

Key features and benefits of insurance coverage for OCBC Protect Prime

Your policy

We have specially designed this plan as a group term life policy issued to **OCBC Bank**. This group insurance policy provides financial protection to OCBC credit or debit card holders and their **husbands** or **wives** and **children**.

This document only lists the key features and benefits of the **insured's** cover under the plan. The full terms and conditions of the insurance contract is in the **master policy**.

Words used in this document, if defined in the **master policy** or in this document, have the same meanings given to them in the **master policy** and this document.

Eligibility

To be eligible for cover under this plan, **you** (and **your husband** or **wife** and **children**, if any) must meet the following conditions and any other conditions which **we** may reasonably ask for.

- **You** must be **aged** 16 to 70 and an OCBC credit- or debit-card **cardholder**. **You** must be the main insured under the **policy**.
- **Your husband** or **wife** must be legally married to **you** and not separated or divorced from **you** and also be **aged** 16 to 70.
- **Your child** must be **your** natural or legally adopted child who is **aged** 15 days to 25 years.

You (and **your husband** or **wife** and **children**, if any) must be a Singaporean, Singapore Permanent Resident or **foreigner** who is working or residing in Singapore. **You** must give **us** details of everyone to be covered before the **start date** of cover for each person.

The oldest **you** and **your husband** or **wife** can take up this **policy** is age 60. The oldest **your child** can take up this **policy** is age 17.

1 What your policy covers

Your policy covers the following **benefits**.

1.1 Death

We will pay the **sum assured** if the **insured** dies from any cause unless where the **insured**, whether sane or insane, dies due to suicide or attempted suicide within 12 months from:

- the **start date**; or
 - the **reinstatement date**;
- whichever is later.

We will pay **your** legal personal representatives, **nominees** or **proper claimants** if **you** die, or **you** if **your husband** or **wife** or **child** dies.

We will pay an extra 100% of the **sum assured** if the **insured** dies from an **accident** while the **insured's** cover is in force.

If the death of an **insured** is due to suicide or attempted suicide within 12 months from the date of any increase in the **sum assured** for the **insured's** cover, **we** will pay the **sum assured** which was in force 12 months before the death of the **insured**.

1.2 Total and permanent disability

We will pay the **sum assured** if the **insured** suffers **total and permanent disability** due to any cause before the **age** of 65 while the **insured's** cover is in force unless the **total and permanent disability** is a result of self-inflicted injury.

1.3 Partial and permanent disability due to an accident

If the **insured** suffers any **loss** described in the **table of compensation** in Appendix 2 before the **age** of 65 while the **insured's** cover is in force, **we** pay a percentage of the **sum assured** as long as:

- the **loss** resulted directly from an **accident**; and
- the **loss** happened within 365 days after the **accident**.

We do not pay if the **loss** is caused directly or indirectly, totally or partly by:

- self-inflicted injuries, suicide or attempted suicide while sane or insane;
- any **pre-existing condition** relating directly or indirectly to the **loss** or where the **insured** received medical treatment or asked for medical advice (which relates directly or indirectly to the **loss**) before the **start date** of the **insured's** cover;
- war (declared or not), revolution or any warlike operation;
- military or naval service in time of war, or while under order for warlike operations or to restore public order; or
- racing on wheels.

1.4 Terminal illness

We will pay the **sum assured**, in line with the terms and conditions in the definition of **terminal illness** in Appendix 3, if the **insured** is diagnosed with any **terminal illness** for the first time by a **registered medical practitioner** while the **insured's** cover is in force.

We do not pay the **sum assured** in the following circumstances.

- If the **insured's terminal illness** is caused directly or indirectly, totally or partly, by:
 1. self-inflicted injuries or illness;
 2. the influence or deliberate misuse of drugs or alcohol;
 3. any **pre-existing condition** relating directly or indirectly to the **terminal illness** or where the **insured** received medical treatment or asked for medical advice (which relates directly or indirectly to the **terminal illness**) before the **start date** of the **insured's** cover; or

4. acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV) except **HIV due to blood transfusion and occupationally acquired HIV** as shown in item 23 of Appendix 4 – list of critical illnesses.
- **We** will not pay if the diagnosis is made within 30 days from the **start date** or **reinstatement date** (if any) of the **insured's** cover, whichever is later.
 - If the diagnosis is made before the end of 30 days from any increase in the **sum assured** for the **insured's** cover, **we** will pay the **sum assured** which was in force 30 days before the diagnosis is made for the first time.

1.5 Critical illness

We pay 20% of the **sum assured** if the **insured** is diagnosed with any **critical illness** (except for angioplasty and other invasive treatment for coronary artery) for the first time by a **registered medical practitioner**. This payment forms an **accelerated payment** of the **policy**.

For **angioplasty and other invasive treatment for coronary artery**, if the **insured** is diagnosed for the first time by a **registered medical practitioner**, **we** will only pay part of this **critical illness benefit**. This payment will reduce the **sum assured** of **critical illness benefit**.

The **critical illness** must be in line with the terms and conditions in the list of **critical illnesses** in Appendix 4.

We do not pay the **sum assured** in the following circumstances.

- If the **insured's** **critical illness** is caused directly or indirectly, totally or partly, by:
 1. self-inflicted injuries or illness;
 2. the influence or deliberate misuse of drugs or alcohol;
 3. an episode of coronary artery or ischaemic heart disease that happens before the **start date** of the **insured's** cover;
 4. any **pre-existing condition** relating directly or indirectly to the **critical illness** or where the **insured** received medical treatment or asked for medical advice (which relates directly or indirectly to the **critical illness**) before the **start date** of the **insured's** cover; or
 5. acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV) except **HIV due to blood transfusion and occupationally acquired HIV** as shown in item 23 of Appendix 4 – list of **critical illnesses**.
- For **major cancer, coronary artery bypass surgery, heart attack of specified severity and angioplasty and other invasive treatment for coronary artery**, **we** will not pay if the diagnosis for the first time by a **registered medical practitioner** is made within 90 days from the **start date** or **reinstatement date** (if any) of the **insured's** cover, whichever is later.
- For the other remaining **critical illnesses**, **we** will not pay if the diagnosis for the first time by a **registered medical practitioner** is made within 30 days from the **start date** or **reinstatement date** (if any) of the **insured's** cover, whichever is later.

For **major cancer, coronary artery bypass surgery, heart attack of specified severity and angioplasty and other invasive treatment for coronary artery**, if the diagnosis for the first time by a **registered medical practitioner** is made before the end of 90 days from any increase in the **sum assured** for the **insured's** cover, **we** will pay the **sum assured** which was in force 90 days before the diagnosis is made for the first time.

For the other **critical illnesses**, if the diagnosis for the first time by a **registered medical practitioner** is made before the end of 30 days from any increase in the **sum assured** for the **insured's** cover, **we** will pay the **sum assured** which was in force 30 days before the diagnosis is made for the first time.

1.6 Exception for full-time national service

This plan does not cover any claim or **loss** arising directly or indirectly, totally or partly, out of the **insured** taking part in full-time national service.

2 What you can do on your policy

2.1 Changes to the policy

After the **start date** of cover for an **insured** but before the next premium due date, **you** may change the **sum assured** in multiples of \$10,000.

This depends on:

- **us** accepting the change (**we** may add extra terms for cover including increasing the **insured's premium** and adding more exclusions);
- **you** filling in any forms **we** ask;
- **you** giving **us** all significant information **we** need relating to the cover; and
- **you** paying all the **premiums** due.

2.2 Reinstating cover

If an **insured's** cover has ended due to not paying a **premium** due, **you** may apply to reinstate it no later than 12 months after the cover has ended. The reinstatement will depend on **our** approval and the following terms and conditions. **You** must:

- pay all **premiums** due;
- provide satisfactory proof of the **insured's** good health (and pay any costs involved in doing this);
- confirm that the **insured** is still eligible for cover;
- confirm that there has been no significant change in the risks covered; and
- agree to other terms or conditions **we** consider are necessary (including increasing the **insured's** premium and adding more exclusions).

3 Our responsibilities to you

3.1 Claims

Depending on the terms, conditions and limits in the **master policy** and if **you** have paid the **premium** and the **insured's** cover is valid, **we** will pay the **benefits**.

We must be told within 90 days from the date of the diagnosis or the event giving rise to the claim. **You** (or **your** legal personal representative) must tell **us** in writing, giving full details and providing the proof **we** need. **You** (or **your** legal personal representative) must give **us** the documents **we** need with **your** claim form.

We do not have to pay a claim if **we** are told after 90 days from the date of the diagnosis or the event giving rise to a claim.

You must provide adequate medical evidence and **we** may ask the **insured** to have a medical examination by a **registered medical practitioner**. All claims must be supported with acceptable clinical, radiological, histological and laboratory evidence at the **insured's** own cost and expense, and confirmed by a **registered medical practitioner**.

3.2 Paying claims

Before **we** pay any **benefit**, **we** can take off any **premiums** that **you** owe from the **benefit**.

If **we** reject legal responsibility for a claim and no legal action has been taken within 12 months from the date **we** do this, **we** will consider **you** have abandoned the claim.

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

- **We** will not pay, and **you** will lose, all **benefits**.
- **We** will end **your policy**.
- **We** will refuse to renew **your policy**.
- **We** will add extra terms and conditions.
- **We** will take any action **we** consider necessary.

3.3 Who we pay benefit to

We may pay the **benefits** to **you** or, if it applies, **your** legal personal representative, **nominees** or **proper claimants**, as the case may be, if **we** receive:

- satisfactory proof of the event **we** will pay **benefit** for;
- proof of the relationship of the person claiming as of the date of the claim; and
- proof of the date of birth of the **insured**.

4 Your responsibilities

4.1 Premium

You must pay **us** the **premium** to receive the **benefits**.

The **sum assured** which **you** have chosen will set:

- the amount of **premium you** have to pay; and
- the **sum assured we** have to pay.

Please see the **table of premiums** in Appendix 1 for details.

4.2 Change in premium

The **premium** that **you** pay for this **policy** is not guaranteed and can change:

- based on the **age** of the **insured** on their next birthday; or
- when **we** change the **premium** rates in the **table of premiums** in Appendix 1.

We will write to **OCBC Bank** at least 30 days before the change is to take place and the new premium rates will apply to everyone insured under the **policy**.

4.3 Failing to pay premiums

We give **you** 30 days from the premium due date to pay the **premium**. During this grace period, the **insured's** cover will stay in force.

Unless **we** agree to extend the grace period, if **you** have still not paid the **premium** after the grace period comes to an end, the **insured's** cover for which the **premium** has not been paid will automatically end on the day the grace period ends.

You are responsible for paying **us** all **premiums** due or amounts owed for the period before the end of the **insured's** cover even if the **insured's** cover has ended.

You are responsible for making sure that **premiums** are paid up to date.

5 What you need to be aware of

5.1 Start and length of cover

The **start date** of an **insured's** cover will depend on when **we** accept the application form and receive the **premium**.

The **insured's** cover starts from the **start date** and applies until the end of the **contract term** shown in the **policy schedule** or when an event under clause 5.4 which results in the end of the **insured's** cover happens, whichever is earlier.

OCBC Bank or **we** may end the **master policy** by giving at least six months' written notice to the other. At the end of the notice period, all cover under this **policy** will automatically end.

5.2 Free-look period

You can cancel the **insured's** cover by giving **us** a written request within 14 days from receiving the certificate of insurance for the **policy**. If **you** cancel the **policy**, **we** will refund any **premiums** paid, less any medical fees paid in assessing the risk under the **policy**. If **we** send the certificate of insurance by post, **we** assume it has been delivered and received in the ordinary course of the post, seven days after the date it is posted.

5.3 Sum assured

- The **sum assured** for any **insured** must not be more than \$300,000. If the same **insured** is covered under more than one **policy** under the **master policy**, the total **sum assured** must also not be more than \$300,000.
- The **sum assured** for **your husband** or **wife** or **child** must not be more than **your sum assured** unless **we** reduce **your sum assured** due to underwriting reasons.

5.4 Ending the insured's cover

The **insured's** cover ends if any of the following events happens:

- **OCBC Bank** or **we** end the **master policy**;
- **you** end the **policy**;
- **you** end the cover for **your husband** or **wife** or **child**, whichever applies;
- **we** do not receive the **premium** for the **insured's** cover after the grace period;
- **you** fail to maintain at least one OCBC credit- or debit-card with **OCBC Bank** for any reason or **you** are no longer covered under the **policy**;
- the **insured** stops being eligible for cover;
- **your contract term** ends;
- the claim that is made for the **insured's** cover is fraudulent;
- the **insured** dies or becomes **totally and permanently disabled** as diagnosed by a **registered medical practitioner**, whichever applies;
- the **insured** claims for partial and permanent disability arising from one **accident**, and **we** have paid 100% of the **sum assured** or total amount equal to 100% of the **sum assured**;
- for claims for partial and permanent disability arising from more than one **accident**, **we** have paid a minimum total amount of 100% of the **sum assured**; or
- on the date the **insured** is diagnosed for the first time by a **registered medical practitioner** as suffering from **terminal illness** as shown in the definition of **terminal illness** in Appendix 3;

This will apply when the earliest of these events happens.

At the end of the **insured's** cover, **we** will not refund the **premiums** paid for the month in which the cover ends. **We** will refund any **premiums** paid for future months.

There is no cash-in value available when the **insured's** cover ends.

5.5 Nominating beneficiaries

If **we** provide cover to an **insured member** on their own life, the **insured member** may nominate (choose) any person to receive the share of the **benefits** under the Insurance Act and the Insurance (Nomination of Beneficiaries) Regulations.

Any **benefit we** pay to any person the **insured member** has nominated, or if they have not nominated someone, to the **insured member's** legal personal representatives or **proper claimants**, will be the end of **our** legal responsibility in relation to that payment.

5.6 Medical examination

If the **insured** is claiming for a disability, whether it is a partial and permanent disability or a **total and permanent disability** claim, **we** may need the **insured** to be examined by a particular **registered medical practitioner**.

5.7 Total compensation

The compensation **we** will pay for the same **accident** or cause will not be more than the limit **we** pay under the **benefit** for death, **total and permanent disability**, partial and permanent disability, **terminal illness** or **critical illness**, whichever applies.

If an **insured** is entitled to claim more than one **benefit** arising from the same **accident** or cause, **we** will not pay more than the limit due under only one **benefit** with the highest amount of compensation.

If an **insured** claims for:

- death, **total and permanent disability** or **terminal illness**, the **policy** of the **insured** will end.
- partial and permanent disability arising from the same **accident**, when **we** pay the total amount of 100% of the **sum assured**, the **policy** of the **insured** will end.
- partial and permanent disability arising from more than one **accident**, when **we** pay a minimum total amount of 100% of the **sum assured**, the **policy** of the **insured** will end.
- partial and permanent disability and a further claim for death or **total and permanent disability** or **terminal illness**, if **we** agree to pay the claim for death or **total and permanent disability** or **terminal illness**, the **policy** of the **insured** will end.
- disability, whether it is a partial and permanent disability or a **total and permanent disability** claim, **we** may need the **insured** to be examined by a particular **registered medical practitioner**.
- a **critical illness** and a further claim for death, **total and permanent disability** or **terminal illness**, when **we** pay the total amount of 100% of the **sum assured**, the **policy** of the **insured** will end.

- a **critical illness** (except for **angioplasty and other invasive treatment for coronary artery**), **we** will pay 20% of the **sum assured** and this **benefit** will end. This payment forms an **accelerated payment** of the **policy**.
- **angioplasty and other invasive treatment for coronary artery**, **we** will only pay part of the **critical illness benefit**. This payment will reduce the **sum assured** of **critical illness benefit**.

5.8 Dealing with disputes

Any dispute or matter arising under, out of or in connection with **your policy** must be referred to the Financial Industry Disputes Resolution Centre Ltd (FIDREC) to be dealt with if it is a dispute that can be brought before FIDREC.

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 in time. **We** will not be legally responsible under **your policy** unless **you** have first received an award under arbitration.

5.9 Excluding third-party rights

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

5.10 Notice of 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 the fax was sent to the fax number of the person receiving it; or
- by email, text message or other electronic means – as soon as it is sent.

5.11 Changing policy terms and conditions

We may change the **benefits**, cover or the terms and conditions. **We** will write to **OCBC Bank** at least 30 days before the change is to take place. Any changes to the **master policy** **we** agree with **OCBC Bank** which is endorsed on the **master policy** will apply to everyone covered under this **policy**.

5.12 Governing law

This **policy** is governed by and interpreted according to the laws of the Republic of Singapore.

5.13 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 Insurance or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

5.14 Refusing to pay a claim

After the **insured** or **insured member** have been continuously covered for one year from the cover **start date** or **reinstatement date**, **we** will pay the claim unless:

- it is a case of fraud;
- the **insured member** fails to pay a premium;
- the **insured** or **insured member** has a material **pre-existing condition** which the **insured** or **insured member** did not tell **us** about when the **insured member** applied for this **policy** if health declaration is required;
- the **insured** or **insured member** fails to tell **us** any significant information or information which is true, correct and complete which would have reasonably affected **our** decision to accept the **insured member's** application; or
- the claim is excluded or not covered under the terms of this **policy**.

6. Definitions

Accelerated payment means any payment made by **us** where such payment reduces the **sum assured** of the **policy**.

Accident means an unexpected incident that results in an injury or death. The injury or death must be caused entirely by being hit by an external object that produces a bruise or wound; except for injury or death caused specifically by drowning, food poisoning, choking on food, or suffocation by smoke, fumes, or gas.

Age means the actual age unless **we** are referring to **premiums** and then **we** mean the age at the next birthday.

Benefit means the amount **we** will pay under the terms and conditions of this **policy**.

Cardholder means an **insured** or **insured member** whom is a principal or supplementary cardholder of at least one valid OCBC credit- or debit-card issued by **OCBC Bank**.

Child or **children** means **your** natural or legally adopted child or children.

Contract term means the period of the **insured's** cover as shown in the **policy schedule**.

Critical illness means any critical illness listed in Appendix 4.

Endorsement means any written statement or notice **we** have issued to confirm and record changes to the terms and conditions of the **master policy**.

Foreigner means a person who holds a valid Singapore identification document such as a work pass or permit, dependant's pass or long-term visit pass issued by the Immigration & Checkpoints Authority (ICA) of Singapore or Ministry of Manpower (MOM) of Singapore respectively.

Husband or **wife** means **your** legally married husband or wife who is not separated or divorced from **you**.

Insured means the person named as the insured in the **policy schedule**.

Insured member means an **insured** named in the **policy schedule** who is the main insured of the **policy** and meets the eligibility requirements and is an OCBC credit- or debit-**cardholder** with **OCBC Bank**.

Loss or **losses** means total and permanent loss or loss of use of a limb as shown in the table of compensation in Appendix 2.

Master policy means the OCBC Protect Prime master policy entered into between **OCBC Bank** and **us**.

Nominee means a person nominated (chosen) in line with Clause 5.5 above and the Insurance Act and the Insurance (Nomination of Beneficiaries) Regulations.

OCBC Bank means the Oversea-Chinese Banking Corporation Limited.

Policy means the OCBC Protect Prime policy **you** have entered into with **us**.

Policy schedule means the schedule attached to the **insured's** certificate of insurance.

Pre-existing condition means any illness, disease or condition:

- which the **insured** asked for or received treatment, medication, advice or diagnosis (or which they ought to have asked for or received);
- which was known to exist, whether or not the **insured** asked for treatment, medication, advice or diagnosis; or
- which the **insured** had symptoms for and would have led a reasonable and sensible person to get medical advice or treatment;

before the **start date** or **reinstatement date** (if any), whichever is later.

Premium means the premiums to be paid to **us** for the insurance cover to be provided as shown in Appendix 1.

Proper claimant is defined in the Insurance Act (Chapter 142).

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. This cannot be **you**, the **insured** or **your** or the **insured's** parent, brother or sister, **husband** or **wife**, **child** or relative.

Reinstatement date means the date when **we** approve **your** application for reinstatement or when **we** receive the reinstatement **premium**, whichever is later.

Start date means the date **your policy** starts and is shown in the **policy schedule**.

Sum assured means the sum assured which is due under the OCBC Protect Prime **policy you** have entered into with **us**.

Total and permanent disability and **totally and permanently disabled** means:

- the inability to take part in any paid work for the rest of a person's life; or
- **total physical loss**.

Total physical loss means:

- the total and permanent loss of sight in both eyes;
- the loss of, or total and permanent loss of use of, two limbs at or above the wrist or ankle; or
- the total and permanent loss of sight in one eye and the loss of, or total and permanent loss of use of, one limb at or above the wrist or ankle.

We, us or **our** means Income Insurance Limited.

You or **your** means the person named in the **policy schedule** as the **insured member** who meets the eligibility requirements and is an OCBC credit- or debit-cardholder with **OCBC Bank**.

Appendix 1

Table of premiums

1. The **sum assured** for **you, your husband or wife or child** is in multiples of \$10,000 from \$10,000 up to \$300,000 each.
2. The **sum assured** for **your husband or wife or child** must not be more than **your sum assured** unless **we** reduce **your sum assured** due to underwriting reasons.
3. The **premiums** will increase when the **insured** enters a higher age band.

Sum assured	Monthly premium for sum assured (age next birthday)										
	1 to 17 years	18 to 30 years	31 to 40 years	41 to 45 years	46 to 50 years	51 to 55 years	56 to 60 years	61 to 63 years	64 to 65 years	66 to 68 years	69 to 70 years
\$10,000	\$2.35	\$2.40	\$2.50	\$4.20	\$4.35	\$6.50	\$10.45	\$17.05	\$21.00	\$38.95	\$44.85
\$20,000	\$4.70	\$4.80	\$5.00	\$8.40	\$8.70	\$13.00	\$20.90	\$34.10	\$42.00	\$77.90	\$89.70
\$30,000	\$7.05	\$7.20	\$7.50	\$12.60	\$13.05	\$19.50	\$31.35	\$51.15	\$63.00	\$116.85	\$134.55
\$40,000	\$9.40	\$9.60	\$10.00	\$16.80	\$17.40	\$26.00	\$41.80	\$68.20	\$84.00	\$155.80	\$179.40
\$50,000	\$11.75	\$12.00	\$12.50	\$21.00	\$21.75	\$32.50	\$52.25	\$85.25	\$105.00	\$194.75	\$224.25
\$60,000	\$14.10	\$14.40	\$15.00	\$25.20	\$26.10	\$39.00	\$62.70	\$102.30	\$126.00	\$233.70	\$269.10
\$70,000	\$16.45	\$16.80	\$17.50	\$29.40	\$30.45	\$45.50	\$73.15	\$119.35	\$147.00	\$272.65	\$313.95
\$80,000	\$18.80	\$19.20	\$20.00	\$33.60	\$34.80	\$52.00	\$83.60	\$136.40	\$168.00	\$311.60	\$358.80
\$90,000	\$21.15	\$21.60	\$22.50	\$37.80	\$39.15	\$58.50	\$94.05	\$153.45	\$189.00	\$350.55	\$403.65
\$100,000	\$23.50	\$24.00	\$25.00	\$42.00	\$43.50	\$65.00	\$104.50	\$170.50	\$210.00	\$389.50	\$448.50
\$110,000	\$25.85	\$26.40	\$27.50	\$46.20	\$47.85	\$71.50	\$114.95	\$187.55	\$231.00	\$428.45	\$493.35
\$120,000	\$28.20	\$28.80	\$30.00	\$50.40	\$52.20	\$78.00	\$125.40	\$204.60	\$252.00	\$467.40	\$538.20
\$130,000	\$30.55	\$31.20	\$32.50	\$54.60	\$56.55	\$84.50	\$135.85	\$221.65	\$273.00	\$506.35	\$583.05
\$140,000	\$32.90	\$33.60	\$35.00	\$58.80	\$60.90	\$91.00	\$146.30	\$238.70	\$294.00	\$545.30	\$627.90
\$150,000	\$35.25	\$36.00	\$37.50	\$63.00	\$65.25	\$97.50	\$156.75	\$255.75	\$315.00	\$584.25	\$672.75
\$160,000	\$37.60	\$38.40	\$40.00	\$67.20	\$69.60	\$104.00	\$167.20	\$272.80	\$336.00	\$623.20	\$717.60
\$170,000	\$39.95	\$40.80	\$42.50	\$71.40	\$73.95	\$110.50	\$177.65	\$289.85	\$357.00	\$662.15	\$762.45
\$180,000	\$42.30	\$43.20	\$45.00	\$75.60	\$78.30	\$117.00	\$188.10	\$306.90	\$378.00	\$701.10	\$807.30
\$190,000	\$44.65	\$45.60	\$47.50	\$79.80	\$82.65	\$123.50	\$198.55	\$323.95	\$399.00	\$740.05	\$852.15
\$200,000	\$47.00	\$48.00	\$50.00	\$84.00	\$87.00	\$130.00	\$209.00	\$341.00	\$420.00	\$779.00	\$897.00
\$210,000	\$49.35	\$50.40	\$52.50	\$88.20	\$91.35	\$136.50	\$219.45	\$358.05	\$441.00	\$817.95	\$941.85
\$220,000	\$51.70	\$52.80	\$55.00	\$92.40	\$95.70	\$143.00	\$229.90	\$375.10	\$462.00	\$856.90	\$986.70
\$230,000	\$54.05	\$55.20	\$57.50	\$96.60	\$100.05	\$149.50	\$240.35	\$392.15	\$483.00	\$895.85	\$1,031.55
\$240,000	\$56.40	\$57.60	\$60.00	\$100.80	\$104.40	\$156.00	\$250.80	\$409.20	\$504.00	\$934.80	\$1,076.40
\$250,000	\$58.75	\$60.00	\$62.50	\$105.00	\$108.75	\$162.50	\$261.25	\$426.25	\$525.00	\$973.75	\$1,121.25
\$260,000	\$61.10	\$62.40	\$65.00	\$109.20	\$113.10	\$169.00	\$271.70	\$443.30	\$546.00	\$1,012.70	\$1,166.10
\$270,000	\$63.45	\$64.80	\$67.50	\$113.40	\$117.45	\$175.50	\$282.15	\$460.35	\$567.00	\$1,051.65	\$1,210.95
\$280,000	\$65.80	\$67.20	\$70.00	\$117.60	\$121.80	\$182.00	\$292.60	\$477.40	\$588.00	\$1,090.60	\$1,255.80
\$290,000	\$68.15	\$69.60	\$72.50	\$121.80	\$126.15	\$188.50	\$303.05	\$494.45	\$609.00	\$1,129.55	\$1,300.65
\$300,000	\$70.50	\$72.00	\$75.00	\$126.00	\$130.50	\$195.00	\$313.50	\$511.50	\$630.00	\$1,168.50	\$1,345.50

The premiums are based on the sum assured and insured's age next birthday. Premium rates will change when the insured enters a higher age band. Premium rates are not guaranteed and may be reviewed from time to time.

Appendix 2
Table of compensation

Item	Description of loss		Percentage of sum assured
1	Loss of arm		100%
2	Loss of hand		100%
3	Loss of leg		100%
4	Loss of feet		100%
5	Loss of	- eye	100%
		- sight of eye	100%
		- sight of eye except perception of light	50%
6	Loss of four fingers and thumb of one hand		50%
7	Loss of four fingers of one hand		40%
8	Loss of thumb	- both phalanges	25%
		- one phalanx	10%
9	Loss of index finger	- three phalanges	10%
		- two phalanges	8%
		- one phalanx	4%
10	Loss of middle finger	- three phalanges	6%
		- two phalanges	4%
		- one phalanx	2%
11	Loss of ring finger	- three phalanges	5%
		- two phalanges	4%
		- one phalanx	2%
12	Loss of little finger	- three phalanges	4%
		- two phalanges	3%
		- one phalanx	2%
13	Loss of metacarpals	- first or second (additional)	3%
		- third, fourth or fifth (additional)	2%
14	Loss of toes	- all	15%
		- great toe, both phalanges	5%
		- great toe, one phalanx	5%
		- each toe, other than great toe	1%
15	Loss of hearing	- both ears	75%
		- one ear	15%
16	Loss of speech		50%

We will work out the total compensation **we** will pay for the **loss** due to **accident** by adding together the various percentages. However, this will not be more than 100% of the **sum assured**.

Appendix 3

Definition of Terminal Illness

The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2024). This Critical Illness falls under Version 2024. You may refer to www.lia.org.sg for the standard Definitions (Version 2024).

Terminal illness

Terminal illness means “any condition caused by illness or injury, where at the time of claim, despite all reasonable medical treatment, the Insured is expected to live for no more than 12 months.”

The registered medical practitioner treating the condition must provide supporting evidence of the condition, possible medical treatment, the prognosis after undergoing the possible medical treatment, and certify that the Insured is expected to live for no more than 12 months despite all possible medical intervention. We reserve the right to appoint an independent registered medical practitioner who is an expert in the condition to confirm the diagnosis and prognosis.

Terminal illness in the presence of HIV infection is excluded.

Appendix 4

List of Critical Illnesses

The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2024). These Critical Illnesses fall under Version 2024. You may refer to www.lia.org.sg for the standard Definitions (Version 2024).

Any one of the following 29 Critical Illnesses is a Critical Illness.

1 Major Cancer

A malignant tumour positively diagnosed with histological confirmation and characterised 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.

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 does not meet the above definition.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following: Pre - malignant;
Non - invasive; Carcinoma - in - situ (Tis) or Ta; Having borderline malignancy;
Having any degree of malignant potential;
Having suspicious malignancy;
Neoplasm of uncertain or unknown behaviour; or
All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;
- Any non - melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below; and all pituitary neuroendocrine tumours (PitNET) except Metastatic PitNET and Pituitary Carcinoma;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- 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;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- 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
- All tumours in the presence of HIV infection.

2 Heart Attack of Specified Severity

Death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;
- New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by Income Insurance.

For the above definition, the following are excluded:

- Angina;
- Heart attack of indeterminate age; and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

3 Stroke with Permanent Neurological Deficit

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit. This diagnosis must be supported by all of the following conditions:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve;
- Ischaemic disorders of the vestibular system; and
- Secondary haemorrhage within a pre-existing cerebral lesion.

4 Coronary Artery By-pass Surgery

The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts.

This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty and all other intra-arterial, catheter-based techniques, 'keyhole' or laser procedures are excluded.

5 End Stage Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

6 Irreversible Aplastic Anaemia

Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion;
- Bone marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow or haematopoietic stem cell transplantation.

The diagnosis must be confirmed by a haematologist.

7 End Stage Lung Disease

End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:

- FEV₁ test results which are consistently less than 1 litre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($\text{PaO}_2 \leq 55\text{mmHg}$); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

8 End Stage Liver Failure

End stage liver failure as evidenced by all of the following:

- Permanent jaundice;
- Ascites; and
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

9 Coma

A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse or self-inflicted injuries are excluded.

10 Deafness (Irreversible Loss of Hearing)

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.

Total means *“the loss of hearing to the extent that the quietest sound that can be heard is 80 decibels or greater across all frequencies”*.

Irreversible means *“cannot be reasonably restored to at least 40 decibels or lower by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention.”*

11 Open-Heart Heart Valve Surgery

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

The open-heart surgery refers to an incision on the heart for the direct visual replacement or repair of the heart valve abnormalities.

For the above definition, the following operation or procedures are excluded:

- The operation or procedure performed via endoscopic or keyhole surgery.
- The operation or procedure performed via catheterisation.

12 Irreversible Loss of Speech

Total and irreversible loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric related causes are excluded.

13 Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the **insured's** body.

14 Major Organ / Bone Marrow Transplantation

The receipt of a transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

15 Multiple Sclerosis

The definite diagnosis of Multiple Sclerosis, and must be supported by all of the following:

- Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and
- Multiple neurological deficits which occurred over a continuous period of at least 6 months.

Other causes of neurological damage such as SLE and HIV are excluded.

16 Muscular Dystrophy

The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the **insured** to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.

For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

17 Idiopathic Parkinson’s Disease

The unequivocal diagnosis of idiopathic Parkinson’s Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication; and
- Inability of the **insured** to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.

For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

18 Surgery to Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

19 Alzheimer's Disease / Severe Dementia

Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer’s disease or irreversible organic disorders, resulting in significant reduction in

mental and social functioning requiring the continuous supervision of the **insured**. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by Income Insurance's appointed **registered medical practitioner**.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol related brain damage.

20 Fulminant Hepatitis

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

21 Motor Neurone Disease

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

22 Primary Pulmonary Hypertension

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

The NYHA Classification of Cardiac Impairment:

- Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.
- Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.
- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

23 HIV Due to Blood Transfusion and Occupationally Acquired HIV

A. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the **start date**, date of **endorsement** or date of reinstatement of this **policy**, whichever is the later; and

- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.
- B. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the **start date**, date of **endorsement** or date of reinstatement of this **policy**, whichever is the later whilst the **insured** was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to Income Insurance's satisfaction:
- Proof that the **accident** involved a definite source of the HIV infected fluids;
 - Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented **accident**. This proof must include a negative HIV antibody test conducted within 5 days of the **accident**; and
 - HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This **benefit** is only payable when the occupation of the **insured** is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore).

This **benefit** will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

24 Benign Brain Tumor

Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:

- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- Cysts;
- Abscess;
- Angioma;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland, spinal cord and skull base.

25 Severe Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in permanent neurological deficit which must be documented for at least 6 weeks. This diagnosis must be certified by a consultant neurologist, and supported by any confirmatory diagnostic tests.

Encephalitis caused by HIV infection is excluded.

26 Severe Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:

- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- A consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

27 Angioplasty & Other Invasive Treatment for Coronary Artery

The actual undergoing of balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Payment under this condition is limited to 10% of the **sum assured** under the **critical illness benefit** subject to a S\$25,000 maximum sum payable. This **benefit** is payable once only and shall be deducted from the amount of this **policy**, thereby reducing the amount of the **sum assured** which may be payable herein.

Diagnostic angiography is excluded.

28 Blindness (Irreversible Loss of Sight)

Permanent and irreversible loss of sight in both eyes as a result of illness or **accident** to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

The blindness must not be correctable by surgical procedures, implants or any other means.

29 Paralysis (Irreversible Loss of Use of Limbs)

Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

Others

The following two terms can be found in some of the above definitions, and their meanings are as follows:

1. Permanent Neurological Deficit

Permanent means expected to last throughout the lifetime of the **insured**.

Permanent neurological deficit means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the **insured**. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

2. Activities of Daily Living (ADLs)

- (i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- (ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- (iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- (iv) Mobility - the ability to move indoors from room to room on level surfaces;
- (v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (vi) Feeding - the ability to feed oneself once food has been prepared and made available.