# **Singtel Prepaid Mobile Top-up Free Cover Policy Conditions**

Policy no. 5111805545

This document sets out the terms of a group cover provided by NTUC Income Insurance Co-operative Ltd ('us') under policy No. 5111805545 for the benefit of Singtel Mobile Singapore Pte Ltd's ('policyholder') selected customers ('you').

In consideration of the payment of premium by the **policyholder** to **us**, the **policyholder** agrees that the benefits under this group **policy**:

- are provided free of charge to selected customers ('you') nominated by the policyholder;
- can be changed or discontinued following a joint decision by the policyholder and us; and
- are made available based on our terms of coverage, as reproduced below.

You can make claims on your own with us within the relevant terms, conditions and exclusions as set out in this policy. We will pay you or your legal representative.

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

The enrolment confirmation and any further endorsements are all part of this policy.

# What your policy covers

Your cover under this **policy** will protect **you** financially for events described in this **policy** which happen during the **period of insurance.** 

Whether **we** will pay and the amount **we** pay depend on the terms, conditions and exclusions of this **policy**; including the maximum benefit limits of the plan as set out in the **table of cover** below.

# Table of cover

|           | Benefit   | Maximum benefit (S\$) per insured  |
|-----------|---|------------------------------------|
| Section 1 | Accidental death  | \$5,000                            |
| Section 2 | Permanent disability  | \$5,000                            |
| Section 3 | Daily hospital income after more than 4 days of <b>hospitalisation</b> due to an <b>accident</b> (per day up to 60 days per incident) | \$20                               |
| Section 4 | Get well benefit after more than 4 days of <b>hospitalisation</b> due to <b>accident</b> or <b>sickness</b> (per incident)            | \$50 + 1GB Singtel data<br>booster |
| Section 5 | Job loss after more than 4 days of <b>hospitalisation</b> due to <b>accident</b> or <b>sickness</b>                                   | \$200                              |

# **Eligibility**

Cover under this **policy** is only available to **you** if:

- **you** are a Singaporean, Singapore permanent resident; or an individual holding a valid Singapore identification document such as an Employment Pass, Work Permit, Long Term Visit Pass or Student Pass;
- you are between 16 and 85 years of age;
- your application for cover under this policy has been approved by us and the policyholder; and
- the premium for your cover under this policy has been fully paid by the policyholder.

### **Definitions**

**Act of terrorism** means an act (which may include using or threatening force or violence) by any person or group, committed for political, religious, ideological or similar purposes, with the aim of influencing any government or to put the public, or any section of the public, in fear.

Robberies or other criminal acts mainly committed for personal gain and acts arising mainly as a result of personal relationships will not be considered as an **act of terrorism**. **Act of terrorism** also includes any act which is confirmed by the relevant government as an **act of terrorism**. Using nuclear, chemical or biological substances or weapons as a means of force or violence will also be considered an **act of terrorism**.

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

Age means your current age at the start date of the period of insurance.

Endorsement means an authorised amendment to this policy or cover under this policy.

**Enrolment confirmation** means the SMS sent to **your** registered mobile number which proves that **you** are covered under this **policy**, listing among other things, the **period of insurance** and the **start date**.

**Family member** means **your** husband or wife, children, parents, siblings, parents-in-law, brothers-in-law, sisters-in-law, grandparents, grandparents-in-law, daughters-in-law, sons-in-law or grandchildren.

**Home country** means the country of **your** nationality.

**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, a nursing or rest or convalescent home or a home for the elderly or similar establishment.

**Hospitalised** or **hospitalisation** means staying at least 24 hours in a row in a **hospital** as a bed patient on the advice of, and under the regular care and attendance of, a **medical practitioner** and for which the **hospital** made a room and board charge.

**Injury** means damage or harm caused to **your** body during the **period of insurance** and which is caused only by an **accident**, and no other cause or condition.

**Known event** means any situation or incident which threatens or affects **your** employment, that **you** were aware of or could reasonably have been expected to know before **you** applied for cover under this **policy**.

**Losing** means **permanent** and total loss of use or loss by having part of the body cut or torn off (as listed in the scale of compensation table), as confirmed by **our medical practitioner**.

**Losing hearing** means **permanent** and total loss of hearing, as confirmed by **our medical practitioner**.

**Losing a limb** means **permanent** and total loss of, or loss of use of, a hand at or above the wrist or a foot at or above the ankle. This must be confirmed by **our medical practitioner**.

**Losing sight** means total and **permanent** loss of use of an eye which means **you** are absolutely blind in that eye and which is beyond cure either by surgical or other treatment. This must be confirmed by **our medical practitioner**.

**Losing speech** means **permanent** and total loss of the ability to speak and which is beyond cure either by surgical or other treatment, as confirmed by **our medical practitioner**.

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

**Period of insurance** means a 30-day period of cover under this **policy** from the **start date** as **indicated in the enrolment confirmation** to **you**.

**Permanent** means having lasted 12 consecutive months and at the expiry of that period, being beyond hope of improvement.

**Permanently disabled** or **permanent disability** means suffering from one of the items of disablement listed in the scale of compensation table under Section 2 of Benefits in this **policy**, and which was caused only by an **accident**, as long as:

- the disability lasts for 12 months in a row from the date of accident; and
- **our medical practitioner** confirms that it is not going to improve after 12 months.

**Permanent total disability** means total disability caused only by an **accident.** The total disability lasts for 12 months in a row from the date of **accident** and **our medical practitioner** confirms that it is not going to improve after 12 months and, whichever applies:

- stops **you** from working in any job for a salary or wage, or stops **you** from carrying out any business whatsoever for the rest of **your** life; or
- results in **you** being permanently bedridden where **you** are permanently confined to **your** bed because of **your injury**; or
- results in **you** being totally paralysed where **you** are totally unable to move **your** arms and legs.

**Policy** means this document with document # 5111805545 which is issued to the **policyholder**, including any **endorsements we** have issued, and the **enrolment confirmation**.

Policyholder means Singtel Mobile Singapore Pte Ltd.

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

- which you knew or should reasonably know; based on symptoms which existed before the start of the period of insurance;
- which **you** received diagnosis, consultation, medical treatment or prescribed drugs for within 12 months before the start of the **period of insurance**; or
- for which **you** have been asked to get medical treatment or medical advice by a **medical practitioner** within 12 months before the start of the **policy**.

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.

**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.

**Sickness** means worsening physical health during the **period of insurance** and is not caused by an **accident**, for which **you** need the treatment of a **medical practitioner**.

Start date means the date of commencement of your cover under this policy as shown in the enrolment confirmation.

**Table of cover** means the table showing the list of benefits **we** will pay for each benefit while this **policy** is in force. It will depend on the terms, conditions, limits, exclusions and qualifications of this **policy**.

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

You, your, and yours means the individual nominated by the **policyholder** to be covered under this **policy** and who meets the eligibility requirements as stated in this **policy**.

# Benefits

| Section 1 - Accidental death  |   |   |
|---|---|---|
| When we will pay  | What we pay   | What we do not pay  |
| A If you are involved in an accident and due only to this accident, you die within 30 days from the date of the accident.                         | <ol> <li>We will pay the maximum limits as shown in the table of cover.</li> <li>A claim can only be made under either section 1 or 2 for the same event but not under both.</li> </ol>   | Besides the general exclusions listed in part 3 of the general conditions, <b>we</b> will also not pay for the following, or if loss or liability is directly or indirectly caused by the following.  |
|   | We will reduce any compensation due for accidental death by any payment which we have already made for a permanent disability suffered by you under the scale of compensation within the period of insurance.                                 | <ol> <li>Death caused directly or indirectly by sickness and not by an injury. For example, we will not pay a claim if you die from a heart attack.</li> <li>Death caused directly or indirectly by any physical disability which existed before the start of the period of insurance.</li> </ol>   |
| Section 2 - Permanent disabilit   | ty  |   |
| When we will pay  | What we pay   | What we do not pay  |
| A If you are involved in an accident and due only to this accident, you become permanently disabled within 30 days from the date of the accident. | <ol> <li>We will pay based on the scale of compensation table below, up to the maximum limits as shown in the table of cover.</li> <li>A claim can only be made under either section 1 or 2 for the same event but not under both.</li> </ol> | Besides the general exclusions listed in part 3 of the general conditions, we will also not pay for the following, or if loss or liability is directly or indirectly caused by the following.  1 Permanent disability caused directly or indirectly by sickness and not by an injury. For example, we will not pay a claim if you become permanently disabled after suffering a stroke. |
|   |   | <ul> <li>Permanent disability caused directly or indirectly by any physical disability which existed before the start of the policy.</li> <li>Extra compensation for any specific item which is part of a greater item due under this period of insurance. For</li> </ul>   |

| example, if payment is made     |
|---------------------------------|
| for the loss of upper limb, we  |
| will not pay again for the loss |
| or finger or thumb.             |

# Scale of compensation table

| Item | Description of disability  | Percentage of sum insured as<br>shown in the table of cover |
|------|--|---|
| a.   | Permanent total disability   | 100%  |
| b.   | Losing sight of both eyes  | 100%  |
| C.   | Losing two limbs   | 100%  |
| d.   | Losing sight of one eye, except perception of light  | 50%   |
| e.   | Losing one limb  | 50%   |
| f.   | Losing speech  | 50%   |
| g.   | Losing hearing in both ears  | 50%   |
| h.   | Losing four fingers and thumb of one hand  | 50%   |
|      | Third Degree Burns   |   |
| i.   | <ul> <li>Head - Damage as a percentage of total body surface area</li> <li>equal to or greater than 8%;</li> <li>equal to or greater than 5% but less than 8%; or</li> <li>equal to or greater than 2% but less than 5%</li> </ul> | 100%<br>75%<br>50%  |
| j.   | Body - Damage as a percentage of total body surface area - equal to or greater than 20% - equal to or greater than 15% but less than 20% - equal to or greater than 10% but less than 15%  | 100%<br>75%<br>50%  |

| Section 3 - Daily hospital income after more than 4 days of hospitalisation due to an accident   |   |   |  |
|--|---|---|--|
| When we will pay   | What we pay   | What we do not pay  |  |
| A If you are hospitalised on the advice of a medical practitioner for more than 4 full days due to an accident.  This benefit will end once you leave the hospital.  For any subsequent period of hospitalisation caused by the same accident, or related cause, we will add the number of days of hospital stay for the same accident, unless the periods of hospitalisation are at least 2 months apart. | <ol> <li>We will pay a daily benefit, as shown in the table of cover, for each complete 24-hour period that you are hospitalised in the hospital as a bed patient, up to 60 days for every accident.</li> <li>We will only pay one claim under this benefit for each accident.</li> </ol> | Besides the general exclusions listed in part 3 of the general conditions, we will also not pay for the following, or if loss or liability is directly or indirectly caused by the following.  1 Hospitalisation caused directly or indirectly by sickness and not by an injury. For example, we will not pay a claim if you are hospitalised due to a heart attack.  2 Hospitalisation of 4 full days or less. |  |

The total of all percentages of the sum insured due under this section will not be more than 100%.

| Section 4 - Get well benefit after more than 4 days of hospitalisation due to accident or sickness  |  |   |  |  |
|---|--|---|--|--|
| When we will pay  | What we pay  | What we do not pay  |  |  |
| A If you have recovered well and are fit to resume work on the advice of a medical practitioner after being hospitalised for more than 4 full days due to an accident or sickness.  | <ol> <li>We will pay the cash benefit as shown in the table of cover. We will only pay one claim under this benefit for each accident or sickness.</li> <li>A claim can only be made under either section 4 or 5 for the same event but not under both.</li> </ol> | The general exclusions listed in part 3 of the general conditions.  |  |  |
| Section 5 – Job loss after more   | than 4 days of hospitalisation due to  | accident or sickness  |  |  |
| When we will pay  | What we pay  | What we do not pay  |  |  |
| A If you are involuntarily unemployed for at least 30 days solely because you are no longer medically fit to take on any form of employment with your employer after being hospitalised for more than 4 full days due to an accident or sickness.  You must provide a letter of | <ul> <li>We will pay the cash benefit as shown in the table of cover.</li> <li>A claim can only be made under either section 4 or 5 for the same event but not under both.</li> </ul>  | Besides the general exclusions listed in part 3 of the general conditions, we will also not pay for the following, or if loss or liability is directly or indirectly caused by the following.  1 Termination of employment due to any reason other than you no longer being medically fit to perform the major duties |  |  |
| termination from <b>your</b> employer showing the reason for termination. <b>You</b> must not be offered alternative  |  | connected with your employment.  2 You choosing not to continue   |  |  |
| employment in a subsidiary, affiliated or associated company of your employer, or a company working with your employer within 1 year from the date of your  |  | with <b>your</b> employment, or choosing not take on an alternative position offered by <b>your</b> employer.   |  |  |
| If <b>you</b> have more than one employer, this benefit is only applicable to <b>your</b> main  |  | 3 You being self-employed, or engaged in casual employment, temporary assignments, or odd-jobs.   |  |  |
| employment, i.e. the employment which contributes the majority of <b>your</b> monthly salary.   |  | 4 Expiration of employment contract, resignation or retirement.   |  |  |

# **General Conditions**

#### 1. Geographic scope

This **policy** covers **you** both in and outside of Singapore; except when you are in **your home country** for periods exceeding thirty days at any one time.

#### 2. Benefit Extensions

#### a. Exposure

If you suffer an injury or die because you were exposed to natural elements due to an accident, we will pay up to the limit shown in the relevant section in the table of cover.

#### b. Suffocation by smoke, poisonous fumes, gas or drowning

If you suffer an injury or die from accidentally breathing in smoke, poisonous fumes, gas or by drowning during the period of insurance, we will pay up to the limit described in the relevant section as shown in the table of cover. This extension is only valid if the event does not arise because of your deliberate act.

#### 3. General Exclusions

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

- a Any known event.
- **You** deliberately injuring yourself, committing suicide or attempted suicide while sane or insane, **your** criminal act, provoked assault, deliberate acts or putting yourself in danger (unless **you** are trying to save human life).
- **c** The effect or influence of alcohol or drugs.
- **d** Pregnancy, childbirth, abortion, miscarriage or all complications or death arising from these conditions,
- e Mental problems or insanity.
- **f** 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.
- g Pre-existing medical conditions or physical problems which existed before the start date.
- **h** You taking part in flying or other aerial activities except as a fare-paying passenger in a licensed passenger-carrying aircraft.
- i You taking part in any kind of speed contest or racing (other than on foot).
- You taking part in any dangerous activities or sports including caving, potholing, rock climbing (except on manmade walls) 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, but not including the following activities carried out for leisure purpose under the supervision of a licensed guide or instructor: hot-air ballooning, ice or winter sports, hiking or trekking if done outside Singapore.
- **k** The consequence of any **act of terrorism**, war, revolution or any similar event.
- I Radioactivity or damage from any nuclear fuel, material or waste.
- m You failing to take reasonable efforts to avoid injury or minimize claims under this policy.

**You** taking part in any naval, military or air forces services or training or taking part in operations of an offensive nature planned or carried out by the civil or military authorities.

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.

#### 4. Premium payment warranty

Any premium due for **your** cover under this **policy** must be paid by the **policyholder** and actually received in full by **us** within 60 days of **your start date** of cover.

In the event that any premium due is not paid and actually received in full by **us** within the 60-day period referred to above, then **your** cover under this **policy** may be terminated after the expiry of the 60-day period from the **start date** of **your** cover.

#### 5. Paying benefits

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

- a the **policyholder** has met general condition 4; and
- b **you** have given **us** satisfactory proof of the claim as described in general condition 12.

We will pay all benefits shown in the **table of cover** to **you** unless **you** die as described in Section 1 — Accidental death, in which case **we** will pay the benefits to **your** legal representative.

When **we** pay the benefits as described above, **we** will have no further legal responsibility to **you** under this **policy** for the claim.

#### 6. Misrepresentation

We will treat your cover under this policy as void if you or the policyholder, on your behalf, withhold or misrepresent any information which may affect our decision to accept your cover under this policy.

#### 7. Fraud

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

- a make a claim under this **policy** knowing the claim to be false or fraudulently exaggerated in any way;
- **b** make a statement to support a claim knowing the statement to be false in any way;
- c send us a document to support a claim knowing the document to be forged or false in any way; or
- **d** make a claim for any **loss** or damage caused by **your** deliberate act or with **your** knowledge.

#### We will:

- a not pay the claim;
- **b** not pay any other claim which has been or will be made under this **policy** in relation to **you**;
- **c** declare your cover under this **policy** invalid;

- d recover from **you** the amount of any claim **we** have already paid to **you** or **your** legal representative under this **policy**;
- e not refund any premium to the policyholder for your cover;
- f not allow **you** to buy other policies from **us**; or
- g report you to the police.

#### 8. Reasonable Care

You must take all reasonable precautions to avoid accidents, injury and sickness and take all practical steps to minimize claims.

#### 9. Duplicate cover

If you have more than one cover under this policy, we will pay the benefit under only one cover for the same accident or sickness you suffer.

#### 10. Taking over your rights

We can take over any rights to defend or settle any claim and to take proceedings in **your** name to enforce **your** or **our** rights against any other person.

#### 11. Claims conditions

**You** must tell **us** as soon as possible, and in any case within 30 days about any event which may give rise to a claim under this **policy**. **We** have the right to reject **your** claim and **we** will not be liable to pay any claim if **you** tell **us** later than 30 days from the date of event.

We will pay all claims in Singapore Dollars.

#### 12. What to provide when sending us a claim

You or your legal representative must supply all information, reports, original invoices and receipts, evidence, medical certificates, documents (such as translation of a foreign-language document into the English language), confirmed by oath if necessary, we may need before we assess any claim.

#### 13. Cancellation and alteration

- a We can cancel your cover under this policy by giving the policyholder seven days' notice, whether mailing address, email address, or contact number. The cancellation notice is deemed to be received on the same day if we deliver the notice by hand, mail, fax or email. To avoid doubt, we are not obligated to inform you of the cancellation.
- **b** The **policyholder** may cancel **your** cover under this **policy** by writing to **us**. The date of cancellation will depend on when **we** receive the notice of cancellation from the **policyholder**.

- c You may cancel your cover under this policy by writing to us. The date of cancellation will depend on when we receive the notice of cancellation from you.
- **d** We or the **policyholder** can cancel this **policy** by giving the other at least 3 months prior written notice. If the cancellation date of the **policy** is before the end of **your period of insurance**, **your** cover will end on the expiry date of the insurance cover.
- **We** can make alterations to the **policy** with the agreement of the **policyholder**. If the alteration is made during **your period of insurance**, the alteration will not affect **your** existing cover.

#### 14. Ending the insurance

**Your** insurance cover will end immediately when:

- **a** we cancel your cover or this policy under general condition 4, 6, 7, or 13;
- **b** we have paid 100% of the sum insured under Section 1 Accidental death or more than 50% of Section 2 Permanent disability; or
- c you no longer satisfy any of the eligibility requirements unless we have agreed in writing to continue cover.

When the **policy** ends under condition (a) or (b) above, **you** will not be eligible for any **policy** offering the same or similar benefits from **us**.

The **policy** will end immediately when the **policyholder** no longer satisfies the conditions set for the purchase of this **policy** unless **we** have agreed in writing to provide cover.

#### 15. Excluding third party rights

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

#### 16. Currency and interest

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

#### 17. 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.

#### 18. Governing law

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

## 19. Dealing with disputes

If **you** are not satisfied with **our** final decision on **your** claim, **you** may 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

Should any difference arise between the **policyholder** and **us** as to the terms of this **policy**, the same shall be referred to arbitration in accordance with the Arbitration Act (Chapter 10) in force in the Republic of Singapore and the obtaining of an award by the **policyholder** shall be condition precedent to any liability to **us** under this **policy**.

#### 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).