

Table of cover

Maximum benefit (\$\$) per insured person					
Benefits		Plan 1	Plan 2	Plan 3	Plan 4
Section 1	Accidental death	\$100,000	\$250,000	\$500,000	\$750,000
Section 2	Permanent disability (per accident)	\$150,000	\$375,000	\$750,000	\$1,125,000
Section 3	Double indemnity for accidental death on public transport	\$100,000	\$250,000	\$500,000	\$750,000
Section 4	Medical expenses for injury (per accident)	\$2,000	\$4,000	\$5,000	\$6,000
Section 5	Treatment by a Chinese medicine practitioner or a chiropractor (per accident)	\$500	\$750	\$1,000	\$1,250
Optional Benefits – Lifestyle maintenance benefits					
Section 6	Mobility aids (per accident)	\$3,000	\$3,000	\$3,000	\$3,000
Section 7	Weekly cash (per week; up to 52 weeks in a row)	\$100	\$200	\$300	\$400
Section 8	Family support fund	\$50,000	\$75,000	\$150,000	\$200,000
Section 9	Re-employment benefit	\$5,000	\$5,000	\$5,000	\$5,000
Section 10	Modifying your home (per lifetime)	\$5,000	\$10,000	\$15,000	\$25,000
Optional Benefits – Hospitalisation benefits					
Section 11	Daily hospital income (per day; up to 365 days per accident)	\$100	\$150	\$250	\$350
Section 12	ICU Triple Cover (per day; up to 30 days per accident)	\$300	\$450	\$750	\$1,050
Section 13	Emergency medical evacuation and sending you home (per policy year)	\$100,000			
Section 14	Ambulance fee (per accident)	\$200			
Section 15	Broken bones or fractures (per lifetime)	\$10,000	\$15,000	\$20,000	\$25,000

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Policy Conditions

PA Guard

Your policy

This is **your** PA Guard insurance **policy** and it contains details of benefits, conditions and exclusions relating to each **insured person**. The **policy** will form the basis on which **we** will settle all claims. It is only valid if **you** have paid the appropriate premium in full and **we** have issued **you** with a **schedule**.

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

The **schedule**, **table of cover** and any further **endorsements** are all part of the **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**:

- hold a valid Singapore identification document such as a Singapore National Registration Identification Card (NRIC), Employment Pass, Work Permit, Long Term Visit Pass or Student Pass;
- are living or working in Singapore, or away from Singapore for no more than 180 days at any one time;
- are between 15 days old and 65 years old (**we** may continue cover for **you** up to 75 years old at a reduced sum insured and **we** may apply new terms; depending on **our** decision and if **you** pay an extra premium); and
- have fully paid **your** premium.

Things to remember

- **You** and the **policyholder** must reveal all facts **you** or the **policyholder** know or ought to know which may affect the insurance cover the **policyholder** is applying for. If not, **your policy** may not be valid.
- **We** do not cover claims arising from **sickness**. **We** also do not cover claims arising from **pre-existing medical conditions** or physical problems which existed before the start of **your policy**.
- **You** must not be an undischarged bankrupt and have not committed any act of bankruptcy within the last 12 months.

Definitions

Act of terrorism means an act (which may include using or threatening force or violence) by any person or group, committed for political, religious, ideological or similar purposes, with the aim of influencing any government or to put the public, or any section of the public, in fear. Robberies or other criminal acts mainly committed for personal gain and acts arising mainly as a result of personal relationships will not be considered as an **act of terrorism**.

Act of terrorism also includes any act which is confirmed by the relevant government as an **act of terrorism**. Using nuclear, chemical or biological substances or weapons as a means of force or violence will also be considered an **act of terrorism**.

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

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

Assistance company means the company **we** have appointed to provide **you** with various emergency assistance services while **you** are travelling outside of Singapore.

Business Trip means authorised business travel undertaken by **you** during the **period of insurance**; starting from the date of departure where the first outbound travel originated from Singapore and ending when **you** return to Singapore.

Chinese medicine practitioner means a legally licensed herbalist, acupuncturist or bone-setter who is registered and can practise within the scope of their

licence 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 licence under the laws of the country. This cannot be **you, your family member**, partner, business partner, employer, employee or agent.

Coccyx means the four fused vertebrae at the bottom of the spine.

Colles' fracture means a break in the radius (one of the lower-arm bones, just above the wrist).

Complete fracture means a **fracture** where the bone is broken completely across.

Compound fracture means a **fracture** where the bone breaks the skin.

Dental treatment means treatment necessary to restore sound and natural teeth and which is made necessary due to an **accident**.

Dependent means the **insured person's**

- legally married spouse;
- parent(s); or
- child(ren) under 18 years of age, or under 25 years of age; unmarried and not on full-time employment. For example, full-time students or national servicemen, whom are primarily dependent upon the **insured person** for maintenance and support.

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

Family member means the **policyholder's** or **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.

Fracture means a break in the bone as supported by an X-ray. This does not include hairline **fractures**.

Hijack or **hijacked** means someone who takes, by force or threat of force or violence, a vehicle in which **you** are travelling.

Home means the only residential address that the **insured person** indicates to **us** in writing where the **insured person** chooses to live in after suffering **permanent disability** before any expenses are incurred for the modification of the **home**.

Home country means any country of which **you** are a citizen.

Hospital means an establishment which is registered under the relevant national laws and regulations to care for and treat sick and injured people as bed-paying patients and which:

- has organised facilities for diagnosis, treatment and major surgery;
- provides nursing services by registered nurses 24 hours a day;
- is under the supervision of one or more **medical practitioners**; and
- is not mainly a clinic, a secure place to care for alcoholics or drug addicts, a nursing or rest or convalescent home or a home for the elderly or similar establishment.

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 **you** - 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 an Intensive care unit.

Losing means permanent and total loss of use, or loss by having part of the body (as listed in the scale of compensation table) cut or torn off, as confirmed by **our medical practitioner**.

Losing hearing means permanent and total loss of hearing, as confirmed by **our medical practitioner**.

Losing a limb means permanent and total loss of, or loss of use of, a hand at or above the wrist or a foot at or above the ankle. This must be confirmed by **our medical practitioner**.

Losing sight means total and permanent loss of use of an eye which means **you** are absolutely blind in that eye and which is beyond cure either by surgical or other treatment. This must be confirmed by **our medical practitioner**.

Losing speech means permanent and total loss of the ability to speak and which is beyond cure either by surgical or other treatment, as confirmed by **our medical practitioner**.

Medical practitioner means any person registered and legally qualified as a doctor by a medical degree in western medicine and authorised by 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.

Multiple fractures means more than one **fracture** in the same bone.

Occupation means **your** full-time or part-time gainful employment or any other work for pay or profit as shown in the **schedule**.

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**.

Permanently disabled or **permanent disability** means suffering from one of the items of disablement listed in the scale of compensation table in this **policy**, and which was caused by an **accident**, as long as:

- the disability lasts for 12 months in a row from the date of **accident**; and
- **our medical practitioner** confirms that it is not going to improve after 12 months.

Permanent total disability means total disability caused by an **accident** that:

- stops **you** from working in any job for a salary or wage or stops **you** from carrying out any business whatsoever; and
- lasts for 12 months in a row from the date of the **accident**; and
- **our medical practitioner** confirms that it is not going to improve after 12 months.

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**, the **table of cover** and any **endorsements we** have issued under this **policy**.

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

Policy year means a period of 12 months from the start date as shown in the **schedule** and each further consecutive period of 12 months for which the **policy** renews from or for any period of cover as agreed between the **policyholder** and **us**.

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

- a** which **you** knew or should reasonably know about; including symptoms which existed before the start of **your policy**;
- b** which **you** received diagnosis, consultation, medical treatment or prescribed drugs for within 12 months before the start of **your policy**; or

- c** for which **you** have been asked to get medical treatment or medical advice by a **medical practitioner** within 12 months before the start of **your policy**.

Public transport means any regularly scheduled aircraft, helicopter, bus, coach, taxi, airport limousines, ferry, hovercraft, hydrofoil, ship, train, tram or underground train which has fixed and established routes and is operated by a licensed carrier or operator to transport fare-paying passengers.

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); depending on the **payment frequency** chosen by the **policyholder**.

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

Schedule means the document which proves that **you** have the insurance cover, listing among other things, details of the **insured person** (or people), the **policyholder**, the plan type, and the **period of insurance** covered under this **policy**.

Table of cover means the separate table showing the list of benefits **we** will pay **you** according to **your plan** while this **policy** is in force. It will depend on the terms, conditions, limits, exclusions and qualifications of this **policy**.

Temporary total disability means disability caused by an **injury** which directly disables and fully prevents **you** from taking part in any **occupation** temporarily. **You** must be certified by a **medical practitioner** to be unfit to take part in any **occupation** temporarily.

Temporary partial disability means disability caused by an **injury** which directly disables and prevents **you** from taking part in any **occupation** temporarily, except for light duties. **You** must be certified by a **medical practitioner** to be unfit to take part in any occupation except for light duties temporarily.

Thoracic or cardiothoracic surgery means surgical operations on organs within the chest cavity.

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

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

Your plan means the plan (with specific limits) that the **policyholder** has chosen at the time he/she applied for this **policy**.

What your policy covers

This **policy** will protect **you** financially when a death or **injury** 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 **table of cover**.

A Main benefits

Section 1 - Accidental death

If **you** are involved in an **accident** and due only to this **accident you** die within 12 months from the date of the **accident, we** will pay **your** legal personal representative up to the maximum limits as shown in section 1 of the **table of cover**.

We will reduce any compensation due under this section by any payment which **we** have already made to **you** under section 2 for the same **accident**.

What we do not pay under section 1

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 1 if:

- 1 the death or the disability resulting in the death is caused directly or indirectly by **sickness** (for example, a heart attack or stroke) and not by an **injury**.
- 2 the death is caused directly or indirectly by any physical disability which existed before the start of the **policy**.

Section 2 - Permanent disability

If **you** are involved in an **accident** which causes **you** an **injury** and due only to this **accident you** become **permanently disabled** within 12 months from the date of the **accident, we** will pay **you** up to the maximum limits as shown in section 2 of the **table of cover** using the scale of compensation table as shown below.

Scale of compensation

Item	Description of disability	Percentage of sum insured as shown under section 2 in the table of cover of your plan
a	Permanent total disability	100%
b	Losing sight of both eyes	100%
c	Losing two limbs	100%
d	Losing one limb	85%
e	Losing sight of one eye, except perception of light	70%
f	Permanent and incurable insanity	70%
g	Losing speech	50%
h	Losing hearing in both ears	50%
i	Losing four fingers and thumb of one hand	50%
j	Losing four fingers of one hand	40%
k	Total loss of the lens of one eye	35%
l	Losing hearing in one ear	20%
m	Losing a thumb - 2 phalanges - 1 phalanx	25% 10%
n	Losing one index finger - 3 phalanges - 2 phalanges - 1 phalanx	15% 10% 5%
o	Losing any one other finger - 3 phalanges - 2 phalanges - 1 phalanx	10% 7% 3%
p	Losing metacarpals - first or second - third, fourth or fifth	3% 2%
q	Losing all toes of one foot	15%
r	Losing a great toe - 2 phalanges - 1 phalanx	5% 3%
s	Losing any one other toe	3%
t	Fractured leg with established non-union or patella with established non-union	7%
u	Shortening of leg by at least 5cm	5%

Third-degree burns		
v	Head - Damage as a percentage of total body surface area	
	- equal to or greater than 8%	100%
	- equal to or greater than 5% but less than 8%	75%
	- equal to or greater than 2% but less than 5%	50%
w	Body - Damage as a percentage of total body surface area	
	- equal to or greater than 20%	100%
	- equal to or greater than 15% but less than 20%	75%
	- equal to or greater than 10% but less than 15%	50%
We will not pay you any compensation if the disability is not listed in the scale of compensation.		
The total of all percentages of the sum insured due under this section will not be more than 100% for any one accident .		

We will reduce any compensation due for accidental death under section 1 and section 3 by any payment which we have already made to you under the scale of compensation for the same accident.

We will not pay you extra compensation for any specific item which is part of a greater item due under this policy. For example, **we will pay you for losing your upper limb, but we will not pay you again for losing your finger or thumb.**

What we do not pay under section 2

Besides the general exclusions listed in part 2 of the general conditions, **we will also not pay any claim under section 2 if:**

- 1 the disability is caused directly or indirectly by **sickness** (for example, a heart attack or stroke) and not by an **injury**; or
- 2 the disability is caused directly or indirectly by any physical disability which existed before the start of the **policy**.

Section 3 - Double indemnity for accidental death on public transport benefit

If there is an **accident** involving the **public transport** while **you** are on board as a fare-paying passenger, and due only to this **accident you** die within 12 months from the date of the **accident, we** will pay **your** legal personal representative up to the maximum limits as shown in section 3 of the **table of cover** in addition to the benefit under section 1 of the **table of cover**.

We will reduce any compensation due under this section by any payment which we have already made to you under section 2 for the same accident.

What we do not pay under section 3

Besides the general exclusions listed in part 2 of the general conditions, **we will also not pay any claim under section 3 if:**

- 1 the death or the disability resulting in the death is caused directly or indirectly by **sickness** (for example, a heart attack or stroke) and not by an **injury**;
- 2 the death is caused directly or indirectly by any physical disability which existed before the start of the **policy**;

Section 4 - Medical expenses for injury

- a If **you** suffer an **injury** and need to get medical treatment, **we** will pay for the costs of medical, surgical, **hospital, dental treatment** and nursing fees, recommended or asked for by a **medical practitioner** for **you** to be treated, up to the limit shown in the **table of cover** or up to a period of 12 months from the date of the **accident**, whichever comes first.
- b **We** will also pay for the reasonable costs of medical reports if **we** ask **you** to provide **us** with the medical reports when **you** make a claim under section 4a. **You** can only claim under section 4b if **we** are also paying **you** for the medical expenses for **injury** due to an **accident** under section 4a.

The total **we** will pay under sections 4a and 4b will not be more than the limit shown in the **table of cover** for any one **accident**.

What we do not pay under section 4

Besides the general exclusions listed in part 2 of the general conditions, **we will also not pay any claim under section 4 if:**

- 1 the medical treatment is caused directly or indirectly by **sickness** (for example, a heart attack

- or a stroke) and not by an **injury**; or
- 2 the medical treatment is caused directly or indirectly by any physical disability which existed before the start date of the **policy**.
- 3 the claim is made for buying or renting mobility aids such as wheelchairs, walking aids or similar which are necessary for **your** mobility.
- 4 the **dental treatment** is not due to the **accident** or is for the making or replacement of dentures.

Section 5 - Treatment by a Chinese medicine practitioner or a chiropractor for injury

If **you** suffer an **injury** and need to get treatment by a **Chinese medicine practitioner** or **chiropractor**, **we** will pay for the reasonable and necessary expenses for treatment by a **Chinese medicine practitioner** or **chiropractor**, up to the limit shown in the **table of cover** or up to a period of 12 months from the date of the **accident**, whichever comes first.

The total **we** will pay under section 5 will not be more than the limit shown in the **table of cover** for any one **accident**.

What we do not pay under section 5

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 5 if:

- 1 the medical treatment is caused directly or indirectly by **sickness** (for example, a heart attack or a stroke) and not by an **injury**; or
- 2 the medical treatment is caused directly or indirectly by any physical disability which existed before the start date of the **policy**.

Optional Benefits (A) – Lifestyle maintenance benefits

Section 6 - Mobility aids

If **you** suffer an **injury** and within 3 months from the date of **accident**, **you** need to use mobility aids such as wheelchairs, walking aids or similar which are necessary for **your** mobility and are prescribed by a **medical practitioner**, **we** will pay the actual cost incurred for buying or renting the mobility aids, up to the maximum limits as shown in the **table of cover** for any one **accident**.

Section 7 - Weekly cash

- a If **you** suffer **temporary total disability** due to an **injury**, **we** will pay **you** the cash benefit as shown in the **table of cover** for each full week of **temporary total disability** as confirmed by a **medical practitioner** in writing, up to 52 weeks in a row.
- b If **you** suffer **temporary partial disability** due to an **injury**, or if **you** suffer **temporary partial disability** immediately following **temporary total disability** under Section 7a, **we** will pay **you** 25% of the cash benefit as shown in the **table of cover** for each full week of **temporary partial disability** as confirmed by a **medical practitioner** in writing, up to 52 weeks in a row.

If the **temporary total disability** or **temporary partial disability** lasts for less than 7 days in a row, **we** will pay a pro-rated amount of the applicable benefit.

The total **we** will pay under sections 7a and 7b will not be more than 52 weeks for any one **accident**.

What we do not pay for under section 7

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 7 if:

- 1 the claim is made for both **temporary total disability** and **temporary partial disability** for the same period of disability.
- 2 the **temporary total disability** is diagnosed more than 90 days from the date of **accident**; or
- 3 the **temporary partial disability** is diagnosed more than 90 days from the date of **accident** unless **you** suffer the **temporary partial disability** immediately following **temporary total disability**.

Section 8 - Family support fund

If you:

- suffer an **injury** and due only to this **injury you** die within 12 months from the date of the **accident**; or
- suffer a **permanent disability** which entitles **you** to 50% or more percentage of the sum insured as shown in the scale of compensation table under section 2 due to an **injury**; **we** will pay **your** legal personal representative a lump sum as shown in the **table of cover** for the benefit of **your dependent**.

What we do not pay under section 8

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 8 if:

- 1 **you** do not leave behind any surviving **dependent** on the date of death.

Section 9 - Re-employment benefit

If **you** suffer a **permanent disability** which entitles **you** to 50% or more percentage of the sum insured as shown in the scale of compensation table under section 2 due to an **injury**, and **you** become unemployed as a result, **we** will pay **you** a lump sum as shown in the **table of cover** to help **you** return to work.

Section 10 - Modifying your home

If **you** suffer a **permanent disability** which entitles **you** to 50% or more percentage of the sum insured as shown in the scale of compensation table under section 2 due to an **injury**, **we** will pay for the reasonable cost of modifying **your home**, where necessary, to help **you** move around. **We** will pay up to the limit shown in the **table of cover**. The modification must be completed and the proof of spending must be sent to **us** within three months from the date of the **permanent disability** as confirmed by a **medical practitioner**.

What we do not pay under section 10

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay under section 10 for the following.

- 1 Modifications to **your home** which do not help **you** to move around.
- 2 Modifications to a **home** which **you** do not live in.
- 3 Damages arising from the modification work.

Optional Benefits (B) – Hospitalisation benefits

Section 11 - Daily hospital income

If **you** are staying in a **hospital** as an inpatient due to an **injury**, **we** will pay the benefit as shown in the **table of cover** for each day that **you** stay as an inpatient in the **hospital**, up to 365 days for each **accident**. This benefit will end once **you** are discharged from the **hospital**.

The total **we** will pay each day under section 11 will not exceed the sum insured under the table of cover for any one **accident**.

What we do not pay under section 11

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 11 if:

- 1 the claim is made for daily **hospital** income in excess of 365 days for the same **accident**.

Section 12 - ICU Triple Cover

If **you** are staying in an **intensive care unit (ICU)** of a **hospital** as an inpatient due to an **injury**, **we** will pay the benefit as shown in the **table of cover** for each day that **you** stay as an inpatient in the **ICU**, up to 30 days for each **accident**. This benefit will end once **you** are discharged from the **ICU**.

You can only claim under section 12 if **we** are also paying **you** daily **hospital** income under section 11. The total **we** will pay each day under section 12 will not exceed the sum insured under the table of cover for any one **accident**.

What we do not pay under section 12

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 12 if:

- 1 the claim is made for **ICU** triple cover in excess of 30 days for the same **accident**

Section 13 - Emergency medical evacuation and sending you home

Emergency medical evacuation

- a If **you** are in a life-threatening condition because of an **injury you** suffered, while outside Singapore, and **our assistance company** believes it is medically necessary to move **you** to the nearest medical facility for treatment (whether overseas or in Singapore), **we** will pay for the necessary

expenses to move **you** to the nearest medical facility for treatment.

This applies to using an air ambulance, surface ambulance, regular air transport, railroad, land or sea transport or any other appropriate method.

- b** If **you** need to return to Singapore for recuperation or continued treatment after **you** have been moved to a medical facility outside Singapore as in Section 13a above, **we** will also pay for the necessary expenses **our assistance company** spends when they use air ambulance, surface ambulance, regular air transport, railroad, land or sea transport or any other appropriate method to return **you** to Singapore. If **we** can use **your** existing return ticket to Singapore, **we** will only pay for the administrative fees charged by the airline or travel agent for changing **your** travel dates or destinations.
- c** All decisions on the most appropriate method of transport and the destination to move **you** to will be made by **our assistance company**. The decision will be based only on the medical necessity and the severity of **your** medical condition.

Sending you home

- a** If **you** die after suffering an **injury** while outside Singapore, **we** will pay for the necessary expenses **our assistance company** spends to return **your** body to Singapore or to **your home country**.

The total **we** will pay under section 13 will not be more than the limit shown in the **table of cover** for each **policy year**.

What we do not pay under section 13

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 13 if:

- 1** assistance services which are not provided by **our** assistance provider and where prior approval by **us** was not sought.

Section 14 - Ambulance fee

If **you** have to pay for ambulance charges for transport to a **hospital** or for follow-up medical treatment after an **injury**, **we** will pay the actual ambulance fees, up to the limit shown in the **table of cover** for any one **accident**.

Section 15 - Broken bones or fractures

If **you** suffer from an injury described in the scale of compensation below within 90 days of the date of **accident**, **we** will pay **you** up to the maximum limits as shown in Section 15 of the **table of cover** using the scale of compensation table as shown below.

Scale of compensation

Item	Description of disability	Percentage of sum insured as shown under section 15 in the table of cover of your plan
A	Fractures of hip or pelvis (excluding thigh and coccyx)	
	- Multiple fractures , one compound fracture , one complete fracture	60%
	- All other compound fractures	30%
	- Multiple fractures , at least one complete fracture	15%
	- All other fractures	12%
B	Fractures of Thigh or Heel	
	- Multiple fractures , one compound fracture , one complete fracture	30%
	- All other compound fractures	24%
	- Multiple fractures , at least one complete fracture	15%
	- All other fractures	12%
C	Fractures of Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding Colles' fracture)	
	- Multiple fractures , one compound fracture , one complete fracture	24%
	- All other compound fractures	15%
	- Multiple fractures , at least one complete fracture	12%
	- Depressed fracture of the skull needing surgical intervention	7.2%
	- All other fractures	6%
D	Fractures of Colles' Fracture of the lower arm	
	- Compound fractures	12%
	- All other fractures	6%

E	Fractures of Shoulder blade, knee cap, sternum, hand (excluding fingers and wrist), foot (excluding toes and heel) - Compound fractures - All other fractures	12% 6%
F	Fractures of Spinal column (vertebrae but excluding coccyx) - All compression fractures - All spinous, transverse process or pedicle fractures - Fracture leading to permanent neurological damage - All other vertebral fractures	12% 12% 12% 6%
G	Fractures of Lower Jaw - Multiple fractures, one compound fracture , one complete fracture - All other compound fractures - Multiple fractures, at least one complete fracture - All other fractures	15% 12% 9.6% 4.8%
H	Fractures of rib or ribs, cheekbone, coccyx, upper jaw, nose, toe or toes, finger or fingers - Multiple fractures, one compound fracture , one complete fracture - All other compound fractures - Multiple fractures, at least one complete fracture - All other fractures	9.5% 7.2% 4.8% 2.4%
I	Dislocations requiring surgery under anesthesia - Spine or back, diagnosed by x-ray (excluding slipped disc) - Hip - Knee - Wrist or elbow - Ankle, shoulder blade or collarbone - Fingers, toes, or jaw	48% 30% 15% 12% 6% 2.4%

J	Internal injuries or concussion - Internal injuries resulting in open abdominal or thoracic or cardiothoracic surgery (excluding hernia) - Concussion characterized by loss of consciousness and some degree of amnesia	15% 15%
K	Fracture requiring admission in a hospital for a minimum period of 48 hours, and where no other benefits from A to J of the Schedule of injuries is payable	1.2%
We will not pay you any compensation if the injury is not listed in the scale of compensation.		
During the insured person's lifetime:		
<ol style="list-style-type: none"> 1. The total of all percentages of the sum insured due under this section will not be more than 100%. 2. The sum insured shall be reduced by any and all amounts previously paid or payable under this benefit. 3. For each item A to H, we will pay for a subsequent injury which involves a fracture of the same bone or the same injury that was earlier admitted only if it is the first subsequent injury. We will not pay for any other subsequent injuries involving the same bone or injury. 4. For item I, we will only pay for one claim for each injury listed. 		

General conditions which apply to the whole policy

1 Benefit extensions

a Act of terrorism cover

If any of the losses from or in relation to an **act of terrorism**, **we** will still cover the loss, up to the limit shown in the relevant section as shown in the **table of cover**. This extension is only valid if **you** did not take part in the **act of terrorism** or make an agreement with other people to carry out the act.

b Riot, strike, civil commotion, hijack, murder and assault

If **you** suffer an **injury** or die because of an **accident** during a riot, strike, civil commotion, **hijack**, murder or assault, **we** will pay up to the limit shown in the relevant section as shown in the **table of cover**. This extension is only valid if **you** did not take part in any criminal act or make an agreement with other people to carry out these acts.

c Disappearance

If **your** body is not found within 12 months after the sinking, wrecking or destruction of the **public transport** in which **you** are travelling during the **period of insurance**, **we** will consider **you** to be dead and pay the appropriate death benefit shown in the **table of cover**.

The payment of the death benefit is made to **your** legal personal representatives after they have signed an undertaking to **us** to guarantee that if **you** are subsequently found to be alive they will, when asked, return to **us** the sums that **we** have paid under this extension.

d Exposure

If **you** suffer an **injury** or die because **you** were exposed to natural elements due to an **accident**, **we** will pay up to the limit shown in the relevant section as shown in the **table of cover**.

e Food poisoning

If **you** suffer or die from **accidental** food poisoning during the **period of insurance**, **we** will pay up to the limit shown in the relevant section as shown in the **table of cover**. This extension is only valid if the event does not arise because of **your** deliberate act.

f Suffocation by smoke, poisonous fumes, gas or drowning

If **you** suffer an **injury** or die from **accidentally** breathing in smoke, poisonous fumes, gas or by drowning, **we** will pay up to the limit shown in the relevant section as shown in the **table of cover**. This extension is only valid if the event does not arise because of **your** deliberate act.

g Miscarriage due to an accident

If **you** suffer a miscarriage or if **you** die from the miscarriage caused by an **accident**, **we** will pay up to the limit shown in the relevant sections as shown in the **table of cover**. This extension is only valid if the event does not arise because of **your** deliberate act.

h Insect/animal bites, stings or attacks

If **you** die or suffered an **injury** from a bite, sting or attack or such similar event from an insect or an animal during the **period of insurance**, **we** will pay up to the limit shown in the relevant section as shown in the **table of cover**. For avoidance of doubt, any illness, disease, bacterial or viral infections which is certified by a **medical practitioner** to be contracted by **you** as a result of such bite, sting or attack or such similar event by an insect or animal shall also be deemed an **injury** for the purposes of this benefit extension.

i Motorcycling

If **you** suffer an **injury** or die while riding a motorcycle (whether as a rider or pillion-rider), **we** will pay up to the limit shown in the relevant section as shown in the **table of cover**. This extension is only valid if **you** are wearing a safety helmet and have a valid motorcycle licence and were not involved in or practising for racing and hill-climbing contests and reliability trials and speed or duration tests.

j Private Flight

If **you** suffer an **injury** or die while travelling as a non fare-paying passenger in any properly licensed private aircraft and/or helicopter forming part of a **business trip** while travelling outside Singapore, **we** will pay up to the limit shown in the relevant section as shown in the **table of cover**.

k Amateur Sports

If **you** suffer an **injury** or die while engaging in recreational sports and activities, **we** will pay up to the limit shown in the relevant section as shown in the **table of cover**.

I Renewal bonus

If there is no claim made under sections 1, 2, and 3 of this **policy**, **we** will increase the benefit limit of sections 1, 2, and 3 based on the following scale when **you** renew **your policy**.

Number of claim-free years	Renewal bonus (computed based on the sum insured as shown under the relevant sections in the table of cover of your plan)
One year	5%
Two years	10%
Three years	15%
Four years	20%
Five years	25%

If there is a claim made under section 1, 2 or 3 under this **policy**, **we** will apply the renewal bonus for the claim and after which no renewal bonus will be given under the **policy** for any subsequent claims made under section 1, 2 or 3 or renewals.

If **you** change the plan and no claim has been made under section 1, 2 or 3, the renewal bonus accumulated will be computed based on the respective sum insured under sections 1, 2, and 3 of **your** new plan, starting from the date that the change in plan takes effect.

2 General exclusions

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

- a** **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);
- b** the effect or influence of alcohol or drugs;
- c** pregnancy, childbirth, abortion, miscarriage (except as provided in general condition – 1(g) above) or all complications or death arising from these conditions;
- d** illness, disease, bacterial or viral infections even if contracted **accidentally** except where it is covered under general condition 1 (h);
- e** sexually transmitted infections, human immunodeficiency virus (HIV) or any HIV-related illness including acquired immunity deficiency syndrome (AIDS) or any mutant derivatives or variations of this however they are caused;
- f** medical or surgical procedure to treat **your sickness**;
- g** cosmetic (aesthetic) 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:
 - it is carried out to restore function or

appearance after an **accident**; and

- it is done at a medically appropriate stage after the **accident**; and the cost of the treatment is approved by **us** in writing before it is done;

- h** **pre-existing medical conditions**, or physical problems which existed before the start of **your policy**;
- i** **you** taking part in flying or other aerial activities except as a fare-paying passenger in a licensed passenger-carrying aircraft or where it is covered under general condition 1(j) above;
- j** **you** taking part in any professional sports or in any sports for which **you** would or could earn or receive any form of pay;
- k** **you** taking part in any kind of speed contest or racing (other than on foot);
- l** an **accident** while **you** are driving or riding on a motor race track;
- m** **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 (except scuba diving for leisure purpose with a diving buddy or instructor and no deeper than 30 meters below sea level), sky diving, cliff diving, bungee jumping, BASE (building, antenna, span, earth) jumping, paragliding, hang-gliding, parachuting, but not including the following activities carried out for leisure purpose under the supervision of a licensed guide or instructor: hot-air ballooning, ice or winter sports, hiking or trekking, white-water rafting, dragon boating, hunting, horse riding, polo, show jumping, mountain biking;
- n** the consequences of war, revolution or any similar event
- o** radioactivity or damage from any nuclear fuel, material or waste;
- p** **you** failing to take reasonable efforts to avoid **injury, accident** or to minimise claims under this **policy**;
- q** any illness, disease, bacterial or viral infections covered under general condition 1(h) which has been announced as:
 - an epidemic by the health authority in Singapore or the Government of the Republic of Singapore; or
 - a pandemic by the World Health Organisation (WHO); in the affected countries, from the date of announcement until the epidemic or pandemic ends.

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 Cover

This **policy** covers **you** while in Singapore and while outside Singapore for no more than 180 days in a row at a time from the date of departure from Singapore. If **you** plan to stay longer than 180 days in a row outside Singapore, **we** may agree to extend the cover, depending on **our** decision and the extra premium.

4 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.

5 Premium

- a The premium that the **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 Recurring 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**.

6 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.

7 Renewal

If this **policy** is renewed, **we** will provide the new terms and conditions (if applicable) 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 8(b), **we** will collect 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.

8 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 based on **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 18), **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.

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

Cancellation of policy with monthly premium payment - For example	
Period of insurance	22 Sep 2016 to 21 Sep 2017
Monthly premium due date	22 (Sep, Oct, Nov, Dec, Jan, Feb and so on)
If we receive the notice of cancellation:	
on 1 Nov 2016	cancellation will take effect on 22 Nov 2016.
on 20 Nov 2016	cancellation will take effect on 22 Dec 2016

(ii) Yearly 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 18), **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 divided by the original period of insurance of the policy	X	85% of the premium paid
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- **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).

9 Paying benefits

We will pay the benefits listed in this **policy** only if **you** have:

- a** met general condition 6; and
- b** 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**.

We will pay all benefits shown in the **table of cover** to **you** unless:

- a** **you** die as described in section 1, section 3, or section 8, in which case **we** will pay the benefits to **your** legal personal representative; or
- b** **you** are evacuated as a result of a medical emergency or sent home as described in section 13, in which case **we** will pay **our assistance company** the expenses they pay in transporting **you**.

When **we** pay the benefits as described above, **we** will have no further legal responsibility to **you** under this **policy** for the claim.

10 Misrepresentation

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

11 Changes in circumstance

If there is any change in circumstances affecting **your** risk, **you** must give **us** immediate written notice and pay any extra premium that **we** may ask for. In particular, **you** must tell **us** about any change in **your** health condition, **occupation** or the country where **you** are living in.

We can choose not to pay the claim if **you** have failed to inform **us** of any change in circumstances affecting **your** risk.

12 Fraud

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

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

We may do 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 the **policy**.
- c **We** may declare the **policy** invalid.
- d **We** can recover from **you** the amount of any claim **we** have already paid under the **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.

13 Reasonable care

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

14 Other insurance

If at the time of any incident which results in a claim under this **policy** **you** have another insurance covering the same loss, **we** will not pay more than **our** share. (This does not apply to claims made under section 1 - accidental death, section 2 - permanent disability, section 3 – double indemnity for accidental death on public conveyance, section 7 - weekly cash, section 8 - family support fund, section 9 – re-employment benefit, section 11 - daily hospital income, section 12 – ICU triple cover, or section 15 – broken bones and fractures).

15 Taking over your rights

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

16 Claims conditions

- a **You** must tell **us** as soon as possible, and in any case within 30 days, about any event which may give rise to a claim under this **policy**.
- b If **you** can recover all or part of the medical expenses from other sources, **we** will only pay **you** the amount that **you** cannot recover.
- 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 at the date of the loss.

17 What you need to provide when you send us your claim

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

18 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, he/she may write to **us** to cancel this **policy** and get a full refund of the premium paid. **We** consider that this **policy** has been delivered (and received) seven days after **we** post it.

19 Ending the policy

The **policy** will end immediately when:

- a **we** cancel this **policy** under general conditions 6, 8(a) or 12;
- b **you** cancel this **policy** under general condition 8(b);
- c **we** have paid 50% of the sum insured under section 2;
- d **we** have paid 100% of the sum insured under section 1, section 3 or section 15;
- e **you** no longer satisfy any of the eligibility requirements set unless **we** have agreed in writing to provide cover;
- f 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
- g **we** do not renew **your** **policy**.

20 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**.

21 Currency and interest

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

22 Dealing with disputes

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

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

23 Governing law

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

Feedback procedure

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.

Our promise to you

We will:

- acknowledge **your** complaint promptly;
- investigate quickly and thoroughly;
- keep **you** informed of **our** progress; and
- do everything possible to deal with **your** complaint.

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact NTUC Income or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

