

# 30-day Protect Data plan Free Cover

## Policy Conditions

**Policy no. 5111806702**

This document sets out the terms of a group cover provided by NTUC Income Insurance Co-operative Ltd ('us') under policy No. 5111806702 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

	<b>Benefit</b>	<b>Maximum benefit (S\$) per insured</b>
Section 1	<b>Accidental death</b>	\$5,000
Section 2	<b>Permanent disability</b>	\$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 booster
Section 5	Job loss after more than 4 days of <b>hospitalisation</b> due to <b>accident</b> or <b>sickness</b>	\$3,000

## 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 # 5111806702 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**.

**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
<p>A If <b>you</b> are involved in an <b>accident</b> and due only to this <b>accident</b>, <b>you</b> die within 30 days from the date of the <b>accident</b>.</p>	<ol style="list-style-type: none"> <li>1 <b>We</b> will pay the maximum limits as shown in the <b>table of cover</b>.</li> <li>2 A claim can only be made under either section 1 or 2 for the same event but not under both.</li> <li>3 <b>We</b> will reduce any compensation due for <b>accidental</b> death by any payment which <b>we</b> have already made for a <b>permanent disability</b> suffered by <b>you</b> under the scale of compensation within the <b>period of insurance</b>.</li> </ol>	<p>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.</p> <ol style="list-style-type: none"> <li>1 Death caused directly or indirectly by <b>sickness</b> and not by an <b>injury</b>. For example, <b>we</b> will not pay a claim if <b>you</b> die from a heart attack.</li> <li>2 Death caused directly or indirectly by any physical disability which existed before the start of the <b>period of insurance</b>.</li> </ol>
Section 2 – Permanent disability		
When we will pay	What we pay	What we do not pay
<p>A If <b>you</b> are involved in an <b>accident</b> and due only to this <b>accident</b>, <b>you</b> become <b>permanently disabled</b> within 30 days from the date of the <b>accident</b>.</p>	<ol style="list-style-type: none"> <li>1 <b>We</b> will pay based on the scale of compensation table below, up to the maximum limits as shown in the <b>table of cover</b>.</li> <li>2 A claim can only be made under either section 1 or 2 for the same event but not under both.</li> </ol>	<p>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.</p> <ol style="list-style-type: none"> <li>1 <b>Permanent disability</b> caused directly or indirectly by <b>sickness</b> and not by an <b>injury</b>. For example, <b>we</b> will not pay a claim if <b>you</b> become <b>permanently disabled</b> after suffering a stroke.</li> <li>2 <b>Permanent disability</b> caused directly or indirectly by any physical disability which existed before the start of the <b>policy</b>.</li> <li>3 Extra compensation for any specific item which is part of a greater item due under this <b>period of insurance</b>. For</li> </ol>

		example, if payment is made for the loss of upper limb, <b>we</b> will not pay again for the loss or finger or thumb.
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**Scale of compensation table**

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

**We will not pay any compensation if the disability is not listed in the scale of compensation table.**

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

**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
<p>A If <b>you</b> are <b>hospitalised</b> on the advice of a <b>medical practitioner</b> for more than 4 full days due to an <b>accident</b>.</p> <p>This benefit will end once <b>you</b> leave the <b>hospital</b>.</p> <p>For any subsequent period of <b>hospitalisation</b> caused by the same <b>accident</b>, or related cause, <b>we</b> will add the number of days of <b>hospital</b> stay for the same <b>accident</b>, unless the periods of <b>hospitalisation</b> are at least 2 months apart.</p>	<p>1 <b>We</b> will pay a daily benefit, as shown in the <b>table of cover</b>, for each complete 24-hour period that <b>you</b> are <b>hospitalised</b> in the <b>hospital</b> as a bed patient, up to 60 days for every <b>accident</b>.</p> <p>2 <b>We</b> will only pay one claim under this benefit for each <b>accident</b>.</p>	<p>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.</p> <p>1 <b>Hospitalisation</b> caused directly or indirectly by <b>sickness</b> and not by an <b>injury</b>. For example, <b>we</b> will not pay a claim if <b>you</b> are <b>hospitalised</b> due to a heart attack.</p> <p>2 <b>Hospitalisation</b> of 4 full days or less.</p>

<b>Section 4 – Get well benefit after more than 4 days of hospitalisation due to accident or sickness</b>		
<b>When we will pay</b>	<b>What we pay</b>	<b>What we do not pay</b>
<p>A If <b>you</b> have recovered well and are fit to resume work on the advice of a <b>medical practitioner</b> after being <b>hospitalised</b> for more than 4 full days due to an <b>accident</b> or <b>sickness</b>.</p>	<ol style="list-style-type: none"> <li>1 <b>We</b> will pay the cash benefit as shown in the <b>table of cover</b>. <b>We</b> will only pay one claim under this benefit for each <b>accident</b> or <b>sickness</b>.</li> <li>2 A claim can only be made under either section 4 or 5 for the same event but not under both.</li> </ol>	<p>The general exclusions listed in part 3 of the general conditions.</p>
<b>Section 5 – Job loss after more than 4 days of hospitalisation due to accident or sickness</b>		
<b>When we will pay</b>	<b>What we pay</b>	<b>What we do not pay</b>
<p>A If <b>you</b> are involuntarily unemployed for at least 30 days solely because <b>you</b> are no longer medically fit to take on any form of employment with <b>your</b> employer after being <b>hospitalised</b> for more than 4 full days due to an <b>accident</b> or <b>sickness</b>.</p> <p><b>You</b> must provide a letter of termination from <b>your</b> employer showing the reason for termination.</p> <p><b>You</b> must not be offered alternative employment in a subsidiary, affiliated or associated company of <b>your</b> employer, or a company working with <b>your</b> employer within 1 year from the date of <b>your</b> termination.</p> <p>If <b>you</b> have more than one employer, this benefit is only applicable to <b>your</b> main employment, i.e. the employment which contributes the majority of <b>your</b> monthly salary.</p>	<ol style="list-style-type: none"> <li>1 <b>We</b> will pay the cash benefit as shown in the <b>table of cover</b>.</li> <li>2 A claim can only be made under either section 4 or 5 for the same event but not under both.</li> </ol>	<p>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.</p> <ol style="list-style-type: none"> <li>1 Termination of employment due to any reason other than <b>you</b> no longer being medically fit to perform the major duties connected with <b>your</b> employment.</li> <li>2 <b>You</b> choosing not to continue with <b>your</b> employment, or choosing not take on an alternative position offered by <b>your</b> employer.</li> <li>3 <b>You</b> being self-employed, or engaged in casual employment, temporary assignments, or odd-jobs.</li> <li>4 Expiration of employment contract, resignation or retirement.</li> </ol>

# 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**.
- b **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).
- j **You** 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 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.
- l 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**.
- n **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 a maximum of three covers 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.
- e** **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. Governing law

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

## 18. 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](http://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: [sq@income.com.sg](mailto:sq@income.com.sg).

## 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](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).