

**GREAT HOSPITAL CASH  
POLICY VERSION GHC06/23**

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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.

**GREAT HOSPITAL CASH  
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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 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.

1.4 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.

1.5 Country of Issue

The country in which this Policy is issued as set out in Schedule A.

1.6 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.

1.7 Day Surgery

Pre-planned Surgery arranged on the advice of a Medical Doctor, which is carried out by a Medical Doctor who is qualified to perform Surgery at a Hospital or Day Surgery Centre, and which does not require the Life Assured to be hospitalised in the Hospital.

1.8 Day Surgery Centre

Day Surgery Centre refers to any licensed approved medical clinic or centre approved by the Ministry of Health to provide day surgical treatment. Day Surgery Centre does not include dental day surgery centre.

1.9 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.

1.10 Foreigner

A person who is neither a citizen nor a permanent resident of Singapore.

1.11 Government

The government of the Republic of Singapore.

## 1.12 Hospital

Hospital shall refer to an establishment which is constituted and registered under the relevant national laws and regulations as a hospital for the care and treatment of sick and injured persons as bed-paying patients and which:

- (a) has facilities for diagnosis and major surgery;
- (b) provides 24 hours a day nursing services by registered graduate nurses; and
- (c) is under the constant supervision of a Medical Doctor.

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.

## 1.13 Hospitalisation

Confinement of the Life Assured in a Hospital or at home under Virtual Hospital Ward admission by a Restructured Hospital, which must be considered Medically Necessary and:

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

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

1.14.1 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.

1.14.2 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.

## 1.15 Intensive Care Unit (ICU)

An intensive care unit of a Hospital.

## 1.16 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.

#### 1.17 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.

#### 1.18 Living Donor Organ Transplant

Surgery performed on the Life Assured for the purposes of transplanting the Life Assured's organ where the recipient of the organ is the Life Assured's family member, and where the recipient's organ 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.

#### 1.19 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.

#### 1.20 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) approved by the Institutional Review Board, the Centre of Medical Device Regulation, Health Sciences Authority (HSA) or other relevant authority;
- (e) 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; not of an experimental or research nature (including but not limited to experimental, pioneering medical or surgical techniques and medical devices);
- (f) as regards to medicinal products, not on medical trials whether or not these trials have a clinical trial certificate issued by the HSA or other relevant authority; and
- (g) not for Primary Prevention, preventive measures which are not also therapeutic in nature 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.

#### 1.21 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.

## 1.22 Period of Insurance

The Period of Insurance refers to the period of insurance, as set out in Schedule A.

## 1.23 Plan Type

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

## 1.24 Pregnancy and Childbirth 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) Cervical incompetency;
- (h) Choriocarcinoma and hydatidiform mole - Occurrence of a histologically confirmed choriocarcinoma and/or molar pregnancy;
- (i) 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;
- (j) Disseminated intravascular coagulation - Only disseminated intravascular coagulation caused as a result of pregnancy complications is covered;
- (k) Ectopic pregnancy - A condition in which implantation of a fertilised ovum occurs outside the uterine cavity;
- (l) 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;
- (m) Gestational diabetes mellitus - Diagnosis of gestational diabetes mellitus made through a 75g oral glucose tolerance test;
- (n) Infection of amniotic sac and membranes - Infection of the amniotic sac or membranes;
- (o) 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;
- (p) Maternal death;

- (q) 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;
- (r) Medically Necessary abortions;
- (s) Obstetric cholestasis;
- (t) Obstetric injury or damage to pelvic organs - Injuries to the pelvic organs or surrounding structures as a consequence of vaginal delivery;
- (u) Placenta praevia - The presence of placental tissue extending over the internal cervical os, resulting in an indication for caesarean delivery;
- (v) Placental abruption - Premature separation of the placenta from the uterine wall after the twentieth (20th) week gestation that has caused foetal death or has required emergency caesarean section;
- (w) Placental insufficiency and Intrauterine growth restriction - Diagnosis of placental insufficiency leading to intrauterine growth restriction;
- (x) Postpartum haemorrhage requiring hysterectomy - Ongoing uterus bleeding (secondary to an unresponsive and atonic uterus, a ruptured uterus, or a large cervical laceration extending into the uterus) requiring hysterectomy;
- (y) Postpartum inversion of uterus - Condition in which the uterine fundus collapses into the endometrial cavity, turning the uterus partially or completely inside out;
- (z) Pre-Eclampsia or eclampsia;
- (aa) Retained placenta and membranes - The retention of the placenta or other products of conception in the uterus after delivery;
- (bb) Twin-to-twin transfusion syndrome - There should be ultrasonic evidence of a single monochorionic placenta with twin oligohydramnios / polyhydramnios sequence; and
- (cc) 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 general physical check-ups, vaccinations, medical certificates and examinations for employment or travel.

## 1.27 Regulations

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

## 1.28 Renewal Date

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

## 1.29 Restructured Hospital

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

## 1.30 Surgery

Surgery solely refers to surgical operations that are listed in the "Table of Surgical Procedures" under the Medisave Scheme operated by the Ministry of Health and performed in a Hospital. The surgery must be performed by a Medical Doctor and involves local or general anaesthesia.

## 1.31 Virtual Hospital Ward

Virtual Hospital Ward refers only to the home hospitalisation programme in Singapore initiated by the Ministry of Health and implemented by a Restructured Hospital that allows patients of certain medical conditions to be monitored and to receive care and treatment remotely from home as an alternative to being hospitalised.

## 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 (S\$)			
		Plan A	Plan B	Plan C	Plan D
A	<b>Daily Hospital Cash Benefit – Illness / Injury</b> (Up to 730 days per Hospitalisation)	\$100 per day	\$200 per day	\$400 per day	\$600 per day
B	<b>Additional Daily Hospital Cash Benefit - Intensive Care Unit</b> (Up to 60 days per Hospitalisation)	\$200 per day	\$400 per day	\$800 per day	\$1,200 per day
C	<b>Get Well Benefit - Hospitalisation</b> (Lump sum cash benefit, per Hospitalisation for which at least 3 days of room and board charges are incurred)	\$300	\$600	\$1,200	\$1,800
D	<b>Get Well Benefit - Post-Surgery, excluding Day Surgery</b> (Lump sum cash benefit, per Hospitalisation)	\$300	\$600	\$1,200	\$1,800
E	<b>Get Well Benefit - Day Surgery</b> (Lump sum cash benefit, per Day Surgery setting)	\$100	\$200	\$400	\$600
F	<b>Emergency Accidental Outpatient Benefit</b> (on reimbursement basis, per Period of Insurance)	Up to \$100	Up to \$200	Up to \$400	Up to \$600

## 2.3 Conditions of Payment of Benefits

### 2.3.1 Section A: Daily Hospital Cash Benefit – Illness / Injury

The Company will pay the Daily Hospital Cash Benefit – Illness / Injury as stated 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 Hospital or a Virtual Hospital Ward by a Restructured Hospital due to illness or Injury while this Policy is in force, up to a maximum period of 730 days of Hospitalisation, for each Hospitalisation.

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

In addition to the benefits payable under Section A, the Company will pay the Daily Hospital Cash Benefit – Intensive Care Unit as stated 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 while this Policy is in force, up to a maximum period of 60 days of Hospitalisation. For such Hospitalisation in an ICU beyond 60 days, the Company will treat such Hospitalisation as that in a Normal Ward and pay the benefits under Section A, up to a maximum period of 730 days of Hospitalisation, for each Hospitalisation.

### 2.3.3 Section C: Get Well Benefit - Hospitalisation

The Company will pay the Get Well Benefit - Hospitalisation as stated in the Table of Benefits corresponding to the Plan Type set out in Schedule A of this Policy, for each Hospitalisation for which at least 3 days of room and board charges were incurred that the Life Assured undergoes due to illness or Injury, while this Policy is in force.

The Company will only pay this benefit for each Hospitalisation if the Company pays the benefit under Section A or Section B to the Life Assured for that Hospitalisation.

### 2.3.4 Section D: Get Well Benefit – Post-Surgery, excluding Day Surgery

The Company will pay the Get Well Benefit - Post-Surgery, excluding Day Surgery, as set out in the Table of Benefits corresponding to the Plan Type set out in Schedule A of this Policy, if the Life Assured undergoes Surgery due to illness or Injury, excluding Day Surgery, during each Hospitalisation, while this Policy is in force.

The Company will only pay this benefit for each Hospitalisation if the Company pays the benefit under Section A or Section B to the Life Assured for that Hospitalisation.

### 2.3.5 Section E: Get Well Benefit – Day Surgery

The Company will pay the Get Well Benefit - Day Surgery, as set out in the Table of Benefits corresponding to the Plan Type set out in Schedule A of this Policy, if the Life Assured undergoes a Day Surgery due to illness or Injury in a Hospital or Day Surgery Centre without Hospitalisation, while this Policy is in force.

If two or more surgeries are performed through a single Day Surgery setting, the benefit under Section E shall only be payable once.

The Company will not pay for this benefit if the Company pays the benefit under Section A or Section B.

### 2.3.6 Section F: Emergency Accidental Outpatient Benefit

The Company will pay the Emergency Accidental Outpatient Benefit on a reimbursement basis, up to the amounts set out in the Table of Benefits corresponding to the Plan Type set out in Schedule A of this Policy, if the Life Assured undergoes treatment at the Accident and Emergency (A&E) department of a Hospital as an outpatient due to Injury, where such treatment must be given within 72 hours of the occurrence of the Accident. The Company will



reimburse the medical expenses incurred by the Life Assured at the A&E department, up to the limits for Emergency Accidental Outpatient Benefit as stated in Table of Benefits.

The Company will not pay for any minor Injury which does not require urgent remedial treatment to prevent the Life Assured's death or serious impairment to the Life Assured's immediate or long-term health, and where such Injury can be reasonably treated outside a Hospital or the A&E department.

#### 2.3.7 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.

2.3.8 Each Life Assured shall not be covered under more than one GREAT Hospital Cash 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 Hospital Cash 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) Medical treatments that were of an experimental or research nature, including but not limited to:
  - (i) experimental / pioneering medical or surgical techniques;
  - (ii) medical devices not approved by the Institutional Review Board and the Centre of Medical Device Regulation; or
  - (iii) medical trials for medicinal products whether or not these trials have a clinical trial certificate issued by the HSA.
- (c) Where Hospitalisation was solely for the use of drugs, medical devices, procedures, therapies and/or therapeutic products for the purposes of treating an illness, disease or Injury (as the case may be) that have not been approved by HSA and/or the Government, except for drugs, medical devices, procedures, therapies and/or therapeutic products that are:
  - (i) registered with the HSA and/or Government; and
  - (ii) approved by an overseas regulatory agency, which is recognised by HSA as one of its reference drug regulatory agencies, for the purposes of treating the illness, disease or Injury (as the case may be) of the Life Assured.
- (d) Pregnancy and childbirth (including caesarean section, vacuum extraction or forceps delivery and the consequences thereof) except for Pregnancy and Childbirth Complications.
- (e) Elective abortion, spontaneous miscarriage which occurs within first trimester of pregnancy, birth control\*, sterilisation\*, infertility\*, sub-fertility\* or impotence treatment.  
*\* for male or female*
- (f) Elective cosmetic, aesthetic, reconstructive or plastic surgery except for:
  - (i) Breast Reconstruction after Mastectomy; and
  - (ii) Injury sustained as a result of an Accident, that occurs after the Last Policy Effective Date.
- (g) 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.
- (h) Sexually-transmitted diseases.

- (i) 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.
- (j) Hospitalisation of the donor for an organ transplant except for Living Donor Organ Transplant.
- (k) 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.
- (l) The Life Assured engaging in any sport in a professional capacity or where the Life Assured would or could earn income or remuneration or win monetary rewards from engaging in such sport.
- (m) Mountaineering, diving, bungee jumping, racing other than racing on foot, wakeboarding, hang-gliding, rock climbing, parachuting, ballooning, handling of explosives or firearms (even during peacetime military training) 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.
- (n) Sex-change operations.
- (o) 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.
- (p) 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. This exclusion shall not apply to military training for national servicemen or reservists in peacetime.
- (q) 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.
- (r) Routine physical or any other examinations which are solely for the purposes of Primary Prevention or any preventive measures which are not also therapeutic in nature to prevent illness or disease.
- (s) 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.
- (t) Vaccination(s). However, Hospitalisation due to complications arising from vaccination(s) approved by Health Sciences Authority (HSA) will be covered.
- (u) Ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
- (v) Correction for refractive errors of the eye (including the use of artificial lens implant), routine eye and eye examinations.
- (w) Hospitalisation or Surgery 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 3.1(w)(ii) above which were follow-up Hospitalisation 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.
- (x) Treatment of psychiatric, emotional, personality, mental and nervous disorders including depression.

- (y) 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.
- (z) 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.
- (aa) 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)**

Under this Policy, the Company will not pay any benefits or reimburse any medical expenses incurred in respect of, or arising from any Pre-existing Conditions.

## **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.

4.2.3 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 Schedule A.

#### **4.5 Change of Citizenship or Residency Status**

4.5.1 The Policyholder shall notify the Company in writing of any changes to the Life Assured's citizenship or residency status as soon as practicable.

##### **4.5.2 Failure to Give Notice**

If the Policyholder fails to notify the Company in accordance with Clause 4.5.1, and is entitled to benefits payable under this Policy on or after the Renewal Date immediately following the changes to the Life Assured's citizenship or residency status, the Company reserves the right to reject such claims and/or adjust the benefits payable.

##### **4.5.3 Foreigner: Residence Overseas**

(a) The Life Assured shall be deemed to be a Foreigner residing overseas on the date ("the Relevant Date") the Life Assured;

(i) is not a citizen or permanent resident of the Country of Issue; and

(ii) 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.

(b) If the Policyholder notifies the Company in accordance with Clause 4.5.1 above on or after the Relevant Date, the Policy will terminate from the date of such notification and the Company will refund to the Policyholder any premiums paid in respect of the period from the date of such notification up to the next Renewal Date provided that no claims have been made by the Policyholder. If the Policyholder had made claims after the Relevant Date, the Company reserves the right to recover all the claims paid in respect of claims incurred on or after the Relevant Date, and refund all premiums paid in respect of the period after the Relevant Date up to the date of termination.

(c) If the Policyholder fails to notify the Company in accordance with Clause 4.5.1 above on or after the Relevant Date, the Company reserves the right to terminate this Policy from the date when the Company first becomes aware that the Life Assured has been deemed to be a Foreigner residing overseas under Clause 4.5.3(a) above. The Company will refund to the Policyholder any premiums paid in respect of the period from the date of such discovery up to the next Renewal Date provided no claims have been made by the Policyholder. If the Policyholder had made claims after the Relevant Date, the Company reserves the right to recover all the claims paid in respect of claims incurred on or after the Relevant Date, and refund all premiums (excluding MediShield Life's premium) paid in respect of the period after the Relevant Date up to the date of termination.

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

4.6.1 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 4.2, 4.3, 4.4, or 4.5 above for any claim events on or after the effective date of such termination, and/or not renewed in accordance with Clause 5 below.

4.6.2 The Company will not pay any benefit under this Policy 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 or 4.5 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 or 4.5 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 new Plan Type is subject to the same conditions which applied prior to the upgrading/downgrading (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;
- (b) the premium for this Policy shall be revised to correspond with the revised Plan Type ("Revised Premium"); For the avoidance of doubt, any premium loading imposed will also apply to the insurance granted upon the change, unless otherwise agreed in writing by the Company;
- (c) 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
- (d) 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 15 days prior to the premium due date.

5.6.3 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.

5.6.4 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 5.6.4(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 or 4.5 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. 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 or the Policyholder's legal personal representative(s) shall (at the Policyholder's or the Policyholder's legal personal representative(s)' own expense) submit to the Company all certificates, forms, bills, receipts, 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 will be accepted by the Company 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) shall (at the Policyholder's or the Policyholder's legal personal representative(s)' own expense) submit a certificate (in a form prescribed by the Company) signed by a Medical Doctor who attended to the Life Assured in respect of the claim. Otherwise, the Company will not pay any benefit under this Policy.

### 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 terminate or void this Policy by immediate notice 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, 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



## **9 OTHER CONDITIONS**

### **9.1 Form of Notices**

- 9.1.1 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.
- 9.1.2 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.

### **9.2 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.

### **9.3 Errors of Age**

- 9.3.1 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.
- 9.3.2 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.

### **9.4 Absolute Owner**

- 9.4.1 The Company is entitled to treat the Policyholder as the absolute owner of this Policy.
- 9.4.2 The Company will not recognise any equitable or other claim to or interest in this Policy.
- 9.4.3 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.

### **9.5 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.

### **9.6 Law of the Republic of Singapore**

- 9.6.1 This Policy will be construed according to and governed by the laws of the Republic of Singapore.
- 9.6.2 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.

### **9.7 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 HOSPITAL CASH  
POLICY VERSION GHC06/23**

**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>: June 2023</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.