

## Key features and benefits of insurance coverage for Plus! Protect Classic

### 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 Plus! or NTUC Plus! Visa credit- or debit-card **cardholders** 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 Plus! or NTUC Plus! Visa 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 2 of Appendix 3 – list of 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 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 Plus! or NTUC Plus! Visa 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 or **terminal 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**.

## 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:

- a. personally – on the day it is delivered;
- b. by prepaid mail – within seven days after the mail is sent;
- c. 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
- d. 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 or visit the GIA/LIA or SDIC websites ([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)).

#### 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

**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 Plus! or NTUC Plus! Visa 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**.

**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 Plus! or NTUC Plus! Visa 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 Plus! Protect Classic 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 Plus! Protect Classic 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 Plus! Protect Classic **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 Plus! or NTUC Plus! Visa 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	\$1.55	\$1.55	\$1.70	\$2.75	\$2.75	\$4.95	\$9.00	\$14.95	\$14.95	\$17.80	\$20.30
\$20,000	\$3.10	\$3.10	\$3.40	\$5.50	\$5.50	\$9.90	\$18.00	\$29.90	\$29.90	\$35.60	\$40.60
\$30,000	\$4.65	\$4.65	\$5.10	\$8.25	\$8.25	\$14.85	\$27.00	\$44.85	\$44.85	\$53.40	\$60.90
\$40,000	\$6.20	\$6.20	\$6.80	\$11.00	\$11.00	\$19.80	\$36.00	\$59.80	\$59.80	\$71.20	\$81.20
\$50,000	\$7.75	\$7.75	\$8.50	\$13.75	\$13.75	\$24.75	\$45.00	\$74.75	\$74.75	\$89.00	\$101.50
\$60,000	\$9.30	\$9.30	\$10.20	\$16.50	\$16.50	\$29.70	\$54.00	\$89.70	\$89.70	\$106.80	\$121.80
\$70,000	\$10.85	\$10.85	\$11.90	\$19.25	\$19.25	\$34.65	\$63.00	\$104.65	\$104.65	\$124.60	\$142.10
\$80,000	\$12.40	\$12.40	\$13.60	\$22.00	\$22.00	\$39.60	\$72.00	\$119.60	\$119.60	\$142.40	\$162.40
\$90,000	\$13.95	\$13.95	\$15.30	\$24.75	\$24.75	\$44.55	\$81.00	\$134.55	\$134.55	\$160.20	\$182.70
\$100,000	\$15.50	\$15.50	\$17.00	\$27.50	\$27.50	\$49.50	\$90.00	\$149.50	\$149.50	\$178.00	\$203.00
\$110,000	\$17.05	\$17.05	\$18.70	\$30.25	\$30.25	\$54.45	\$99.00	\$164.45	\$164.45	\$195.80	\$223.30
\$120,000	\$18.60	\$18.60	\$20.40	\$33.00	\$33.00	\$59.40	\$108.00	\$179.40	\$179.40	\$213.60	\$243.60
\$130,000	\$20.15	\$20.15	\$22.10	\$35.75	\$35.75	\$64.35	\$117.00	\$194.35	\$194.35	\$231.40	\$263.90
\$140,000	\$21.70	\$21.70	\$23.80	\$38.50	\$38.50	\$69.30	\$126.00	\$209.30	\$209.30	\$249.20	\$284.20
\$150,000	\$23.25	\$23.25	\$25.50	\$41.25	\$41.25	\$74.25	\$135.00	\$224.25	\$224.25	\$267.00	\$304.50
\$160,000	\$24.80	\$24.80	\$27.20	\$44.00	\$44.00	\$79.20	\$144.00	\$239.20	\$239.20	\$284.80	\$324.80
\$170,000	\$26.35	\$26.35	\$28.90	\$46.75	\$46.75	\$84.15	\$153.00	\$254.15	\$254.15	\$302.60	\$345.10
\$180,000	\$27.90	\$27.90	\$30.60	\$49.50	\$49.50	\$89.10	\$162.00	\$269.10	\$269.10	\$320.40	\$365.40
\$190,000	\$29.45	\$29.45	\$32.30	\$52.25	\$52.25	\$94.05	\$171.00	\$284.05	\$284.05	\$338.20	\$385.70
\$200,000	\$31.00	\$31.00	\$34.00	\$55.00	\$55.00	\$99.00	\$180.00	\$299.00	\$299.00	\$356.00	\$406.00
\$210,000	\$32.55	\$32.55	\$35.70	\$57.75	\$57.75	\$103.95	\$189.00	\$313.95	\$313.95	\$373.80	\$426.30
\$220,000	\$34.10	\$34.10	\$37.40	\$60.50	\$60.50	\$108.90	\$198.00	\$328.90	\$328.90	\$391.60	\$446.60
\$230,000	\$35.65	\$35.65	\$39.10	\$63.25	\$63.25	\$113.85	\$207.00	\$343.85	\$343.85	\$409.40	\$466.90
\$240,000	\$37.20	\$37.20	\$40.80	\$66.00	\$66.00	\$118.80	\$216.00	\$358.80	\$358.80	\$427.20	\$487.20
\$250,000	\$38.75	\$38.75	\$42.50	\$68.75	\$68.75	\$123.75	\$225.00	\$373.75	\$373.75	\$445.00	\$507.50
\$260,000	\$40.30	\$40.30	\$44.20	\$71.50	\$71.50	\$128.70	\$234.00	\$388.70	\$388.70	\$462.80	\$527.80
\$270,000	\$41.85	\$41.85	\$45.90	\$74.25	\$74.25	\$133.65	\$243.00	\$403.65	\$403.65	\$480.60	\$548.10
\$280,000	\$43.40	\$43.40	\$47.60	\$77.00	\$77.00	\$138.60	\$252.00	\$418.60	\$418.60	\$498.40	\$568.40
\$290,000	\$44.95	\$44.95	\$49.30	\$79.75	\$79.75	\$143.55	\$261.00	\$433.55	\$433.55	\$516.20	\$588.70
\$300,000	\$46.50	\$46.50	\$51.00	\$82.50	\$82.50	\$148.50	\$270.00	\$448.50	\$448.50	\$534.00	\$609.00

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

### List of Illnesses

The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2019). These Critical Illness falls under Version 2019. You may refer to [www.lia.org.sg](http://www.lia.org.sg) for the standard Definitions (Version 2019).

#### 1 Terminal illness

The conclusive diagnosis of an illness that is expected to result in the death of the **insured** within 12 months. This diagnosis must be supported by a specialist and confirmed by Income's appointed **registered medical practitioner**.

Terminal illness in the presence of HIV infection is excluded.

#### 2 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'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.