



**GREAT CARE BENEFIT  
POLICY VERSION GCB07/22**

In THIS POLICY, "THE COMPANY" is THE GREAT EASTERN LIFE ASSURANCE COMPANY LIMITED and "THE POLICYHOLDER" is the Policyholder named in Schedule A. "LIFE ASSURED" refers to any person named as the Life Assured in Schedule A or in an endorsement on this Policy.

SCHEDULE A defines the scope of the insurance under this Policy, including the Plan Type for the Life Assured, and all terms and conditions must be read in conjunction with this Schedule A. Schedule A may be varied by endorsements on this Policy. From time to time, the Company may issue a fresh Schedule A which consolidates all variations made since the last Schedule A was issued. Upon issue, the new Schedule A will be effective from the stated Effective Date and all previous Schedules A will be void from that date.

THIS:

- (a) Policy;
  - (b) Schedules;
  - (c) Endorsements;
  - (d) the written Proposal and Declarations (which form the basis of this Contract);
  - (e) all subsequent written notices given by the Company to the Policyholder; and
  - (f) all subsequent written statements given by the Policyholder to the Company,
- will make up the whole of the Contract of Insurance between the Company and the Policyholder.

THIS GREAT CARE BENEFIT Insurance is subject to the terms contained in this Policy and in endorsements, if any, attached to this Policy. No change in or endorsement on this Policy is valid unless approved by a duly authorised personnel of the Company.

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Koh Beng Seng  
Chairman

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Norman Ip  
Director

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The table of contents, headings and sub-heading in this Policy are inserted merely for convenience of reference and will be ignored in the interpretation of the terms and conditions contained in this Policy.

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**1 POLICY DEFINITIONS**

1.1 Accident

An event that results in a sudden, unforeseen and involuntary Injury, and that event occurs independently of an illness, disease or any other causes.

1.2 Accidental Dental Treatment

Dental surgeries performed by a duly qualified dental surgeon to restore or replace sound natural teeth lost or damaged caused by an Accident. The surgery must be performed during the Hospitalisation of the Life Assured.

1.3 Act

The Act refers to the MediShield Life Scheme Act 2015 and/or any other revised edition of the Act.

1.4 Annual Benefit Limit

Annual Benefit Limit refers to the total benefit limit for the Plan Type insured, as set out in the Table of Benefits in Clause 2.2, for each Period of Insurance.

1.5 Benefit Amount

The amount shown in the Table of Benefits in Clause 2.2 below.

1.6 Breast Reconstruction after Mastectomy

Reconstructive surgery of the breast on which a mastectomy has been performed as a treatment of breast cancer. The breast reconstruction surgery or any subsequent follow-up surgery on that breast reconstruction surgery must be performed by a Medical Doctor within 365 days from the date of the first mastectomy. The breast cancer must be first diagnosed after the Last Policy Effective Date. Any surgery or reconstruction of the other breast to produce a symmetrical appearance will not be covered. Any complications from reconstruction of the breast after mastectomy and arising after 365 days from the date of that mastectomy will not be covered.

1.7 Commencement Date of Insurance

The Commencement Date of Insurance refers to the Commencement Date, as set out in Schedule A which denotes the date when this Policy commences.

1.8 Country of Issue

The Country in which this Policy is issued as stated in Schedule A.

1.9 Date of Reinstatement

The date when the Application for Reinstatement (as described in Clause 6.1.1) is approved by the Company or when the full reinstatement premium is received by the Company, whichever is later.

1.10 Effective Date of Cancellation

The date of cancellation as advised by the Policyholder in his notice of cancellation or date of receipt of the notice of cancellation by the Company, whichever is later.

1.11 Hospital

An establishment which is:

- (a) a Restructured Hospital;
- (b) a Private Hospital; or
- (c) a hospital overseas that is recognized by the Company as being equivalent in status of any of the above.

For the avoidance of doubt, the term "Hospital" does not refer to a clinic, an alcoholic or drug rehabilitation centre, place for the treatment of mental disorders, a nursing, rest or convalescent home, home for the aged, a spa or a hydroclinic, a Community Hospital (as defined in the Regulations), inpatient palliative care or hospice care institution, day surgery centre or similar establishment.

#### 1.12 Hospitalisation

Confinement of the Life Assured in a Hospital which must be considered Medically Necessary and:

- (a) such confinement is for 12 consecutive hours or longer; or
- (b) the Life Assured is a resident bed patient for which a room and board charge is made in connection with such confinement.

#### 1.13 Human Immunodeficiency Virus ("HIV") Due to Blood Transfusion and Occupationally Acquired HIV

1.13.1 Infection with the HIV through a blood transfusion, provided that all of the following conditions are met:

- (a) the blood transfusion was Medically Necessary or given as part of a medical treatment;
- (b) the blood transfusion was received in Singapore after the Last Policy Effective Date; and
- (c) the source of the infection is established to be from the Hospital that provided the blood transfusion and the Hospital is able to trace the origin of the HIV tainted blood.

1.13.2 Infection with HIV which resulted from an Accident occurring after the Last Policy Effective Date, whilst the Life Assured was carrying out the normal professional duties of his or her own occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:

- (a) proof that the Accident involved a definite source of the HIV infected fluids;
- (b) proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented Accident. This proof must include a negative HIV antibody test conducted within 5 days of the Accident; and
- (c) proof that the Life Assured is a medical practitioner, a houseman in a Hospital, medical student, registered nurse, medical laboratory technician, dental surgeon, dental nurse or paramedical worker, working in a medical centre or medical clinic in Singapore.

For the avoidance of doubt, HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

#### 1.14 ICU

Confinement in the intensive care unit of a Hospital.

#### 1.15 Injury

Bodily injury of the Life Assured caused solely and directly by an Accident, and not sustained as a result of an illness or disease.

#### 1.16 Last Policy Effective Date

The latest date of:

- (a) the Commencement Date of Insurance;
- (b) the last Date of Reinstatement of the Policy; or
- (c) the last effective date of upgrading of the Policy.

#### 1.17 Living Donor Organ Transplant (Kidney/Liver/ Pancreas)

Surgery performed on the Life Assured for the purposes of transplanting the Life Assured's kidney, liver or pancreas where the recipient of the kidney, liver or pancreas is the Life Assured's family member, and where the recipient's kidney, liver or pancreas failure is only first diagnosed after 730 days from the Last Policy Effective Date. The surgery must be performed in Singapore.

For the purposes of this definition only, the Life Assured's family members are deemed to be his parents, siblings, children and spouse.

#### 1.18 Medical Doctor

Any person qualified by degree in Western medicine and legally licensed and authorised to practise medicine and surgery in the geographical area of his practice, other than the Policyholder, the Life Assured or a family member of either.

#### 1.19 Medically Necessary

Medically Necessary refers to treatments, medical services and/or supplies which, in the Company's opinion, are:

- (a) pursuant to an order of a Medical Doctor;
- (b) consistent with the diagnosis and customary medical treatment for a covered illness, disease or Injury, in accordance with generally accepted medical practice;
- (c) in accordance with the standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits;
- (d) not purely for the convenience of the Life Assured or the Medical Doctor, and unable to be reasonably rendered in an outpatient setting if admitted as an inpatient; and/or
- (e) not for Primary Prevention or for health enhancement (including but not limited to dietary replacement or supplement) in purpose.

The Company has the absolute discretion to determine whether or not a treatment, medical service and/or supply is Medically Necessary.

#### 1.20 Normal Ward

Accommodation in a Hospital where the Life Assured is a bed-paying patient in a standard room, high dependency ward, deluxe room, luxury suite or other special room that is available in the Hospital.

#### 1.21 Period Of Hospitalisation

A Period Of Hospitalisation is either:

- (a) a Hospitalisation; or
- (b) a series of Hospitalisations that arise due to the same or related cause where the date of admission for each such Hospitalisation falls within 180 consecutive days or less from the date of discharge of the previous such Hospitalisation.

Please see Clause 2.3.4 for further details.

#### 1.22 Period of Insurance

The Period of Insurance refers to the period of insurance, as set out in Schedule A or any subsequent Period of Insurance as effected in accordance with Clauses 5.2.1 or 6.1.2.

#### 1.23 Plan Type

Plan Type refers to the plan type for the Life Assured, as set out in Schedule A.

#### 1.24 Pregnancy Complications

One of the following complications arising from a pregnancy or childbirth, even if it results in caesarean section, vacuum extraction or forceps delivery. The relevant diagnosis must be made by an obstetrician.

- (a) Abscess of breast - Abscess of breast associated with childbirth;

- (b) Accreta placenta - Abnormal trophoblast invasion into the myometrium of the uterine wall, requiring caesarean hysterectomy during delivery;
- (c) Acute fatty liver pregnancy - Severe acute fatty liver occurring during pregnancy and where at least three (3) of the following criteria must be fulfilled:
  - Imaging studies consistent to the diagnosis of a fatty liver;
  - Bilirubin is persistently elevated above 150 umol/L (10 mg/dL) for a period of at least five (5) days;
  - Renal impairment; and/or
  - Coagulopathy.

Liver damage in the presence eclampsia, pre-eclampsia and viral hepatitis shall be excluded;

- (d) Amniotic fluid embolism - Entering of amniotic fluid into the maternal circulation that has caused life threatening pulmonary edema or cardiac arrest in the mother or foetal death;
- (e) Antepartum and intrapartum haemorrhage - The severe abnormal bleeding from the female genital tract at or after twenty (20) weeks of pregnancy before or during childbirth;
- (f) Breech delivery - The delivery of a foetus (unborn baby) hind end first;
- (g) Choriocarcinoma and hydatidiform mole - Occurrence of a histologically confirmed choriocarcinoma and/or molar pregnancy;
- (h) Complications resulting in a caesarean hysterectomy - Removal of the uterus during a caesarean section delivery in cases where removal of the uterus is solely due to complications that have arisen during the pregnancy or delivery;
- (i) Disseminated intravascular coagulation - Only disseminated intravascular coagulation caused as a result of pregnancy complications is covered;
- (j) Ectopic pregnancy - A condition in which implantation of a fertilised ovum occurs outside the uterine cavity;
- (k) Fourth degree perineal laceration - Perineal laceration following vaginal delivery which involves the perineal structures, external anal sphincter, internal anal sphincter and rectal mucosa. Perineal laceration less than fourth degree or without identified degree are excluded;
- (l) Infection of amniotic sac and membranes - Infection of the amniotic sac or membranes;
- (m) Still birth - The birth of a baby after twenty eight (28) weeks gestation, which has not, at any time after being expelled completely from the mother, breathed or showed any sign of life. Elective termination of pregnancy and abortion are specifically excluded;
- (n) Maternal death;
- (o) Miscarriage - The death of the foetus (unborn baby) after thirteen (13) weeks of pregnancy as a result of a sudden unforeseen and involuntary event and must not be due to a voluntary or malicious act;
- (p) Obstetric cholestasis;
- (q) Obstetric injury or damage to pelvic organs - Injuries to the pelvic organs or surrounding structures as a consequence of vaginal delivery;
- (r) Placenta previa - The presence of placental tissue extending over the internal cervical os, resulting in an indication for caesarean delivery;
- (s) Placental abruption - Premature separation of the placentae from the uterine wall after the twentieth (20th) week gestation that has caused foetal death or has required emergency caesarean section;
- (t) Postpartum haemorrhage - The ongoing bleeding secondary to an unresponsive and atonic uterus, a ruptured uterus, or a large cervical laceration extending into the uterus, requiring hysterectomy;
- (u) Postpartum inversion of uterus - Condition in which the uterine fundus collapses into the endometrial cavity, turning the uterus partially or completely inside out;

- (v) Pre-Eclampsia or eclampsia;
- (w) Retained placenta and membranes - The retention of the placenta or other products of conception in the uterus after delivery;
- (x) Twin-to-twin transfusion syndrome - There should be ultrasonic evidence of a single monochorionic placenta with twin oligohydroamnios / polyhydramnios sequence; and
- (y) Uterine rupture - The complete disruption of all uterine layers, including the serosa. A surgery must be performed to correct the abnormality.

The complication must be first diagnosed after 300 days from the Last Policy Effective Date. For avoidance of doubt, Hospitalisation for normal delivery and managing the pregnancy (prior or after the diagnosis of the above complications) will not be covered.

#### 1.25 Pre-existing Condition

- (a) Any injury, illness, disease, disability, defect or impairments from which the Life Assured was suffering prior to the Commencement Date of Insurance; or
- (b) Any injury, illness, disease, disability, defect or impairment of which signs or symptoms had existed in the 12 months immediately preceding the Commencement Date of Insurance, for which:
  - (i) the Life Assured had sought or received medical advice or treatment, prescription of drugs, counselling, investigation or diagnostic tests, surgery, hospitalisation; or
  - (ii) an ordinarily prudent person would have sought medical advice or treatment, prescription of drugs, counselling, investigation or diagnostic tests, surgery, hospitalisation.

#### 1.26 Primary Prevention

Primary Prevention refers to medical services for generally healthy individuals to, in the absence of any signs or symptoms that would indicate the need for a service, prevent a disease from ever occurring, including but not limited to general medical / health screening packages, general physical check-ups, vaccinations, medical certificates and examinations for employment or travel.

#### 1.27 Private Hospital

Any Singapore private hospital approved by the Ministry of Health for the purposes of the Act and Regulations that is not a Restructured Hospital.

#### 1.28 Regulations

The Regulations refer to the MediShield Life Scheme Regulations 2015 and/or any other revised future edition of the Regulations.

#### 1.29 Renewal Date

The date immediately following the last day of any Period of Insurance.

#### 1.30 Restructured Hospital

Any "approved restructured hospital" as defined in the Regulations.

## 2 BENEFITS

2.1 Subject to the clauses and conditions of this Policy, the Company will pay the applicable benefits as set out in the Table of Benefits in Clause 2.2 (the “**Table of Benefits**”) if the Life Assured undergoes Hospitalisation as a result of illness and/ or Injury.

2.2 **Table of Benefits** – Please see Clause 2.3 for further details and conditions

TABLE OF BENEFITS			
SECTION	Benefits	Benefit Amount (\$\$)	
		Gold 500	Platinum 1000
A	<b>Daily Hospital Cash Benefit</b> (Up to 30 days per Period Of Hospitalisation for one illness or Injury)	\$500 per day	\$1,000 per day
B	<b>Daily Hospital Cash Benefit - Intensive Care Unit</b> (Up to 15 days per Period Of Hospitalisation for one illness or Injury)	\$1,000 per day	\$2,000 per day
C	<b>Get Well Benefit</b>	\$500 per Hospitalisation	\$1,000 per Hospitalisation
LIMITS ON BENEFITS PAYABLE			
<b>Annual Benefit Limit</b>		\$100,000	\$200,000

### 2.3 Conditions of Payment of Benefits

#### 2.3.1 Section A: Daily Hospital Cash Benefit

2.3.1.1 While the Policy is in force, the Company will (subject to the rest of the clauses and conditions of this Policy) pay the Daily Hospital Cash Benefit as set out in the Table of Benefits corresponding to the Plan Type set out in the Schedule A of this Policy, for each day that the Life Assured undergoes Hospitalisation in a Normal Ward due to illness or Injury.

2.3.1.2 Each Hospitalisation must last for at least 3 consecutive days (72 hours) before any claim on this benefit is payable. However, if during the same Hospitalisation the Life Assured is also hospitalised in an ICU, this requirement will be waived. Under such circumstances, the Company will pay the benefit under Section A or B as set out in the Table of Benefits corresponding to the relevant ward.

2.3.1.3 If the Life Assured undergoes Hospitalisation for multiple concurrent illnesses and/or Injuries (“**Concurrent Causes**”), the Company will only pay this benefit for a maximum of 30 days for one illness or Injury with respect to each Period Of Hospitalisation. For avoidance of doubt, illnesses or Injuries arising from the same or related cause shall be treated as one illness or Injury.

2.3.1.4 In order to be entitled to receive this benefit for any given day, the Life Assured must be hospitalised for 24 consecutive hours with respect to the relevant day, the start of each such day taking reference from the time that the Life Assured is admitted.

#### 2.3.2 Section B: Daily Hospital Cash Benefit – Intensive Care Unit

2.3.2.1 While the Policy is in force, the Company will (subject to the rest of the clauses and conditions of this Policy) pay the Daily Hospital Cash Benefit – Intensive Care Unit as set out in the Table of Benefits corresponding to the Plan Type set out in the Schedule A of this Policy, for each day that the Life Assured undergoes Hospitalisation in an ICU due to illness or Injury.



- 2.3.2.2 If the Life Assured undergoes Hospitalisation for multiple concurrent illnesses and/or Injuries (“**Concurrent Causes**”), the Company will only pay this benefit for a maximum of 15 days for one illness or Injury, with respect to each Period Of Hospitalisation. For avoidance of doubt, illnesses or Injuries arising from the same or related cause shall be treated as one illness or Injury.
- 2.3.2.3 Other than the first day of Hospitalisation, the Life Assured must be hospitalised for 24 consecutive hours in order to receive this benefit for that day. The start of each such day shall take reference from the time that the Life Assured is admitted.
- 2.3.3 Section C: Get Well Benefit
- 2.3.3.1 While the Policy is in force, the Company will (subject to the rest of the clauses and conditions of this Policy) pay the Get Well Benefit as set out in the Table of Benefits corresponding to the Plan Type set out in the Schedule A of this Policy, for each Hospitalisation that the Life Assured undergoes due to illness or Injury.
- 2.3.3.2 The Company will only pay this benefit for each Hospitalisation if the Company pays the benefit under Section A and/or Section B to the Life Assured for that Hospitalisation.
- 2.3.4 Period Of Hospitalisation
- 2.3.4.1 All Hospitalisations that arise from the same or related cause, where each of which has a date of admission that falls 180 consecutive days or less from the date of discharge of the previous such Hospitalisation, shall constitute a single Period Of Hospitalisation.
- 2.3.4.2 For the avoidance of doubt, Hospitalisations that last for less than 3 consecutive days, but nevertheless fulfil the criteria set out in Clause 2.3.4.1, shall also form part of the relevant Period Of Hospitalisation.
- 2.3.5 In the event that the Life Assured is hospitalised in an ICU for more than 15 days for an illness or Injury during a Period Of Hospitalisation, the Company will pay the benefit under Section A as set out in the Table of Benefits for subsequent day(s) of Hospitalisation in either ICU or Normal Ward arising from the same or related cause, subject to the 30-day cap reflected in Section A as set out in the Table of Benefits.
- 2.3.6 Geographical Coverage
- This Policy shall provide coverage outside Country of Issue provided that the Life Assured must not have resided outside of the Country of Issue for more than 180 days, whether continuously or otherwise during the Period of Insurance immediately prior to the Renewal Date.
- 2.3.7 The benefits paid by the Company pursuant to this Policy is subject to Annual Benefit Limit as set out in the Table of Benefits corresponding to the Plan Type set out in the Schedule A of this Policy.
- 2.3.8 Each Life Assured shall not be covered under more than one GREAT Care Benefit policy issued by the Company. In the event that the Life Assured is covered under more than one such policy, the Company will only pay benefits under the GREAT Care Benefit policy first issued. The Company will refund, without interest, any premiums paid for any duplicated policy.

### **3 EXCLUSIONS**

#### **3.1 General Exclusions**

The Company will not pay any benefits under this Policy for, or for the consequences of, the following:

- (a) Treatment provided to the Life Assured by the Policyholder, or a family member of the Life Assured or the Policyholder, or self-treatment by the Life Assured, including the prescription of drugs.
- (b) Pregnancy and childbirth (including Caesarean section, vacuum extraction or forceps delivery and consequences and complications arising thereof) except for Pregnancy Complications.
- (c) Elective abortion, spontaneous miscarriage which occurs within first trimester of pregnancy, birth control\*, sterilization\*, infertility\*, sub-fertility\* or impotence treatment.

*\* for male or female*

- (d) All dental treatment, including any pre-existing jaw conditions where orthodontics and/or orthognathic (corrective jaw surgery) are required, except those covered under Accidental Dental Treatment.
- (e) Elective cosmetic, aesthetic, reconstructive or plastic surgery except for:
  - (i) Breast Reconstruction after Mastectomy; and
  - (ii) Injury that occurs after the Last Policy Effective Date.
- (f) Sex-change operations.
- (g) Treatment of psychiatric, emotional, personality, mental and nervous disorders including depression.
- (h) Treatment of abuse or misuse of alcohol, drug or substance, whether intentional or otherwise, whether sane or insane, or any Injury, illness or disease caused directly or indirectly by the abuse or misuse of alcohol, drugs or substance.
- (i) Hospitalisation of the donor for an organ transplant except for Living Donor Organ Transplant (Kidney/Liver/Pancreas).
- (j) Injury or illness caused directly or indirectly, by self-destruction or intentional self-inflicted injury, including treatment for self-destruction or intentional self-inflicted injury.
- (k) Treatment relating to birth defects, including hereditary conditions, and congenital illness or abnormalities, first diagnosed before or within 730 days after the Last Policy Effective Date.
- (l) Acquired Immunodeficiency Syndrome (AIDS) and all illnesses or diseases caused by or related to the Human Immunodeficiency Virus ("HIV") except for those covered under Human Immunodeficiency Virus ("HIV") Due to Blood Transfusion and Occupationally Acquired HIV.
- (m) Sexually-transmitted diseases.
- (n) Injury and/or illness arising directly or indirectly out of or in connection with violation or attempted violation of law, or resistance to lawful arrest and/or any resultant imprisonment.
- (o) Treatment of injuries arising from being directly or indirectly involved in war (whether declared or not), invasion, terrorist activities (with the exception of victim to a terrorist activity), rebellion, revolution, civil commotion, riot, strike or any war-like operations.
- (p) Being in or on an aircraft of any type, or boarding or descending from any aircraft, except as a fare-paying passenger or crew member on an aircraft (including when the aircraft is on ground) on a regular scheduled route operated by a recognised airline.
- (q) The Life Assured engaging in any sport in a professional capacity or where the Life Assured would or could earn income or remuneration of any kind or form whatsoever or win monetary rewards, from engaging in such sport.
- (r) Hospitalisations undergone by the Life Assured commencing:
  - (i) before the Commencement Date of Insurance or the Date of Reinstatement of insurance of the Life Assured for any condition;
  - (ii) within 30 days after the Commencement Date of Insurance or the Date of Reinstatement of insurance for any condition other than an Injury that occurs after the Commencement Date of Insurance or the Date of Reinstatement of the Life Assured; or
  - (iii) after the 30-day period stated in Clause 3(r)(ii) above which were follow up Hospitalisations undergone by the Life Assured arising from the same or related condition for which he received Hospitalisation, surgery, medical treatment, consultation or investigation during that 30-day period.
- (s) Treatment for, arising from or is related to obesity, weight reduction, improvement or management, regardless of whether it is for medical or psychological reasons, including but not limited to the use of gastric banding or stapling, the removal of fat or surplus tissue from any part of the body.

- (t) Correction for refractive errors of the eye (including the use of artificial lens implant), routine eye and eye examinations.
- (u) Mountaineering, diving, bungee jumping, racing other than racing on foot, wakeboarding, hang-gliding, rock climbing, parachuting, ballooning, handling of explosives or firearms and all activities which are potentially life-threatening, hazardous or where there is a risk of bodily injury to the Life Assured unless such activities are engaged on a leisure basis with a licensed organisation, and every safety precaution has been followed by the Life Assured.
- (v) Ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
- (w) Vaccination(s). However, Hospitalisation due to complications arising from vaccination(s) approved by Health Sciences Authority (HSA) will be covered.
- (x) Routine physical or any other examinations which are solely for the purposes of Primary Prevention.
- (y) Any treatment provided to the Life Assured after the Renewal Date of this Policy unless the insurance has been renewed on or before that date in accordance with Clause 5 of this Policy.

### **3.2 Pre-existing Condition(s)**

- 3.2.1 The Company will not pay for any Pre-existing Condition(s).
- 3.2.2 Any Pre-existing Condition(s) that are also excluded under Clause 3.1 above are automatically excluded.

## **4 TERMINATION**

### **4.1 Termination on Renewal Date**

On any Renewal Date of this Policy, this Policy will terminate unless it has been renewed in accordance with Clause 5 below.

### **4.2 Death of Policyholder or Life Assured**

- 4.2.1 If the Policyholder dies and the Policyholder is not the Life Assured, this Policy will continue until the Renewal Date of this Policy following the date of the death of the Policyholder. On that Renewal Date, this Policy will continue for the same Plan Type, subject to the same conditions which applied prior to that Renewal Date (including as set out in all endorsements or variations to this Policy which had been authorised by the Company), unless expressly varied in accordance with the terms of this Policy by the Company, without the Company requiring fresh evidence of the Life Assured's insurability subject to the submission of a fresh proposal by a party with valid insurable interest on the Life Assured, before the Renewal Date. However, the Life Assured whose insurance ends on the Renewal Date in accordance with Clauses 4.5 or 4.6 below will not be covered in this new policy.
- 4.2.2 If the Life Assured dies, this Policy will be terminated. The Policyholder or the Policyholder's legal personal representative(s) is entitled to a pro-rated refund of premium in respect of the insurance on the deceased Life Assured for the period remaining from date of death of Life Assured up to the Renewal Date.

### **4.3 Free Look**

- 4.3.1 This Policy may be cancelled by written request to the Company within 14 days after the Policyholder receives this Policy document in which case premiums paid under this Policy will be refunded.
- 4.3.2 If the Policy document is sent by post it is deemed to have been delivered and received in the ordinary course of the post on the seventh (7th) day after the date of posting.

#### **4.4 Cancellation by Policyholder**

- 4.4.1 The Policyholder may cancel this Policy by submitting a notice of cancellation to the Company and this Policy will be treated as terminated with effect from the Effective Date of Cancellation.
- 4.4.2 Subject to Clause 4.3, where the Policyholder pays premiums on an annual basis, upon termination of this Policy by cancellation, the Policyholder is entitled to a refund of premium paid for that Period of Insurance less the premium paid for that year at the Company's Short Period Rates (see Appendix A to this Policy) for the duration that this Policy has been in force since the Renewal Date preceding the Effective Date of Cancellation. No refund of premiums will be made where the premium is paid on a monthly basis as set out in the Schedule A.

#### **4.5 Life Assured Attains Age 75**

If the Life Assured has reached the age of 75 years on a Renewal Date of this Policy, this Policy will terminate on that Renewal Date and will not be renewed.

#### **4.6 Not Citizen or Permanent Resident: Residence Overseas**

This Policy will terminate and will not be renewed if, on that date, the Life Assured:

- (a) is not a citizen or permanent resident of the Country of Issue; and
- (b) has resided outside the Country of Issue for more than 180 days, whether continuously or otherwise during the Period of Insurance immediately prior to that Renewal Date.

#### **4.7 No Benefits Payable after Termination of Insurance**

- 4.7.1 The Company will not pay any benefit under this Policy, whether the insurance under this Policy is renewed or otherwise, in respect of the Life Assured whose insurance has ended in accordance with Clauses 4.3, 4.4, 4.5 or 4.6 above for Hospitalisation provided to the Life Assured on or after the effective date of such termination, and/or not renewed in accordance with Clause 5 below.
- 4.7.2 The Company will not pay any benefit for any Hospitalisation undergone by the Life Assured on or after a Renewal Date of this Policy unless insurance for the Life Assured was renewed in accordance with Clause 5 below.

### **5 RENEWAL**

#### **5.1 When No Renewal Allowed**

The Company will not renew this Policy if:

- (a) this Policy has been terminated in accordance with any of Clauses 4.2, 4.3, 4.4, 4.5 or 4.6 above; and/or
- (b) the Company gives the Policyholder at least 30 days' written notice that this Policy will not be renewed.

For the avoidance of doubt, the Company shall not be required to give the Policyholder notice of termination where termination is in accordance with any of Clauses 4.2, 4.3, 4.4, 4.5 or 4.6 above.

#### **5.2 Renewal upon Payment of Premium**

- 5.2.1 Subject to Clause 5.1, if the required premium for renewal is paid on or before a Renewal Date, the Company will renew this Policy for the same Plan Type for a further Period of Insurance, subject to the same conditions which applied prior to that Renewal Date (including as set out in all endorsements or variations to this Policy which had been authorised by the Company), unless expressly varied in accordance with the terms of this Policy by the Company, for a further Period of Insurance. The further Period of Insurance will start on that Renewal Date.

- 5.2.2 All endorsements on or variations to this Policy authorised by the Company and any premium loading imposed will also apply to the insurance granted on its renewal unless otherwise agreed in writing by the Company.

### 5.3 **Grace Period**

- 5.3.1 A grace period of 30 days from the Renewal Date including the Renewal Date ("Grace Period") is allowed for payment of the required renewal premium. If the renewal premium is not paid on or before the last day of the Grace Period, insurance under this Policy will be treated as ended on the Renewal Date and may only be reinstated with the consent of the Company.
- 5.3.2 If the Life Assured undergoes Hospitalisation and submits a claim during the Grace Period, the Company will deduct all unpaid premiums needed to complete one year's full premium, from the amount of benefits payable under this Policy ("that amount of benefits"). However if that amount of benefits is less than the premium required for renewal of this Policy, this Policy will not be renewed until the Policyholder pays the excess of the required renewal premium over that amount of benefits to the Company before the expiry date of the Grace Period.
- 5.3.3 If during the Grace Period, insurance on the Life Assured begins under any policy of insurance with the Company which also provides benefits payable as defined in this Policy, then Clause 5.3.2 will immediately be void on the date of commencement of such other insurance.
- 5.3.4 Clauses 5.3.1 and 5.3.2 will not apply to the Life Assured if insurance on the Life Assured will not be renewed in accordance with Clause 5.1 above.

### 5.4 **Rate of Premium**

The required renewal premium for the Life Assured whose insurance is renewed will:

- (a) be calculated at the rate of premium applicable on the Renewal Date in accordance with:
- (i) the Plan Type applicable for the Life Assured and effective on the day before the Renewal Date (or for any other Plan Type subject to the agreement of the Company); and
  - (ii) the age next birthday of the Life Assured on the Renewal Date; and
- (b) include any extra premium loading imposed on this Policy, unless otherwise agreed in writing by the Company.

### 5.5 **Company May Amend Terms and Conditions and Premium Rates**

The Company reserves the right to amend the terms and conditions and/or premium rates of this Policy in any of the following circumstances:

- (a) immediately upon written notice to the Policyholder, where the Company is required to do so by any relevant regulatory authority, or under applicable law, regulation or guidelines; or
- (b) in all other circumstances, where the Company has given the Policyholder notice of the amendment of at least 30 days.

### 5.6 **Alteration of Plan Type**

- 5.6.1 The Policyholder may apply to:
- (a) upgrade the insurance under this Policy to a Plan Type with higher benefits upon receipt of evidence of insurability of the Life Assured acceptable to the Company anytime throughout the policy term; or
  - (b) downgrade the insurance under this Policy to a Plan Type with lower benefits anytime throughout the policy term.
- 5.6.2 The Company has the absolute discretion to reject or approve such an application, and will notify the Policyholder in writing as to whether the application is rejected or approved. Where the application is approved:
- (a) the premium for this Policy shall be revised to correspond with the revised Plan Type ("Revised Premium"); and

- (b) the Company will issue an endorsement to this Policy to reflect the new Plan Type, the Revised Premium and the effective date of the change; and
  - (c) the effective date of the change will be on the next premium due date, provided that the application is received by the Company at least seven (7) days prior to the premium due date.
- 5.6.3 For the avoidance of doubt, no refund will be made for any premiums paid prior to the effective date of a downgrade of the Plan Type.
- 5.6.4 For Hospitalisations undergone by the Life Assured commencing:
- (a) before the effective date of upgrading or downgrading ("upgrading/downgrading date") of the Policy for any condition; and
  - (b) on or after the upgrading/downgrading date which were follow-up Hospitalisations on the Life Assured for the same condition for which he received Hospitalisation, surgery, medical treatment, consultation or investigation before the upgrading/downgrading date,
- benefits will be payable in accordance with the benefits of the Plan Type of this Policy before the upgrading/downgrading date.
- 5.6.5 For Hospitalisations undergone by the Life Assured commencing:
- (a) within 30 days after the effective date of upgrading ("upgrading date") of the Policy for any condition other than an Injury, which is caused by an Accident that occurs after the upgrading date; or
  - (b) after the 30-day period stated in Clause 5.6.5(a) above which were follow up Hospitalisations undergone by the Life Assured arising from the same or related condition for which he received Hospitalisation, surgery, medical treatment, consultation or investigation during that 30-day period,
- benefits will be payable in accordance with the benefits of the Plan Type of this Policy before the upgrading date.

## **6 REINSTATEMENT OF POLICY**

### **6.1 Clauses and Conditions**

- 6.1.1 If this Policy terminates on the Renewal Date in accordance with Clause 4.1 above and is not renewed in accordance with Clause 5 above, the Policyholder may apply for the insurance to be reinstated by submitting evidence of insurability acceptable to the Company within 15 days following the expiry of the Grace Period. The Company may refuse such an application.
- 6.1.2 If the Company accepts the Policyholder's application to reinstate the insurance under this Policy, such insurance will be reinstated only if the required premium for reinstatement has been paid to the Company within 15 days following the expiry of the Grace Period. The Period of Insurance upon reinstatement will begin on the Renewal Date on which the insurance had ended.
- 6.1.3 All endorsements on and variations to this Policy authorised by the Company and any premium loading imposed (if any) will also apply to the insurance granted upon the reinstatement unless otherwise agreed in writing by the Company.
- 6.1.4 Insurance granted upon reinstatement excludes Hospitalisations undergone by the Life Assured commencing:
- (a) before the Date of Reinstatement for any condition; and/or
  - (b) on or after the Date of Reinstatement which are follow-up Hospitalisations undergone by the Life Assured for that condition before the Date of Reinstatement.

## 6.2 Reinstatement Premium Rate

The required reinstatement premium for the Life Assured whose insurance is to be reinstated will:

- (a) Be calculated at the rate of premium applicable on the Date of Reinstatement according to the:
  - (i) Plan Type of the insurance granted on reinstatement; and
  - (ii) age next birthday reached by the Life Assured on the Renewal Date of this Policy; and
- (b) include any extra premium loading imposed on this Policy,  
unless otherwise agreed in writing by the Company.

## 6.3 When No Reinstatement Allowed

The Company will not allow reinstatement of insurance for the Life Assured whose insurance had ended in accordance with Clauses 4.2, 4.3, 4.4, 4.5 or 4.6 above.

# 7 CLAIM

## 7.1 Notification

The Policyholder or the Policyholder's legal personal representative(s) must, within 90 days after the happening of any event likely to give rise to a claim, notify the Company and give written proof of such claim except where there is a claim made under this Policy on behalf of the Policyholder by a Hospital or medical clinic or other medical establishment using the Electronic Claims Filing System.

However, a claim will still be valid if it was not reasonably possible for the Policyholder to give such proof within this period.

## 7.2 Submission and Documentation

The Policyholder must (at the Policyholder's own expense), give to the Company all certificates and forms, bills and receipts and information and evidence satisfactory to and required by the Company including but not limited to English translations of any documents written in another language. Only original bills, receipts and other documents are required to support a claim, unless otherwise agreed in writing by the Company.

## 7.3 Medical Examiner's Certificate

The Policyholder or the Policyholder's legal personal representative(s) must submit a certificate (at the Policyholder's or the Policyholder's legal personal representative(s)' own expense), signed by a Medical Doctor who attended to the Life Assured for whom the claim is submitted. Otherwise, the Company will not pay any benefit under this Policy. The certificate must be in a form prescribed by the Company.

## 7.4 Medical Examination

If required by the Company, the Life Assured, for whom a claim has been submitted, must (at the Company's expense) undergo medical examinations by Medical Doctor(s) appointed by the Company.

## 7.5 Expiration of Liability

If the Company first denies liability to the Policyholder or the Policyholder's legal personal representative(s) for any claim, the Company will not be responsible for that claim after 365 days have passed from the date of denial unless the claim is the subject of pending mediation before a mediation authority or body.

## **8 POLICY - WHEN VOID**

### **8.1 Misrepresentation or Non-disclosure of Material Facts**

8.1.1 If any written statements made by the Policyholder or the Life Assured on proposal for (or Application for Reinstatement of) insurance is untrue in any respect or if any material fact affecting the risk is incorrectly stated or represented in or is omitted from these documents ("Misrepresentation or Non-disclosure"), the Company may, at its sole discretion:

- (a) declare this Policy void; or
- (b) impose such conditions or vary the terms of this Policy and/or recover any benefits paid under this Policy that would not have been paid had the Misrepresentation or Non-disclosure not been made.

8.1.2 If the Company opts to declare this Policy void under Clause 8.1.1(a) above, this Policy is treated as void:

- (a) on the Commencement Date of Insurance if the Misrepresentation or Non-disclosure was made to the Company on a proposal for insurance; or
- (b) on the applicable Renewal Date as described in Clause 6.1.2, if the Misrepresentation or Non-disclosure was made to the Company on an Application for Reinstatement of insurance.

### **8.2 Refund of Premium**

Except in the case of fraud, when this Policy is treated as void under Clause 8.1 above:

- (a) If there are no claims made under this Policy, all premiums paid for insurance which became effective on or after the date on which this Policy is treated as void will be refunded.
- (b) If there were claims made under this Policy, only the premiums paid for the Periods of Insurance following the Period of Insurance in which the last claim was made will be refunded.

### **8.3 Fraudulent Claim**

The Company may declare this Policy void if the Policyholder makes any claim which is fraudulent or exaggerated or if the Policyholder makes any false declaration or statements in support of any claim. In this case, the Policy will be void immediately and there will be no refund of premiums for this Policy, and the Company reserves the right to recover any benefits paid under this Policy, including for such fraudulent or exaggerated claims.

### **8.4 Cheque Dishonoured**

This Policy will be void if the cheque issued for the payment of the premium due on this Policy is dishonoured. The Company reserves the right not to grant or reinstate insurance unless evidence of insurability acceptable to the Company is given.

## **9 CHANGE OF CIRCUMSTANCES**

### **9.1 Changes of Citizenship or Country of Residence**

The Policyholder must give immediate notice in writing to the Company of any change of citizenship or country of residence or the Life Assured.

### **9.2 Failure to Give Notice**

If the Policyholder fails to give notice of the changes as required in Clause 9.1 above to the Company, and there is a claim made under this Policy on or after the Renewal Date following the change in country of residence, the Company may reject such claim or, at its discretion, adjust the benefits payable.



## **10 OTHER CONDITIONS**

### **10.1 Form of Notices**

10.1.1 Any request, notice, instruction or correspondence required under this Policy whether to the Company or the Policyholder has to be in writing and will be delivered personally or sent by courier, or by post, or facsimile transmission or electronic mail addressed to the addressee or by any other means as may be approved or adopted or accepted by the Company. For the Policyholder, the mailing address is that stated in the proposal or any other address that the Policyholder has informed the Company in writing.

10.1.2 The Company's notice, request, instruction or communication is presumed to be received:

- (a) in case of a letter, on the 7th day after posting if posted locally, and on the 14th day after posting, if posted overseas;
- (b) in the case of personal delivery or delivery by courier, on the day of delivery;
- (c) in the case of a facsimile transmission or electronic mail, on the business day immediately following the day of despatch; or
- (d) in the case of other means as approved, adopted or accepted by the Company, as when the Company decides when it is reasonable to be received.

### **10.2 Alteration of Policy**

No alteration in the clauses of this Policy or any endorsement will be valid unless the alteration or endorsement is signed or initialled by an authorised representative of the Company.

### **10.3 Errors of Age**

10.3.1 If the age of the Life Assured has been stated wrongly in the proposal for this Policy, the premium shall be adjusted based on the correct age of the Life Assured. Any excess premium paid shall be refunded and any shortfall in premium made up.

10.3.2 If at the correct age, the Life Assured would not have been eligible for insurance under this Policy, no benefits will be payable, and all premiums paid will be refunded in full.

### **10.4 Absolute Owner**

10.4.1 The Company is entitled to treat the Policyholder as the absolute owner of this Policy.

10.4.2 The Company will not recognise any equitable or other claim to or interest in this Policy.

10.4.3 The receipt by the Policyholder or the Policyholder's legal personal representative(s) of any payment made by the Company in respect of a claim made under this Policy will be the full and final discharge of the Company in respect of any liability under such claim.

### **10.5 Assignment**

The Policyholder may not assign this Policy or any of its rights and obligations hereunder, without the prior written consent of the Company. Any such attempted assignment shall be null and void.

### **10.6 Law of the Republic of Singapore**

10.6.1 This Policy will be construed according to and governed by the laws of the Republic of Singapore.

10.6.2 The laws of the Republic of Singapore will apply in the event of any conflict or dispute with regard to or arising out of this Policy and the parties to the conflict or dispute agree to submit themselves to the exclusive venue and jurisdiction of the courts of the Republic of Singapore for the resolution of any conflict or dispute.

### **10.7 Exclusion of the Contracts (Rights of Third Parties) Act 2001**

A person who is not a party to this Policy shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.

**GREAT CARE BENEFIT  
POLICY VERSION GCB07/22**

**Appendix A**

This Appendix replaces and supersedes any Appendix of Short Period Rates with an Effective Date before the Effective Date below.

**SHORT PERIOD RATES**

<b>EFFECTIVE DATE</b>			<b>: July 2022</b>		
<b>Duration Policy was in Force on the Effective Date of Cancellation ( during the Current Period of Insurance # )</b>			<b>Premium Chargeable for the Duration Policy was in Force</b>	<b>Premium to be Refunded</b>	
<b>DAYS</b>			<b>( Expressed as a Percentage of the Premium Paid* for the Current Period of Insurance # )</b>		
0	-	7	12.5	87.5	
8	-	30	25.0	75.0	
31	-	60	37.5	62.5	
61	-	90	50.0	50.0	
91	-	120	62.5	37.5	
121	-	180	75.0	25.0	
181	-	240	87.5	12.5	
241	or	more	100.0	0.0	

\* Premium to be refunded will be the premium applicable to the Policy being cancelled (i.e. including extra premium loadings and after deducting discounts) excluding any other duties or taxes levied on the Policy.

**NOTE :**

# Current Period of Insurance means the Period of Insurance of the Policy during which the Effective Date of Cancellation falls.

# GREAT CARE BENEFIT COMPLIMENTARY DENGUE FEVER COVER

ENDORSEMENT NO. 888 (GCBDFC)

## 1 DEFINITIONS AND INTERPRETATION

**Dengue Fever** means the unequivocal, final and confirmed diagnosis by a Medical Doctor of dengue fever in accordance with prevailing clinical guidelines published by Ministry of Health, where available, and supported by acceptable clinical, radiological, histological and laboratory evidence.

**Endorsement** means this Endorsement No. 888 (GCBDFC).

**Policy** means the GREAT Care Benefit policy, Schedule A of which states this Endorsement.

## 2 INTERPRETATION

- 2.1 All capitalised terms not defined in this Endorsement shall have the same meaning(s) ascribed to them in the Policy.
- 2.2 This Endorsement shall form part of the Policy, the terms of which shall be incorporated into the terms of this Endorsement by this reference. In the event of any inconsistency between the terms of this Endorsement and the Policy, the terms of this Endorsement shall prevail.
- 2.3 The Policy and this Endorsement shall be read, interpreted and construed as one document.
- 2.4 This Endorsement shall only apply if Endorsement No. 888 is stated in Schedule A of the Policy.

## 3 BENEFITS

3.1 Subject to the clauses and conditions of the Policy and this Endorsement, the Company will pay the applicable benefits as set out in the Table of Benefits in Clause 3.2 of this Endorsement if the Life Assured undergoes Hospitalisation as a result of Dengue Fever.

### 3.2 Table of Benefits

Benefit	Benefit Amount (S\$)	
	Gold 500	Platinum 1000
Dengue Fever Cover	\$500 per Hospitalisation	\$1,000 per Hospitalisation

## 4 CONDITIONS OF BENEFITS

- 4.1 While the Policy is in force, the Company will (subject to the rest of the clauses and conditions of the Policy and this Endorsement) pay the Dengue Fever benefit as set out in the Table of Benefits in Clause 3.2 of this Endorsement, corresponding to the Plan Type set out in the Schedule A of the Policy, for each Hospitalisation undergone by the Life Assured due to Dengue Fever.
- 4.2 This benefit shall be payable only if the benefit(s) in Section A and/or B of the Table of Benefits set out in Clause 2.2 of the Policy is payable.
- 4.3 All strains of Dengue Fever shall constitute the same illness for the purposes of the Policy.

## 5 SPECIAL EXCLUSIONS FOR BENEFIT

- 5.1 In addition to the rest of the exclusions set out in the Policy, the Company will not pay out any benefits under this Endorsement where it is declared/ announced/ notified that:
  - (a) as an epidemic by the relevant health authority in Singapore or the Government of the Republic of Singapore; or
  - (b) as a pandemic by World Health Organisation; or

(c) as an epidemic or a pandemic by any locally or internationally recognized medical bodies or council or government.

5.2 Subject to the rest of the clauses and conditions of the Policy and this Endorsement, the benefit in this Policy shall be reinstated upon the revocation of such declaration/ announcement/ notification referred to in Clause 5.1 of this Endorsement.

## **6 CANCELLATION**

6.1 This Endorsement shall be cancelled immediately if the Policy lapses, is surrendered or is otherwise terminated.

SAMPLE

## **GREAT EASTERN LIFE**

**ENDORSEMENT NO. 642 (PPF -1)**

### **POLICY OWNERS' PROTECTION SCHEME**

- 1 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 Life Insurance Association (LIA) or SDIC websites ([www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

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