

Important:

This is a sample of the policy document. To determine the precise terms, conditions and exclusions of your cover, please refer to the actual policy and any endorsement issued to you.

Conditions for Advanced Critical Secure

Your rider

This is an accelerated whole-life rider.

It pays dread disease benefit and major impact benefit.

Any payment under this rider will form an **accelerated payment**, and reduce the sum assured and any bonuses of this rider and its basic policy by the same amount that **we** pay under this rider.

The sum assured in this rider refers to the 'Sum Assured' of Advanced Critical Secure as shown in the policy schedule or any future endorsement that **we** issue, whichever is later.

This policy will form the basis on which **we** will settle all claims. Any information or declaration **you** or the insured have given, will form the basis of the contract. If any statement, information or declaration **you** or the insured have given is incomplete, untrue or incorrect, **we** may decide that this policy is not valid and refuse to pay a claim.

The policy schedule, signed proposal forms and, if applicable, special terms acceptance, supplementary form and endorsements are all part of this policy.

1 What your rider covers

a Dread disease benefit

If the insured is diagnosed with a specified advanced stage dread disease, **we** will pay the benefit shown in Table 1. The applicable age in Table 1 is based on the option selected by **you** for your **multiplier cover** as shown in the policy schedule. **We** will only pay for this benefit once and this rider will end.

Table 1

When claim event happens	Benefit
Before the anniversary immediately after the insured reaches the age of 65, 75 or 80 (whichever is applicable)	100% of this rider's sum assured and corresponding pro-rated bonuses of its basic policy; or 100% of this rider's multiplier cover; whichever is higher.
On or after the anniversary immediately after the insured reaches the age of 65, 75 or 80 (whichever is applicable)	100% of this rider's sum assured and corresponding pro-rated bonuses of its basic policy.

If the insured is covered for any dread disease benefits or equivalent benefits under any policies (including this policy) which have been issued and paid (whether issued and paid by **us** or by any other insurer), the total of these benefits under all these policies cannot be more than S\$3.6 million (including premiums waived due to dread disease but excluding bonuses). This limit of S\$3.6 million is known as the Dread Disease Per Life Limit. If the total of these benefits will exceed the Dread Disease Per Life Limit, **we** will first take into account the amounts due under the earlier policies, and then pay an amount to bring the total benefits to the Dread Disease Per Life Limit.

b Major impact benefit

If the insured (before the **anniversary** immediately after the insured reaches the age of 85) requires a stay in an **intensive care unit (ICU)** for a total of 4 days or more in one hospital admission, **we** will pay the benefit shown in Table 2. The applicable age in Table 2 is based on the option selected by **you** for your **multiplier cover** as shown in the policy schedule.

The stay in **ICU** must be confirmed as **necessary medical treatment**.

We will not consider a stay in **ICU** as **necessary medical treatment** if the insured can be safely and adequately treated in any other facility.

Table 2

When claim event happens	Benefit
Before the anniversary immediately after the insured reaches the age of 65, 75 or 80 (whichever is applicable)	20% of this rider's sum assured and corresponding pro-rated bonuses of its basic policy; or 20% of this rider's multiplier cover; whichever is higher.
On or after the anniversary immediately after the insured reaches the age of 65, 75 or 80 (whichever is applicable)	20% of this rider's sum assured and corresponding pro-rate bonuses of its basic policy.

You can only claim the major impact benefit once under this rider.

For policies **we** have issued that have major impact benefit, **we** will pay no more than S\$100,000 (not including bonuses) for each insured (no matter how many policies **we** have issued to cover each insured).

2 Our responsibilities to you

You may reduce your sum assured for this rider as long as it is not less than the minimum sum assured set by **us**. When **we** agree to the change in sum assured, **we** will make this change in the sum assured at the next premium due date.

The sum assured of this rider cannot be more than the sum assured of its basic policy.

If **you** decide to reduce your basic policy's sum assured, **we** may also reduce the sum assured of this rider so that it will not be more than the sum assured of its basic policy.

We will work out any future premiums or claims based on the reduced sum assured.

This rider will end immediately when **we** have fully paid the sum assured of this rider, when its basic policy ends, or is converted to a **paid-up** policy.

3 Your responsibilities

You will pay your first premium at the time **you** apply for this rider. **You** will then pay future premiums when they are due. **You** will have 30 days as a period of grace to make these payments for this rider to continue. If **we** are due to pay any benefits during this period, **we** will take off any unpaid premiums from the benefits.

If **you** still have not paid the premium after the period of grace, this rider will end, unless **we** have activated the **automatic premium loan** facility under your basic policy.

If this rider ends because **you** have not paid the premium, **you** can reinstate it within 36 months by paying the premiums **you** owe along with interest. This applies as long as **you** give **us** satisfactory proof of the insured's good health and there is no change in the risks covered by this rider. However, if **we** do not ask for the insured's health declaration or medical checks when **you** apply, **you** do not need to give **us** satisfactory proof of the insured's good health.

If **you** cancel this rider before the next premium is due, **we** will end this rider from the next premium due date and **we** will not refund any unused premium.

The premium that **you** pay for this rider is not guaranteed. **We** will give **you** at least 30 days' written notice before **we** make any change.

4 What you need to be aware of

a Dread disease benefit

We only cover the dread diseases **we** define in this rider. The name of each dread disease is only a guide to what is covered. The full definition of each dread disease covered and the circumstances in which **you** can claim are given in this rider.

You must provide adequate medical evidence and **we** may ask the insured to have a medical examination by a doctor **we** have appointed. Every diagnosis must be supported by acceptable clinical, radiological, histological and laboratory evidence and confirmed by a **specialist**.

We will not pay this benefit if your claim arises from:

- deliberate acts such as self-inflicted injuries, illnesses or attempted suicide;
- deliberate misuse of drugs or alcohol;
- acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV), except as stated under **HIV due to blood transfusion and occupationally acquired HIV**; or
- **major cancer, heart attack of specified severity, coronary artery by-pass surgery, or other serious coronary artery disease**, where the insured was diagnosed with the disease within 90 days from the **cover start date**. For **coronary artery by-pass surgery**, the date of diagnosis will be the date the medical condition that leads to the surgical procedure is diagnosed, and not the date of the surgical procedure.

b Major impact benefit

We will not pay this benefit if your claim arises from:

- deliberate acts such as self-inflicted injuries, illnesses or attempted suicide;
- deliberate misuse of drugs or alcohol;
- acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV), except as stated under **HIV due to blood transfusion and occupationally acquired HIV**;
- treatment aimed at improving appearance, such as cosmetic surgery or any treatment relating to a previous cosmetic treatment;
- overseas medical treatment;
- pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of related stay in hospital or treatment;
- infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment;
- psychological disorders, personality disorders, mental conditions or behavioural disorders, including any addiction or dependence arising from these disorders such as gambling or gaming addiction;
- unlawful acts, provoked assault or deliberate exposure to danger;
- treatment of sexually-transmitted diseases;
- sex-change operations;
- experimental or pioneering medical or surgical techniques and medical devices not approved by the Institutional Review Board and the Centre of Medical Device Regulation and medical trials for medicinal products whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority of Singapore;
- alternative or complementary treatments, including traditional Chinese medicine (TCM) or a stay in any health-care establishment for social or non-medical reasons;
- treatment of injuries arising from being directly involved in civil commotion, riot or strike;
- radiation or contamination from radioactivity;
- warlike operations (whether war is declared or not), war, invasion, riot or any similar event; or
- the insured suffering symptoms of, had investigations for, or was diagnosed with illness any time before or within 90 days from the **cover start date** (except for **accidents**).

c Effects of an accelerated payment

Where **we** make an **accelerated payment** on this rider:

- **we** will reduce the sum assured and any bonuses of this rider and its basic policy by the same amount that **we** pay under this rider; and
- the basic policy will end upon the earlier of any of the following:
 - the sum assured of the basic policy has reached zero and, if applicable, **we** have paid the advanced restoration benefit in Early Critical Secure rider; or
 - **we** have fully paid for the Total and Permanent Disability, Terminal Illness and death benefit in accordance with the conditions of the basic policy.

We will work out any future premiums, claims or **cash value** of its basic policy and the accelerated rider based on the reduced sum assured.

d Making a claim

To make a claim for death benefit, **we** must be told of the claim and all relevant documents to support the claim must be given within six months after the insured's death.

If the basic policy or rider provides for accidental death or accidental total and permanent disability (TPD) benefit, **we** must be told of the claim and all relevant documents to support the claim must be given within thirty days after the insured's accidental death or accidental TPD. If **we** are not told of the claim or have not received all relevant documents within thirty days, **we** will reject the claim unless **we** deem that **you** have a valid reason for the delay. **You** must also show that **you** have told **us** and given all relevant documents to support the claim to **us** as soon as reasonably possible.

To make a claim for other benefits, **we** must be told of the claim and all relevant documents to support the claim must be given within six months after the diagnosis or the event giving rise to the claim. If **we** are not told of the claim or have not received all relevant documents within six months, **we** will reject the claim unless **we** deem that **you** have a valid reason for the delay. **You** must also show that **you** have told **us** and given all relevant documents to support the claim to **us** as soon as reasonably possible.

If **we** are not told of your claim or have not received all relevant documents for your claim within two years from the date of the event giving rise to the claim, **we** will not pay the claim.

When **you** submit a claim in relation to any benefit, **we** will process the claim across all the policies (and applicable riders) **you** hold with **us**. **We** will not accept any request to claim under only certain policies that **you** have with **us**.

When **we** pay a claim, **we** will not refund any premiums that have been paid.

e Refusing to pay a claim

After **you** have been continuously covered for two years from the **cover start date**, **we** will pay your claim unless:

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

5 Definitions

Accident and **accidental** mean 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.

Accelerated payment means any payment made by **us** under any rider or basic policy, if that payment reduces the sum assured and any bonuses of the basic policy and its riders.

Anniversary means the last day of every 12 months from the **policy entry date** for the basic policy.

Automatic premium loan means that **we** pay the premiums on your behalf so the basic policy and its riders can continue. **We** will only do this if the basic policy has enough **cash value**. **We** treat this as a loan (called an automatic premium loan) and charge **you** interest. **We** will take these loans and interest from any amount **we** may be due to pay under the basic policy and its riders. If at any time the amount of the loans and interest is more than the **cash value**, the basic policy and its riders will end.

Cash value means the amount available when **you** cancel a policy that has a savings feature before **we** pay a benefit under it (for example, for death), or it becomes due for payment (maturity), for example, an endowment policy. **We** work out the amount of the cash value.

Cover start date means the date (whichever is latest):

- **we** issue this rider;
- **we** issue an endorsement to include or increase a benefit; or
- **we** issue an endorsement pursuant to the 'change of insured option'; or
- **we** reinstate this rider;

if applicable.

Intensive care unit (ICU) means the intensive care unit of a hospital. High-dependency unit and other accommodation ward are not considered an intensive care unit.

Material pre-existing condition means any condition that existed before the **cover start date** which would have reasonably affected **our** decision to accept your application and for which:

- the insured had symptoms that would have caused any sensible person to get medical treatment, advice or care;
- treatment was recommended by or received from a medical practitioner; or
- the insured had medical tests or investigations.

Multiplier cover means a percentage of the sum assured shown in the policy schedule. The multiplier cover is applicable before the **anniversary** immediately after the insured reaches the age of 65, 75 or 80 (whichever is applicable). The applicable age will be based on the option selected by **you** as shown in the policy schedule. **You** cannot change the multiplier cover and its applicable age which **you** chose at the start of the policy.

Necessary medical treatment means reasonable and common treatment which, in the professional opinion of a **specialist** in the relevant field of medicine, is appropriate and consistent with the symptoms, findings, diagnosis and other relevant clinical circumstances of the illness or injury and reduces the negative effect of the illness or injury on the insured's health.

The treatment:

- must be provided in line with generally accepted standards of good medical practice in Singapore, be consistent with current standards of professional medical care, and have proven medical benefits;
- must not be for the convenience of the insured or **specialist**, this includes but is not limited to treatment that can reasonably be provided out of a hospital but is provided as an inpatient treatment;
- must not be for medical trials and/or experimental, investigational or research in nature. This includes but is not limited to experimental therapy, pioneering or new medical techniques, surgical techniques, physiotherapy, medical devices, medicinal products, whether or not these have been approved and/or issued with a clinical trial certificate by the Ministry of Health or the Health Sciences Authority or other regulatory bodies in Singapore. **We** reserve the right to determine whether a treatment, service or expense is medically necessary; and
- must not be preventive, or for health screening or promoting good health, this includes but is not limited to dietary replacement or supplement.

Paid-up means not paying any future premium payments and reducing the sum assured after the policy has built up a **cash value**.

Policy entry date means the 'Policy entry date' shown in the policy schedule.

Policy term means the 'Policy Term' or 'Contract Term' shown in the policy schedule to this rider or any future endorsement that **we** may issue, whichever is later.

Registered medical practitioner means a doctor who is qualified in western medicine and is legally licensed in Singapore or has the qualifications recognised by the Singapore Medical Council.

Specialist means a **registered medical practitioner** who has the extra qualifications and expertise needed to practise as a recognised specialist of diagnostic techniques, treatment and prevention, in the particular field of medicine that such specialist is being consulted for and providing any advice or determination on (including diagnosis, certification and recommendation).

We, us, our means Income Insurance Limited.

You means the policyholder shown in the policy schedule.

5 Definitions

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.

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.

6 Definitions of dread diseases

6.1 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 behavior; 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
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	• All tumours in the presence of HIV infection.
6.2 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 the Company. 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
6.3 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.
6.4 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.
6.5 End stage kidney failure	Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.
6.6 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.
6.7 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 (PaO₂ ≤ 55mmHg); and • Dyspnoea at rest. The diagnosis must be confirmed by a respiratory specialist.
6.8 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.
6.9 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.
6.10 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, and 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 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”.
6.11 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 catheterisation 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.
6.12 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.
6.13 Major burns	Third degree (full thickness of the skin) burns covering at least 20% of the surface of the insured’s body.
6.14 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.
6.15 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 systemic lupus erythematosus (SLE) and HIV are excluded.
6.16 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.
6.17 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.
6.18 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.
6.19 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 the Company's appointed doctor. The following are excluded: • Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol related brain damage.
6.20 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.
6.21 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.
6.22 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.
6.23 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 cover start date; 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 cover start date 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 the Company'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.
6.24 Benign brain tumour	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.

6.25 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.
6.26 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 six 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.
6.27 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.
6.28 Major Head Trauma	Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head Injury. The following are excluded: • Spinal cord injury; and • Head injury due to any other causes.
6.29 Paralysis (irreversible loss of use of limbs)	Total and irreversible loss of use of at least two entire limbs due to injury or disease persisting for a period of at least six weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist. Self-inflicted injuries are excluded.

6.30 Progressive scleroderma	A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally confirmed by a consultant rheumatologist and supported by biopsy or equivalent confirmatory test, and serological evidence, and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys. The following are excluded: • Localised scleroderma (linear scleroderma or morphoea); • Eosinophilic fasciitis; and • CREST syndrome.
6.31 Persistent vegetative state (apallic syndrome)	Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist. This condition has to be medically documented for at least one month.
6.32 Systemic Lupus Erythematosus with Lupus Nephritis	The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology. The RPS/ISN classification of lupus nephritis: Class I: Minimal mesangial lupus nephritis Class II: Mesangial proliferative lupus nephritis Class III: Focal lupus nephritis (active and chronic; proliferative and sclerosing) Class IV: Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global) Class V: Membranous lupus nephritis Class VI: Advanced sclerosis lupus nephritis
6.33 Other serious coronary artery disease	The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by invasive coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed. The occurrence of the stenosis of the involved coronary arteries must be detected in a single invasive coronary angiography report performed in one sitting.

	Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.
6.34 Poliomyelitis	The occurrence of Poliomyelitis where the following conditions are met: • Poliovirus is identified as the cause, • Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months. The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.
6.35 Loss of independent existence	A condition as a result of a disease, illness or injury whereby the insured is unable to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living", for a continuous period of 6 months. This condition must be confirmed by the company's approved doctor. Non-organic diseases such as neurosis and psychiatric illnesses are excluded. 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.
6.36 Chronic adrenal insufficiency (Addison's disease)	An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for lifelong glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a registered doctor who is a specialist in endocrinology through one of the following: • ACTH simulation tests; • insulin-induced hypoglycaemia test; • plasma ACTH level measurement; • Plasma Renin Activity (PRA) level measurement. Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.
6.37 Cardiomyopathy (Class IV)	An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a cardiologist, and resulting in permanent and irreversible physical impairment of Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The diagnosis has to be supported by abnormal ECG and echocardiographic findings of compromised ventricular performance. The NYHA Classification of Cardiac Impairment:

	Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnoea, 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. Cardiomyopathy that is directly related to alcoholic and drug abuse is excluded.
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6.38 Medullary Cystic Disease	Medullary Cystic Disease where the following criteria are met: • the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis; • clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and • the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. Isolated or benign kidney cysts are specifically excluded from this benefit.
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6.39 Tuberculosis Meningitis	Tuberculosis Meningitis refers to meningitis proven to be caused by mycobacterium tuberculosis that causes a permanent neurological deficit that results in either: • severe cognitive impairment documented by standard neuropsychological that results in the need for continuous supervision; or • physical impairment that results in a permanent inability to perform at least one (1) of the six (6) “Activities of Daily Living”. Meningitis occurring in the presence of HIV infection is excluded.
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6.40 Progressive Supranuclear Palsy	Supranuclear Palsy occurring independently of all other causes and resulting in a permanent neurological deficit, which is directly responsible for a permanent inability to perform at least three (3) of the six (6) “Activities of Daily Living”. The diagnosis of Progressive Supranuclear Palsy must be confirmed by a specialist who is a consultant neurologist.
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6.41 Elephantiasis	The end-stage lesion of filariasis, characterised by massive swelling in the tissues of the body as a result of obstructed circulation in the blood or lymphatic vessels. Unequivocal diagnosis of Elephantiasis must be: • clinically confirmed by a specialist in the appropriate medical specialty; and • supported by laboratory confirmation of microfilariae
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	Lymphedema caused by infection with any other disease(s), trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.
6.42 Infective Endocarditis	Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met: • Positive result of the blood culture proving presence of the infectious organism(s); • Presence of at least moderate heart valve incompetence (heart valve regurgitant) or moderate heart valve stenosis attributable to Infective Endocarditis; and • The unequivocal diagnosis and the severity of valvular impairment are confirmed by a consultant cardiologist and supported by echocardiogram or other reliable imaging technique
6.43 Multiple Root of Brachial Plexus Injury	The complete and permanent loss of use and sensory functions of an upper extremity caused by injury of two (2) or more nerve roots of the brachial plexus through accident or disease. Complete injury of two (2) or more nerve roots should be confirmed by electrodiagnostic study or imaging technique done by physiatrist or consultant neurologist.
6.44 Surgery for Idiopathic Scoliosis	The unequivocal diagnosis of idiopathic scoliosis is confirmed by an orthopaedic surgeon. This scoliosis condition means that the spine curvature angle is equal or more than 40 Cobb angle degree. Surgery to correct abnormal spine curvature to its normal shape (as a straight line viewed from the back) is actually performed. The following conditions are excluded: • Scoliosis due to injury or other disease • Kyphosis • Lordosis
6.45 Idiopathic Pulmonary Fibrosis	Chronic, progressive form of interstitial lung disease characterised by fibrosis and worsening of lung function. The diagnosis must be supported by evidence of all of the following: • Lung function test consistently showing FVC $\leq$50% and DLCO $\leq$35% of predicted value. • Permanent supplementary oxygen therapy of at least eight (8) hours per day.

	• The unequivocal diagnosis must be confirmed with lung biopsy and by a specialist in respiratory medicine.
6.46 Resection of the whole small intestine (duodenum, jejunum and ileum)	Complete surgical removal of the whole small intestine including the duodenum, jejunum and ileum as a result of illness or an accident of the insured. Partial removal of the small intestine is excluded in this benefit.
6.47 Brain Surgery	Brain surgery refers to the actual undergoing of a craniotomy and medically necessary surgery to the brain under general anaesthesia on the recommendation by a qualified specialist in the relevant field. Brain Surgery as a result of an accident or burr hole surgery solely to remove a blood clot is excluded. Procedures performed through radiosurgery and endovascular procedures is excluded. This benefit is excluded if payment is done under Benign Brain Tumour condition or Major Head Trauma.
6.48 Creutzfeldt-Jakob Disease	The occurrence of Creutzfeldt-Jakob Disease or Variant Creutzfeldt-Jakob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform at least three (3) of the six (6) “Activities of Daily Living”. Disease caused by human growth hormone treatment is excluded.
6.49 Acquired Brain Damage	Acquired brain damage refers to a condition where all of the following conditions must be met: • the insured has attained the age of four (4) years old or above; • brain imaging studies and neuro-psychological testing appropriate to the insured’s age have confirmed the presence of moderate to severe brain damage; and • the development of the insured is delayed by the equivalent of at least two (2) years and there is a need for special childcare and special schooling as confirmed by a specialist in the relevant field. Brain damage as a result of congenital causes is excluded. Coverage will end on the policy anniversary occurring on or immediately following the insured’s twenty-first (21st) birthday.

6.50 Adrenalectomy for Adrenal Adenoma	The actual undergoing of Adrenalectomy for treatment of poorly controlled systemic hypertension that was secondary to an aldosterone secreting adrenal adenoma and was uncontrolled by medical therapy. The adrenalectomy would have to be deemed necessary for the management of poorly controlled hypertension by a specialist.
6.51 Biliary atresia having undergone liver transplantation	Biliary atresia (BA) is a progressive, idiopathic, fibro-obliterative disease of the extra-hepatic biliary tree that presents with biliary obstruction and has undergone liver transplantation or is on a registered liver transplantation waiting list. The diagnosis should be confirmed by a gastroenterologist with supporting evidence including imaging, laboratory tests and liver biopsy. Biliary atresia due to other disease is excluded.
6.52 Chronic auto-immune hepatitis	A chronic necro-inflammatory liver disorder of unknown cause associated with circulating autoantibodies and a high serum globulin level. The diagnosis must be based on all of the following criteria: • hypergammaglobulinemia • the presence of at least one of the following autoantibodies: – Anti-Nuclear Antibody; – Anti-smooth muscle antibodies; – Anti-actin antibodies; – Anti-LKM-1 antibodies; – Anti-LC1 antibodies; or – Anti-SLA/LP antibodies • Liver Biopsy confirmation of the Diagnosis of autoimmune hepatitis This is only covered if the insured is treated with Immunosuppressive therapy for six (6) months duration or is documented to be under the care of specialist in gastroenterology or hepatology for six (6) months duration.
6.53 Generalized tetanus	Tetanus is an illness characterised by an acute onset of hypertonia, painful muscular contractions (including but not limited to the muscles of the jaw and neck) and generalised muscle spasms caused by tetanus toxin that is produced by Clostridium tetani bacterium infection. The diagnosis of Generalised Tetanus due to tetanus toxin must be confirmed by a specialist. All the following criteria must be met to qualify for this benefit: a) Constant mechanical ventilation is instituted for at least three (3) days as a medically necessary treatment for Generalised Tetanus due to tetanus toxin; and b) Tetanus immune Globulin is administered.

6.54 Occupationally acquired hepatitis B or C	Infection with the Hepatitis B or C virus which resulted from an accident occurring after the cover start date whilst the insured was carrying out the normal professional duties of his or her occupation, provided that all of the following are proven to our satisfaction: • Proof of the accident giving rise to the infection must be reported to us within thirty (30) days of the accident taking place; • Proof that the accident involved a definite source of the Hepatitis B or C infected fluids; • There is a need for antiviral therapy as a consequence of proven sero-conversion; and • Hepatitis B or C 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. We would not be liable if there had been failure to observe any proper defined procedural practice or occupation required vaccination practices.
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