

## Table of Cover

Benefits		Maximum benefit (\$\$)		
		Superior	Prestige	Platinum
Section 1	Final Expenses	15,000	20,000	30,000
Section 2	Permanent disability (in each policy year)	50,000	60,000	100,000
Section 3	Outpatient expenses due to accident (in each policy year)	1,000	1,500	2,500
Section 4	Hospitalisation expenses due to accident (for each accident)	5,000	8,000	12,000
Section 5	Extra medical expenses for burns, broken bones and fractures (in each policy year)	2,000	3,000	5,000
Section 6	Daily hospital income (up to 60 days for each accident)	100	125	150
Section 7	Post hospitalisation get well benefit (per accident)	50	50	50
Section 8	Weekly community hospital income (up to 4 weeks in each policy year)	150	250	300
Section 9	Ambulance fee (for each accident)	200	300	500
Section 10	Mobility aids (for each accident)	1,000	2,000	3,000
Section 11	Rehabilitation and physiotherapy (up to \$100 per visit in each policy year)	500	1,000	1,500
Section 12	Senior day-care, home-care or nursing-home service (in each policy year)	1,500	3,000	5,000
<b>Additional benefits payable for 50% or more Permanent Disability (based on the scale of compensation):</b>				
Section 13	Home Modification (per lifetime)	5,000	10,000	20,000
Section 14	Home Cleaning Services (per accident)	500	1,000	1,500
Section 15	Caregiver Training (once per accident)	As charged		
Section 16	Domestic helper insurance policy (per lifetime)	500	1,000	1,500
Section 17	Family support fund (per lifetime)	2,000	3,000	4,000
Section 18	Trauma counselling expenses (in each policy year)	5,000	5,000	5,000
<b>Others</b>				
Section 19	Infectious diseases cover extension (for 25 infectious diseases)	See limits of respective sections that apply		
Lifetime Limit		200,000	400,000	600,000

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# Policy Conditions

## SilverCare

(Formerly also known as MerdekaCare and PioneerCare)

### Your policy

This is **your** SilverCare 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 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**, **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.

### 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, this **policy** may not be valid.
- **We** may change the terms and conditions of the **policy** at **your policy's** next and future renewals.
- **We** may add extra conditions which will apply to **you**.
- **We** do not cover claims arising from **sickness** (unless they are due to **infectious diseases**) or **pre-existing medical conditions**.
- 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.

### Who is eligible?

This **policy** is only available to **you** if **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;
- are living or working in Singapore, or living outside Singapore for no more than 180 days at any one time;
- are between 50 and 75 years of **age** (**we** may continue to provide cover beyond **age** 75, based on new conditions to be applied to the **policy**); and
- have fully paid **your** premium.

### 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 as 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 date of the **policy**.

**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.

**Community hospital** means any approved community hospital under the relevant national laws and regulations that provides an intermediate level of care for individuals who have simple illnesses which do not need specialist medical treatment and nursing care.

**Dental treatment** means treatment necessary to restore sound and natural teeth 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 **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.

**Home** means the residential address shown on **your** Singapore National Registration Identification Card (NRIC), employment pass, work permit, long-term visit pass or any official document.

**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 **community hospital**, 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.

**Infectious disease** means any of the following diseases which is diagnosed by a **medical practitioner** during the **period of insurance** and is supported by acceptable clinical, radiological, histological and laboratory evidence:

- Hand, foot and mouth disease (HFMD)
- Dengue fever (DHF)
- Avian influenza or 'bird flu' due to influenza A viral strains H5N1, H9N2, H7N7, H7N9, or H1N1
- Mumps
- Rubella
- Tuberculosis
- Measles
- Malaria
- Anthrax infection
- Yellow fever
- Plague
- Melioidosis or 'soil disease'
- Rabies
- Legionnaires' disease
- Chikungunya
- Nipah viral encephalitis
- Japanese viral encephalitis
- Variant Creutzfeldt-Jakob disease (vCJD) or 'mad cow disease'
- Severe acute respiratory syndrome (SARS)
- Middle east respiratory syndrome coronavirus (MERS-CoV)
- Zika virus
- Chicken Pox
- Shingles
- MPox
- Herpangina

**We** will not cover any infectious diseases not listed above.

**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**.

**Losing** means permanent and total loss of use, or loss by having part of **your** 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.

**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 bedridden** means permanently confined to **your** bed because of **your injury**, as long as:

- the disability 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.

**Permanently disabled** or **permanent disability** means **your** suffering from one of the items of disability listed in the scale of compensation table in this **policy**, and which was caused only by an **accident** or the contraction of an **infectious disease**,

as long as:

- the disability lasts for 12 months in a row from the date of the **accident** or date of diagnosis of the **infectious disease**; 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 all the **insured person** (or people), the **schedule** and any **endorsements** we have issued under this **policy**.

**Policyholder** means the person named and who has made the declaration and paid the premium on behalf of the **insured person** 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** applies from 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** or the **policyholder** knew about before the start of **your policy**;
- b which **you** have 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**.

**Pre-existing medical condition** does not apply to the **infectious diseases** which **you** have contracted and fully recovered from before the start of **your policy**.

**Prohibited person** means a person or entity who is, or who is **related** to a person or entity:

- subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict **us** from providing insurance or carrying out any transaction under this **policy**, or
- who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.

**Public transport** means any regularly scheduled aircraft, bus, 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. This does not include taxis and all other methods of transport that are chartered or arranged as part of a tour even if they are regularly scheduled.

**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.

**Related** includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.

**Relevant person** includes persons and entities such as the **policyholder**, **insured person**, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of the application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.

**Sickness** means worsening physical health not caused by an **accident**, for which **you** need the treatment of a **medical practitioner**. For example, heart attack or stroke, pathologic fracture or deterioration of a general health condition such as osteoporosis.

**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 benefits, the sum insured 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 qualification of this **policy**.

**Total paralysis** means total inability to move **your** arms and legs, as long as:

- the disability 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.

**We, our, us, and Income Insurance** means Income Insurance Limited.

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

## What your policy covers

This **policy** will protect **you** and the **policyholder** financially for a death or **injury** 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 – Final expenses

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 a lump sum amount for **your** funeral arrangements according to the limit as shown in section 1 of the **schedule**.

### 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 up to the maximum limits as shown in section 2 of the **schedule**, using the scale of compensation table as shown below.

#### Scale of compensation

Item	Description of disability	Percentage of sum insured as shown in the schedule under Section 2 in the table of cover of your plan
a	<b>Total paralysis or permanently bedridden</b>	100%
b	<b>Losing sight</b> of both eyes	100%
c	<b>Losing two limbs</b>	100%
d	<b>Losing sight</b> of one eye, but still able to perceive light	50%
e	<b>Losing one limb</b>	50%
f	<b>Losing speech</b>	50%
g	<b>Losing hearing</b> in both ears	50%
h	<b>Losing four fingers and</b>	50%

	thumb of one hand	
i	<b>Losing</b> four fingers of one hand	40%
j	<b>Losing hearing</b> in one ear	20%
k	<b>Losing</b> a thumb - 2 phalanges - 1 phalanx	25% 10%
l	<b>Losing</b> one index finger - 3 phalanges - 2 phalanges - 1 phalanx	15% 10% 5%
m	<b>Losing</b> any other one finger - 3 phalanges - 2 phalanges - 1 phalanx	10% 7% 3%
n	<b>Losing</b> metacarpals - first or second - third, fourth or fifth	3% 2%
o	<b>Losing</b> all toes in one foot	15%
p	<b>Losing</b> a great toe - 2 phalanges - 1 phalanx	5% 3%
q	<b>Losing</b> any one other toe	3%
<b>Third Degree Burns</b>		
r	Head - Damage as a percentage of total body surface area - equal to or greater than 8%; - equal to or greater than 5% but less than 8%; or - equal to or greater than 2% but less than 5%	100% 75% 50%
s	Body - Damage as a percentage of total body surface area - equal to or greater than 20% - equal to or greater than 15% but less than 20% - equal to or greater than 10% but less than 15%	100% 75% 50%
<b>We will not pay any compensation if the disability is not listed in the scale of compensation.</b>		
<b>The total of all percentages of the sum insured due under this section will not be more than 100% during any one policy year.</b>		

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.

### Section 3 – Outpatient expenses due to accident

- a If **you** suffer an **injury** and need outpatient medical treatment, **we** will pay for the costs of medical or **dental treatment**, recommended by a **medical practitioner**, for **you** to be treated up to 12 months from the date of the **accident** or up to the limit shown in the **schedule**, whichever comes first.
- b **We** will also pay for the reasonable and necessary expenses for treatment by a **Chinese medicine practitioner** or **chiropractor** within 12 months from the date of the **accident**, up to a sub-limit of \$50 per visit and the section limit shown in the **schedule**.  
The total **we** will pay under sections 3a and 3b will not be more than the limit shown in the **schedule** for each **policy year**.

### Section 4 – Hospitalisation expenses due to accident

- a If **you** suffer an **injury** and need to stay in a **hospital** as an inpatient, **we** will pay for the costs of medical, surgical, **hospital** and **dental treatment**, including day surgery, which is necessary for **you** to be treated up to 12 months from the date of the **accident** or up to the limit shown in the **schedule**, whichever comes first.
- b **We** will also pay for medical expenses after leaving **hospital**, which are necessary and result directly from the condition for which **your** stay in **hospital** was needed, for up to 30 days from the date **you** leave **hospital**.
- c The total **we** will pay under sections 4a and 4b will not be more than the limit shown in the **schedule**.

### Section 5 – Extra medical expenses for burns, broken bones and fractures

If **you** suffer from an **injury** such as burns, broken bones or fractures, **we** will pay the extra costs of medical, surgical and **hospital** treatment recommended by a **medical practitioner** for **you** to be treated. This applies up to 12 months from the

date of the **accident** or up to the limit shown in the **schedule**, whichever comes first.

### Section 6 – Daily hospital income

If **you** are staying in a **hospital** as an inpatient due to an **accident**, **we** will pay a daily benefit as shown in the **schedule**, to help pay part of **your** medical expenses, for each complete 24-hour period that **you** stay as an inpatient in the **hospital**. This is paid for up to 60 days for every **accident**. This benefit will end once **you** leave the **hospital**.

### Section 7 – Post-hospitalisation get well benefit

If **you** are discharged from a **hospital** after staying as an inpatient for at least 24-hours due to an **accident**, and for which **you** make a valid claim for which **we** will pay under Section 6, **we** will pay the cash benefit as shown in the **schedule** to help with expenses for **your** recovery.

### Section 8 – Weekly community hospital income

If **you** are directly discharged or transferred from a **hospital** to a **community hospital** for recuperation or stay due to an **accident**, **we** will pay the cash benefit as shown in the **schedule** for each full week of stay in the community hospital to help with **your** expenses, up to 4 weeks in each **policy year**. This benefit will end once **you** leave the **community hospital**.

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

- 1 Stays in **community hospital** for less than seven days in a row.
- 2 Claims made for any re-admission for the same incident.
- 3 Claims without any immediate prior hospitalization where **we** also pay a claim under Section 6.

### Section 9 – 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 **schedule**.



## Section 10 – Mobility aids

If **you** suffer an **injury** and within 12 months from the date of **accident**, **you** need to use 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 of buying or renting the items, up to the maximum limits as shown in the **schedule**.

## Section 11 – Rehabilitation and physiotherapy

If **you** suffer an **injury** and need rehabilitation or physiotherapy within 90 days from the date of the **accident**, as confirmed by a **medical practitioner**, **we** will pay the actual costs of **your** rehabilitation treatment or physiotherapy, up to the limit as shown in the **schedule**. For avoidance of doubt, **we** will only pay for rehabilitation and physiotherapy under this section.

## Section 12 – Senior day-care, home-care or nursing-home service

- a If **you** suffer an **injury** and **you** need the services of a Singapore registered and licensed senior day-care or home-care service, **we** will pay these expenses, up to 90 days from the date of the **accident** and up to the limit as shown in the **schedule**.
- b If the Singapore registered and licensed senior day-care or home-care service provider does not accept **your** admission, **we** will pay for **you** to stay in a Singapore registered and licensed nursing home, up to 90 days from the date of the **accident** and up to the limit as shown in the **schedule**.

## Section 13 – Modifying your home

If **you** suffer 50% or more **permanent disability** (as shown in the scale of compensation in section 2), **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 as shown in the **schedule**. The modification must be completed and the proof of spending must be sent to **us** within six months from the date of the **permanent disability** as confirmed by **our medical practitioner**.

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay 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.

## Section 14 – Home-cleaning services

If **you** suffer 50% or more **permanent disability** (as shown in the scale of compensation in section 2), **we** will pay for the reasonable cost of carrying out cleaning services from a Singapore registered and licensed home-cleaning service company to clean **your home**, up to the limit as shown in the **schedule**. **Your** home-cleaning services must be completed and the proof of spending must be sent to **us** within six months from the date of the **permanent disability** as confirmed by **our medical practitioner**.

## Section 15 – Training your caregiver

If **you** suffer 50% or more **permanent disability** (as shown in the scale of compensation in section 2), **we** will pay for the reasonable cost of one caregiver to receive training carried out by **our** appointed provider- NTUC Health Co-operative Limited (NTUC Health), up to the limit as shown in the **schedule**. The training must be completed and the proof of spending must be sent to **us** within six months from the date of the **permanent disability** as confirmed by **our medical practitioner**.

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay if the **policyholder** or **your** application is rejected by NTUC Health.

## Section 16 – Domestic helper insurance policy

If **you** suffer 50% or more **permanent disability** (as shown in the scale of compensation in section 2) and need to start hiring a domestic helper to help with **your** daily living, **we** will reimburse **you** the cost of the domestic helper insurance **you** purchase with **us**. If **we** cease offering domestic helper insurance, **we** will reimburse the reasonable cost of the domestic helper insurance **you** purchase from other providers. The most **we** will pay is up to the limit as shown in the **schedule**.

The domestic helper must be hired and proof of purchase of the domestic helper insurance policy

must be sent to us within six months from the date of the **permanent disability** as confirmed by **our medical practitioner**.

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

- 1 If **you** are already hiring a domestic helper prior to suffering the **permanent disability**.
- 2 Where the Domestic helper insurance is not issued by **us** while **we** still offer domestic helper insurance for purchase.
- 3 Any other expenses incurred when hiring the domestic helper (e.g., work permit application fees, agency fees, cost of the flight ticket for the domestic helper to arrive to Singapore.)

## Section 17 – Family support fund

If **you** suffer 50% or more **permanent disability** (as shown in the scale of compensation in section 2) due to an **injury**, **we** will pay the lump sum as shown in the **schedule** for the benefit of **your dependent**.

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 17 if:

- 1 **you** do not have any surviving **dependent** on the date of permanent disability.

## Section 18 – Trauma counselling expenses

If **you** suffer 50% or more **permanent disability** (as shown in the scale of compensation in section 2) due to an **injury** and needed counselling within 90 days from the date of the accident, as confirmed by a medical practitioner, **we** will pay for the cost of counselling up to the limit as shown in the **schedule** for each **policy year**.

## Section 19 – Infectious Diseases cover extension

If **you** suffer or die from an **infectious disease** during the **period of insurance**, **we** will pay up to the limit shown in the relevant section shown in the **schedule**. This extension is not valid for **infectious diseases**:

- i. that **you** have been diagnosed with within 14 days from the start date of this **policy**; or
- ii. which have 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.

## General conditions which apply to the whole policy

### 1 Lifetime limit

There is a lifetime limit on paying claims as shown in the **schedule** according to the plan the **policyholder** has bought. The lifetime limit will apply to claims made under sections 1 to 19 from the start date of the first **policy you** are insured under up to the time when the **policyholder** chooses to cancel the **policy** or up to the time when **we** have fully paid the benefits in sections 1 and 2.

### 2 Benefit extensions

#### a Act of terrorism cover

If any of the losses covered under sections 1 to 19 arises from or in relation to an **act of terrorism**, **we** will still cover the loss. **We** will pay up to the limit shown in the relevant section in the **schedule**. This extension is only valid if **you** did not take part in the **act of terrorism** or helped other people carry out acts.

#### 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 in the **schedule**. This extension is only valid if **you** did not take part in any criminal act or agree 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 final expenses benefit shown in section 1 in the **schedule**.

**We** will pay the final expenses benefit to the **policyholder** or **your** legal personal representative after they have signed an undertaking to **us** to guarantee that if **you**

are later found alive, they will return the amount **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 in the **schedule**.

**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 in the **schedule**. 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 in the **schedule**. This extension is only valid if the event does not arise because of **your** deliberate act.

### 3 General exclusions

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

- a** any disability or death that is caused by **sickness** (for example, a heart attack or stroke, pathologic fracture or deterioration of a general health condition such as osteoporosis) and not by an **injury**;
- b** any **pre-existing medical conditions**, **infectious disease**, physical disability or defects which existed before the start of **your 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** the effect or influence of alcohol or drugs;
- e** pregnancy, childbirth, abortion, miscarriage not due to an **accident** or all complications arising from these conditions;
- f** mental problems or insanity;
- g** 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;
- h** medical or surgical procedure to treat **your sickness** unless it is caused by **infectious**

**disease**;

- i** 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** or **infectious disease**;
  - it is done at a medically appropriate stage after the **accident** or **infectious disease**; and
  - the cost of the treatment is approved by **us** in writing before it is done;
- j** **you** taking part in flying or other aerial activities except as a fare-paying passenger in a licensed passenger-carrying aircraft;
- k** **you** taking part in any professional sports or in any sports for which **you** would or could earn or receive any form of pay;
- l** **you** taking part in any kind of speed contest or racing (other than on foot);
- m** an **accident** while **you** are driving or riding on a motor racing track;
- n** an **accident** while **you** are riding on a motorcycle (except as a pillion-rider);
- o** **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 using 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 but not including the following activities carried out for leisure purposes under the supervision of a licensed guide or instructor: hot-air balloon ride while airborne, ice or winter sports, hiking or trekking;
- p** the consequences of war, revolution or any similar event;
- q** radioactivity or damage from any nuclear fuel, material or waste;
- r** **you** breaking government regulations or **you** failing to take reasonable precautions to avoid a claim under this **policy** after receiving a warning through the media of any intended strike, riot or civil commotion; and
- s** **you** failing to make reasonable efforts to avoid **injury** or contracting the **infectious disease** or to minimize claims under this **policy**.
- t** **Infectious disease** diagnosed within 14 days from the start date of this **policy**;

**u** any **infectious disease** 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.

## 4 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.

## 5 Changing your plan

**You** can choose to upgrade **your** plan at any time during **your** lifetime, but only if **we** have not paid out any claim under **your** **policy**.

## 6 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** based on their last known address or email 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**.

## 7 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.

## 8 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 20(c), **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.

## 9 Paying benefits

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

- a** paid all the premiums due before the start date of the **policy**; 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 **schedule** to the **policyholder**, except for the benefits under section 2 and under benefit extensions 2c, which **we** will pay to **you** or **your** legal personal representative.

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

## 10 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 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, the country where **you** are living in or **your** pursuits.

**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** 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 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 **infectious disease** and take all practical steps to minimise claims.

## 14 Duplication of cover

Unless we agree in writing, if at the time of any incident which results in a claim under this **policy** the **insured person** has more than one (1) SilverCare **policy** with **us**, **we** will consider the **insured person** to be insured under the policy which provides the highest benefit level and **we** will apply the benefits payable in accordance with that insurance **policy** and no other SilverCare **policy** that the **insured person** is covered under.

## 15 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 – final expenses, section 2 – **permanent disability**, section 6 – daily hospital income, section 7 – post hospitalisation get well benefit and section 8 – weekly **community hospital** income).

## 16 Taking over your rights

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

## 17 Claims conditions

- a **You** or the **policyholder** must tell **us** as soon as possible, and in any case within 30 days, about any **accident** which may give rise to a claim under this **policy**.
- b If all or part of any expenses from other sources can be recovered, **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.

## 18 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.

## 19 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 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 the **policy**. **We** consider that this **policy** has been delivered (and received) seven days after **we** post it.

## 20 Cancellation and refund

- a For **policy** cancellation, **we** will not refund any premium if a claim has been made under this **policy**.
- b If **we** cancel the **policy**
  - (i) **We** can cancel this **policy** by giving the **policyholder** 30 days' written notice. **We** 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 the **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.

- c If there is no claim under this **policy** and 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 19), **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 premium is due.

Cancellation of policy within monthly premium payment – For example	
Period of insurance	22 Sep 2018 to 21 Sep 2019
Monthly premium due date	22 (Sep, Oct, Nov, Dec, Jan, Feb and so on)
If we receive the notice of cancellation:	
On 1 Nov 2018	cancellation will take effect on 22 Nov 2018.
On 20 Nov 2018	cancellation will take effect on 22 Dec 2018.

(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 19), and:
  - Before the start date of the policy; premium less \$10.90 (after GST).
  - After the start date of the policy, we will work out the premium refund as follows.

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

- **We** will not refund any premium below \$38.15 (after GST).

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

## 21 Ending the policy

The **policy** will end immediately when:

- a we** cancel this **policy** under general conditions 7, 12 or 20(b);
- b you** cancel this **policy** under general conditions 20(c);
- c we** have paid 100% of the sum insured under section 1 – Final expenses or section 2 – Permanent Disability;
- d you** no longer meet any of the eligibility requirements set unless **we** have agreed in writing to provide cover; or
- e** the lifetime limit in the **schedule** has been reached.

## 22 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 2001 to enforce this **policy**.

## 23 Currency and interest

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

## 24 Prohibited persons

If **you** or any **relevant person** is found to be a **prohibited person**:

- **we** are entitled not to accept **your** application; and
- if any **policy** is issued, **we** are entitled to end the **policy**, not pay any benefit or not allow any transaction to be carried out under the **policy**. **We** will not refund any unutilised premium when the **policy** is ended.

**Our** decision in every respect of the above will be final.

The **policyholder** or **you** will need to inform **us** immediately if there is any change in any **relevant person's** identity, status or identity documents.

## 25 Governing law

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

## 26 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:  
[www.income.com.sg/enquiry](http://www.income.com.sg/enquiry)

## Our promise to you

**We will:**

- acknowledge **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.

If the **policyholder** is not satisfied with **our** final decision on **your** claim, the **policyholder** may refer the case to Financial Industry Disputes Resolution Centre Ltd (FIDREC), an independent and impartial institution specialising in solving disputes between financial institutions and consumers.

Their website address is [www.fidrec.com.sg](http://www.fidrec.com.sg).

### **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 Insurance or visit the GIA/LIA or SDIC web-sites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).