

Table of cover

Main Benefits		Maximum benefit (S\$) per insured person		
		Basic	Superior	Prestige
Section 1	Third Party Liability (per accident)	NA	500,000	1,000,000
Section 2	Accidental death	150,000	300,000	500,000
Section 3	Permanent disability (per policy year)	225,000	450,000	750,000
Section 4	Accidental medical expenses (per policy year)			
	Overall section limit	5,000	10,000	15,000
	Sub-limit for treatment by a Chinese medicine practitioner or a chiropractor	200	1,000	3,000
Section 5	Extra medical expenses for tears, dislocations and fractures (per policy year)			
	Overall section limit	5,000	10,000	15,000
	Sub-limit for physiotherapy following tears, dislocations and fractures	2,000	4,000	10,000
Section 6	Ambulance fee (per policy year)	300	500	700
Section 7	Accidental damage to rental equipment (per policy year)	500	1,000	2,000
Section 8	Unused activity fee (per policy year)	2,000	3,000	5,000
Optional Benefits – Sports Equipment Rider				
Section 9	Damage to the bicycle, personal mobility device or skates when insured person is injured in an accident (per policy year)	As per the schedule \$200 or 5% of each and every loss, whichever is higher		
	Overall limit Co-payment			
Section 10	Accidental damage to your other sports equipment (per policy year)	As per the schedule \$50 or 5% of each and every loss, whichever is higher		
	Overall limit Co-payment			

Policy Conditions

PA Fitness Protect

Your policy

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

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

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

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

Who is eligible?

This **policy** is only available to the **insured person** if the **insured person**:

- is **you**, **your** spouse or **children**;
- holds a valid Singapore identification document such as a Singapore National Registration Identification Card (NRIC), Employment Pass, Work Permit, Long Term Visit Pass or Student Pass;
- is living or working in Singapore, or away from Singapore for no more than 180 days at any one time;
- is between 7 years old and 65 years old (**we** may continue cover for the **insured person** up to 85 years old at a reduced sum insured and **we** may apply new terms; depending on **our** decision and if **you** pay an extra premium); and
- **you** have fully paid **your** premium.

Additionally, the **insured person's sports equipment** is eligible to be covered under this **policy** only if:

- the age of the **sports equipment** is less than 4 years old from the date of purchase at the point of application for this **policy**; and
- the insured's **sports equipment** is purchased from an authorized retailer or distributor and not a marketplace platform or portal.

We may continue cover for the **sports equipment** beyond 5 years at a reduced sum insured or with new terms.

Things to note

- **You** and the **insured person** must reveal all facts **you** know or ought to know which may affect the insurance cover **you** are applying for. If not, **your policy** may not be valid.
- **We** do not cover claims arising from **sickness** (except under Section 8). **We** also do not cover claims arising from **pre-existing medical conditions** or physical problems which existed before the start of **your policy**.
- 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**.
- This **policy** only covers the **insured person** while the **insured person** is taking part in the **activity** unless we explicitly

state otherwise in the Schedule.

Definitions

Act of terrorism means an act (which may include using or threatening force or violence) by any person or group, committed for political, religious, ideological or similar purposes, with the aim of influencing any government or to put the public, or any section of the public, in fear.

Robberies or other criminal acts mainly committed for personal gain and acts arising mainly as a result of personal relationships will not be considered as an **act of terrorism**.

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

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

Activity means any sport or exercise requiring physical effort to sustain or improve fitness or health, or **adventurous activity** that the **insured person** participates in as a participant. For example, running, swimming, cycling, tennis, badminton, golfing, bowling, bouldering, boxing, mixed martial arts, and parasports.

Activity fee means a fee which the **insured person** has paid to an activity provider solely for the participation in an **activity**. For example, fee for an **adventurous activity**, gym membership or green fees.

Adventurous activity means any recreational **activity** which:

- the **insured person** has undertaken while complying with all safety procedures, such as wearing safety equipment and following rules and regulations; whether specifically advised or generally expected of a reasonable person, and
- where guidance and supervision of licensed guides or instructors are available, the recreational activity must be carried out under the guidance and supervision of licensed guides or instructors of the tour operator or activity provider, and
- is not excluded under the general exclusions listed in part 2 of the general conditions of the policy.

Adventurous activity includes but is not limited to hiking, mountain climbing, scuba-diving, bungee jumping, parasailing, paragliding, parachuting, hang-gliding, skydiving, abseiling, skiing, snowboarding, canoeing, kayaking, white water rafting, dragon boating, paddleboarding, marathon, ultramarathon, biathlon, triathlon, surfing, and snorkeling.

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

Bicycle means a pedal bicycle, a pedal tricycle or a power-assisted bicycle.

Children means **your children** or **child** under 25 years of age; unmarried and not on full-time employment; and are primarily dependent on **you** for maintenance and support. For example, full-time students or national servicemen.

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

Co-payment means the portion of the claim amount which has to be paid by **you**.

Community hospital means any hospital that focuses on sub-acute care or rehabilitation, or is deemed as a community

hospital by Singapore's Ministry of Health, or other relevant national laws and regulations. For example: Ang Mo Kio Thye Hua Kwan Hospital, Jurong Community Hospital and Sengkang Community Hospital.

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

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

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

Fracture means a break in the bone as supported by an X-ray.

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 authorize 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 similar establishment.

Injury means damage or harm caused to the body by an external force suffered during the **period of insurance** and which is caused only by an **accident** while performing an **activity**.

Insured person means the individual (or individuals) nominated by **you** and named in the **schedule** as the person (or people) who is insured under this **policy**. The individuals can be **you**, **your** spouse or **children**.

Known event means any situation or incident which threatens or affects the **insured person's** health or any situation that the **insured person** was aware of or could reasonably have been expected to know.

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 the **insured person** is 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 authorized by the medical licensing authority of that country to provide medical or surgical service within the scope of their license and training. The **medical practitioner** should not be **you** or the **insured person**, the **insured person's** or **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 disabled or **permanent disability** means suffering from one of the items of disablement listed in the scale of compensation table in this **policy**, and which was caused by an **accident** as long as:

- the disability lasts for 12 months in a row from the date of **accident**; and

- **our medical practitioner** confirms that it is not going to improve after 12 months.

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

- stops the **insured person** from working in any job for a salary or wage or stops the **insured person** 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.

Personal mobility device means a vehicle that –

- a** is designed to be used by one person;
- b** has one or more wheels that operate on a single axis;
- c** is propelled by an electric motor attached to the vehicle or by human power or both; and
- d** does not resemble a motor car or motor cycle.

Personal mobility device includes (but not limited to) wheelchair, hoverboard, power scooter, power assisted unicycle, rollerblade, roller-skate, skateboard, skate-scooter and unicycle. **Personal mobility device** does not include (but not limited to) a bicycle, trolley, any wheeled baby transport (for example perambulator and stroller), motor car and motor cycle.

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

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

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

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

- a** which **you** or the **insured person** knew or should reasonably know about; including symptoms which existed before the start of **your policy**;
- b** which the **insured person** received diagnosis, consultation, medical treatment or prescribed drugs for within 12 months before the start of **your policy**; or
- c** for which the **insured person** has been asked to get medical treatment or medical advice by a **medical practitioner** within 12 months 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.

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 **you**, the **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, authorized signatory, shareholder or beneficial owner.

Rental equipment means an equipment that the **insured person** pays to rent from a licensed **activity** provider to perform an **activity**. This includes but is not limited to wearables such as diving suit or fin, goggles and ice-skating aids.

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

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

Sports equipment means the main equipment used to perform an **activity**. This includes, but is not limited to, golf clubs, bowling balls and rackets. **Sports equipment** does not include accessories, apparels, wearables and ancillary items such as clothing, shoes, cameras, watches, sunglass, caps, golf balls, range finders, masks and wet suits.

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

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

You, your and yours means the **policyholder** referred to in the **schedule**.

Your plan means the plan (with specific limits) that **you** chose at the time **you** applied for this **policy**.

What your policy covers

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

The amount **we** will pay depends on the conditions and maximum benefit limits of the **insured person's plan** as set out in the **table of cover**.

A Main benefits

Section 1 – Third Party Liability

When we will pay	What we pay	What we do not pay
<p>A If the insured person is legally responsible for accidentally:</p> <ol style="list-style-type: none"> 1 injuring someone or; 2 damaging or causing loss to someone else's property; <p>while the insured person is performing an activity.</p> <p>The total we will pay is up to the limit shown in the table of cover for any one accident.</p>	<p>We will pay:</p> <ul style="list-style-type: none"> • the legal costs and expenses for representing or defending the insured person in Singapore; and • the amount awarded against the insured person by the court in Singapore. <p>The most we will pay under this section is up to the limit as shown in the table of cover for any one accident.</p>	<p>Besides the general exclusions listed in part 2 of the general conditions, we will also not pay for the following, or for loss or liability directly or indirectly caused by the following.</p> <ol style="list-style-type: none"> 1 Any claim due to the insured person's deliberate, malicious, unlawful or criminal act of failure to act. 2 Any claim for loss of or damage to property in the insured person's charge or under the insured person's control or which belongs to the insured person.

		<p>3 Any claim resulting from legal services we have not approved in advance.</p> <p>4 Any legal responsibility that comes from loss or damage to property that the insured person, any family member or the insured person's employee owns, care for or controls.</p> <p>5 Any legal responsibility, injury, loss or damage to the insured person's family member.</p> <p>6 Any legal responsibility that the insured person has under a contract, while at work, or that is directly or indirectly related to his/her occupation or business.</p> <p>7 Any court judgment which is not delivered by a court within Singapore.</p> <p>8 Any court judgment which is being appealed by the insured person or on your behalf.</p> <p>9 Any legal responsibility that results from the insured person's abuse of controlled drugs.</p> <p>10 Any legal responsibility that results when the insured person is under the influence of drugs or alcohol.</p> <p>11 Any legal responsibility that results from the insured person riding or racing in races or rallies.</p> <p>12 Any claim for punitive, aggravated or exemplary damages, i.e. damages to punish the insured person or make an example of the insured person in order to prevent the insured person from committing the wrongful act again.</p>
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Section 2 – Accidental death

When we will pay	What we pay	What we do not pay
<p>A If the insured person is involved in an accident while performing an activity and due only to this accident, he/she dies within 12 months from the date of the accident.</p> <p>This is extended to include the insured person's direct commute in Singapore (excluding any detours that the insured person may take) between the place the insured person usually lives, works, or studies, and the activity venue.</p>	<p>We will pay the insured person's estate or legal personal representative up to the limit as shown in the table of cover.</p>	<p>Besides the general exclusions listed in part 2 of the general conditions, we will also not pay for the following, or for loss or liability directly or indirectly caused by the following.</p> <ol style="list-style-type: none"> 1 The death or the disability resulting in the death is caused directly or indirectly by sickness (for example, a heart attack or stroke) and not by an injury. 2 The death is caused directly or indirectly by any physical disability which existed before the start of the policy. 3 Any commute outside of Singapore or any detour that the insured person takes in their commute to or from the activity venue.

Section 3 – Permanent disability

When we will pay	What we pay	What we do not pay
<p>A If the insured person is involved in an accident which causes an injury and due only to this accident, he/she becomes permanently disabled within 12 months from the date of the accident.</p> <p>This is extended to include the insured person's direct commute in Singapore (excluding any detours that the insured person may take) between the place the insured person usually lives, works, or studies, and the activity venue.</p>	<ol style="list-style-type: none"> 1 We will pay the insured person up to the limit as shown in the table of cover using the scale of compensation table as shown below. 2 We will reduce any compensation due for accidental death by any payment which we have already made to the insured person under the scale of compensation within the same policy year. 	<p>Besides the general exclusions listed in part 2 of the general conditions, we will also not pay for the following, or loss or liability directly or indirectly caused by the following.</p> <ol style="list-style-type: none"> 1 The disability is caused directly or indirectly by sickness (for example, a heart attack or stroke) and not by an injury. 2 The disability is caused directly or indirectly by any physical disability which existed before the start of the policy. 3 Extra compensation for any specific item which is part of a greater item due under this policy. For example, we will pay when the insured person loses his/her upper limb, but we will

		<p>not pay again when the insured person loses his/her finger or thumb.</p> <p>4 Any commute outside of Singapore or any detour that the insured person takes in their commute to or from the activity venue.</p>
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Scale of compensation

Item	Description of disability	Percentage of sum insured as shown under section 2 in the table of cover of your plan
a	Permanent total disability	100%
b	Losing sight of both eyes	100%
c	Losing two limbs	100%
d	Losing sight of one eye, but still able to perceive light	50%
e	Losing one limb	50%
f	Losing speech	50%
g	Losing hearing in both ears	50%
h	Losing four fingers and thumb of one hand	50%
i	Losing four fingers of one hand	40%
j	Losing hearing in one ear	20%
k	Losing a thumb - 2 phalanges - 1 phalanx	25% 10%
l	Losing one index finger - 3 phalanges - 2 phalanges - 1 phalanx	15% 10% 5%
m	Losing any one other finger - 3 phalanges - 2 phalanges - 1 phalanx	10% 7% 3%
n	Losing metacarpals - first or second - third, fourth or fifth	3% 2%
o	Losing all toes of one foot	15%
p	Losing a great toe - 2 phalanges - 1 phalanx	5% 3%
q	Losing any one other toe	3%
Third-degree burns		
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% - 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%
We will not pay you any compensation if the disability is not listed in the scale of compensation.		

The total of all percentages of the sum insured due under this section will not be more than 100% during any one policy year.

Section 4 – Accidental medical expenses

When we will pay	What we pay	What we do not pay
<p>A If the insured person suffers an injury while performing an activity and needs to get medical treatment.</p>	<p>1 We will pay for the reasonable and necessary costs of:</p> <p>a medical, surgical, hospital, dental treatment and nursing fees, recommended or asked for by a medical practitioner for the insured person to be treated; and</p> <p>b treatment by a Chinese medicine practitioner or chiropractor;</p> <p>up to the limit and sub-limit shown in the table of cover or up to a period of 12 months from the date of the accident, whichever comes first.</p> <p>2 If we pay the claim above, we will also pay for the reasonable costs of medical reports that we have asked to be provided to us when the insured person made the claim.</p> <p>3 The most we will pay under this section is up to the limit and sub-limit as shown in the table of cover for each policy year.</p>	<p>Besides the general exclusions listed in part 2 of the general conditions, we will also not pay for the following, or for loss or liability directly or indirectly caused by the following.</p> <p>1 The medical treatment is caused directly or indirectly by sickness (for example, a heart attack or a stroke) and not by an injury.</p> <p>2 The medical treatment is caused directly or indirectly by any physical disability which existed before the start date of the policy.</p> <p>3 Claims for nursing care that is not provided by the hospital.</p> <p>4 Claims for physiotherapy other than what is covered under Section 5.</p>

Section 5 – Extra medical expenses for tears, dislocations, and fractures

When we will pay	What we pay	What we do not pay
<p>A If the insured person suffers an injury while performing an activity which results in a tear, dislocation, or fracture and needs to get medical treatment.</p>	<p>1 We will pay for the reasonable and necessary costs of:</p> <p>a medical, surgical, hospital, physiotherapy and nursing fees, recommended or asked for by a medical practitioner for the treatment of the tear, dislocation, or fracture; and:</p> <p>b physiotherapy that is asked for by a medical practitioner as medically necessary following a tear, dislocation, or fracture;</p> <p>up to the limit and sub-limit shown in the table of cover or up</p>	<p>Besides the general exclusions listed in part 2 of the general conditions, we will also not pay for the following, or for loss or liability directly or indirectly caused by the following.</p> <p>1 The medical treatment is caused directly or indirectly by sickness (for example, a heart attack or a stroke) and not by an injury.</p> <p>2 The medical treatment is caused directly or indirectly by any physical disability which</p>

	<p>to a period of 12 months from the date of the accident, whichever comes first.</p> <p>2 If we pay the claim above, we will also pay for the reasonable costs of medical reports that we have asked to be provided to us when the insured person made the claim.</p> <p>3 The most we will pay under this section is up to the limit and sub-limit as shown in the table of cover for each policy year.</p>	<p>existed before the start date of the policy.</p> <p>3 Claims for nursing care that is not provided by the hospital.</p> <p>4 Claims for physiotherapy when there is no tear, dislocation, or fracture or which is not asked for by a medical practitioner.</p>
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Section 6 – Ambulance Fee

When we will pay	What we pay	What we do not pay
<p>A If the insured person has to pay for ambulance charges for transport to a hospital or for follow-up medical treatment after an injury while performing an activity.</p>	<p>1 We will pay the actual ambulance fees, up to the limit shown in the table of cover for each policy year.</p>	<p>The general exclusions listed in part 2 of the general conditions.</p>

Section 7 – Accidental damage to rental equipment

When we will pay	What we pay	What we do not pay
<p>A If the insured person accidentally damages the rental equipment during the activity.</p>	<p>1 We will pay for the damage to the rental equipment that the insured person is required to compensate based on a receipt from the licensed activity provider; up to the limit as shown in the table of cover for each policy year.</p>	<p>Besides the general exclusions listed in part 2 of the general conditions, we will also not pay for the following, or for loss or liability directly or indirectly caused by the following.</p> <p>1 Claims for cosmetic damages that do not affect the main functionality of the item, wear and tear, including scratches and dents, discoloration, rust, corrosion, stains, tears or dents to the surface of the item which does not materially affect how it works.</p>

Section 8 – Unused activity fee

When we will pay	What we pay	What we do not pay
<p>A If the insured person suffers an injury or sickness and is given hospitalisation leave or is required to stay as an inpatient</p>	<p>1 We will reimburse the unused non-refundable activity fee incurred by the insured person; up to the limit as shown in the</p>	<p>Besides the general exclusions listed in part 2 of the general conditions, we will also not pay for the following, or</p>

<p>in the hospital during the period of the activity for which he/she has paid an activity fee.</p>	<p>table of cover for each policy year.</p> <p>2 The insured person must ask for a refund of any prepaid expenses from the event company or organizer first. We will reduce the insured person's claim by the amount the event company, organizer, gym or fitness clubs has refunded the insured person.</p> <p>3 If the hospitalisation leave or stay in hospital only partially overlaps with period of the activity, we will pro-rate the activity fee accordingly based on the number of days of hospitalisation leave or hospitalisation.</p>	<p>for loss or liability directly or indirectly caused by the following.</p> <p>1 Claims for activity tickets or bookings with open validity.</p> <p>2 Claim for activity fees that are less than \$50.</p> <p>3 Claims that result from any known event.</p> <p>4 Claims that result from a pre-existing medical condition or any sickness the insured person knew about prior.</p> <p>5 The period of the activity that was before the insured person was given hospitalisation leave or was hospitalised.</p> <p>6 Claims that do not form part of the unused non-refundable activity fee such as air ticket fees, accommodation expenses that is required for the insured person to travel or to take part in the activity.</p>
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B Optional Benefits

Section 9 – Damage to the bicycle, personal mobility device, or skates when insured person is injured in an accident

When we will pay	What we pay	What we do not pay
<p>A If the insured person damages his/her bicycle, personal mobility device or skates when he/she is injured in an accident.</p> <p>The insured person must have a valid claim which we will pay under section 4 or 5.</p>	<p>1 We can choose to refund you the cost of repairing or replacing the bicycle, personal mobility device or skates; up to the limit as shown in the schedule for each policy year.</p> <p>2 The most we will pay under this section is up to the limit as shown in the schedule for each policy year.</p> <p>3 The repair or replacement will be on a like-for-like basis that is not better than its original condition.</p>	<p>Besides the general exclusions listed in part 2 of the general conditions, we will also not pay for the following, or for loss or liability directly or indirectly caused by the following.</p> <p>1 Claims that are not accompanied by a valid claim under Section 4 or 5.</p> <p>2 Claims for cosmetic damage that does not affect the main functionality, wear and tear, including scratches and dents, discoloration, rust, corrosion, stains, tears or dents to the surface of the insured person's</p>

		<p>bicycle, personal mobility device or skates which do not materially affect how it works.</p> <p>3 Claims for accessories and wearables.</p>
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Section 10 – Accidental damage to your other sports equipment

When we will pay	What we pay	What we do not pay
<p>A If the insured person accidentally damages his/her sports equipment.</p>	<p>1 We can choose to refund you the cost of repairing or replacing the sports equipment up to the limit as shown in the schedule for each policy year.</p> <p>2 The most we will pay under this section is up to the limit as shown in the schedule for each policy year.</p> <p>3 The repair or replacement will be on a like-for-like basis that is not better than its original condition.</p>	<p>Besides the general exclusions listed in part 2 of the general conditions, we will also not pay for the following, or for loss or liability directly or indirectly caused by the following.</p> <p>1 Claims for cosmetic damage that does not affect the main functionality, wear and tear, including scratches and dents, discoloration, rust, corrosion, stains, tears or dents to the surface of the insured person's sports equipment which do not materially affect how it works.</p> <p>2 Claims for accessories, apparels, wearables and ancillary items that do not fall under the definition of sports equipment.</p>

General conditions which apply to the whole policy

1 No claim discount (NCD)

If the **insured person** does not have any claims on the **policy** for the **period of insurance**, **we** will apply a 10% NCD to their main plan premiums when the **policy** is renewed. The maximum NCD that may be applied is 10%. If there is a change of plan for the eligible **insured person** in the renewed **policy**, the NCD may continue to apply to the new plan.

If the **policy** is not renewed continuously, or if there is any claim under this **policy** under any section for which **we** accept or pay, the NCD will be reduced to zero for the next renewal. The **insured person** may enjoy the 10% NCD again for a subsequent renewal when there are no claims on the preceding **policy**.

2 General exclusions

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

- a** the **insured person** deliberately injuring himself/herself, committing suicide or attempting suicide while sane or insane, the **insured person's** criminal act, provoked assault, deliberate acts or putting himself/herself in danger

(unless the **insured person** is trying to save human life);

- b** the effect or influence of alcohol or drugs;
- c** pregnancy, childbirth, abortion, miscarriage or all complications or death arising from these conditions;
- d** mental problems or insanity;
- e** illness, disease, bacterial or viral infections even if contracted **accidentally**;
- f** 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;
- g** medical or surgical procedure to treat the **insured person's sickness**;
- h** treatment of an optional nature or not considered medically necessary by the **medical practitioner**, for example, 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**, whichever is applicable; and the cost of the treatment is approved by **us** in writing before it is done;
- i** **pre-existing medical conditions** which the **insured person** has not fully recovered from or physical problems, or physical disabilities, which existed before the start of **your policy**;
- j** any **known event**;
- k** the consequences of war, revolution or any similar event;
- l** radioactivity or damage from any nuclear fuel, material or waste;
- m** the **insured person** failing to take reasonable efforts to avoid **injury**, or to minimize claims under this **policy**;
- n** the **insured person's** deliberate act, failure to act, negligence or carelessness;
- o** breaking any laws, rules, regulations or guidelines set by any relevant authority in Singapore or where the **activity** is taking place;
- p** any **accident** which arises in the course of the **insured person's** occupation or work;

If **we** refuse to pay a claim as a result of any of the exclusions listed above and **you** disagree with **our** decision, **you** are responsible for proving that **we** are legally responsible for the claim. If any part of any exclusion is found to be invalid or **we** cannot enforce it, it will not affect the rest of the exclusions.

3 Cover

This **policy** covers the **insured person** while he/she is 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.

4 Changing your plan

You may write and ask to change the plan and include or remove optional benefits at **your** next **policy** renewal. If **we** do approve **your** request, **we** will tell **you** when the change in plan will take place and what the additional premium for the change in plan is.

5 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 or email 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**. If **you** have chosen a monthly **recurring payment arrangement**, the premium is due on the dates shown in the debit note or tax invoice issued to **you**.
- c** Recurring premium payment

- (i) You can pay the premium due for this **policy** using the **recurring payment arrangement** you 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 **you**.
- (iii) You can change the chosen **payment frequency** and **recurring payment arrangement** by calling **us** or writing to **us** at least 21 days before the end of the **policy year**. The change will take effect from the start date of next **policy year**.

6 Payment before cover warranty

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

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

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

7 Renewal

If this **policy** is renewed, **we** will provide the new terms and conditions (if applicable) for the next **policy year** before the start date of the next **policy year**. **We** will review the **sports equipment** rider cover before the start date of the next **policy year** and may renew this **policy** without the **sports equipment** rider cover. If **we** do so, **we** will inform **you** in writing.

If **we** did not receive any request to cancel the **policy** as set out in general condition 8(c), **we** will collect the premium using the last **recurring payment arrangement** chosen by **you**.

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

8 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 **you** seven days' written notice. **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 at **your** last-known address, or by fax or email at **your** last known fax numbers or email address.
 - (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, the **insured person** may apply for a new **policy**. However, **we** may request for new documentation before **we** accept the **insured person's** application.

- c If there is no claim under this **policy** and **you** wish to cancel the **policy**:
 - (i) Monthly **recurring payment arrangement**
 - **You** may cancel this **policy** by calling **us** or writing to **us** and cancellation will be effective from the date **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 the premium is due.

Cancellation of policy with monthly premium payment - For example	
Period of insurance	22 Sep 2020 to 21 Sep 2021
Monthly premium due date	22 (Sep, Oct, Nov, Dec, Jan, Feb and so on)
If we receive the notice of cancellation:	
on 1 Oct 2020	cancellation will take effect on 22 Oct 2020
on 20 Oct 2020	cancellation will take effect on 22 Nov 2020

(ii) Yearly 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 19), **we** will work out and refund the premium as follows if no claim has been made under this **policy**.

$\frac{\text{Period of insurance (in days) still left to run}}{\text{Original period of insurance of the policy}} \times 85\% \text{ of the premium paid}$
--

- **We** will not refund any premium below \$37.80 @ 8% GST in 2023 and \$38.15 @ 9% GST from 2024.

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

9 Paying Benefits

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

- met general condition 6; and
- given **us** satisfactory proof of the claim.

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

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

- the **insured person** suffers a claim as described in Section 1 – Third Party Liability, in which case **we** will pay the person or person’s legal personal representative) that the **insured person** is legally responsible to.
- the **insured person** dies as described in Section 2 – Accidental death, in which case **we** will pay the benefits to his/her estate or legal personal representative.

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

Despite anything **we** have said to the contrary, **we** will not pay any claim if the laws of Singapore or of the **insured person’s** home country prevent **us** from doing so.

10 Misrepresentation

We will end this **policy** if the **insured person** or **you** misrepresent or misdescribe any circumstance which affects the **insured person’s** 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 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 or the country where the **insured person** is living in.

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

12 Fraud

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

- 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 the **insured person's** or **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** or the **insured person** 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** or the **insured person** to buy other policies from **us**.
- g **We** may report **you** or the **insured person** to the police.

13 Reasonable care

You and the **insured person** must take all reasonable precautions to avoid an **injury** or damaging the **sports equipment** and take all practical steps to minimize claims.

14 Duplication of cover

If at the time of any incident which results in a claim under this **policy** the **insured person** has more than one (1) PA Fitness Protect 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 PA Fitness Protect 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** the **insured person** has another insurance covering the same loss, **we** will not pay more than **our** share.

(This does not apply to Section 2 – Accidental death and Section 3 – Permanent disability.)

16 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** or **your** name to enforce the **insured person's**, **your** or **our** rights against any other person.

17 Claims conditions

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

- c **We** pay all claims in Singapore dollars. If the **insured person** or **you** suffer a loss which is in a foreign currency, **we** will convert the amount into Singapore dollars at the exchange rate which **we** will decide on at the date of the loss.

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

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

19 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 and there is no claim made under this **policy**, **you** may call or write to **us** to cancel this **policy**. **You** will get a full refund of the premium paid. **We** consider that this **policy** has been delivered (and received) on the same day **we** email it, or seven days after **we** post it. This condition does not apply to **policy** renewals.

20 Ending the policy

The **policy** will end immediately when:

- a **we** cancel this **policy** under general conditions 6, 8(b) or 12;
- b **you** cancel this **policy** under general condition 8(c);
- c **we** have paid 100% of the sum insured under Section 2 – Accidental death, or Section 3 – Permanent disability;
- d the **insured person** or **you** no longer satisfy any of the eligibility requirements set unless **we** have agreed in writing to provide cover;
- e before entering into the **policy**, **you** or the **insured person** fails 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**.

21 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**.

22 Currency and interest

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

23 Dealing with disputes

If **you** are not satisfied with **our** final decision on any claim, **you** can refer the case to the Financial Industry Disputes Resolution Centre Ltd (FIDREC), an independent and impartial institution specializing in solving disputes between financial institutions and consumers. Their website address is: www.fidrec.com.sg

If the dispute cannot be referred to or dealt with by FIDREC, the dispute must be referred to and decided using arbitration in Singapore in line with the Arbitration Rules of the Singapore International Arbitration Centre which apply at that point of time. **We** will not be legally responsible under **your policy** unless **you** have first received an award under arbitration.

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.

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.sg/enquiry

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

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