Singlife

CLOSING THE RECOVERY GAP

Insights from the Singlife Critical Illness Study 2026

Methodology

This report draws on multiple data sources to examine the experiences and financial implications of recovery after a critical illness in Singapore.

The **Singlife Critical Illness Study** analysed findings from two surveys conducted between March and April 2026, involving 1,535 respondents, alongside **20 years of Singlife health claims experience** from 2005 to 2025. Together, these sources provided perspectives from critical illness survivors, caregivers and individuals with critical illness insurance coverage, as well as insights into actual claims patterns among critical illness claimants. The claims analysis covered approximately 8,700 customers who made a critical illness-related claim, from over half a million policyholders, providing insights into treatment duration, recovery pathways and recovery-related costs over time.

For further insight into caregiving experiences, this report also draws on findings from the **Singlife Long-Term Care White Paper**, referencing findings from two research studies conducted by Singlife in 2024 to understand public perceptions and experiences related to long-term care and dementia in Singapore. The first, the **Singlife Long-Term Care Survey**, was conducted between February and March 2024, and involved 1,005 respondents including 281 caregivers. The second, the **Singlife Dementia Care Survey**, was conducted in June 2024, and involved 1,075 respondents including 249 caregivers of people living with dementia. To further understand the lived experiences of caregiving, four in-depth qualitative interviews were conducted with caregivers supporting loved ones with dementia.

To complement these findings, the report references publicly available national statistics and research on critical illness outcomes and Singapore's ageing population. The estimates presented are intended to provide an indicative view of the recovery journey and its associated financial and caregiving implications. Actual experiences and costs may vary depending on the type and severity of illness, treatment pathway, recovery duration and caregiving needs.

Executive Summary

Singapore has made significant progress in critical illness treatment and outcomes. Advances in screening, diagnosis, treatment and rehabilitation help individuals live longer after conditions that, in the past, may have led to death[1]. At the same time, as Singapore becomes a super-aged society, more people may experience critical illness – sometimes more than once – and live for longer with its consequences.

This shift brings a new protection challenge. For many, the journey continues well beyond treatment or hospital discharge. Recovery can last for months or years, with ongoing medical care, lifestyle adjustments, income disruption and caregiving responsibilities. Yet the financial and practical challenges that emerge during this period are often overlooked.

To better understand these challenges, Singlife examined the experiences of critical illness survivors and caregivers, alongside claims-based analysis of treatment and recovery patterns. The findings reveal a significant **Recovery Gap** – the shortfall in support needed to recover well from a critical illness.

Three findings stand out.

First, recovery costs are substantial and higher than many expect. Among surveyed survivors and caregivers, expenses beyond hospital bills averaged approximately S$4,900 per month across the average recovery period of 27 months. Together with approximately S$36,000 in out-of-pocket medical costs incurred over the same period, the estimated cumulative cost of treatment

and recovery amounts to approximately S$169,000. Nearly all those surveyed faced unexpected expenses, with four in five drawing on retirement savings to manage costs[2].

Second, recovery is rarely an individual journey. Two in three survivors relied on family caregivers during their recovery, while caregivers reported significant emotional, financial and personal strain[2]. The Recovery Gap is therefore not only a financial gap. It is also a caregiving gap, often absorbed by families through their time, savings and wellbeing.

Third, recovery outcomes can have implications beyond the immediate recovery period. Singlife's Long-Term Care White Paper found that more than half of long-term care claims were linked to critical illness conditions, highlighting the close relationship between recovery, independence and future care needs[3]. Recovery should therefore be viewed not only as a period of healing, but as an opportunity to preserve independence and quality of life.

Together, these findings point to an emerging reality: Singapore has built strong systems to support diagnosis and treatment, but the challenges of recovery are often underestimated and less considered.

Closing the Recovery Gap requires action in four priority areas:

- **Relationships** – Strengthen support for caregivers
- **Resources** – Plan for recovery, not just treatment
- **Recovery Navigation** – Establish more connected recovery ecosystems
- **Resilience** – Preserve independence and prevent decline

Critical illness preparedness must extend beyond paying for treatment – it should also involve measures to regain control, rebuild life and continue living the life one desires. This presents an opportunity to better educate the population about critical illness preparedness – not only in terms of diagnosis, treatment and survival, but to ensure families have the financial resources and support to recover well.

1 The Recovery Gap

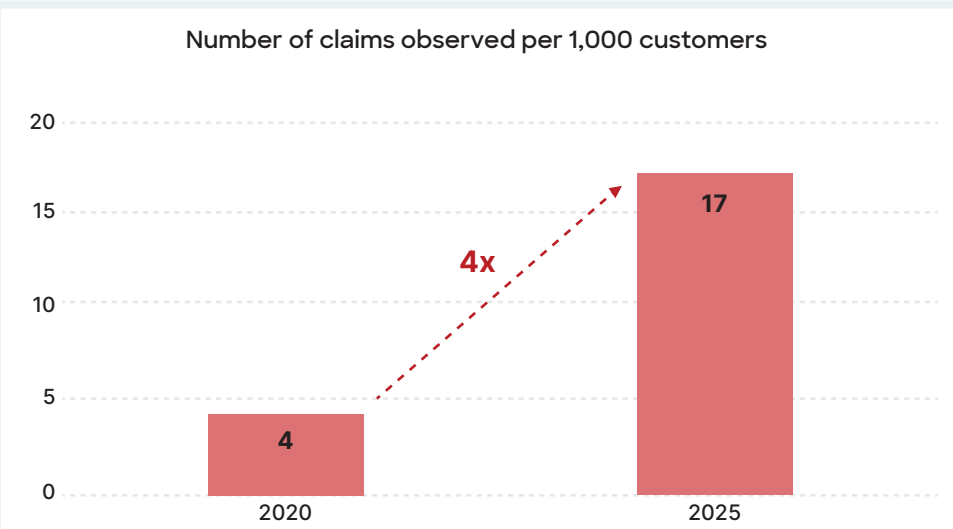
A New Era of Recovery

Singapore's critical illness landscape is changing. More customers are making critical illness claims, and more are surviving for years after diagnosis.

Within Singlife's base, critical illness claims incidence has more than quadrupled, from approximately four claims per 1,000 customers in 2020 to 17 claims per 1,000 customers in 2025.

At the same time, among Singlife customers who experienced one of the

Figure 1: Critical Illness Claims Incidence Over Time



Based on the number of claims observed per 1,000 customers across Singlife's insured portfolio.

three major critical illnesses – cancer, stroke, and major cardiac disease – five-year survival rates rose from 88% for the 2008-2012 cohort to 90% for the 2019-2023 cohort. The improvement was more pronounced for cancer, where five-year survival rose from 75% to 79% over the same periods[2].

Together, these findings point to a new challenge: more customers are experiencing critical illness and a growing proportion are living for longer after diagnosis and treatment. However, surviving a critical illness is not the same as fully recovering from it.

The Recovery Gap

Recovery is an increasingly important stage of the critical illness journey, yet it remains overshadowed by the focus on diagnosis, treatment and survival outcomes.

For many individuals, returning to work, regaining independence and adapting to life after illness can take months or even years. Recovery may involve ongoing rehabilitation, medication, follow-up care, lifestyle changes, adjusting to income disruption, emotional adjustment and relying on family support.

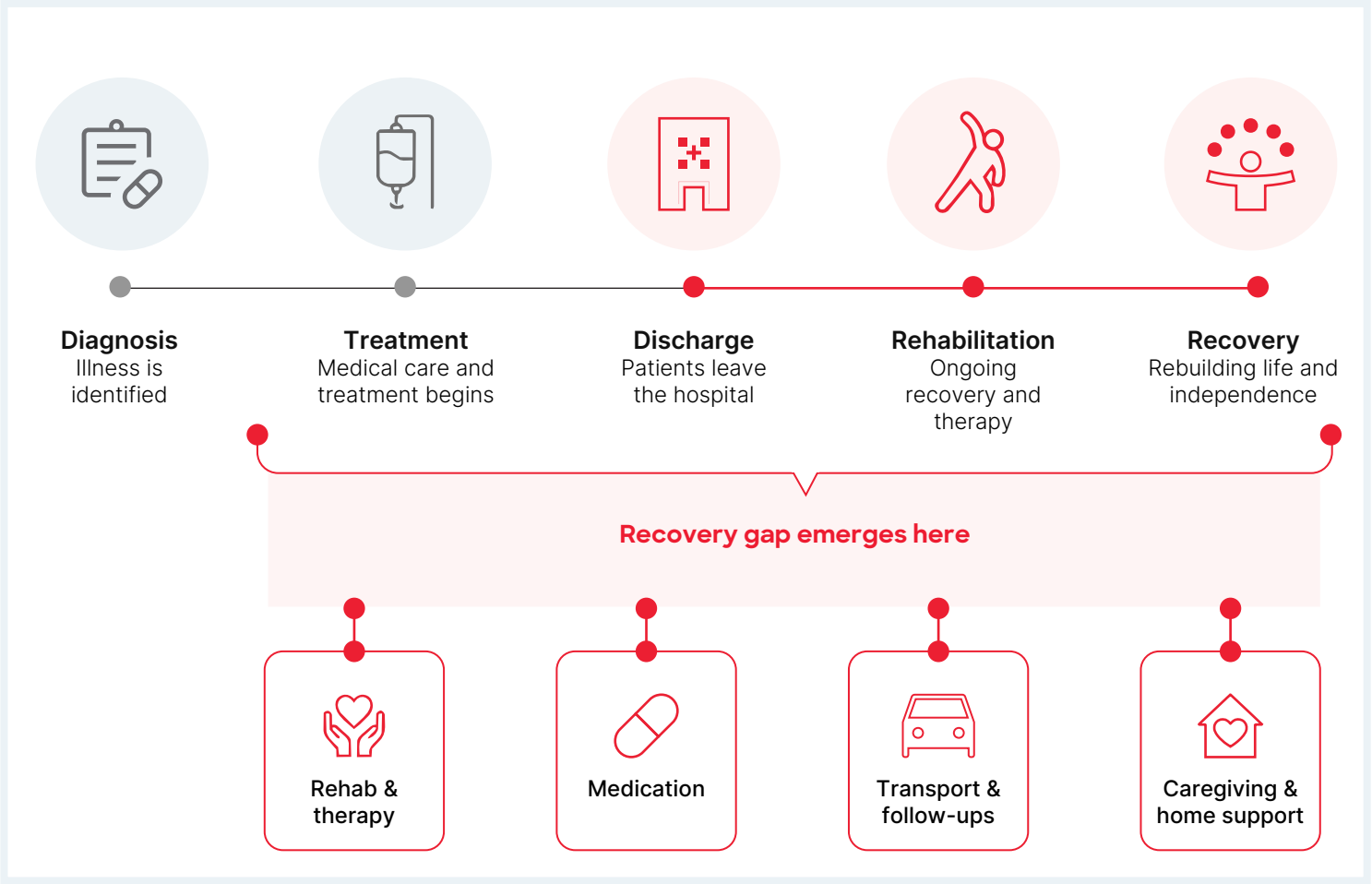
It is within this period that many individuals and families encounter a **Recovery Gap -** the shortfall in support needed to recover well from a critical illness.

The implications extend beyond the patient. As more people live beyond critical illness:

- more individuals may require rehabilitation, medication and ongoing care;
- more families may have to take on prolonged caregiving responsibilities;
- more households may find themselves balancing recovery, work and retirement planning simultaneously; and
- more survivors could live for years with the longer-term effects of illness.

These challenges are often less visible than the illness itself, yet they can shape a person's quality of life and financial security long after treatment is completed.

Figure 2: The Journey Where The Recovery Gap Emerges



Key Insight

Recovery Gap – *the shortfall in support needed to recover well from a critical illness.*

2

The Hidden Cost of Recovery

Most people plan for treatment, but few plan for recovery

When people think of critical illness, what often comes to mind first are hospital bills, treatment and surgery costs. In **Singlife's Critical Illness Study**, more than one in three cited treatment costs as a leading concern. While half expected some financial impact such as loss of income, few realised there were wider costs of recovery – including rehabilitation and therapy, medications not covered by insurance, and out-of-pocket medical costs[2]. Out-of-pocket medical costs may include deductibles – a fixed initial amount individuals must pay before insurance coverage begins, and co-insurance – the share of the bill they must pay after the deductible, and any amount that exceeds the insurance policy claim limit.

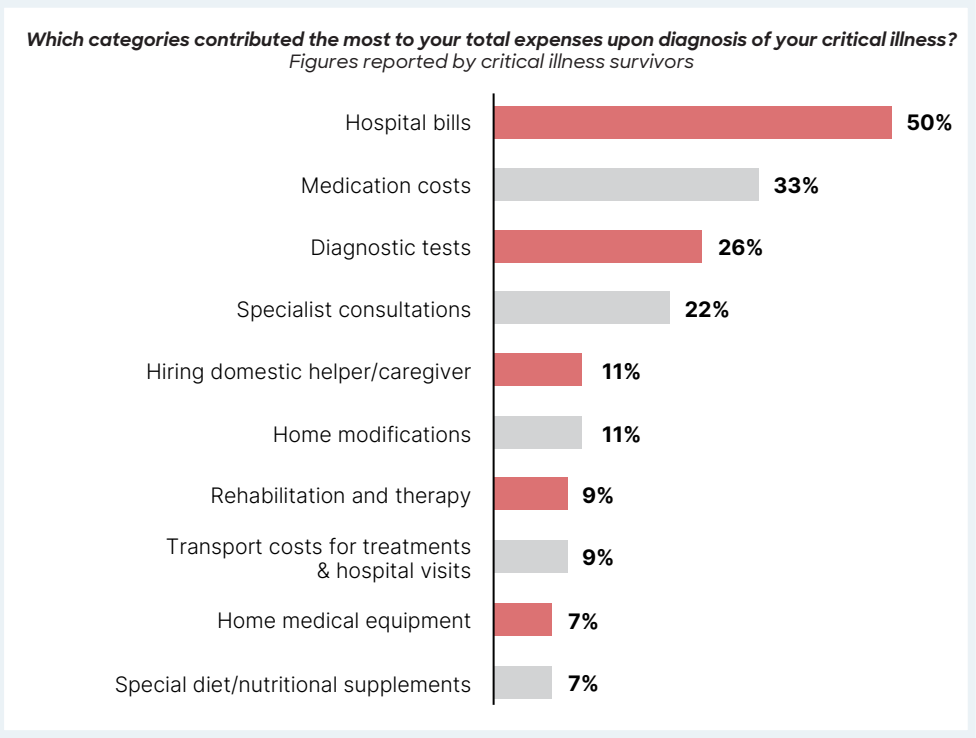
These costs show that the financial impact extends beyond hospitalisation, surgery and specialist care. The Life Insurance Association (LIA) Singapore recognises that different protection needs can arise from a critical illness[4]:

- **Medical protection** for immediate medical expenses, supported by MediShield Life, Integrated Shield Plans and CPF MediSave; and
- **Critical illness protection** for household expenses and outstanding debt payments, for an expected five-year period away from work.

For some, critical illness may also lead to **long-term care needs**, supported by schemes such as CareShield Life and CareShield Life supplements. Singlife's 2025 Long-Term Care White Paper found that critical illnesses, including stroke, cancer and neurological diseases such as dementia, were the cause of more than half of its long-term care claims[3]. They may lead to prolonged severe disability, loss of independence and care needs.

For many survivors and families, there is a fourth category of needs that is often overlooked - **recovery costs**. These include medical expenses not fully covered by insurance, rehabilitation, medication, transport, caregiving support and other day-to-day costs while rebuilding life after illness.

Figure 3: Biggest Contributors To Critical Illness Expenses



Recovery is more than medical bills

When Jason Shua was diagnosed with Stage 3 throat cancer at age 48, he believed his hospitalisation plan would be enough to manage all his recovery expenses. Instead, he found that the greatest challenge began after he left the hospital.

The self-employed professional, also the sole breadwinner of his family, saw his income stop totally while he was on treatment as his family expenses and loan repayments continued. While waiting for his insurance payouts, he drew on **nearly S$200,000 in savings over almost four months** to cover treatment, recovery and household expenses.

> *"The hospitalisation plan helped pay for treatment. The critical illness payout helped me 'survive' recovery. It covered income loss, TCM, supplements and all the recovery-related expenses that people don't usually think about."*

Source: Singlife's Critical Illness Study, April 2026

Recovery costs of S$169,000

To understand recovery costs, Singlife examined expenses incurred across the treatment and recovery journey.

In **Singlife's Critical Illness Study**, caregivers reported average treatment-and-recovery expenses of **S$4,922 per month**, and in some cases, expenses exceeded S$10,000 per month[2]. As caregivers are closely involved in coordinating appointments and care, managing payments, and sometimes also shoulder out-of-pocket expenses[5], they offer valuable insight into the financial demands of the recovery journey.

Caregivers reported that the largest expenses were associated with rehabilitation, therapy, diagnostic tests and medication. Many of these were also not anticipated. For example, many caregivers were surprised to find that medication expenses were not always fully reimbursed through their hospitalisation insurance.

Singlife's claims analysis, from 20 years of health claims experience, shows how long these financial demands can persist. Across the studied claimant population, treatment-and-recovery related activity continued for an **average of 27 months** and, in some cases, for as long as 237 months – nearly 20 years[2].

Across this group, the average critical illness claimant was just 44 years old. At this stage of life, many individuals may still be building their careers and financial security while supporting both younger and older dependants, making a prolonged recovery particularly disruptive.

Figure 4: Average Monthly Expenses Following A Critical Illness Diagnosis

What is the average amount spent each month on expenses incurred upon a critical illness diagnosis?
Figures reported by caregivers of critical illness survivors

S$4,922/month*

S$2,349	S$2,109	S$1,685	S$1,464	S$1,399	S$995	S$235
Rehabilitation and therapy	Diagnostic tests	Special diet/ nutritional supplements	Medication	Specialist consultations	Hiring caregiver/ domestic helper	Transport costs for treatments & hospital visits

**Figures reflect the average monthly spend on each cost item reported by caregivers of critical illness patients. As not every caregiver incurred every item, the overall monthly average is not the sum of the individual figures.*

Figure 5: The Cost of A Critical Illness Recovery Gap

1. Average treatment and recovery expenses S$4,922 x 27 months — **S$132,894**
2. Average out-of-pocket medical expenses — **S$36,035**
3. Total cost Treatment and recovery — **S$168,929**

Approximate Total Cost

~S$169,000

Excludes hospitalisation bill estimates and income replacement needs.

While LIA's Protection Gap Study uses a five-year period away from work to estimate critical illness protection needs, Singlife's claims analysis shows that treatment-and-recovery expenses are most concentrated within the first 27 months after diagnosis.

The same claims analysis found that critical illness claimants incurred approximately **S$36,000 in out-of-pocket medical expenses** over a similar duration, despite having hospitalisation coverage. Largely from deductibles and co-payments, these costs show that funding gaps can emerge during treatment, even when the bulk of inpatient expenses are insured.

DID YOU KNOW?

According to Singlife's Critical Illness Study, **96%** of survivors faced unexpected expenses – and **4 in 5** drew on their retirement savings to cope.

Taken together, the cost of treatment and recovery can be close to **S$169,000**. These recovery costs form the **Recovery Gap** – the shortfall in support needed to recover well from a critical illness.

Key Insight

Most people plan for treatment and income replacement, but few plan for the financial demands of recovery, which can be approximately S$169,000 over an average 27-month journey. Without adequate support, individuals risk facing a "Recovery Gap".

The importance of rehabilitation after a stroke

Former management consultant Daniel Sim suffered a stroke in his early 50s in 2024. The severe haemorrhagic stroke affected his movement, speech and cognitive function.

Determined to regain his independence after his discharge from hospital, he followed an intensive rehabilitation programme, attending twice-daily therapy sessions five times a week. He also did additional self-directed exercises outside therapy.

Within a year, he regained 75% of his mobility and now uses his experience to support other stroke survivors. His story underscores the importance of prompt and sustained rehabilitation after a stroke.

> *"I assumed I'd recover. But even with minor strokes, there's no guarantee of a normal life after discharge from hospital. I think the intensive rehabilitation and exercise played a big part in helping me improve faster."*

Source: Singlife, Lifestuff blog, "From setback to comeback: Finding stability after a stroke"

3

The Hidden Cost of Caregiving

Recovery affects the patient, caregiving affects the family

The full cost of recovery is not captured by medical bills alone. Where financial, professional or community support is insufficient, families often try to close the Recovery Gap privately – through their savings, unpaid time, careers and health. Families are the invisible infrastructure of recovery.

In **Singlife's Critical Illness Study**, two in three survivors surveyed relied on their family as caregivers during their recovery, highlighting the important role families play in helping individuals recover and adapt to life after illness[2]. Support often begins at the point of diagnosis, as caregivers help coordinate treatment decisions, accompany loved ones to appointments, manage medications, adjust work commitments and keep everyday life functioning while recovery takes place[5].

Who supports the recovery journey?

2 in 3 critical illness survivors relied on caregivers during recovery, primarily immediate family members.

Families provide more care than planned for

Many Singaporeans expect professional care services to play the primary caregiving role when care is needed. However, reality paints a different picture. Singlife's Long-Term Care Survey found that while four in five people surveyed expected or preferred to rely on hired support, two in five reported that a family member was providing full-time care instead[6].

The gap between expectation and reality highlights a planning blind spot. When care needs arise, spouses, children, parents or siblings often step in as primary caregivers – taking on emotional strain, additional expenses and disruptions to work. Over one in two caregivers surveyed drew on personal or family savings to finance care, while reduced working hours and withdrawal from employment further affected household income and caregivers' longer-term financial security[7].

Caregiving comes at a personal cost

Over 1 in 2 caregivers dipped into their savings to cover medical and out-of-pocket costs.

A responsibility that never switches off

Caregiving does not begin and end with the patient's immediate needs. For many caregivers, it is added to responsibilities they are already carrying – raising children, supporting ageing parents, managing a household and keeping up with work.

> *People often forget that I am caring for six people – my four children and my two elderly parents. Every day is spent looking after them, including helping my children with their schooling. The responsibility never really stops. I cannot remember the last time I had time for myself.*

Caregiver, 59 years old
Retired to provide full-time care for her elderly parents, including her father who has dementia

Source: Singlife Dementia Care Survey 2024

Figure 6: Caregiving Support During Critical Illness Recovery

Caregiving comes at a personal cost

For many caregivers, the impact extends well beyond time spent providing care. In **Singlife's Critical Illness Study**, mental and emotional strain emerged as the most commonly reported impact of caregiving, affecting nearly 69% of caregivers.

More than half also reported financial strain and disruptions to their daily routines and lifestyles. These findings suggest that the cost of recovery is often shared by caregivers, who absorb much of the burden through their time, wellbeing and financial resources.

Where Caregivers Feel The Greatest Strain

69%
Mental/emotional strain

58%
Financial strain

57%
Impact to lifestyle and routine

Two recovery journeys, not one

Critical illness often creates two parallel recovery journeys – one for the patient and another for the caregiver.

The burden extends beyond finances. Caregiving responsibilities are frequently layered upon existing commitments to children, ageing parents, household responsibilities and work.

For many families, recovery becomes a shared experience that reshapes routines, priorities and future plans. The Recovery Gap is therefore not only a financial gap. It is also a caregiving gap, often carried by families through their time, resilience and wellbeing.

Key Insight

Recovery may be experienced by an individual, but its financial and caregiving impact is often carried by the family.

Recovery reshapes the whole family

When newlywed Ian Tang suffered a stroke at 36, the future he planned with his wife, Karen Wong, changed overnight.

Rehabilitation shaped their routines, relationship and plans for the years ahead. Not only did Karen have to support Ian's recovery, they both had to learn how to build a life neither had expected.

Looking back, they described it simply:

> *"All the plans and dreams we had, including travelling together, suddenly had to change."*

Source: Ian Tang & Karen Wong, interview with Singlife, June 2026

4 Recommendations

Recovering well requires more than treatment

Recovery is becoming an increasingly important phase of the health journey that should continue until individuals regain independence, confidence and quality of life. Yet many individuals and families remain underprepared for what happens after treatment ends.

Closing the Recovery Gap calls for action in four priority areas:

1 Relationships – Strengthen support for caregivers

Recovery often depends on family caregivers, yet caregiving remains largely informal and unsupported.

As recovery journeys can be long and complex, caregivers will require greater access to practical support, emotional support, respite services and community resources. Supporting caregivers is not only important for their wellbeing, but also for sustaining the recovery of the individuals they care for.

> **Recommendation:** Recognise caregivers as a core part of recovery planning and strengthen the support available to them through more coordinated caregiving support ecosystems.

2 Resources – Plan for recovery, not just treatment

Critical illness preparedness has traditionally focused on treatment costs and income replacement.

However, recovery often creates a broader set of financial needs, including rehabilitation, medication, therapy, income disruption and caregiving costs. Singlife's findings suggest that these costs can come up to S$169,000 over an average recovery journey[2].

Recommendation: Integrate recovery planning into critical illness preparedness and help individuals understand the financial demands that may arise after treatment.

3 Recovery Navigation – Establish more connected recovery ecosystems

Recovery often requires individuals and families to navigate rehabilitation providers, community services, caregiving support, financial assistance and healthcare systems simultaneously.

As recovery journeys become more complex, stronger coordination across these services will become increasingly important. Better-connected ecosystems can simplify access to support, reduce fragmentation and support recovery outcomes.

Recommendation: Strengthen recovery navigation through more integrated pathways and deeper collaborations across healthcare, community and public-private sector partners.

Figure 7: Four Foundations For A Stronger Recovery

Recovery is built through the right support, guidance and care

Connecting care through Singlife Care Collab

Singlife Care Collab brings together trusted ecosystem partners and services to help customers and their families get the right care at the right time, across their care journey. By making relevant support easier to identify and access, Singlife Care Collab aims to reduce the burden on families when navigating a fragmented care landscape on their own.

4 Resilience – Preserve independence and prevent decline

The goal of recovery is not simply surviving critical illness, it is maintaining independence, preserving function and continuing to live well. Without adequate rehabilitation, support and intervention, some individuals may experience a decline in physical or cognitive function that increases dependence on caregivers, and in some cases, contributes to extended long-term care needs. Singlife's Long-Term Care White Paper found that more than half of long-term care needs arise from critical illness conditions[3]. Recovery should therefore be viewed as a crucial opportunity to prevent decline, delay dependency and maintain quality of life.

Recommendation: Strengthen rehabilitation, frailty prevention and recovery support through greater public-private collaboration, helping individuals maintain independence for longer.

Key Insight

Closing the Recovery Gap and building a more recovery-ready Singapore requires four foundations:

Relationships, Resources, Recovery Navigation, and Resilience.

Closing The Recovery Gap

Singapore has made significant progress in treating critical illness. The next challenge is helping individuals recover well.

The Recovery Gap is the shortfall in financial, medical and caregiving support needed to recover well from a critical illness. Closing this gap requires four foundations - relationships to sustain caregiving, resources to fund recovery, recovery navigation to guide individuals through complex support systems, and resilience to help them regain independence and return to daily life.

With the total recovery cost estimated at S$169,000, greater awareness and preparation are essential. This includes strengthening support for families, making healthcare and financial assistance easier to navigate, and improving access to rehabilitation and other services beyond hospital care.

Ultimately, recovery is not just about surviving illness – it is about returning to life well.

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