

Your Singlife Personal Accident Policy



Singlife

Important.
Please read and keep it safe.



Guide to your Singlife Personal Accident Policy

Contents

Contract	1
Definitions	2
Important information	5
Summary of Cover and Limits	6
Section	
1. Accidental Death and Permanent Disablement	8
2. Medical Expenses for Accidental Injury	10
3. Physiotherapy	10
4. Daily Hospital Allowance	10
5. Daily Hospital Allowance in ICU	11
6. Personal Liability	11
7. Child Support Fund	12
8. Loan Protector	12
9. Temporary Disablement (Optional cover)	12
10. Mobility Aid / Ambulance Services Reimbursement / Home Modification (Optional cover)	13
Policy Extensions	13
General Exceptions	15
General Conditions	18
Our promise of service	20
Customer care policy	20
How to make a claim	20
Policy Owners' Protection Scheme (PPF)	20

Your Singlife Personal Accident Policy

This policy booklet forms part of **Your** legal contract with **Us** and explains exactly what **You** are covered for. **Your Schedule** shows the level of cover **You** have chosen. Please read them carefully, **You** may not receive any cover or cover may be reduced if **You** do not comply with the policy conditions.

The contract of insurance This policy booklet, the application and any statement of facts, **Your Schedule** and any terms and conditions in **Your** renewal form the contract insurance between **You** and **Us**. **You** should read this policy, the information **You** have provided and the **Schedule** together. In return for the correct premium **You** paid, **We** will provide the cover shown in **Your Schedule** for any covered event occurring during the period of insurance indicated on it as long as cover has not been terminated or cancelled.

Governing law The law of the Republic of Singapore will apply to this contract.

Use of language Unless other wise agreed, the contractual terms and conditions and any other information relating to this contract will be in English.

Cancellation rights If **We** issue this policy to **You** for the first time, **You** can cancel **Your** policy without penalty within 14 calendar days from the day of purchase. **We** call this period the freelook period.

If, during the free look period, if **You** write to **Us** to cancel the policy, **We** will cancel it from its start date and fully refund any premium provided there has been no claim or incident which will give rise to a claim. The free look period does not apply when **You** renew **Your** policy.

After the free look period, if **You** write to **Us** to cancel the policy, **You** will get a refund of the premium less a pro-rated amount for the period for which **You** have been covered.

You will not get any refund if a claim has been made or there has been an incident which will give rise to a claim during the current **Policy Year**.

If **You** do not exercise **Your** right to cancel **Your** policy, it will continue in force and **You** will be required to pay the premium.

We may cancel this policy by sending 7 days' written notice to **Your** last known address. **You** will get a refund of the premium less a pro-rated amount for the period for which **You** have been covered.

Please note that all refunds will be issued within 14 working days. To cancel **Your** policy, please call **Our** Customer Services Department at 6827 9933 or email **Us** at personal_insurance@singlife.com.

Mode of communication **We** will send any correspondence based on **Your** latest contact details known to **Us** and any proof of sending by **Us** would be deemed as receipt by **You**.

Administration charge **We** reserve the right to apply an administration charge (which is subject to GST) for any adjustments **You** make to **Your** policy.

DEFINITIONS

The words or phrases below have the following meanings wherever they appear in bold font with the first letter capitalised in this policy document in singular, plural or any tense.

Accident/Accidental	An identifiable, sudden, unforeseen and unexpected incident occurring via involuntary, violent, external and visible means during any one Policy Year .
Accidental death	Death by or as a result of an Accident .
Accidental injury	Any physical harm done to Your body caused solely and directly by an Accident , and independently of any other cause, within 365 days from the date of Accident . This excludes all medical conditions, illnesses, diseases, sickness, bacterial and viral infections, even if such conditions resulted from, or were in any way connected with, the Accident .
Age	Age at the last birthday.
Child(ren)	Your natural or legal child(ren) who is/are either <ul style="list-style-type: none"> • Aged between 15 days and 18 years; or • Aged between 19 and 25 years and <ul style="list-style-type: none"> (i) not married; and (ii) a full-time student in a recognised tertiary institution; and (iii) dependent on You for his or her maintenance support.
Close relative	Your mother, father, sister, brother, legal partner or partner who lives with You , fiancé(e), daughter, son, grandparent, grandchild, parent-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, step-parent, step-child, step-sister, step-brother, aunt, uncle, cousin, nephew, niece, legal guardian or foster child.
Doctor	A registered practising member of the medical profession with a recognised degree in western medicine who is authorised to practise in his/her country and who is not related to You or any of Your Close Relative . This excludes medical professionals practising complementary or alternative medicine such as Chiropractors, Ayurveda, Homeopathy, Naturopathy and Traditional Chinese Physicians.
Due date	Date on or before which each instalment payment is to be received by Us , after which Your policy will be cancelled if We do not receive the payment.
Home	Your home address in Singapore as shown in Your NRIC or other official government document.
Hospital	An establishment duly licensed and constituted as a medical or surgical hospital for the care and treatment of sick and injured people as bed-paying patients in the geographical area in which it is located and <ul style="list-style-type: none"> (i) Provides facilities for diagnosis, treatment and surgery; (ii) Provides 24-hour nursing services by registered graduate nurses; (iii) Is supervised by a full-time staff of Doctors at all times; (iv) Is not primarily a clinic, mental hospital or institution, rehabilitation centre, a place for custodial care, a spa, a facility for alcoholics or drug addicts, a hydroclinic, a nursing or rest or convalescent home, a home for the aged or the like; and (v) Does not include any similar ward or units within a hospital which provide any of the services listed in (iv) above.
Illness	A physical condition contracted marked by a pathological deviation from the normal healthy state.
Limb	A hand at or above the wrist or a foot at or above the ankle joint.

DEFINITIONS

The words or phrases below have the following meanings wherever they appear in bold font with the first letter capitalised in this policy document in singular, plural or any tense.

Loss	Complete, irrecoverable and permanent loss of use or loss by complete physical severance caused by an Accident .
Motorised vehicle	Any electrically or mechanically powered vehicle, other than: <ul style="list-style-type: none"> • Vehicles used only as domestic gardening equipment within the boundaries of the land belonging to the Home; • Vehicles designed to help disabled people (as long as the vehicles are not registered for road use); • Golf carts and trolleys; or • Pedestrian-controlled toys and models.
Occupation class	Your occupation class as detailed on Your Schedule .
Percentage of sum assured	The percentage, indicated in the last column of the schedule of compensation in Section 1, of the applicable limit specified in the summary of cover at the time of Accident .
Permanent disablement	A state of incapacity <ul style="list-style-type: none"> • caused by Accidental Injury sustained by You; • medically certified by Our appointed Doctor as having no hope of improvement; • occurring within 365 days from the date of Accident; • falling into any one of the events listed in the schedule of compensation under Section 1; and • impairing the physical ability of You to perform any activity that You were able to perform before the Accident for the remainder of Your life.
Policy year	The period of 12 months starting from the date indicated by FROM on Your Schedule or each further consecutive 12-month period for which the policy remains valid.
Physiotherapist	A registered practising member in physiotherapy who is licensed and authorised to practise in his/her country and who is not related to You or any of Your Close Relative .
Schedule	The document which displays details of the cover You have.
Singapore	The Republic of Singapore.
Spouse	Legal husband or wife named in the Schedule of the policyholder.
Terrorism	The use or threat of force and/or violence and/or harm or damage to life or to property (or the threat of such harm or damage) including harm or damage by nuclear and/or chemical and/or biological means caused or occasioned by any person(s) or group(s) of persons in whole or in part for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear, or is claimed to be caused or occasioned in whole or in part for such purposes.
Third party	Any person or legal entity other than You , Your Close Relative , domestic employee or any other person living with You .
Total loss of sight	Complete and permanent loss of sight.

DEFINITIONS

The words or phrases below have the following meanings wherever they appear in bold font with the first letter capitalised in this policy document in singular, plural or any tense.

**Total and permanent
disablement**

A state of incapacity

- caused by **Accidental Injury** sustained by **You**;
- continuing for a period of 365 days;
- medically certified by **Our** appointed **Doctor** as total, permanent and having no hope of improvement beyond 365 days;
- occurring within 365 days from the date of **Accident**; and
- entirely preventing **You** from engaging in or giving attention to any and every kind of work to earn or obtain wages, compensation or profit for the remainder of **Your** life.

We, Us, Our

Singapore Life Ltd. (referred to as Singlife)

You, Your, Yourself

The person (or people) named in **Your Schedule** including **Child(ren)**, if any.

IMPORTANT INFORMATION

Please read this information carefully:

This is not a general health insurance policy:

- (a) It covers **You** if **You** suffer from **Accidental Death, Permanent Disablement** or any **Accidental Injury**.
- (b) **We** do not cover any claim which does not fall within the events insured under the terms of this policy.

Period of insurance Cover will only apply for **Accidents** occurring on or after the FROM date as indicated on **Your Schedule** and before the effective date of cancellation or lapsation of the policy, whichever is earlier, provided **You** have duly paid any required premium.

The cover under this policy ends automatically:

- upon death of the policyholder named on **Your Schedule**.
- for **You** or **Your Spouse** on **Your** or his/her 71st birthday or the remaining period of insurance before next **Policy Year** if the 71st birthday is during a **Policy Year**, whichever is later.
- for the **Spouse** once he/she is divorced from the policyholder.
- when any premium due is not paid in accordance with General Condition 5.

Policy limits Each section of **Your** policy has a maximum amount **We** will pay under that section. Some sections also include other specific limits, for example, for the maximum **We** will pay in any one **Policy Year** in total.

Reasonable care **You** need to take reasonable care to protect **Yourself** as **You** would if **You** were not insured.

Changes we need to know about Please tell **Us** immediately if there are any changes to **Your** circumstance which may affect this insurance including:

- Change in any of **Your Occupation Class(es)**.
- **You** being refused accident, financial protection, health, life or medical insurance, imposed with special conditions or having your policy cancelled or terminated.

This could result in **Your** policy being declared void, additional premium being payable by **You** and/or further conditions being imposed on **Your** cover under the policy.

If **You** fail to do so, **Your** claim may be affected.

SUMMARY OF COVER AND LIMITS

Policy feature	Maximum amount payable per named insured adult		
	Lite	Standard	Plus
Personal accident cover Accidental Death and Permanent Disablement Pays in accordance with the schedule of compensation under Section 1 of the policy for any Accidental Injury leading directly to death or Permanent Disablement within 365 days of the Accident .	S\$100,000	S\$200,000	S\$300,000
Medical Expenses for Accidental Injury Reimburses for treatment of Your Accidental Injury at a Hospital or by a Doctor . Includes cover for treatment by a registered Traditional Chinese physician or chiropractor at the following sub-limits and daily limits:	S\$3,000 S\$500 (S\$50/day)	S\$4,000 S\$750 (S\$75/day)	S\$5,000 S\$1,000 (S\$100/day)
Physiotherapy Reimburses for physiotherapy treatment of Your Accidental Injury as referred by a Doctor .	S\$1,000	S\$2,000	S\$3,000
Daily Hospital Allowance (up to 365 days) Pays for each complete 24-hour period that You are confined as an in-patient at a Hospital for the sole purpose of treatment of Your Accidental Injury .	S\$50/day	S\$100/day	S\$200/day
Daily Hospital Allowance in ICU (up to 30 days) Pays for each complete 24-hour period that You are confined as an in-patient in the Intensive Care Unit (ICU) at a Hospital for the sole purpose of treatment of Your Accidental Injury .	S\$100/day	S\$200/day	S\$400/day
Personal Liability Reimburses for any Accidental bodily injury or damage to Third Party property caused by You .	S\$100,000	S\$200,000	S\$300,000
Child Support Fund Pays a lump sum in the event of Your Accidental Death within 365 days of the Accident if You have any surviving Child(ren) .	S\$5,000	S\$10,000	S\$15,000
Loan Protector Covers Your remaining home mortgage loan, car loan, and/or education loan in the event of Your Accidental Death within 365 days of the Accident .	S\$10,000	S\$20,000	S\$30,000

SUMMARY OF COVER AND LIMITS

Free policy extensions	Lite	Standard	Plus
Worldwide Covers You while You are outside of Singapore for no more than 182 days in any one Policy Year and while You are in Singapore .	✓	✓	✓
Disappearance Pays for Accidental Death if the scheduled ship, aircraft or train You travel on is involved in an Accident causing it to sink, be wrecked or disappear and leading directly to Your disappearance within 90 days of the Accident .	✓	✓	✓
Terrorism Covers You for Accidental Injury caused by act of Terrorism .	✓	✓	✓
Drowning or suffocation by smoke, poisonous fumes or gas Covers You for Accidental Death, Permanent Disablement and Accidental Injury caused by drowning or inhalation of smoke, poisonous fumes or gas.	✓	✓	✓
Insect or animal bite Reimburses You for medical expenses incurred to treat animal or insect bites at a Hospital or by a Doctor .	✓	✓	✓
Child cover Covers Your Children automatically for up to 30% of the applicable limits specified in Your summary of cover.	✓	✓	✓
Food and drink poisoning, Dengue and Zika viruses Reimburses You for treatment of food and drink poisoning, Dengue or Zika viruses at a Hospital or by a Doctor .	✓	✓	✓
Covid-19 cover Reimburses You for treatment of COVID-19 by a Doctor within Singapore .	X	✓	✓

Optional benefits (applicable if shown on Your Schedule)	Maximum amount payable per named insured adult
Weekly Temporary Disablement Benefit (up to 104 weeks) Pays for each complete 7-day period that You remain continuously disabled due solely and directly to Your Accidental Injury and unable to attend to more than 50% of the normal duties of Your gainful employment.	Up to S\$200/week (as indicated on Your policy Schedule)
Mobility Aid / Ambulance Services Reimbursement / Home Modification Reimburses for mobility aid prescribed by Your Doctor , and any necessary ambulance services incurred and the necessary cost of modifying Your Home to aid Your mobility as a sole and direct result of Your Accidental Injury .	S\$3,000

SECTION 1 • ACCIDENTAL DEATH AND PERMANENT DISABLEMENT

If **You** sustain an **Accidental Injury** during any **Policy Year** that leads directly to **Your** death or **Permanent Disablement** within 365 days of the **Accident**, **We** will cover **You** in accordance with the percentages specified in the schedule of compensation as set out below:

		Percentage of Sum Assured per insured person (%)
A	Accidental Death	100
B	Permanent Disablement	
1	Total and Permanent Disablement	100
2	Any other Accidental Injury causing Your total paralysis or causing You to be permanently bedridden	100
3	A. Loss of sight of one or both eyes B. Loss of sight except for perception of light of one eye, each C. Irreplaceable Loss of lens of one eye, each	100 50 50
4	Loss of one or two Limb(s)	100
5	Loss of one Limb and Loss of sight of one eye	100
6	A. Loss of four fingers and thumb of one hand B. Loss of four fingers C. Loss of thumb - both phalanges - one phalanx only D. Loss of index finger - three phalanges - two phalanges only - one phalanx only E. Loss of middle finger - three phalanges - two phalanges only - one phalanx only F. Loss of ring finger - three phalanges - two phalanges only - one phalanx only G. Loss s of little finger - three phalanges - two phalanges only - one phalanx only	50 40 25 10 15 8 4 10 4 2 10 4 2 7 3 2
7	A. Loss of all toes of one foot B. Loss of great toe - one or two phalanges C. Loss of toes other than the great toe, if more than one toe is lost, each	17 5 3
8	Loss of hearing (excluding Noise-Induced Deafness) A. Both ears B. One ear only	75 15

SECTION 1 • ACCIDENTAL DEATH AND PERMANENT DISABLEMENT

		Percentage of Sum Assured per insured person (%)																	
9	Loss of speech	50																	
10	Loss of speech and hearing	100																	
11	<p>Third Degree Burns: Major burns causing full thickness skin destruction as determined by a Doctor.</p> <table border="0"> <tr> <td>Area</td> <td>Damage as a percentage of total body surface area</td> <td></td> </tr> <tr> <td rowspan="3">Head</td> <td>equals to or greater than 2% but less than 5%</td> <td>50</td> </tr> <tr> <td>equals to or greater than 5% but less than 8%</td> <td>70</td> </tr> <tr> <td>equals to or greater than 8%</td> <td>100</td> </tr> <tr> <td rowspan="3">Body</td> <td>equals to or greater than 10% but less than 15%</td> <td>50</td> </tr> <tr> <td>equals to or greater than 15% but less than 20%</td> <td>70</td> </tr> <tr> <td>equals to or greater than 20%</td> <td>100</td> </tr> </table>	Area	Damage as a percentage of total body surface area		Head	equals to or greater than 2% but less than 5%	50	equals to or greater than 5% but less than 8%	70	equals to or greater than 8%	100	Body	equals to or greater than 10% but less than 15%	50	equals to or greater than 15% but less than 20%	70	equals to or greater than 20%	100	
Area	Damage as a percentage of total body surface area																		
Head	equals to or greater than 2% but less than 5%	50																	
	equals to or greater than 5% but less than 8%	70																	
	equals to or greater than 8%	100																	
Body	equals to or greater than 10% but less than 15%	50																	
	equals to or greater than 15% but less than 20%	70																	
	equals to or greater than 20%	100																	

We will not cover for any Accidental Death or Permanent Disablement:

- Not listed in the schedule of compensation above.
- Not confirmed by **Our** appointed **Doctor**.
- Anything mentioned in the General Exceptions.

We shall in **Our** absolute discretion determine the percentage payable for any **Permanent Disablement** not otherwise expressly provided in the schedule of compensation.

If any **Accidental Injury** forms a part of another **Accidental Injury**, **We** will only pay for the **Accidental Injury** for which a greater amount of compensation is payable, even if the **Accidental Injuries** resulted from the same **Accident**.

The most **We** will pay under this section for each **Policy Year** per insured person:

- (b) 100% of the applicable limit specified in the summary of cover for each **Accidental Injury**.

If all cumulative claims paid under Section I of this policy for any insured person in a **Policy Year** total to 100% of the applicable limit specified in the summary of cover, the cover under this policy will cease for that insured person.

SECTION 2 • MEDICAL EXPENSES FOR ACCIDENTAL INJURY

What is covered

If **You** sustain an **Accidental Injury** during any **Policy Year**, **We** will reimburse **You**:

- for necessary medical treatment of **Your Accidental Injury** at a **Hospital** or by a **Doctor**; and/or
- a Traditional Chinese Physician or Chiropractor who is licensed and authorised to practice in his/her country and who is not related to **You** or any of **Your Close Relative**.

The most **We** will pay for an **Accidental Injury** in each **Policy Year** is up to the total amount, sub-limit and daily limit specified in the summary of cover.

What is not covered

We will not cover:

- Any claim arising from treatment rendered after 365 days from the date of **Accident**.
- Expenses for any medical appliance or equipment.
- Any claim arising from physiotherapy treatment.
- Anything mentioned in the General Exceptions.

SECTION 3 • PHYSIOTHERAPY

What is covered

If **You** sustain an **Accidental Injury** during any **Policy Year**, **We** will reimburse **You** for the physiotherapy treatment of **Your Accidental Injury** by a **Physiotherapist** as recommended in writing by a **Doctor**.

The most **We** will pay for an **Accidental Injury** in each **Policy Year** is up to the total amount specified in the summary of cover.

What is not covered

We will not cover:

- Any claim arising from physiotherapy treatment rendered after 90 days from the date of **Accident**.
- Expenses for any medical appliance or equipment.
- Anything mentioned in the General Exceptions.

SECTION 4 • DAILY HOSPITAL ALLOWANCE

What is covered

If **You** sustain an **Accidental Injury** during any **Policy Year** and **You** are confined as an in-patient in a **Hospital** for the sole purpose of treatment of **Your Accidental Injury** sustained, **We** will pay **You** the daily limit specified in the summary of cover for each complete 24-hour period and up to a maximum of 365 days for an **Accidental Injury** in each **Policy Year**.

We will only pay either under this section or Section 5 – Daily Hospital Allowance in ICU for each day of the **Hospital** confinement.

What is not covered

We will not cover:

- Any confinement for the purpose of convalescence.
- Anything mentioned in the General Exceptions.

SECTION 5 • DAILY HOSPITAL ALLOWANCE IN ICU

What is covered

If **You** sustain an **Accidental Injury** during any **Policy Year** and **You** are confined as an in-patient in the Intensive Care Unit (ICU) at a **Hospital** for the sole purpose of treatment of **Your Accidental Injury** sustained, **We** will pay **You** the daily limit specified in the summary of cover for each complete 24-hour period and up to a maximum of 30 days for an **Accidental Injury** in each **Policy Year**.

We will only pay either under this section or Section 4 – Daily Hospital Allowance for each day of the **Hospital** confinement.

What is not covered

We will not cover:

- Any confinement for the purpose of convalescence.
- Anything mentioned in the General Exceptions.

SECTION 6 • PERSONAL LIABILITY

What is covered

We will cover **You** against personal legal liability to pay damages and claimants' costs and expenses for:

- **Accidental** bodily injury to any **Third Party**; and/or
- **Accidental** loss of or damage to property of any **Third Party** happening anywhere in the world during any **Policy Year**.

The most **We** will pay during any **Policy Year** is up to the total amount specified in the summary of cover.

What is not covered

We will not cover any liability in respect of or connection with:

- Any claim arising from ownership or possession of any building or land.
- Owning, possessing or using any **Motorised Vehicle**, weapons, firearms, aerial devices, drones, aircraft, watercraft, trailers or caravans.
- Transmission of disease or **Illness**.
- The unruly behavior of a family pet or any liability in connection with the Miscellaneous Offences (Public Order and Nuisance) Act 1906, the Animal and Birds Act 1965, Animals and Birds (Dog Licensing and Control Rules) or any similar regulations or legislation issued by any relevant regulatory authority.
- Any claim or loss arising out of any activities and/or business conducted and/or transacted via the internet, intranet, and/or via **Your** and **Your Close Relative's** own website, internet site, web address and/or via the transmission of electronic mail or documents by electronic means.
- Any agreement, unless **You** would have been liable without the agreement.
- Any contract service, employment, trade, business or profession.
- Anyone who works for **You**, **Your Close Relative** or any other person living with **You**.
- Loss of or damage to property which belongs to or is in the care or control of **You**, **Your Close Relative**, **Your** domestic employee.
- Bodily injury or **Illness** to **You**, **Your Close Relative**, **Your** domestic employee or any other person living with **You**.
- Any fines, penalties, punitive or exemplary damages.
- Anything mentioned in the General Exceptions.

SECTION 7 • CHILD SUPPORT FUND

- What is covered** If **You** suffer **Accidental Death** within 365 days from the date of **Accident** as a result of **Your Accidental Injury** sustained during any **Policy Year** and **You** have surviving **Child(ren)**, **We** will pay the lump sum amount specified in the summary of cover.
- What is not covered** **We** will not cover:
- Anything mentioned in the General Exceptions.

SECTION 8 • LOAN PROTECTOR

- What is covered** If **You** suffer **Accidental Death** within 365 days of the date of **Accident** as a result of **Your Accidental Injury** sustained during any **Policy Year**, **We** will pay **Your** remaining home mortgage loan, car loan and/or education loan taken out with any local financial institutions registered with the Monetary Authority of Singapore up to the total amount specified in the summary of cover.
- The remaining loan refers to the amount including interest owing by **You** to the local financial institutions as at the date of **Accident** excluding any overdue interest, penalties, or fines and/or any amounts due in arrears and payable by **You** before the date of **Accident**.
- What is not covered** **We** will not cover:
- Anything mentioned in the General Exceptions.

SECTION 9 • OPTIONAL COVER - TEMPORARY DISABLEMENT

This section is applicable only when this cover is included in **Your Schedule**

- What is covered** If **You** sustain an **Accidental Injury** during any **Policy Year** which
- causes **You** to be continuously disabled and
 - prevents **You** from attending to more than 50% of the normal duties of **Your** occupation,
- We** will pay **You** the applicable amount specified in **Your** summary of cover for each complete week, up to 104 weeks, that **You** remain so as certified by **Our** appointed **Doctor**, provided that
- **You** seek and follow proper medical advice from a **Doctor** immediately after **Your Accidental Injury**.
- What is not covered** **We** will not cover:
- If the period of disablement is less than seven (7) days in a row.
 - If **Your** first medical consultation or treatment is more than seven (7) days from the date of **Accident**.
 - If **You** are not gainfully employed or not engaged in any registered business at the time of **Accident**.
 - Anything mentioned in the General Exceptions.

SECTION 10 • OPTIONAL COVER - MOBILITY AID / AMBULANCE SERVICES REIMBURSEMENT / HOME MODIFICATION

This section is applicable only when this cover is included in **Your Schedule**.

Additional definitions

Mobility Aid: A portable device to help **You** move from one place to another.

What is covered

(a) Mobility Aid

If **You** sustain an **Accidental Injury** during any one **Policy Year** which requires **You** to use **Mobility Aid** to aid mobility as prescribed by a **Doctor** within 365 days of the date of **Accident**, **We** will reimburse **You** for the cost of purchasing or renting the **Mobility Aid** up to the total amount specified in the summary of cover.

(b) Ambulance Services Reimbursement

If **You** sustain an **Accidental Injury** during any **Policy Year** which requires to transport **You** to a **Hospital** via ambulance services, **We** will reimburse **You** for the cost of ambulance services up to the total amount specified in the summary of cover.

(c) Home Modification

If **You** sustain an **Accidental Injury** during any **Policy Year** resulting to either:

- **Loss** of one or more **Limbs**; or
- **Total Loss of Sight** in both eyes.

We will cover for the reasonable cost of modifying **Your Home** to aid **Your** mobility within **Your Home** as certified by a **Doctor** and up to the total amount specified in the summary of cover.

The most **We** will pay for all the benefits under this section during any **Policy Year** is S\$3,000.

What is not covered

We will not cover:

- Modifications to **Your Home** that do not help in **Your** mobility.
- Modifications to a **Home** which is not lived in by **You**.
- Any loss or damage caused by the process of installation and modification.
- Anything mentioned in the General Exceptions.

Policy Extensions

The policy is extended to cover the following:

1. Worldwide

This policy covers **You** while **You** are outside of Singapore for no more than 182 days during any **Policy Year** and while **You** are in Singapore.

2. Disappearance

If the scheduled ship, aircraft or train **You** travel on is involved in an **Accident** causing it to sink, be wrecked or disappear and

- **We** are informed of **Your** disappearance within 90 days from the date of **Accident**; and
- **Your** body is not found within one year from the date of **Accident** unless a court order or official death certificate has established **Your** death; and
- there is sufficient evidence leading to the conclusion that **You** sustained an **Accidental Injury** causing **Your** death,

We will pay for **Accidental Death** in accordance with the schedule of compensation under section 1, provided that any person to whom the benefit is paid signs an undertaking to inform and refund **Us** the amount paid if **You** are subsequently found to be living.

Policy Extensions

3. **Terrorism**
If **Your Accidental Injury** is caused by any act of **Terrorism** and
 - **You** did not participate in or provoke such act(s); and
 - **You** could not have avoided such act(s),**We** will cover **You** under this policy up to the limit specified in **Your** summary of cover provided.
4. **Drowning or suffocation by smoke, poisonous fumes or gas**
If **Your Accidental Death, Permanent Disablement** or **Accidental Injury** is caused by drowning or inhalation of smoke, poisonous fumes or gas occurring during any one **Policy Year**, **We** will pay under the relevant section(s) up to the applicable limit specified in the summary of cover.
5. **Insect or animal bite**
If **You** sustain any insect or animal bite during any **Policy Year**, **We** will pay up to the applicable limit specified under Section 2 as detailed in the summary of cover.
6. **Child cover**
This policy automatically covers **Your Child(ren)** for up to 30% of the applicable limits specified in **Your** summary of cover. There is no need to name **Your Child(ren)** under the policy. In the event of a claim, **You** will be required to produce any necessary supporting document(s) to support **Your** claim.
7. **Food and drink poisoning, Dengue and Zika viruses**
If **You** suffer food and drink poisoning or Dengue or Zika viruses as diagnosed by a **Doctor** and the first onset of symptom occurs during any **Policy Year**, **We** will pay under the relevant up to the applicable limit specified under Section 2 as detailed in the summary of cover.
8. **COVID-19 cover**
This extension applies to PA Standard and PA Plus plan only.

 If **You** are diagnosed and tested positive with COVID-19 during any **Policy Year**, **We** will cover **You** up to the applicable limit specified under Section 2 as specified in the summary of cover for necessary medical treatment of COVID-19 by a **Doctor** within **Singapore** only.

 This extension has a 14-days waiting period from the policy inception date and excludes claims where **You** are diagnosed and tested positive with COVID-19 within the 14 days waiting period from the policy inception date. For the avoidance of doubt, this 14 days waiting period does not apply to renewal of the policy.

We will not cover any claim if **You** are travelling overseas against the travel advisory for non-essential travel or all travel issued by the Singapore government.

We will not cover any claim for the cost of mandatory COVID-19 diagnostic tests or vaccines or quarantine expenses within or outside of **Singapore**.

We will not cover for any medical treatment of COVID-19 sought outside of **Singapore**.

General Exceptions

These apply to all sections of the policy unless stipulated otherwise.

This policy does not cover any claim or consequence whatsoever, caused by or in connection with any of the following, or which is the direct or indirect result of any of the following, whether or not such claim or consequence has been contributed to by any other cause or event:

1. **War**
War, invasion, act of foreign enemy, hostilities or a war-like operation or operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, military rising, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.
2. **Other Actions**
Any action taken in controlling, preventing, suppressing or in any way relating to (i) War above or **Terrorism**.
3. **Radioactivity**
Any form of radioactivity including, but not limited to,
 - Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste; or
 - Radioactive, toxic, explosive or other dangerous properties of explosive nuclear equipment.
4. **Dangerous sports and leisure activities**
 - **You** taking part in any aerial activities (except hot air ballooning) including but not limited to bungee jumping, parachuting, paragliding, sky diving, free flying, B.A.S.E. jumping and cliff jumping.
 - **You** taking part in any underwater activities more than forty (40) metres in depth.
 - Caving, potholing, rock climbing and mountaineering which involves using ropes or guides.
 - Hiking, trekking (including mountain trekking), hill walking, or rambling above 3,000 metres.
 - Any leisure or sport activities either as a professional or where **You** would or could earn or received remuneration, donation, sponsorship or financial rewards of any kind.
 - **You** taking part in any leisure or sport activities where **You** are competing in or practicing for speed or time trial, sprint or racing of any kind.
 - **You** taking part in any leisure or sport activities where the following conditions are not met:
 - (i) **You** obey the rules (including wearing appropriate safety equipment) and regulations that was recommended by the operator and take necessary precautions as a reasonable person; and
 - (ii) **You** carry out such activities under the guidance and supervision of qualified guides and/or instructors of the operator where qualified guides and/or instructors are available.
5. **Other activities or occupations**
You engaging in any of the following activities or **Your** occupation(s) which involves or falls within any of the following categories:
 - heavy manual labour
 - the use of heavy machinery such as cranes, forklifts or vehiclees requiring a Class 4 or above driving license.
 - manual work in hazardous places including shipyards, dockyards, construction sites, aircraft hangars and oil refineries.
 - handling of hazardous chemicals or explosive materials.
 - work or activities at height (exceeding 9 metres above ground or floor level).
 - diving, oil-rig platform or offshore work or activities.
 - manual work below ground level.
 - welding or woodworking.
 - any unskilled labour.
 - any hazardous occupation including pilot, air crew, ship crew, worker on board vessels, stevedore, shipbreaker, fisherman, fire fighter, police, naval, military, air force service or operation and the like (except under section 14 of the Enlistment Act 1970 of the Republic of Singapore).

General Exceptions

6. Events causing or arising with or as a result of your accidental injury
 - Any allergy, condition, disease, **Illness**, infirmity, sickness, bacterial or viral infection.
 - Any side effect of medication.
 - Any known risks associated with any medical or surgical procedure.
 - Any gradual loss of use or function which is not a direct result of an **Accident**.
7. Pre-existing medical conditions

Any allergy, condition, **Illness**, infirmity or injury, diagnosed or undiagnosed, before the inception date of this policy, for which **You** have received advice, medication, treatment, been told of, or for which **You** are under investigation, awaiting results, on a waiting list, or are aware of the need for in-patient treatment.
8. Health care
 - Any general check-up, convalescence, rest cure, custodial or restorative care.
 - Any dental care or dental disease.
 - Any eye examination or eye care.
 - Any pregnancy-related treatment including treatment arising from pregnancy, miscarriage, abortion, childbirth, sterilisation, contraception and any treatment for infertility.
 - Any dental, optical, cosmetic or plastic surgery or any elective surgery unless all of the following conditions are met:
 - (i) The surgery is necessitated by an **Accidental Injury** sustained by **You**;
 - (ii) Carried out to restore the function or appearance after the **Accident**;
 - (iii) Done at a medically appropriate stage after the **Accident** by a **Doctor**; and
 - (iv) **We** approve of its cost in writing before it is done.
 - Any condition, impairment, **Illness** or disease, even if contracted by accident or occurring whilst **You** are injured, whether known or unknown to **You**. This includes
 - (i) Any bacterial and/or viral infections, venereal disease, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC).
 - (ii) Any mental, psychological, emotional or nervous problems or conditions, including anxiety, depression, sleep disorders or insanity.
 - (iii) Any congenital anomaly.
 - Implants (homograft, heterograft, artificial) and prosthesis.
 - Procurement or use of any hospital-type equipment or medical appliances, including ventilator, hearing aid, contact lenses, and eye glasses.
 - Any expenses, administrative or other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and /or services.
9. Alcohol, drugs and intoxication

Whether known or unknown to **You**,

 - taking of drugs or alcohol, regardless of whether **You** are affected or under the influence of it, even if the drug was prescribed by a registered medical practitioner.
 - Alcoholism.
 - Drug-addiction, drug abuse or drug-related treatments.
 - Intoxication.
10. Motorcycling / Cycling
 - Motorcycling as a rider, without a valid motorcycle license.
 - Motorcycling as a rider or passenger without wearing a crash helmet.
 - Cycling on expressways.

General Exceptions

- | | |
|--|--|
| 11. Conscious or voluntary acts | <p>Regardless of the extent of Your sanity, any</p> <ul style="list-style-type: none"> • culmination of repetitive stresses of Your normal every day activities. • participation in any riot or strike. • provocation or commission of assault, hijack or murder. • suicide or attempted suicide. • self-injury. • reckless and deliberate exposure to known danger. • competition in or practise for speed-contest, timed trial or racing. • travelling against the advice of any registered medical practitioner or any travel advisory of the Ministry of Foreign Affairs of the Republic of Singapore. |
| 12. Unlawful act | <p>Any unlawful act committed by You, regardless of the extent of Your sanity. Unlawful act refers to any act that does not conform to or is not permitted by the law or rules of the geographical area in which the act is committed. Unlawful act includes but is not limited to:</p> <ul style="list-style-type: none"> • Exceeding any stipulated speed limit whilst driving or riding a Motorised Vehicle. • Driving whilst under the influence of alcohol. • Non-conformance to the Road Traffic Act 1961 or the like. • Non-conformance to the Road Traffic (Pedestrian Crossing) Rules or the like. • Non-conformance to the Road Traffic (Bicycle) Rules or the like. • Participation in or acting as an accessory to any crime or attempted crime or offence. |
| 13. Wilful act or omission or gross negligence | <p>Your intentional or wilful act or omission, or gross negligence.</p> |
| 14. Restricted countries | <p>Travel in, to, or through Afghanistan, Democratic Republic of Congo, Iran, Iraq, Liberia, Sudan, or Syria.</p> |
| 15. Sanction limitation and exclusion clause | <p>We shall not be deemed to provide cover and We shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.</p> |
| 16. Court judgement | <p>Any court judgement which is not delivered by a court in Singapore.</p> |

General Conditions

1. Claims procedure

If **You** or **Your** legal representative are making a claim under the policy, **You** or **Your** legal representative must submit **Our** Personal Accident claim form with full particulars as soon as reasonably possible but no later than 30 days after the incident together with full facts of the claim including its occurrence, detailed circumstances and extent of loss. All documents supporting the claim must also be submitted to **Us** within 90 days of the incident or discovery of injury, damage or liability.

Any communication **You** receive about the incident should be sent to **Us** immediately. **You** must not discuss liability, promise any payment or refuse any claim without **Our** written consent.

All certificates, receipts, information and evidence required by **Us** shall be supplied free of expense to **Us**, in the form prescribed by **Us**.

Failure to comply with the time and procedure stipulated for the making of a claim in this clause shall invalidate the claim and no benefit shall be payable under this policy.

We shall have the right and the opportunity through **Our** medical representatives to examine **You** whenever and as often as may be reasonably required within the duration of any claim. In addition, **We** shall have the right to require an autopsy in the case of death, where this is not forbidden by law or religious beliefs. **We** will bear the expenses incurred in such examinations, unless the claim is proved to be invalid, in which case **We** shall be entitled to recover all the expenses so incurred from **You**.

If **We** want to, **We** can take over and conduct, in **Your** name or that of the person claiming under the policy, the defence or settlement of any claim or take proceedings for **Our** own benefit to recover any payment **We** have made under this policy.

We shall have full discretion in the conduct of any proceedings or the settlement of any claim.

Any person who is seeking indemnity under this policy shall give **Us** all the information, documents and assistance **We** require to enable any claim to be validated for **Us** to achieve a settlement.

2. Misstatement of age or occupation class

If, at the correct **Age** or for the correct **Occupation Class**, **You** would not have been eligible for cover under this policy, no benefit shall be payable and **Our** liability shall be limited to the refund of the premium paid without interest.

3. Other insurance

If, at the time of any claim arising under this policy, there is any other insurance covering the same loss, damage or liability, **We** will only pay **Our** share of the claim. This condition does not apply to benefits under Section 1, Section 4, Section 5, Section 7 and, if applicable, Section 9.

If **You** have more than one policy with **Us** that covers the same benefit, **We** will only pay from one policy. If the benefit amounts are different under **Your** different policies, **We** will pay the highest benefit amount.

4. Automatic renewal

This policy will be renewed automatically for each **Policy Year** if all premiums are duly received by **Us**, unless **We** receive cancellation instruction from the policyholder named on **Your Schedule**. The premium rates and renewal are not guaranteed and may be adjusted by **Us** upon policy renewal at **Our** sole discretion. A renewal notice will be sent to **You**. In the event that **We** make any changes to the premiums, provisions, limits or coverage, **We** will inform you via the renewal notice or write to **You** 30 days in advance and the changes will apply to **You**.

General Conditions

- 5. Payment before cover**

In order for cover under this policy to take effect, **We** must receive the full annual premium due before the start date of each **Policy Year**.

If the full annual premium is to be received by instalments or recurring payments, successful receipt of each instalment by **Us** before the **Due Date** would automatically trigger coverage for the period for which premium is paid. If **We** do not receive the full instalment amount on or before the **Due Date**, **We** will cancel **Your** policy and any payment received after the **Due Date** will not effect the termination of this policy.
- 6. Our rights**

We are entitled to take over and carry out in **Your** name the defence or settlement of any legal action. **We** may also take proceedings at **Our** own expense and for **Our** own benefit, in **Your** name, to recover any payment **We** have made under this policy to anyone else.
- 7. Your duty to take precautions**

You must at all times take reasonable precautions to prevent and avoid losses, damages, **Accidents**, **Accidental Injuries** and minimise claims under the policy.
- 8. Arbitration**

Where **We** have accepted a claim and there is disagreement over the amount to be paid or if there is any dispute arising out of this policy, the dispute must be referred to an arbitrator in **Singapore** to be agreed between **You** and **Us** in accordance with the Rules of the Singapore International Arbitration Centre ("SIAC Rules") at the time in force in English. When this happens, a decision must be made by the arbitrator before **You** can take any legal action against **Us**.
- 9. Your duty to comply with policy conditions**

Our provision of insurance under this policy is conditional upon **You** observing and fulfilling the terms, provisions, conditions and clauses of this policy.
- 10. False declaration**

If **You** did not declare truthfully upon buying this policy, all benefits under this policy shall be forfeited.
- 11. Fraud**

If **You**, or anyone acting for **You**, make(s) a claim under this policy knowing the claim to be dishonest or intentionally inflated, exaggerated or fraudulent in any way, or give(s) any false declaration, statement or document to support the claim, **We** will not pay any claim and all cover under the policy and all premiums paid will be forfeited without recourse.
- 12. Payments made under insurance regulations and rights of recovery**

If the law or collective industry agreement in any country in which this policy operates requires **Us** to settle a claim which, if this law or collective industry agreement had not existed, **We** would not be obliged to pay, **We** reserve the right to recover such payments from **You** or from the person who incurred the liability.

If **We** have paid for any loss, damage or injury where such amount is recoverable from another party, all **Your** rights of recovery will be subrogated to **Us**.
- 13. Access to your registered medical practitioners**

To assess whether the cover applies, **You** may be asked to supply the name and contact details of **Your** registered medical practitioners or **Doctors** to enable **Us** to access **Your** medical records. If **You** do not agree to allow **Us** access to **Your** medical records or provide **Us** with any details required to do so, **We** may not deal with **Your** claim.
- 14. Settlement of claims**

At **Our** sole discretion, **We** will settle any claim by payment to **You**, **Your** legal representative, **Your** financial institutions (if applicable to Section 8) or as may be permissible under the Insurance Act.
- 15. Burden of proof**

The burden of proving the validity of any claim is upon **You**. If **We** deny any claim by reason of any exclusion listed in the section of General Exceptions, the burden of proving that **We** are legally responsible for the claim is upon **You**.
- 16. Non-assignment**

This policy is not assignable. No assignment of interest under this policy will be binding upon **Us**. **We** do not assume validity of any assignment.

General Conditions

17. Non-waiver

Our failure to enforce any provision of **Your** policy; or **Our** acceptance of any premium with actual or implied knowledge of any non-disclosure, misrepresentation, fraud and/or breach of **Your** policy or of the law, does not amount to a waiver of **Our** rights under **Your** policy or at law. **We** will still have the right to enforce each and every provision of **Your** policy even if **We** have not done so in the past.

18. Excluding third party rights

Anyone not a party to **Your** policy cannot enforce it under the Contracts (Rights of Third Parties) Act 2001 or any subsequent revisions of this Act to enforce any of its terms.

Our promise of service

If **You** have any comments or suggestions about **Our** cover, services or any other feedback, please write to:

The Head of General Insurance
Singapore Life Ltd., 5 Straits View, #01-18/19, Marina One The Heart, Singapore 018935

We always welcome feedback so **We** can improve **Our** products and services.

Customer care policy

At Singlife, **We** will make every effort to provide the high level of service expected by all **Our** policyholders. If on any occasion **Our** service falls below the standard of **Your** expectation, the procedure detailed below explains what **You** can do:

Your first point of contact should always be to **Our** Customer Services Department. **You** can email **Us** at personal_insurance@singlife.com.sg. **We** will acknowledge receipt of **Your** feedback within 3 working days whilst **We** look into the matter **You** raised. **We** will contact **You** for further information if required within 7 working days and provide **You** with a full reply within 14 working days.

If **You** are dissatisfied with **Our** response, **We** will refer **You** to an independent dispute resolution organisation: the Financial Industry Disputes Resolution Centre Ltd (FIDReC).

FIDReC's contact details are:
Financial Industry Disputes Resolution Centre Ltd.
36 Robinson Road #15-01 City House Singapore 068877
Telephone : 6327 8878 Fax : 6327 8488 Email : info@fidrec.com.sg
Website : fidrec.com.sg

Important - Please remember to quote **Your** policy reference in **Your** communication.

How to make a claim

To make a claim, please call **Our** claims assistance helpline at 6827 9933 or visit **Our** website at singlife.com to access **Our** claims form.

Policy Owners' Protection Scheme (PPF)

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

Learn more about our other products and services at singlife.com



Singlife

Singapore Life Ltd.

5 Straits View, #01-18/19, Marina One The Heart, Singapore 018935

Tel: (65) 6827 9933 singlife.com

Company Reg. No. 196900499K

GST Reg. No. MR-8500166-8