you**, even if these activities are excluded under Section 3 – What is not covered, clause (o).

#### 1.3.2 Bee or wasp or hornet stings

If the **insured member** suffers or dies from an **injury** caused by bee or wasp or hornet stings suffered while taking part in supervised co-curricular activities (CCA), **we** will pay up to the limit shown in the relevant section as shown in the **schedule of benefits**.

#### 1.3.3 Injuries from an assault

If the **insured member** suffers an **injury** or dies because of an assault while taking part in supervised co-curricular activities (CCA), **we** will pay up to the limit shown in the relevant section as shown in the **schedule of benefits**.

## 2 What you need to be aware of

### 2.1 Geographical limit

This **policy** provides the **insured member** with 24 hours worldwide cover while in Singapore and while outside Singapore.

### 2.2 Total compensation

If **you** take out this **policy** on its own, **we** will not pay more than \$40,000,000 for any one **accident**, no matter how many **insured members** claim under this **policy** for that **accident**.

If the total compensation for any one **accident** reaches \$40,000,000, **we** will pay the amount to **you** and **you** will decide to distribute this amount among the **insured members**.

If **you** take out this **policy** as a rider to the Student Protection Plan (SPP), **we** will not pay a combined total of more than \$40,000,000 under the SPP and this **policy** for any one **accident**, no matter how many **insured members** claim under this **policy** for that **accident**.

The amount **we** can pay under this **policy** for that **accident** will be \$40,000,000 less the total amount which is due under the SPP for the same **accident**.

If the combined total amount due under the SPP and this **policy** for any one **accident** reaches \$40,000,000, **we** will pay \$40,000,000 to **you** as a lump-sum payout for both policies. **You** will then need to decide how to share out this amount among the **insured members**.

### 2.3 Other medical insurance

**We** do not pay for claims if the medical expenses have been paid by other medical insurance or the **insured member** has received a refund from any other source.

If **we** have paid any benefit to the **insured member** first before a claim is made under other medical insurance policies or employee benefits, the other medical insurers or employer will have to refund **us** their share. **You** must give **us** all information and evidence **we** need to help **us** get back the other medical insurer's or employer's share of the claim. For every claim, the total amount **we** will refund will not be more than the actual expenses paid.

#### 2.4 Renewal

**We** issue **your policy** for a term of one year. At the end of that year, **you** can renew the **policy** for another year, as long as:

- **we** agree;
- **you** pay the **premium** that applies at the time of renewal; and
- **you** keep to any further terms and conditions **we** may set.

#### 2.5 Change in premium

**We** can change the **premium** listed in the **schedule**:

- on any **renewal date**; or
- by giving **you** three months' notice.

The change in **premium** will apply to all **insured members** covered under this **policy**.

#### 2.6 Premium administration

**We** handle this **policy** on a 'per member' basis. **We** will bill for the number of **insured members** at the **start date** or **renewal date** (as the case may be).

**We** will not charge or refund **premium** for ending the **policy** early or adding or deleting **insured members** during the **policy year**.

#### 2.7 Ending the insured member's cover

The cover for an **insured member** will end when one of the following events happens.

- The **insured member** no longer meets any of the eligibility requirements unless **we** have agreed in writing to continue to provide cover. In the case where an **insured member** reaches the maximum age, cover will end at the **policy** end date.
- When the **insured member** dies.
- When the **policy** ends.

#### 2.8 Ending the policy

The **policy** will end when **we** do not receive **your premium** after the **period of grace**.

**You** or **we** may also end this **policy** by giving three months' notice to the other. All cover under this **policy** will end at the end of the period of notice and **we** will not accept any new members under this **policy**.

#### 2.9 Giving us all information

**You** must tell **us** fully and truthfully all significant facts and circumstances, up to the **start date** that may influence **our** decision to provide cover or to add terms to the **policy**. This responsibility applies to all information **you** give **us**.

If **you** do not tell **us** all significant information, or if **you** misrepresent any information, **we** may:

- declare the **policy** not valid from the **start date**;
- end the cover and not pay any benefits; or
- add extra terms and conditions to the **policy**.

#### 2.10 Misrepresentation

**We** will end this **policy** if **you** or the **insured member** misrepresent or misdescribe any circumstances which may affect **our** decision to accept the application. **You** will have to repay **us** all amounts **we** have paid out under the **policy** and **we** will refund all **premiums**.

#### 2.11 Fraud

If a claim or any part of a claim is false or fraudulent, or if **you** or the **insured member** use fraudulent methods or devices to gain any benefit, **we** can do any or all of the following.

- **We** may declare the whole **policy** invalid and **you** and all the **insured members** will lose all benefits under this **policy**. **You** will have to repay to **us** all amounts **we** have paid out under the **policy** and **we** will refund all **premiums**.
- **We** may declare the **policy** invalid for a particular **insured member**, and that **insured member** will lose all benefits under this **policy**. **You** will have to repay **us** all amounts which **we** have paid out under the **policy** to that particular **insured member** and **we** will refund all **premiums** for that **insured member**.
- **We** may refuse to renew the **policy**.
- **We** may add extra terms and conditions. If **you** disagree with **us** adding extra terms and conditions, **you** can write to **us** to cancel this **policy**. **You** will have to repay **us** all amounts **we** have paid out under the **policy** and **we** will refund all **premiums**.

#### 2.12 Currency

All **premium** and benefits will be paid in Singapore dollars.

### 2.13 Dealing with disputes

Any dispute or matter arising under, out of or in connection with the **policy** must be referred to the Financial Industry Disputes Resolution Centre Ltd (FIDREC) to be dealt with. (This applies if it is a dispute that can be brought before FIDREC.) If the dispute cannot be referred to and 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 the **policy** unless **you** have first received an award under arbitration.

### 2.14 Excluding third-party rights

A person who is not directly involved in the **policy** will have no right, under the Contracts (Rights of Third Parties) Act (Cap 53B), to enforce any of its terms.

### 2.15 Notice or communication

**We** will assume any notice or communication under this **policy** has been given and received if sent:

- personally – on the day it is delivered;
- by prepaid mail – within seven days after the mail is sent;
- by fax – immediately, as long as a transmission report is produced by the machine from which the fax was sent which shows that it was sent to the correct fax number; or
- by email – as soon as it is sent.

### 2.16 Governing law

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

## 3 What is not covered

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

- Accidents** arising from, caused by or due directly or indirectly to, the **insured member's** illness or medical condition.
- The **insured member** deliberately injuring himself, committing suicide or attempting suicide while sane or insane, the **insured member's** criminal act, provoked assault, deliberate acts or putting himself in danger (unless they are trying to save human life).
- The effect or influence of alcohol or drugs.
- Pregnancy, childbirth, abortion, miscarriage or all complications or death arising from these conditions.
- Congenital abnormalities, hereditary conditions, developmental disorder and any conditions arising from these conditions.
- Mental problems or insanity.
- Sexually transmitted infections, human immunodeficiency virus (HIV) or any HIV-related illness including acquired immunity deficiency syndrome (AIDS) or any mutant derivatives or variations of this however they are caused.
- Medical and non-medical treatment or surgical procedure to treat any **sickness**.
- Pre-existing medical conditions** or physical problems which existed before the start of the **policy**.
- The **insured member** taking part in flying or other aerial activities except as a fare-paying passenger in a licensed passenger-carrying aircraft.
- The **insured member** taking part in any professional sports or in any sports for which the **insured member** would or could earn or receive any form of pay.
- The **insured member** taking part in any kind of speed contest or racing (other than on foot).
- An **accident** while the **insured member** is driving or riding on a motor race track.
- An **accident** while the **insured member** is riding on a motorcycle (but not as a passenger) unless **we** have agreed in writing to provide this cover.
- The **insured member** taking part in any dangerous activities or sports including caving, potholing, rock or mountaineering which involves using ropes, any underwater activities involving underwater breathing apparatus, sky diving, cliff diving, bungee jumping, BASE (building, antenna, span, earth) jumping, paragliding, hang-gliding, parachuting, white-water rafting, dragon boating, hunting, horse riding, polo, show jumping, mountain biking unless **we** have otherwise agreed in writing.
- The consequences of war, revolution or any similar event.
- Radioactivity or damage from any nuclear fuel, material or waste.
- The **insured member** failing to take reasonable efforts to avoid **injury** or minimize claims under this **policy**.
- The **insured member** taking part in peacetime naval, military or air force services.
- Insect bites and stings.

The **policy** does not cover the following treatments, items or procedures.

- The **insured member** using appliances, braces, equipment, implants or other prosthetic devices unless **we** have otherwise agreed in writing.

- b. The **insured member** receiving care at rest homes, hospice care, home or outpatient nursing or palliative care, convalescent care in convalescent or nursing homes, sanatoriums or similar establishments, outpatient rehabilitation services such as (but not limited to) heat therapy, speech therapy, occupational therapy, hydrotherapy, ultrasonic therapy, massage therapy, counselling or education sessions; alternative or complementary treatment or treatment by a podiatrist.
- c. The cost of vitamins or supplements of any sort, even if these have been prescribed as part of treatment.
- d. Cosmetic (aesthetic) or plastic surgery or treatment, or any treatment which relates to or is needed because of previous cosmetic treatment. However, this exclusion does not apply to reconstructive surgery if:
  - it is carried out to restore function after an **accident**; and
  - it is done at a medically appropriate stage after the **accident**.

If **we** refuse to pay a claim as a result of any of the exclusions listed above and the **insured member** disagrees with **our** decision, the **insured member** is 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.

## 4 Our responsibilities to you

### 4.1 Claims conditions

- a. The **insured member** must tell **us** in writing as soon as possible, and within 30 days, about any **accident** which may give rise to a claim under this **policy**. **We** can choose not to pay a claim if **we** are told after 30 days from the date of an **accident**.
- b. **We** pay all claims in Singapore dollars. If the **insured member** put in a claim which is in a foreign currency, **we** will convert the amount into Singapore dollars at the exchange rate which **we** will check on at the date of the claim.

### 4.2 What the insured member needs to provide when sending us a claim

The **policyholder**, the **insured member** or their representatives must supply all information, reports, original invoices and receipts, evidence, medical certificates, documents (such as translation of a foreign-language document into English), confirmed by oath if necessary, which **we** may need before **we** assess a claim. **We** may refuse to refund any expense which the **insured member** cannot provide original receipts or invoices for and **we** have the right to ask for more information.

### 4.3 Who we pay benefit to

**We** will pay benefit to **you** or if **you** give **us** written permission, to the **insured member**, or to the parents or guardians of the **insured member** if the **insured member** is a minor.

### 4.4 Right to examine the insured member

While **we** are making claim payments, **we** can appoint a doctor to examine the **insured member** and the **insured member** must give **us** reasonable opportunity to do so.

### 4.5 Difference in opinions

If there is any difference in opinion between **our** registered medical practitioner and **your** registered medical practitioner, **we** will use **our** registered medical practitioner's opinion.

## 5 Your responsibilities

### 5.1 Declaration of insured members

**You** must tell **us** on the enrolment form the total number of members to be covered. To renew the **policy**, **you** must give **us** the total number of **insured members** who are covered at the **renewal date**.

### 5.2 Premium

The **policy schedule** or the renewal **schedule** (as the case may be) shows the **premium** which **you** have to pay to **us** to receive the benefits. **You** must pay the **premium** every year.

**We** give **you** 60 days' grace, from the date of **our** invoice, to pay the **premium** to **us** or **our** intermediary for the **policy**. During this **period of grace**, **your policy** will stay in force. **You** must first pay any **premium** or other amounts owed to **us** before **we** pay any claim under the **policy**.



If **you** have not paid the **premium** and an **accident** or other claim arises, **we** will not pay any benefits for that **accident** or claim.

If **we** or **our** intermediary still do not receive **your premium** after the **period of grace**, **we** will cancel **your policy**. This cancellation will apply from the **start date** or the **renewal date** (as the case may be). **We** will charge a relevant percentage for the time covered, which is at least S\$50.

If the **period of insurance** is less than 60 days, **you** must pay any **premium** due within 60 days.

**You** are responsible for making sure that the **premium** is paid on time.

## 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.

If **you** are not satisfied with **our** final decision on **your** claim, **you** may refer **your** case to the Financial Industry Disputes Resolution Centre Ltd (FIDReC), an independent and impartial institution specializing in dealing with disputes between financial institutions and consumers. Their website address is [www.fidrec.com.sg](http://www.fidrec.com.sg).