

# Policy Conditions

## SpecialCare (Down Syndrome)



### Your policy

This is **your** SpecialCare (Down Syndrome) insurance **policy** and it contains details of benefits, conditions and exclusions relating to the **insured person**. This **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 given **you** a **schedule**.

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

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

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

### Who is eligible?

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

- **you** and the **insured person** hold a valid Singapore identification document such as a Singapore National Registration Identification Card (NRIC) or birth certificate;
- **you** are the **insured person's** parent or legal guardian.
- **you** and the **insured person** live in Singapore or travel outside of Singapore for no more than 90 days during each **policy year**;
- the **insured person** is between 15 days and 30 years of **age** (**we** may continue cover for the **insured person** up to 75 years old and **we** may apply new terms depending on **our** decision); and
- **you** have fully paid **your** premium.

### Things to remember

- **You** and the **insured person** must reveal all facts **you** or they know or ought to know which may affect the insurance cover **you** are 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 renewal dates.
- **We** may include extra conditions to the **policy**.
- **We** do not cover claims arising from **sickness** unless it is due to an **infectious disease** as described under section 7. **We** also do not cover claims arising from **pre-existing medical conditions**.
- **You** must not be an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against **you**.

### 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** or damage to property.

**Age** means the **insured person's** current age at the start of this **policy**.

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

**Comatose state** means a state of profound unconsciousness accompanied by signs such as non-response to painful stimuli and the inability to communicate. The **comatose state** must be confirmed by **our medical practitioner**.

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

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

**Home** means the residential address shown on the **insured person's** Singapore National Registration Identification Card (NRIC) or on 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 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** 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, or H1N1
- 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)
- Mumps
- Rubella
- Middle east respiratory syndrome coronavirus (MERS-CoV)
- Zika virus

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

**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 named in the **schedule** as the person who is insured under this **policy**.

**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** or the **insured person** 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** cannot be the **insured person**, the **policyholder**, or the **insured person's** or **policyholder's** family member, partner, business partner, employer, employee or agent.

**Payment frequency** means how often payment is made for the premium due.

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

**Permanently bedridden** means the **insured person** is permanently confined to bed after suffering from an **injury**, as long as:

- the physical 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.

This can include the **insured person** being in a **comatose state** for 12 months in a row from the date of the **accident**.

**We** do not consider permanently staying in bed due to psychological or mental conditions as **permanently bedridden**.

**Permanently disabled** or **permanent disability** means **you** or the **insured person** is 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**, 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.

**Permanent total disability** means total disability caused only 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 **you** for and on behalf of the **insured person**, 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**. The **policyholder** must be either:

- a the parent of the **insured person**; or
- b the legal guardian of the **insured person**.

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

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

**Pre-existing medical condition** means any **injury** or **sickness** (including contracting an **infectious disease**), including any complications which may arise:

- a which **you** or the **insured person** knew about before the start of **your policy**;
- b which **you** or the **insured person** have received diagnosis, consultation, medical treatment or prescribed drugs for within 12 months before the start of **your policy** (except for previously contracting an **infectious disease** which the **insured person** has fully recovered from within the 12 months before the start of the **policy**); or
- c for which **you** or the **insured person** have been asked to get medical treatment or medical advice for by a **medical practitioner** within 12 months before the start of **your policy**.

Down syndrome is not a **pre-existing medical condition**.

**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 yearly to a credit card **you** have chosen to pay the premiums due for the current **policy** or when it is renewed; or
- b the premium is taken yearly from a bank account **you** have chosen to pay the premiums due for the current **policy** or when it is renewed, by General Interbank Recurring Order (GIRO).

**Sickness** means worsening physical health not caused by an **accident**, for which the **insured person** needs the treatment of a **medical practitioner**. For example, this can include asthma, diabetes, cerebral palsy, epilepsy and congenital heart problems.

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

**Schedule** means the document which proves that the **insured person** has the insurance cover. It lists, among other things, details of the **insured person**, the **policyholder**, the benefits, the benefit limits and the **period of insurance** covered under this **policy**.

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

**You, your** and **yours** means the **policyholder** as shown in the **schedule**.

## What this policy covers

This **policy** will protect **you** and the **insured person** financially when a death, **injury** or **permanent disability** happens during the **period of insurance**.

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

### Section 1 – Accidental death and permanent disability of policyholder

If **you** are involved in an **accident** and due only to this **accident you** die or become **permanently disabled** within 12 months from the date of the **accident**, **we** will pay up to the maximum limits shown in section 1 of the **schedule** using the scale of compensation table as shown below.

Item	Description of disability	Percentage of benefit limit as shown under section 1 in the schedule
a	<b>Accidental death</b>	100%
b	<b>Permanent total disability</b>	100%
c	<b>Losing two limbs</b>	100%
d	<b>Losing sight</b> of one eye, except perception of 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 thumb</b> of one hand	50%
i	<b>Losing four fingers</b> of one hand	40%
j	<b>Losing hearing</b> in one ear	20%

Third-degree burns		
k	Head - damage as a percentage of total body surface area <ul style="list-style-type: none"> <li>equal to or greater than 8%</li> <li>equal to or greater than 5%</li> </ul>	100% 75%
l	Body - damage as a percentage of total body surface area <ul style="list-style-type: none"> <li>equal to or greater than 20%</li> <li>equal to or greater than 15%</li> </ul>	100% 75%
<b>We will not pay you</b> any compensation if the disability is not listed in the scale of compensation.		
The total of all percentages of the benefit limit due under this section will not be more than 100% in the lifetime of the <b>insured person</b> .		
<b>We will reduce</b> any compensation due for <b>accidental death</b> or <b>permanent disability</b> by any payment which <b>we</b> have already made to <b>you</b> under the scale of compensation for the same <b>accident</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.

This benefit does not apply if **you** are the **insured person** or if **you** are above 75 years old at the **start date** of the **policy**.

### Section 2 – Waiver of premium due to accidental death of policyholder

If **you** are involved in an **accident** and die within 12 months from the date of the **accident**, **we** will waive the amount of the premium as shown in the **schedule** for five years starting from the next **policy year**. This applies as long as **we** accept the renewal of the **policy** and have given **you** a **schedule** at the start of the next **policy year**.

This benefit does not apply if **you** are the **insured person** or if **you** are above 75 years old at the **start date** of the **policy**.

### Section 3 – Final expenses

If the **insured person** is involved in an **accident** and due only to this **accident** they die within 12 months from the date of the **accident**, **we** will pay a lump sum amount for their funeral arrangements according to the limit shown in section 3 of the **schedule**.

## Section 4 – Permanent disability of insured person

If the **insured person** is involved in an **accident** which causes them an **injury** and due only to this **accident** they become **permanently bedridden** or **permanently disabled** within 12 months from the date of the **accident**, **we** will pay up to the maximum limits shown in section 4 of the **schedule**. **We** will use the scale of compensation table as shown below.

Item	Description of disability	Percentage of benefit limit as shown under section 4 in the schedule
a	<b>Permanently bedridden</b>	100%
b	<b>Losing two limbs</b>	100%
c	<b>Losing sight</b> of one eye, except perception of light	50%
d	<b>Losing one limb</b>	50%
e	<b>Losing speech</b>	50%
f	<b>Losing hearing</b> in both ears	50%
g	<b>Losing four fingers and thumb</b> of one hand	50%
h	<b>Losing four fingers</b> of one hand	40%
i	<b>Losing hearing</b> in one ear	20%
<b>Third-degree burns</b>		
j	Head - damage as a percentage of total body surface area <ul style="list-style-type: none"> <li>equal to or greater than 8%</li> <li>equal to or greater than 5%</li> </ul>	100%
		75%
k	Body - damage as a percentage of total body surface area <ul style="list-style-type: none"> <li>equal to or greater than 20%</li> <li>equal to or greater than 15%</li> </ul>	100%
		75%
<b>We will not pay you</b> any compensation if the disability is not listed in the scale of compensation.		
The total of all percentages of the benefit limit due under this section will not be more than 100% for any one <b>policy year</b> .		
<b>We will reduce</b> any compensation due for <b>permanently bedridden</b> or <b>permanent disability</b> by any payment which <b>we</b> have already made to <b>you</b> under the scale of compensation for the same <b>accident</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** the upper limb, but **we** will not pay **you** again for **losing** the finger or thumb.

## Section 5 – Outpatient expenses due to accident

If the **insured person** suffers an **injury** and needs outpatient medical treatment, **we** will pay for the costs of medical or **dental treatment**, recommended by a **medical practitioner, chinese medicine practitioner or chiropractor**, for the **insured person** to be treated up to 90 days from the date of the **accident** or up to the limit shown in the **schedule**, whichever comes first.

## Section 6 – Hospitalisation expenses due to accident

- If the **insured person** suffers an **injury** and needs 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 needed for up to 90 days from the date of the **accident** or up to the limit shown in the **schedule**, whichever comes first.
- The total **we** will pay under section 6 will not be more than the limit shown in the **schedule** for each **policy year**.

## Section 7 – Medical expenses due to infectious disease

If the **insured person** contracts an **infectious disease** and needs to get medical treatment, **we** will pay for the costs of medical, surgical and **hospital** treatments recommended or asked for by a **medical practitioner** for the **insured person** to be treated. **We** will pay up to the limit shown in the **schedule** or up to a period of 90 days from the date of diagnosis of the **infectious disease**, whichever comes first.

## Section 8 – Daily hospital income

If the **insured person** suffers an **injury** and is staying in a **hospital** as an inpatient within 90 days from the date of the **accident**, **we** will pay a daily benefit as shown in the **schedule**. This will help pay part of their medical expenses, for each complete 24-hour period that they stay as an inpatient in the **hospital**. This is paid for up to 60 days for every **accident**. This benefit will end once the **insured person** leaves the **hospital**.

## Section 9 – Ambulance fee

If the **insured person** has 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 the **insured person** suffers an **injury** and within 12 months from the date of **accident**, they need to use aids such as a wheelchair, walking aid or similar so they can move around and the aids are prescribed by a **medical practitioner**, **we** will pay the actual cost of buying or renting the items. **We** will pay up to the maximum limits shown in the **schedule** for each **policy year**.

## Section 11 – Physiotherapy and psychiatric therapy

If the **insured person** suffers an **injury** and needs physiotherapy or psychiatric therapy within 90 days from the date of the **accident**, as confirmed by a **medical practitioner**, **we** will pay for the cost of the physiotherapy and psychiatric therapy. **We** will pay up to the limit as shown in the **schedule** for each **policy year**.

## Section 12 – Personal liability

If the **insured person** is legally responsible for **accidentally** injuring someone or damaging or causing loss to someone else's property while in Singapore, **we** will pay:

- a the legal costs and expenses for representing or defending the **insured person**; and
- b the amount awarded against the **insured person** by the court in Singapore

The total **we** will pay under sections 12a and 12b will not be more than the limit shown in the **schedule** for each **policy year**.

## What we do not pay under section 12

Besides the general exclusions listed in part 4 of the general conditions, **we** will also not pay for the following, or for loss or liability directly or indirectly caused by the following.

- 1 Any claim due to the **insured person's** deliberate, malicious, unlawful or criminal act.

- 2 Any claim for loss of or damage to property in the **insured person's** charge or under their control or which they own.
- 3 Any claim resulting from legal services **we** have not approved beforehand.
- 4 Any legal responsibility that comes from an **injury** or loss or damage to property that the **insured person**, their family member or employee, owns, cares for or controls.
- 5 Any legal responsibility, **injury**, loss or damage to the **insured person's** family member or employee.
- 6 Any legal responsibility that results from the **insured person** owning or using weapons, animals, vehicles, aircraft or watercraft.
- 7 Any legal responsibility that results from or is connected to the **insured person's** trade, business or profession.
- 8 Any legal responsibility that the **insured person** has under a contract.
- 9 Any court judgment which is not delivered by a court within Singapore.
- 10 Any court judgment which is being appealed by the **insured person** or on their behalf.
- 11 Any legal responsibility that results from the **insured person** passing on a disease to others.
- 12 Any legal responsibility that results from the **insured person's** abuse of controlled drugs.
- 13 Any legal responsibility that results when the **insured person** is under the influence of drugs or alcohol.
- 14 Any legal responsibility that results from the **insured person** riding or racing in races or rallies.
- 15 Any legal responsibility that is caused by the **insured person's** involvement in polluting or harming the environment.
- 16 Any claim for punitive, aggravated or exemplary damages (damages aimed at punishing the **insured person** or making an example of them).

## Section 13 – Modifying your home

If the **insured person** suffers a 50% or more **permanent disability** (as shown under section 4 in the scale of compensation table), **we** will pay for the reasonable cost of modifying their **home**, where necessary, to help them move around. **We** will pay up to the limit 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**.

### What we do not pay under section 13

Besides the general exclusions listed in part 4 of the general conditions, **we** will also not pay for the following.

- 1 Modifications to the **insured person's home** which do not help them to move around.
- 2 Modifications to a **home** which the **insured person** does not live in.
- 3 Damages arising from the modification work.

## Section 14 – Training your caregiver

If the **insured person** suffers a 50% or more **permanent disability** (as shown under section 4 in the scale of compensation table), **we** will pay for the reasonable cost of one caregiver to receive training carried out by a licensed healthcare service provider of **your** choice. **We** will pay up to the limit 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**.

### General conditions which apply to the whole policy

#### 1 Lifetime limit

There is a lifetime limit on paying claims as shown in the **schedule**. The lifetime limit will apply to claims made under sections 1 to 14 from the **start date** of the first **policy** the **insured person** is insured under. It will apply up to the time when **you** choose to cancel the **policy** or when **we** have fully paid the benefits in section 3 – final expenses.

## 2 Benefit extensions

#### a Act of terrorism

If any of the losses covered under sections 1 to 14 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** or the **insured person** 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** or the **insured person** 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** or the **insured person** did not take part in any criminal act or agree with other people to carry out these acts.

#### c Disappearance

If **your** or the **insured person's** body is not found within 12 months after the sinking, wrecking or destruction of the **public transport** in which **you** or the **insured person** are travelling during the **period of insurance**, **we** will consider **you** or them to be dead and pay the appropriate benefit shown in sections 1, 2 and 3 in the **schedule**.

**We** will pay the relevant benefits to **you** or the **insured person's** legal personal representative after they have signed an undertaking to **us** to guarantee that if **you**, or the **insured person**, are later found alive, the amount **we** have paid under this extension will be returned to **us**.

#### d Exposure

If **you** or the **insured person** suffer an **injury** or die because **you** or they were exposed to natural elements as a result of an **accident**, **we** will pay up to the limit shown in the relevant section in the **schedule**.

#### e Food poisoning

If **you** or the **insured person** suffer or die from 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** or the **insured person's** deliberate act.

**f Suffocation by smoke, poisonous fumes, gas or drowning**

If **you** or the **insured person** 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** or the **insured person's** deliberate act.

### 3 Age eligibility

This **policy** is only available to **you** if the **insured person** is between 15 days and 30 years of **age**. **We** may continue cover for the **insured person** up to 75 years old and new terms may apply.

### 4 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 asthma, diabetes, cerebral palsy, epilepsy and congenital heart problems) and not by an **injury**.
- b** **Sickness**, disease (except for **infectious disease** as described under section 7), bacterial or viral infections even if contracted **accidentally**.
- c** **Infectious disease** diagnosed within 14 days from the **start date** of this **policy**.
- d** Any physical disability or defects which existed before the start of the **policy** (except **Down Syndrome**), or any **pre-existing medical conditions**.
- e** **You** or the **insured person** deliberately injuring yourself, committing suicide or attempting suicide while sane or insane, **your** or the **insured person's** criminal act, provoked assault, deliberate acts or putting yourself in danger (unless **you** or the **insured person** are trying to save human life).
- f** The effect or influence of alcohol or drugs.
- g** Pregnancy, childbirth, abortion, miscarriage or all complications arising from these conditions.
- h** Mental conditions or insanity.
- i** 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.
- j** Medical or surgical procedure to treat the **insured person's sickness** (except as described under section 7).

**k** 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**;
- 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.

**l** **You** or the **insured person** taking part in flying or other aerial activities except as a fare-paying passenger in a licensed passenger-carrying aircraft.

**m** **You** or the **insured person** taking part in any professional sports or in any sports for which **you** or they would or could earn or receive any form of pay.

**n** **You** or the **insured person** taking part in any kind of speed contest or racing (other than on foot).

**o** An **accident** while **you** or the **insured person** are driving or riding on a motor racing track.

**p** **You** or the **insured person** taking part in any dangerous activities or sports including caving, potholing, rock climbing 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, ice or winter sports, hiking or trekking. This does not include a hot-air balloon ride carried out for leisure purposes under the supervision of a licensed guide or instructor.

**q** The consequences of war, revolution or any similar event.

**r** Radioactivity or damage from any nuclear fuel, material or waste.

**s** **You** or the **insured person** breaking government regulations or **you** or they 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.

**t** **You** or the **insured person** failing to make reasonable efforts to avoid **injury** or minimise claims under 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.

## 5 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 will take place.

## 6 Cover

This **policy** covers **you** and the **insured person** while in Singapore and while outside Singapore for no more than 90 days during each **policy year**.

## 7 Premium

- a The premium that **you** pay for this **policy** can change. If **we** change the premium for this **policy**, **we** will write to **you** at **your** last-known address, at least 30 days before the change is to take place, to tell **you** 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**.
- c **Premium payment arrangement**
  - i. **You** can pay the premium due for this **policy** using the **recurring payment arrangement**.
  - 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 **you** have chosen.

- iii. **You** can change the chosen **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 the next **policy year**.

## 8 Payment-before-cover warranty

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

- a the start of this **policy**; and
- b the **start date** of the next **policy year**, if this **policy** is renewed.

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

## 9 Renewal

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

If **we** did not receive any request to cancel the **policy** as set out in general condition 10(b), **we** will take the premium using the last premium payment arrangement **you** have chosen.

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

## 10 Cancellation and refund

- a If **we** cancel the **policy**
  - i. **We** can cancel this **policy** by giving **you** seven days' notice by post to **your** last-known address. **We** will consider that **you** 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 **you** have chosen.

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

**b** If **you** cancel the **policy**

**i.** Yearly payment or yearly **recurring payment arrangement**

- **You** 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 20), **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	X	85% of the premium paid
Original <b>period of insurance</b> of this <b>policy</b>		

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

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

## 11 Paying benefits

**We** will pay the benefits listed in this **policy** only if **you** and the **insured person** has:

- a** met general condition 8; and
- b** given **us** satisfactory proof of the claim.

**We** will pay all benefits shown in the **schedule** to **you**, except in the event of **your** death as described under section 1. In this case **we** will pay **your** legal personal representative.

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

## 12 Misrepresentation

**We** will treat this **policy** as void if **you** or the **insured person** misrepresents any information which may affect **our** decision to accept the application.

## 13 Changes in circumstance

If there is any change in circumstances affecting the **insured person's** 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 the **insured person's** health condition, the country where the **insured person** is living in or the **insured person's** pursuits.

## 14 Fraud

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

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

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

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

## 15 Reasonable care

**You** and the **insured person** must take all reasonable precautions to avoid an **injury** or **infectious disease** and take all practical steps to minimise claims.

## 16 Other insurance

If at the time of any incident which results in a claim under this **policy**, **you** or the **insured person** have other insurance covering the same loss, **we** will not pay more than **our** share (This does not apply to section 1 – accidental death and permanent disability of policyholder, section 3 – final expenses, section 4 – permanent disability of insured person and section 8 – daily hospital income.)

## 17 Taking over your rights

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

## 18 Claims conditions

- a **You** must tell **us** as soon as possible, and in any case within 30 days, about any loss or damage which may give rise to a claim under this **policy**. **We** have the right to reject the claim if **you** tell **us** later than 30 days from the date of loss or damage.
- b If **you** or the **insured person** can recover all or part of any expenses from other sources, **we** will only pay **you** the amount that cannot be recovered.
- c **We** pay all claims in Singapore dollars. If **you** or the **insured person** suffers 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.

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

**You**, the **insured person** or **your** or their respective 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 the claim. **We** will not refund any expense which **you** or the **insured person** cannot provide original receipts or invoices for.

## 20 Free-look period

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

## 21 Ending the insurance

This **policy** will end immediately when:

- a **we** have paid 100% of the benefit limit under sections 3 or 4;
- b **we** cancel this **policy** under general conditions 1, 8, 10(a) or 14;
- c **you** cancel this **policy** under general condition 10(b);
- d **you** or the **insured person** no longer meets any of the eligibility requirements set;
- e before entering into this **policy**, **you** fail to reveal all facts **you** or they know or ought to know which may affect this **policy**; or
- f **we** do not renew this **policy**.

## 22 Excluding third party rights

A party who is not covered by this **policy** has no right under the Contracts (Rights of Third Parties) Act (Chapter 53B) to enforce this **policy**.

## 23 Currency and interest

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

## 24 Governing law

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

## 25 Dealing with disputes

Any dispute or matter arising under, out of or in connection with your policy must be referred to the Financial Industry Disputes Resolution Centre Ltd (FIDREC) to be dealt with. (This applies if it is a dispute that can be brought before FIDREC.) If the dispute cannot be referred to or dealt with by FIDREC, the dispute must be referred to and decided using arbitration in Singapore in line with the Arbitration Rules of the Singapore International Arbitration Centre which apply at that point in time. We will not be legally responsible under your policy unless you have first received an award under arbitration.

### Feedback procedure

The information below is not legally binding and is just for **your** information.

### Making yourself heard

**We** are committed to providing **you** with an exceptional level of service and customer care.

**We** realise that things can go wrong and there may be times when **you** feel that **we** have not provided the service **you** expected. When this happens, **we** want to hear about it so that **we** can try to put things right.

Please send **your** feedback to:  
sq@income.com.sg

## 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