

SilverCare Product Summary

Premium Rates Table

The premium rates for this plan are as set out below. Please note that the premium rates are not guaranteed and may be reviewed from time to time depending on our claims experience.

Entry Age	Yearly Premium			Monthly Premium		
	Basic	Superior	Prestige	Basic	Superior	Prestige
Age 50 to 75 years old	\$162.00	\$205.20	\$313.91	\$14.91	\$18.79	\$28.73
Age 76 years old and above (For renewal only. The last entry age is 75.)	\$264.60	\$334.80	\$492.74	\$24.31	\$30.67	\$45.15

Premium rates are inclusive of 8% GST, non-guaranteed and may be reviewed from time to time.

The Total Distribution Cost of this product is between 10.5% - 15.5% of the premium. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to the policyholder; it has already been allowed for in calculating the premium.

Product Information

This is a personal accident policy and will protect the policyholder and the insured person financially when there is a death or an injury caused by an accident which happens during the policy period. The amount we will pay depends on the conditions and maximum benefit limits of the insured person's plan as set out in the Table of Cover below.

This policy is not a Medisave-approved policy and the policyholder may not use Medisave to pay the premium for this policy.

Table of cover¹

Benefit		Maximum benefit (S\$)		
		Basic	Superior	Prestige
Section 1	Final Expenses	10,000	10,000	10,000
Section 2	Permanent disability <i>(in each policy year)</i>	40,000	50,000	60,000
Section 3	Outpatient expenses due to accident <i>(in each policy year)</i>	600	700	1,500
Section 4	Hospitalisation expenses due to accident <i>(for each accident)</i>	2,000	3,000	6,000
Section 5	Extra medical expenses for burns, broken bones and fractures <i>(for each policy year)</i>	1,500	2,000	3,000
Section 6	Daily hospital income <i>(up to 60 days for each accident)</i>	75	100	100
Section 7	Ambulance fee <i>(for each accident)</i>	150	200	300
Section 8	Mobility aids <i>(for each accident)</i>	1,000	1,000	2,000
Section 9	Rehabilitation and physiotherapy <i>(up to \$100 per visit in each policy year)</i>	500	500	1000
Section 10	Senior day-care, home-care or nursing-home service <i>(in each policy year)</i>	1,000	1,500	3,000
Additional benefits payable for 50% or more Permanent Disability (based on the scale of compensation):				
Section 11	Home Modification <i>(per lifetime)</i>	4,000	5,000	10,000
Section 12	Home Cleaning Services <i>(per accident)</i>	350	500	1,000
Section 13	Caregiver Training <i>(once per accident)</i>	As charged	As charged	As charged
Lifetime Limit		80,000	100,000	200,000

¹Note: Please refer to the Policy Conditions on details of policy coverage

Key Product Provisions

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and the policyholder is advised to refer to the actual terms and conditions in the contract. Please consult a qualified adviser should you require further explanation.

1. Eligibility

This policy is only available to the insured person if he/she:

- and the policyholder hold a valid Singapore identification document such as a Singapore National Registration Identification Card (NRIC), Employment Pass, Work Permit or Long Term Visit Pass;
- is living or working in Singapore, or living outside Singapore for no more than 180 days at any one time;
- is between 50 and 75 years of age (we may continue to provide cover beyond age 75, based on new conditions to be applied to the policy); and
- has fully paid his/her premium.

2. 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, he/she may write to us to cancel this policy and get a full refund of the premium paid as long as there has been no claim made under the policy. We consider that this policy has been delivered (and received) seven days after we post it.

3. Cancellation Clause

a If we cancel the policy

- i) We can cancel the policy by giving the policyholder 30 days' written notice. We will consider that they have 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.

If we cancel this policy because the premium has not been paid, the insured person may apply for a new policy. However, the insured person's application will depend on us accepting it based on his/her latest physical or medical conditions

b We will not refund any premium if a claim has been made under this policy.

c If there is no claim under this policy and the policyholder cancels the policy

- i) Monthly recurring payment arrangement
 - The policyholder may cancel this policy by calling us or writing to us. The date of cancellation will depend on when we receive the notice of cancellation.
 - For cancellation after the 14-day free-look period, we must receive the notice of cancellation no later than 21 days before the next monthly premium due date. The policy will then be cancelled on the day the monthly premium is due.
 - But, if we receive the notice of cancellation less than 21 days before the next monthly premium due date, the 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 2018 to 21 Sep 2019
Monthly premium due date	22 (Sep, Oct, Nov, Dec, Jan, Feb and so on)

If we receive the notice of cancellation:

On 1 Oct 2018	cancellation will take effect on 22 Oct 2018.
On 20 Oct 2018	cancellation will take effect on 22 Nov 2018.

ii) Yearly payment arrangement

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

$\frac{\text{Period of insurance (in days) still left to run}}{\text{Original period of insurance of this policy}}$	×	85% of the premium paid
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- We will not refund any premium below \$37.45 (after GST).

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

4. Terms of Renewal

This is a short-term accident and health policy and we are not required to renew this policy.

We may end this policy by giving the policyholder 30 days' notice in writing.

If the insured person has any existing medical condition at the policy renewal date, he/she may not be covered under the renewed policy for such a medical condition. If such a medical condition is covered under the renewed policy, the policyholder may need to pay additional premiums.

If this policy is renewed, we will provide the new terms and conditions (if applicable) for the next policy year before the start date of the next policy year.

If we did not receive any request to cancel the policy, we will collect the premium using the last recurring payment arrangement chosen by the policyholder.

This policy will apply for as long as we can successfully take the premium before the premium due date.

5. Non-Guaranteed Premium

The premium that the policyholder pays for this policy is non-guaranteed and 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.

6. Claims Conditions

- a The insured person or the policyholder must tell us as soon as possible, and in any case within 30 days, about any accident which may give rise to a claim under this policy.

- b** The insured person or anyone acting for the insured person must not:
 - i) misrepresent any circumstance which affects the insured person's health condition, country of residence or pursuits or any information which may affect our decision to accept the insured person's application;
 - ii) make a claim under this policy knowing the claim to be false or fraudulently exaggerated in any way;
 - iii) make a statement to support a claim knowing the statement to be false in any way;
 - iv) send us a document to support a claim knowing the document to be forged or false in any way; or
 - v) make a claim for any loss or damage caused by the insured person's deliberate act or with the insured person's knowledge.

- c** If all or part of any expenses from other sources can be recovered, we will only pay the policyholder the amount that cannot be recovered.

- d** We pay all claims in Singapore dollars. If the insured person suffers a loss which is in a foreign currency, we will convert the amount into Singapore dollars at the exchange rate which we will decide on the date of the loss.

- e** The policyholder, the insured person or the insured person's legal personal representatives 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 the insured person's claim. We will not refund any expense which the insured person cannot provide original receipts or invoices for.

For further information, you can visit or contact Income via any of the following channels:

- (i) <http://www.income.com.sg/forms/claims/care.aspx?ext=.pdf>
- (ii) pcc@income.com.sg
- (iii) 6788 6616

7. Exclusions

There are certain conditions whereby we will not pay any benefits under this plan. These are shown as exclusions in the policy conditions. Some of the exclusions for this plan include, but are not limited to the following listed below. You should read the policy conditions which can be found at www.income.com.sg/silvercare-policy-conditions.pdf for the full list of exclusions.

This policy does not cover claims directly or indirectly caused by or arising from:

- a** any disability or death that is caused by sickness (for example, a heart attack or stroke, pathologic fracture or deterioration of a general health condition such as osteoporosis) and not by an injury;

- b** pregnancy, childbirth, abortion, miscarriage not due to an accident or all complications arising from these conditions;

- c any physical disability or defects which existed before the start of the insured person's policy, or pre-existing medical conditions;
- d the insured person taking part in any dangerous activities or sports including caving, potholing, rock climbing (except on man-made walls) or mountaineering which involves using ropes, any underwater activities involving using 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 but not including the following activities carried out for leisure purposes under the supervision of a licensed guide or instructor: hot-air balloon ride while airborne, ice or winter sports, hiking or trekking;

8. Change in circumstance

If there is any change in circumstances affecting the insured person's risk, he/she must give us immediate written notice and pay any extra premium that we may ask for. In particular, he/she must tell us about any change in his/her health condition, the country where he/she is living in or his/her pursuits.

Disclaimer

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by you and us.

It is usually detrimental to replace an existing accident and health plan with a new one. A penalty may be imposed for early plan termination and the new plan may cost more or have less benefit at the same cost.

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).