

# Policy Conditions

## Hospital Care

### Your policy

This is **your** Hospital Care insurance **policy** and it contains details of benefits, conditions and exclusions relating to each **insured person**. This **policy** will form the basis on which **we** will settle all claims. It is only valid if the **policyholder** has paid the appropriate premium in full and **we** have given the **policyholder** a **schedule**.

Any statement, information or declaration **you** or the **policyholder** has given on **your** behalf, including any declaration made over the phone, or by fax, email or the internet at the time of making the application, will form the basis of the contract.

The **schedule** and any further **endorsements** are all part of this **policy**.

Please keep this document in case **you** need to refer to it.

### Who is eligible?

This **policy** is only available to **you** if:

- **you** are living or working in Singapore, or away from Singapore for no more than 90 days during each **policy year**;
- **you** and the **policyholder** hold a valid Singapore identification document such as a Singapore National Registration Identification Card (NRIC), Employment Pass, Work Permit or Long Term Visit Pass;
- **you** are between 30 days and 60 years of **age** (**we** may continue cover for **you** up to 65 years old and **we** may apply new terms depending on **our** decision); and
- **you** have fully paid **your** premium.

### Things to remember

- **You** and the **policyholder** must reveal all facts **you** or they know or ought to know which may affect the insurance cover the **policyholder** is applying for. If not, this **policy** may not be valid.
- **We** may change the terms and conditions of this **policy** at the **policy's** next and future renewals.
- **We** do not cover claims arising from **pre-existing medical conditions**.
- The **policyholder** must not be an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against 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. **We** do not consider robberies or other criminal acts mainly committed for personal gain and acts arising mainly as a result of personal relationships as an **act of terrorism**. **Act of terrorism** also includes any act which is confirmed by the relevant government as an **act of terrorism**. **We** consider using nuclear, chemical or biological substances or weapons as a means of force or violence and an **act of terrorism**.

**Accident** or **accidental** means a sudden, unexpected event which happens during the **period of insurance** which must be the only cause of **injury**.

**Age** means **your** current **age** at the start of this **policy**.

**Chinese medicine practitioner** means a legally licensed herbalist, acupuncturist or bone-setter who is registered and can practise within the scope of their license under the laws of the country. This cannot be **you**, **your family member**, partner, business partner, employer, employee or agent.

**Chiropractor** means a legally licensed practitioner in chiropractic medicine who is registered and can practise within the scope of their license under the laws of the country. This cannot be **you, your family member, partner, business partner, employer, employee or agent.**

**Day surgery** means pre-planned surgery arranged on the advice of a **medical practitioner** or **specialist**, which is carried out by a **specialist** who is qualified to perform surgery at a **hospital**, and which does not need the **insured person** to stay in the **hospital**.

**Dental treatment** means treatment needed to restore sound and natural teeth, which is needed as a result of an **accident**.

**Emergency** means a serious **injury** which needs immediate medical intervention to prevent the **insured person's** death or serious harm to the **insured person's** health.

**Endorsement** means an authorised amendment to this **policy**.

**Family member** means **your** husband or wife, children, parents, brothers and sisters, parents-in-law, brothers-in-law, sisters-in-law, grandparents, grandparents-in-law, daughters-in-law, sons-in-law or grandchildren.

**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:

- a has organised facilities for diagnosis, treatment and major surgery;
- b provides nursing services by registered nurses 24 hours a day;
- c is under the supervision of one or more **medical practitioners**; and
- d 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 a 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 the body by an external force suffered during the **period of insurance** and which is caused only by an **accident**.

**Insured person** means the individual (or individuals) named in the **schedule** as the person (or people) who is insured under this **policy**.

**Intensive care unit (ICU)** means a section within a **hospital** which is designated by the **hospital** just to treat patients in a critical condition and is equipped to provide special nursing and medical services not available elsewhere in the **hospital**. High dependency unit is not considered as **Intensive care unit**.

**Medical practitioner** means any person registered and legally qualified as a doctor by a medical degree in western medicine and authorised by the medical licensing authority of that country 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.**

**Outpatient medical treatment** means medical treatment or **dental treatment** which is needed to treat an **injury**. **You** can get treatment from a **medical practitioner** or a **specialist** and need not stay in the **hospital**.

**Payment frequency** means how often payment is made for the premium due. This can be monthly or yearly, depending on what the **policyholder** chooses.

**Period of insurance** means the period of cover as shown in the **schedule**.

**Policy** means this document, including any information provided or declaration made by the **policyholder** for and on behalf of the **insured person** (or people), the **schedule** and any **endorsements** we have issued under this **policy**.

**Policy year** means a period of 12 months starting from:

- a the **start date**; or
- b any period of cover as agreed between the **policyholder** and **us** as shown in the **schedule**; or
- c if **your policy** is renewed, the renewal date.

**Policyholder** means the person named in the **schedule** who has made the declaration and paid the premium on behalf of the **insured person**.

**Pre-existing medical condition** means any **injury** or **sickness**, including any complications which may arise:

- a which **you** or the **policyholder** knew about, whether or not treatment, medication, advice or diagnosis was sought or received;
- b which **you** have received diagnosis, consultation, medical treatment or prescribed drugs for; or
- c which **you** have been asked to get medical treatment or medical advice for by a **medical practitioner**.

**Recurring payment arrangement** means:

- a the premium is charged to a credit card, chosen by the **policyholder**, either on a monthly or yearly basis to pay the premiums due for the current **policy** or when it is renewed, depending on the **payment frequency** chosen by the **policyholder**; or
- b the premium is taken from a bank account chosen by the **policyholder** to pay the premiums due for the current **policy** or when it is renewed, by General Interbank Recurring Order (GIRO) on a yearly basis.

**Schedule** means the document which proves that **you** have the insurance cover. It lists, among other things, details of the **insured person** (or people), the **policyholder**, the **period of insurance**, the yearly premium, the **payment frequency**, the benefits and the sum insured of this **policy**.

**Sickness** means worsening physical health not caused by an **accident**, for which **you** need the treatment of a **medical practitioner**.

**Specialist** means a **medical practitioner** who has the extra qualifications and expertise needed to practise as a recognised **specialist** of diagnostic techniques, treatment and prevention, in a particular field of medicine. For example, this could include psychiatry, neurology, paediatrics, endocrinology, obstetrics, gynaecology, orthopaedic, optometry and dermatology. The **specialist** should not be **you, your family member**, partner, business partner, employer, employee or agent.

**Start date** means the date the **policy year** starts.

**We, our, us** and **Income** means NTUC Income Insurance Co-operative Limited.

**You, your, yours** and **yourself** means the **insured person** (or people) referred to in the **schedule**.

## What this policy covers

This **policy** will protect **you** and the **policyholder** financially for **injury** or **sickness** which happens during the **period of insurance**.

The amount **we** will pay depends on the conditions and maximum benefit limits of **your** plan as set out in the **schedule**.

Section 1 – Daily hospital cash		
When we will pay	What we pay	What we do not pay
<p><b>A</b> If <b>you</b> are <b>hospitalised</b> on the advice of a <b>medical practitioner</b>, due to an <b>injury</b> or <b>sickness</b>, when this <b>policy</b> is in force.</p> <p>This benefit will end once <b>you</b> leave the <b>hospital</b>, or once this <b>policy</b> ends, whichever comes first.</p> <p>For any subsequent period of <b>hospitalisation</b> caused by the same <b>injury, sickness</b> or related cause, <b>we</b> will add the number of days of <b>hospital</b> stay for the same <b>injury</b> or <b>sickness</b>, unless the periods of <b>hospitalisation</b> are at least 12 months apart.</p>	<p><b>1</b> <b>We</b> will pay a daily benefit, as shown in the <b>schedule</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 730 days for every <b>injury</b> or <b>sickness</b>.</p> <p><b>2</b> <b>You</b> can only claim under either section 1 or 2 for each same day of <b>hospitalisation</b>, but not more than one section.</p>	<p>Please read <b>our</b> general exclusions listed in part 2 of the general conditions.</p>

**Section 2 – ICU triple cover**

When we will pay	What we pay	What we do not pay
<p><b>A</b> If <b>you</b> are <b>hospitalised</b> in an <b>intensive care unit (ICU)</b> in a <b>hospital</b> on the advice of a <b>medical practitioner</b>, due to an <b>injury</b> or <b>sickness</b>, when this <b>policy</b> is in force.</p> <p>This benefit will end once <b>you</b> leave the <b>ICU</b>, or once this <b>policy</b> ends, whichever comes first.</p> <p>For any subsequent period of <b>hospitalisation</b> in the <b>ICU</b> caused by the same <b>injury, sickness</b> or related cause, <b>we</b> will add the number of days of <b>hospital</b> stay for the same <b>injury</b> or <b>sickness</b>, unless the periods of <b>hospitalisations</b> in the <b>ICU</b> are at least 12 months apart.</p>	<p><b>1</b> <b>We</b> will pay a daily benefit as shown in the <b>schedule</b> for each complete 24-hour period that <b>you</b> are <b>hospitalised</b> in the <b>intensive care unit (ICU)</b> in a <b>hospital</b>, up to 60 days for every <b>injury</b> or <b>sickness</b>.</p> <p><b>2</b> <b>You</b> can only claim under either section 1 or 2 for each same day of <b>hospitalisation</b>, but not more than one section.</p>	<p>Please read <b>our</b> general exclusions listed in part 2 of the general conditions.</p>

**Section 3 – Day surgery**

When we will pay	What we pay	What we do not pay
<p><b>A</b> If a <b>medical practitioner</b> or a <b>specialist</b> says <b>you</b> must have <b>day surgery</b> in a <b>hospital</b> due to an <b>injury</b> or <b>sickness</b>.</p> <p><b>You</b> must provide a written report of <b>your</b> medical condition from <b>your medical practitioner</b> or <b>specialist</b>, together with original medical bills and receipts.</p>	<p><b>1</b> <b>We</b> will pay for the <b>day surgery</b> expenses up to the limits as shown in the <b>schedule</b> for every <b>injury</b> or <b>sickness</b>.</p>	<p>Besides the general exclusions listed in part 2 of the general conditions, <b>we</b> will also not pay for the following.</p> <p><b>1</b> Expenses charged by the <b>medical practitioners</b> for consultations and treatment given before or after the <b>day surgery</b>.</p> <p><b>2</b> <b>Day surgery</b> not performed in a <b>hospital</b>.</p> <p><b>3</b> Claims for <b>dental treatment</b> as a result of tooth or gum or oral diseases, or from normal wear of <b>your</b> teeth.</p>

**Section 4 – Emergency outpatient expenses to treat an injury**

When we will pay	What we pay	What we do not pay
<p><b>A</b> If <b>you</b> suffer an <b>injury</b> and need <b>emergency outpatient medical treatment</b> by a <b>medical practitioner, specialist, Chinese medicine practitioner</b> or a <b>chiropractor</b>.</p> <p><b>You</b> must provide a written report of <b>your</b> medical condition from <b>your medical practitioner, specialist, Chinese medicine practitioner</b> or <b>chiropractor</b>, together with original medical bills and receipts.</p>	<p><b>We</b> will pay for:</p> <ol style="list-style-type: none"> <li><b>1 emergency outpatient medical treatment</b> expenses for an <b>injury</b> within 48 hours following the <b>accident</b>; and</li> <li>expenses for follow-up treatment for the same <b>injury</b> due to the same <b>accident</b>, up to 30 days from the date of <b>accident</b>.</li> </ol> <p><b>We</b> will pay up to the limits shown in the <b>schedule</b>.</p>	<p>Besides the general exclusions listed in part 2 of the general conditions, <b>we</b> will also not pay for the following.</p> <ol style="list-style-type: none"> <li><b>1</b> Claims for <b>dental treatment</b> as a result of tooth or gum or oral diseases, or from normal wear of <b>your</b> teeth.</li> </ol>

**Section 5 – Ambulance expenses**

When we will pay	What we pay	What we do not pay
<p><b>A</b> If <b>you</b> have to pay for ambulance charges to transport <b>you</b> to a <b>hospital</b> for <b>hospitalisation</b>.</p> <p><b>You</b> can only claim this if <b>we</b> are paying <b>you</b> for the daily hospital cash benefit under section 1 or ICU triple cover under section 2.</p> <p><b>You</b> must provide the original ambulance bills and receipts.</p>	<ol style="list-style-type: none"> <li><b>1</b> <b>We</b> will pay for the actual ambulance expenses to transport <b>you</b> to a <b>hospital</b>, up to the limits as shown in the <b>schedule</b>.</li> <li><b>2</b> <b>We</b> will pay for only one ambulance transportation for the same <b>injury</b> or <b>sickness</b> during the <b>policy year</b>.</li> </ol>	<p>Besides the general exclusions listed in part 2 of the general conditions, <b>we</b> will also not pay for the following.</p> <ol style="list-style-type: none"> <li><b>1</b> Payment for other transport expenses such as air ambulance, taxi, bus or mass rapid transit.</li> </ol>

## General conditions which apply to the whole policy

### 1 Special exclusion

This **policy** does not cover claims directly or indirectly caused by or arising from any **pre-existing medical condition** that was present before the **start date** of the **policy year** when:

- a **you** were first insured by **us**; or
- b **we** approve **your** application to upgrade **your** plan to receive a higher amount of benefit or when **we** receive the premium for this upgrade, whichever is later.

If **you** upgrade **your** plan to receive a higher amount of benefit, **we** will pay **you** the benefits based on any of **your** earlier plans that do not exclude **your pre-existing medical condition**.

### 2 General exclusions

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

- a any physical disability or defects which existed before the start of this **policy**;
- b any **sickness** which **you** receive treatment, medication, advice, consultation or diagnosis for within 30 days from the start of this **policy**;
- c **you** deliberately injuring **yourself**, committing suicide or attempting 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);
- d **you** being under the influence of intoxicating liquor, including having a blood alcohol content over the prescribed legal limit while driving, or being under the influence of any other drug unless it was prescribed by a **medical practitioner** and taken in line with the **medical practitioner's** advice;
- e **you** taking part in any professional sports or in any sports for which **you** would or could earn or receive any form of pay;

- f **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; and
  - hiking or trekking if done outside Singapore;
- g **your** employment as a full-time or part-time or volunteer law-enforcement officer, fire-service personnel, civil-defence personnel or military personnel of any country or international authority, other than for reservist training under Section 14 of the Enlistment Act, Chapter 93 of Singapore, unless the **injury** is not suffered while **you** are carrying out this work, or caused by **you** carrying out this work;
- h **you** being a pilot or crew member (on active duty) of any aircraft, or taking part in any aerial activity, including parachuting and hang-gliding, except as a passenger in any properly licensed aircraft;
- i any condition which is, results from, or is a complication of being infected with a sexually-transmitted disease;
- j acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV);
- k birth defects, including hereditary conditions and disorders, and congenital **sickness** or abnormalities;
- l any condition which is, results from or is a complication of birth control, sterilisation, infertility or treatment for infertility, pregnancy, childbirth, Caesarean, abortion or miscarriage, assisted conception, erectile dysfunction, impotence, any contraceptive treatment or all complications arising from these conditions;
- m any condition which is, results from or is a complication of a geriatric or psycho-geriatric condition, stress, anxiety, depression, mental illness, or personality disorder;
- n any **dental treatment** not caused by an **injury**;
- o routine medical examinations such as eye examination or health screening;

- p** cosmetic or plastic surgery or treatment, or any treatment which relates to or is needed because of previous cosmetic treatment, but this exclusion does not apply to reconstructive surgery if:
  - (i)** it is carried out to restore function or appearance after an **accident**; or
  - (ii)** it is done at a medically appropriate stage after the **accident**;
- q** any treatment for obesity, weight reduction or weight improvement;
- r** rest cures, hospice care, home or outpatient nursing or palliative care, convalescent care in convalescent or nursing homes, sanatoriums or similar establishments; outpatient rehabilitation services, such as counseling and physical rehabilitation;
- s** alternative or complementary treatments, including a stay in any healthcare establishment for social or non-medical reasons;
- t** sex-change operations;
- u** treatment for drug addiction or alcoholism;
- v** organ transplant when **you** are a donor;
- w** buying or renting special braces, appliances, equipment, machines and other devices, such as wheelchairs, walking or home aids, dialysis machines, iron lungs, oxygen machines and any other **hospital**-type equipment to use at home or as an outpatient;
- x** optional items which are outside the scope of treatment, prosthesis, corrective devices and medical appliances which are not needed surgically;
- y** private nursing charges;
- z** any war, invasion, civil war, civil commotion, riot or strike, any **act of terrorism**, nuclear fallout, radioactivity, any nuclear fuel, material or waste and related risks; and
- aa** **you** failing to make reasonable efforts to avoid **injury** or **sickness** or minimise claims under this **policy**.

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.

### 3 Changing your plan

**You** may write and ask to change the plan at **your** next **policy** renewal if **we** approve and if **we** have not paid out any claim under this **policy**. If **we** do approve **your** request, **we** will tell **you** when the change in plan will take place.

## 4 Premium

- a** The premium that **policyholder** pays for this **policy** can change. If **we** change the premium for this **policy**, **we** will write to the **policyholder** at their last-known address, at least 30 days before the change is to take place, to tell the **policyholder** what the new premium is.
- b** Premium due dates
  - (i)** The premium is due on or before the start of this **policy** and if this **policy** is renewed, the **start date** of the next **policy year**. If the **policyholder** has chosen a monthly **recurring payment arrangement**, the premium is due on the dates shown in the debit note or tax invoice issued to the **policyholder**.
- c** Premium payment
  - (i)** The **policyholder** can pay the premium due for this **policy** using the **recurring payment arrangement** they have chosen.
  - (ii)** Before the premium due date, **we** will charge the premium to a credit card or take the premium by GIRO from a bank account chosen by the **policyholder**.
  - (iii)** The **policyholder** can change the chosen **payment frequency** and **recurring payment arrangement** by calling **us** or writing to **us** at least 21 days before the end of the **policy year**. The change will take effect from the **start date** of next **policy year**.

## 5 Payment before cover warranty

**We** (or **our** intermediary) must receive the premium due on or before:

- a** the **start** of this **policy**;
- b** the **start date** of next **policy year**, if this **policy** is renewed; and
- c** the subsequent premium due dates as shown in the debit note or tax invoice (which applies only if the **policyholder** chooses the monthly **recurring payment arrangement**).

If **we** or the intermediary do not receive the premium due on the dates as described above, this **policy** will not be valid and renewed and **we** will not pay any benefits.

## 6 Renewal

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

If **we** did not receive any request to cancel the **policy** as set out in general condition 7(b), **we** will take the premium using the last **recurring payment arrangement** chosen by the **policyholder**.

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

## 7 Cancellation and refund

### a If **we** cancel the **policy**

(i) **We** can cancel this **policy** by giving the **policyholder** seven days' notice by post to their last-known address. **We** will consider that they have received this cancellation notice on the same day if **we** deliver the notice by hand, mail, fax or email.

(ii) **We** will cancel this **policy** on the date the premium is due if **we** do not receive the premium due or **we** are not successful in taking the premium from the credit card or GIRO account the **policyholder** has chosen.

If **we** cancel this **policy** because the premium has not been paid, **you** may apply for a new **policy**. However, **your** application will depend on **us** accepting it and **your** latest physical or medical conditions.

### b If the **policyholder** cancels the **policy**

#### (i) Monthly recurring payment arrangement

- The **policyholder** may cancel this **policy** by calling **us** or writing to **us**. The date of cancellation will depend on when **we** receive the notice of cancellation.
- For cancellation after the 14-day free-look period (under general condition 16), **we** must receive the notice of cancellation no later than 21 days before the next monthly premium due date. The **policy** will then be cancelled on the day the monthly premium is due.
- But, if **we** receive the notice of cancellation less than 21 days before the next monthly premium due date, the **policy** will be cancelled on the following month when the premium is due.

Cancellation of policy with monthly premium payment – For example	
Period of insurance	22 Sep 2012 to 21 Sep 2013
Monthly premium due date	22 (Sep, Oct, Nov, Dec, Jan, Feb and so on)
If we receive the notice of cancellation:	
on 1 Oct 2012	cancellation will take effect on 22 Oct 2012.
on 20 Oct 2012	cancellation will take effect on 22 Nov 2012

#### (ii) Yearly recurring payment arrangement

- The **policyholder** may cancel this **policy** by calling **us** or writing to **us** and cancellation will apply from the date **we** receive the notice of cancellation.
- For cancellation after the 14-day free look period (under general condition 16), **we** will work out and refund the premium as follows if no claim has been made under this **policy**.

Period of insurance (in days) still left to run		85% of the premium paid
Original period of insurance of this policy	X	

- **We** will not refund any premium if a claim has been made under this **policy** for the **policy year** this **policy** is cancelled.
- **We** will not refund any premium below \$37.45 (after GST).

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

## 8 Paying benefits

**We** will pay the benefits listed in this **policy** only if **you** or the **policyholder** has:

- met general condition 5; and
- given **us** satisfactory proof of the claim.

For a **policy** with a monthly **recurring payment arrangement**, before **we** can pay the claim, **we** will first take from the claim amount any premium owed to **us** for the rest of the **policy year**.

When **we** have paid the benefits, **we** will have no further legal responsibility to **you** and the **policyholder** under this **policy** for the claim.

## 9 Misrepresentation

We will treat this **policy** as void if the **policyholder** or **you** misrepresent any circumstance which affects **your** health condition, country of residence or any information which may affect **our** decision to accept **your** application.

## 10 Fraud

**You** and the **policyholder** must not act in a fraudulent way. **We** will take the action shown below if **you**, the **policyholder** or anyone acting for **you**:

- a makes a claim under this **policy** knowing the claim to be false or fraudulently exaggerated in any way;
- b makes a statement to support a claim knowing the statement to be false in any way;
- c sends **us** a document to support a claim knowing the document to be forged or false in any way; or
- d makes a claim for any **loss** or damage caused by **your** deliberate act or with **your** knowledge.

**We** can do any or all of the following.

- a **We** will not pay the claim.
- b **We** will not pay any other claim which has been or will be made under this **policy**.
- c **We** may declare this **policy** invalid.
- d **We** can recover from **you** the amount of any claim **we** have already paid under this **policy**.
- e **We** will not refund **your** premium.
- f **We** may not allow **you** to buy other policies from **us**.
- g **We** may report **you** to the police.
- h **We** may cancel this **policy**.

## 11 Reasonable care

**You** must take all reasonable precautions to avoid an **injury** or **sickness** and take all practical steps to minimise claims.

## 12 Other insurance

If at the time of any incident which results in a claim under this **policy** **you** have other insurance covering the same loss, **we** will not pay more than **our** share (this does not apply to section 1 – daily hospital cash and section 2 – ICU triple cover).

## 13 Taking over your rights

**We** can take over any rights to defend or settle any claim and to take proceedings in **your** or the **policyholder's** name to enforce **your**, the **policyholder's** or **our** rights against any other person.

## 14 Claims conditions

- a **You** or the **policyholder** must tell **us** as soon as possible, and in any case within 30 days, about any **accident** or **sickness** which may give rise to a claim under this **policy**. **We** have the right to reject **your** claim if **you** tell us later than 30 days from the date of **accident** or **sickness**.
- b If **you** can recover all or part of any expenses from other sources, **we** will only pay the **policyholder** the amount that cannot be recovered.
- c **We** pay all claims in Singapore dollars. If **you** suffer a loss which is in a foreign currency, **we** will convert the amount into Singapore dollars at the exchange rate which **we** will decide on the date of the loss.

## 15 What you need to provide when you send us your claim

The **policyholder**, **you** or **your** legal personal representatives must supply all information, reports, original invoices and receipts, evidence, medical certificates, documents (such as translation of a foreign-language document into the English language), confirmed by oath if necessary, **we** may need before **we** assess **your** claim. **We** will not refund any expense which **you** cannot provide original receipts or invoices for.

## 16 Free-look period

We will give the **policyholder** 14 days from the time they receive this **policy** to decide whether to continue with it. If the **policyholder** does not want to continue, they may call **us** or write to **us** to cancel this **policy** and get a full refund of the premium paid as long as there has been no claim made under this **policy**. We consider that this **policy** has been delivered (and received) seven days after **we** post it. This condition does not apply to **policies** with a **period of insurance** of less than a year and **policy** renewals.

## 17 Ending the policy

This **policy** will end immediately when:

- a **we** cancel this **policy** under general conditions 5, 7(a) or 10;
- b **you** cancel this **policy** under general condition 7(b);
- c **you** no longer meet any of the eligibility requirements set;
- d before entering into the **policy**, **you** or the **policyholder** fail to reveal all facts **you** or they know or ought to know which may affect this **policy**; or
- e **we** do not renew this **policy**.

## 18 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**.

## 19 Currency and interest

All dollar amounts shown in this **policy** and **schedule** are in Singapore dollar (S\$). **We** will not add interest to any amount **we** pay.

## 20 Dealing with disputes

If the **policyholder** is not satisfied with **our** final decision on **your** claim, the **policyholder** 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)

## 21 Governing law

Singapore law will apply to 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 the **policyholder's** complaint promptly;
- investigate quickly and thoroughly;
- keep the **policyholder** informed of **our** progress; and
- do everything possible to deal with the **policyholder's** 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 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) ).

## Hospital Care Product Summary

Presented to: .....

Insured Member: .....

Plan Name: ..... - xpiry Date of Cover .....

### Premium Rates Table

The annual premium rates for this plan are as set out below. Please note that the premium rates are not guaranteed and we may, at our sole discretion, increase the premium rates from time to time depending on our claims experience. The annual premium is based on the insured person's age last birthday.

Age (years)	Yearly Premium		
	Plan 1	Plan 2	Plan 3
30 days to 20 years	\$187.46	\$281.20	\$387.77
21 to 35	\$173.34	\$265.79	\$372.36
36 to 50	\$210.58	\$331.27	\$466.09
51 to 60	\$335.12	\$534.14	\$746.00
61 to 65 (renewals only)	\$644.57	\$1,024.63	\$1,431.66

Premium rates are inclusive of 7% GST, non-guaranteed and may be reviewed from time to time. Premium paid by monthly recurring payment arrangement may differ due to rounding.

The Total Distribution Cost of this product is between 8.5% - 13.5% of the premium. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to the policyholder; it has already been allowed for in calculating the premium.

### Product Information

This is an accident and health policy and will protect the policyholder and the insured person financially for injury or sickness which happens during the period of insurance. The amount we will pay depends on the conditions and maximum benefit limits of the insured person's plan as set out in the Table of Cover below.

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