

GREAT EASTERN LIFE

GREAT TERM (DIGITAL)

SECTION A: MAIN BENEFITS

1. DEFINITIONS AND INTERPRETATIONS

- 1.1 **"Basic Sum Assured"** refers to the basic sum assured as set out in the Schedule to the Policy as such amount may be revised from time to time pursuant to the terms of the Policy.
- "Date of Commencement"** refers to the date of commencement as set out in the Schedule to the Policy.
- "Date of Expiry"** refers to the date of expiry as set out in the Schedule to the Policy.
- "Date of Issue"** refers to the date of issue as set out in the Schedule to the Policy.
- "Death Benefit"** refers to the benefit as set out in clause 2.1.
- "Life Assured"** refers to the Life Assured stated in the Schedule to this Policy.
- "Medical Practitioner"** refers to a surgeon or physician qualified by degree in western medicine, who is legally and duly qualified to practise medicine and surgery and authorised in the geographical area of his practice, other than the Policyholder, the Life Assured or a family member of either.
- "N"** refers to the number of complete Policy Years up to the next Policy Anniversary following the event date.
- "Policy Anniversary"** refers to any anniversary of the Date of Commencement.
- "Policy Year"** refers to a period which starts on the Date of Commencement or any Policy Anniversary, and ends on the day immediately before the following Policy Anniversary.
- "Pre-existing Condition"** refers to any condition for which prior to the Date of Issue or the date of any reinstatement (if applicable) of the Policy:
- (a) symptoms of the condition existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
 - (b) medical advice or treatment was recommended by or received from a Medical Practitioner.
- "Pre-existing Terminal Illness"** refers to a Terminal Illness which had first been diagnosed prior to the Date of Issue or the date of any reinstatement (if applicable) of the Policy.
- "Premium"** refers to the premium amount the Policyholder pays at each premium due date; this amount shall include premium loading (if any) but exclude premium discount (if any).
- "Premium Frequency"** refers to the number of times the Premium needs to be paid during the policy year.
- "Terminal Illness"** refers to the conclusive diagnosis of an illness that is expected to result in the death of the Life Assured within twelve (12) months. This diagnosis must be supported by a specialist and confirmed by the Company's appointed doctor. Terminal illness in the presence of HIV infection is excluded.
- "Terminal Illness Benefit"** refers to the benefit as set out in clause 3.1.
- 1.2 A reference to one gender shall include reference to the other genders. Words in the singular shall include the plural and vice versa.
- 1.3 The headings in this Policy are inserted for convenience only and shall not affect the construction and interpretation of this Policy.
- 1.4 A reference to any government or statutory authority shall include and refer to the authority or body succeeding such authority from time to time.
- 1.5 A reference to any statute or statutory instrument shall include and refer to any statute or statutory instrument amending, consolidating or replacing them respectively from time to time and for the time being in force.
- 1.6 References to clauses are to the corresponding numbered provisions set out in Section A of the Policy and references to paragraphs are to the corresponding numbered/titled provisions set out in Section B of the Policy.

2. DEATH BENEFIT

2.1 If the Life Assured dies while the Policy is in force, the Company will pay the higher of the following amounts in one lump sum and the Policy will terminate:

- (a) the Basic Sum Assured; and
- (b) $(\text{Premium} \times \text{Premium Frequency}) \times N$.

2.2 In the event of a revision in Basic Sum Assured or changes to the Premium Frequency (where applicable), the amount payable will be calculated pursuant to Clause 2.1(b) using the prevailing Premium and/or Premium Frequency.

2.3 All future instalments of premiums needed to complete the full year's premium up to the Policy Anniversary following the date on which the Life Assured dies will be deducted from the benefit payable before the balance amount is paid.

2.4 Exclusion for Death Benefit

The payment of the Death Benefit will not be made for death due to:

- (a) suicide while sane or insane; or
- (b) any Pre-existing Condition,

within twelve (12) months from the Date of Issue or date of reinstatement (if applicable) of the Policy and the Policy will be rendered void. The Company will refund all premiums paid for the Policy without interest (after deducting any outstanding debt and any benefits and/or bonuses paid).

3. TERMINAL ILLNESS BENEFIT

3.1 If the Life Assured is diagnosed with Terminal Illness while the Policy is in force, the Company will pay the Death Benefit in one lump sum and the Policy will terminate.

3.2 Exclusion for Terminal Illness Benefit

Payment of the Terminal Illness Benefit will not be made for:

- (a) Terminal Illness in the presence of Human Immunodeficiency Virus ("HIV") infection;
- (b) Pre-existing Terminal Illness; or
- (c) a diagnosis of Terminal Illness due to a Pre-existing Condition within twelve (12) months from the Date of Issue or the date of reinstatement (if applicable) of the Policy.

4. CONDITIONS

4.1 The Policyholder or the claimant must notify the Company of any claim in writing and produce satisfactory proof of the death of the Life Assured or Terminal Illness (as the case may be) on forms required by the Company within six (6) months from the death of the Life Assured or the date of diagnosis of the Terminal Illness (as the case may be).

4.2 The Terminal Illness must be diagnosed by a registered Medical Practitioner and must be supported by clinical, radiological, histological and laboratory evidence acceptable to the Company.

4.3 If required by the Company, the Life Assured must undergo medical examination by the Medical Practitioner appointed by the Company in connection with the alleged Terminal Illness. If the Life Assured refuses to undergo the medical examination by the Medical Practitioner, the Company reserves the right not to pay the Terminal Illness Benefit.

4.4 All medical reports and any other evidence required by the Company for any claim must be furnished at the Policyholder or claimant's expense.

4.5 If there is a claim under the Policy, the Company will not refund any part of the premiums which have been paid.

4.6 The Company will not be liable if there is a failure to comply with any of the above conditions.

5 ALTERATION OF BASIC SUM ASSURED

- 5.1 No increase in Basic Sum Assured is permitted after the Date of Commencement of this Policy.
- 5.2 The Policyholder may apply in writing to the Company to decrease the Basic Sum Assured anytime after the Date of Commencement of this Policy, subject to the minimum sum assured limit.
- 5.3 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 basic life premium shown in the Schedule to this Policy shall be revised to correspond with the revised Basic Sum Assured ("Revised Premium"); and
 - (b) the Company will issue an endorsement to this Policy to reflect the new Basic Sum Assured, the Revised Premium and the effective date of the change.

6 TERMINATION

The Policy will terminate on the earliest of the following dates:

- (a) when the Policy lapses;
- (b) on the Date of Expiry;
- (c) when a claim under clause 2 or 3 is admitted;
- (d) when the Basic Sum Assured is fully paid; or
- (e) when the Company receives the Policyholder's written request for termination of this Policy.

SECTION B: GENERAL PROVISIONS

1 VARYING OF THIS CONTRACT OF INSURANCE

- 1.1 The Policy may only be varied if the Company consents in writing. The Policyholder's and the Life Assured's statements made when applying for the Policy will be taken to be representations and not warranties, unless there is fraud. Any subsequent endorsement made by the Company will take effect from the date of the endorsement.
- 1.2 The Company may from time to time determine the manner in which the Policy is varied by way of an endorsement to the Policy document.

2 RESIDENCE, OCCUPATION AND TRAVEL

The Policy is free from restrictions as regards to residence, occupation and travel.

3 FREE LOOK

- 3.1 The Policy may be cancelled by written request to the Company within fourteen (14) days after the Policyholder receives the Policy document in which case premiums paid less any costs incurred by the Company in assessing the risks for the Policy, including but not limited to, any medical fees incurred, will be refunded.
- 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 seven (7) days after the date of posting.

4 INDISPUTABILITY

The Company will not dispute the validity of the Policy during the lifetime of the Life Assured after two (2) years from the Date of Issue, or date of reinstatement of the Policy, whichever is later, unless there is fraud, non-payment of premiums or claims which would have been denied if arising from exclusions. For the avoidance of doubt, this paragraph only applies to life and critical illness policies and riders.

5 PREMIUMS

- 5.1 The Policyholder has to pay all premiums on or before the due dates without any need for the Company to inform him that a premium is due.
- 5.2 The Policy will continue to be in force as long as the premiums are paid annually in advance. The Company will allow the premiums to be paid by half-yearly, quarterly or monthly instalments.
- 5.3 If there is a claim made on the Policy, the Company will deduct any future instalments needed to complete the full year's premium, from the claim proceeds.
- 5.4 In the event that the Company receives the Policyholder's written request for termination of this Policy, no refund of premiums shall be made by the Company to the Policyholder, except for a termination made under paragraph three (3) of Section B.

6 CONFIRMATION OF AGE

- 6.1 The Policyholder must prove the date of birth of the Life Assured to the Company before the Company is required to pay any benefit under the Policy.
- 6.2 If the Life Assured's age is understated, the Company will pay the benefits under this Policy that the premium paid would have bought according to the rate at the actual age. If the Life Assured's age is overstated, the Company will refund any excess of premium paid.

7 DAYS OF GRACE

- 7.1 The Policyholder has thirty (30) days ("the grace period") from the due date of the premium to pay the renewal premium.
- 7.2 If the Life Assured dies during the grace period before the premium is paid, the Policy will be as valid and effective as though the premium had been paid. However, the Company will deduct all unpaid premium instalments needed to complete one full year's premium, from the claim proceeds.
- 7.3 The Policy will lapse and be null and void if there are still unpaid premiums at the end of the grace period and the Company will forfeit any premiums paid.

8 SUICIDE

If the Life Assured dies by suicide, while sane or insane, within one (1) year from the Date of Issue of the Policy or from the date of any reinstatement, whichever is later, the Policy will be rendered void and the Company will refund all premiums paid to the Policyholder or to the legal personal representative of the estate of the Policyholder if the Policyholder and the Life Assured are the same person regardless of any assignment of the Policy.

9 REINSTATEMENT

If the Policy lapses under the Days of Grace paragraph, the Policyholder may reinstate it within six (6) months from the date of lapsing, at the option of the Company, subject to the following conditions:

- (a) the Policyholder gives evidence of insurability satisfactory to the Company and if any medical reports or tests are required by the Company, the Policyholder will have to pay for these medical reports and tests;
- (b) the Policyholder has to inform the Company of any change in the health of the Life Assured or any circumstances that may affect the health of the Life Assured up to the date of reinstatement of this Policy; and
- (c) the Policyholder pays all unpaid premiums and any interest charged by the Company which have accumulated up to the date of reinstatement.

10 NOTICE OF ASSIGNMENT

A written notice of assignment or charge on the Policy only binds the Company, if it is delivered to the Company at its head office or its branch offices. The Company is not responsible for the validity of any assignment or charge by just acknowledging the notice.

11 NOTICES AND CORRESPONDENCE

- 11.1 Any request, notice, instruction or correspondence required under the 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 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.
- 11.2 The Company's notice, request, instruction or correspondence is presumed to be received:
 - (a) in the case of a letter, on the seventh (7th) day after posting if posted locally, and on the fourteenth (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, on the day that the Company decides is reasonable to receive the notice, request, instruction or correspondence.

12 GOVERNING LAW

The Policy will be governed by the laws of Singapore and the Courts of Singapore have exclusive jurisdiction for any disputes arising out of the Policy.

13 EXCLUSION OF THE CONTRACTS (RIGHTS OF THIRD PARTIES) ACT CAP. 53B

A person who is not a party to the Policy shall have no right under the Contracts (Rights of Third Parties) Act Cap. 53B to enforce any of its terms.

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SAMPLE

GREAT EASTERN LIFE

TPD BENEFIT (DIGITAL)

1. DEFINITIONS AND INTERPRETATIONS

1.1. **"Amount of Benefits"** refers to the amount of benefits for the Rider as set out in the Schedule of Supplementary Benefits, as such amount may be revised from time to time pursuant to the terms of the Policy and/or Rider.

"Basic Sum Assured" refers to the basic sum assured as set out in the Schedule to the Policy as such amount may be revised from time to time pursuant to the terms of the Policy.

"Date of Commencement" refers to the date of commencement of the Policy as set out in the Schedule to the Policy.

"Date of Expiry" refers to the date of expiry of this Rider as set out in the Schedule of Supplementary Benefits.

"Life Assured" refers to the Life Assured stated in the Schedule to the Policy.

"Medical Practitioner" refers to a surgeon or physician qualified by degree in western medicine, who is legally and duly qualified to practise medicine and surgery and authorised in the geographical area of his practice, other than the Policyholder, the Life Assured or a family member of either.

"Policy" refers to the Policy to which this Rider is attached.

"Policy Anniversary" refers to any anniversary of the Date of Commencement.

"Pre-existing Condition" refers to any condition for which prior to the Rider Issue Date or the date of any reinstatement (if applicable) of this Rider:

- (a) symptoms of the condition existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
- (b) medical advice or treatment was recommended by or received from a Medical Practitioner.

"Pre-existing TPD" refers to the Life Assured suffering from TPD prior to the Rider Issue Date or the date of any reinstatement (if applicable) of this Rider.

"Rider Issue Date" refers to the date of issue as set out in the Schedule to the Policy where this Rider is incorporated as part of the Policy at the time of inception of the Policy.

"TPD" refers to such total and permanent disability as defined in clause 3.3.

"TPD Benefit" refers to the benefit as set out in clause 3.

1.2 This Rider forms part of the Policy and is valid only if the Policy is valid. It will not participate in the profits of the Company and will not acquire a surrender value.

1.3 A reference to one gender shall include a reference to the other genders.

1.4 Words in the singular shall include the plural and vice versa.

1.5 The headings in this Rider are for convenience only and will not affect the construction and interpretation of this Rider.

1.6 A reference to any government or statutory authority shall include and refer to the authority or body succeeding such authority from time to time.

1.7 A reference to any statute or statutory instrument shall include and refer to any statute or statutory instrument amending, consolidating or replacing them respectively from time to time and for the time being in force.

2. PREMIUM

2.1 The premium payable for this Rider is shown in the Schedule of Supplementary Benefits or otherwise as may be notified by the Company to the Policyholder in writing. It is payable at the same interval and on the same dates as the basic life premium shown in the Schedule to the Policy. The last premium payable is for the premium due immediately before the Date of Expiry.

3. TOTAL AND PERMANENT DISABILITY BENEFIT

Subject to the clauses of this Rider, the Company will provide the following benefits:

- 3.1 If the Life Assured suffers from TPD while the Policy is in force, the Company will pay the death benefit from the Policy. The Policy and any attaching riders will terminate upon the claim.
- 3.2 The Amount of Benefits shall be the same as the Basic Sum Assured stated in the Schedule to the Policy. In the event that the Amount of Benefits exceeds the reduced Basic Sum Assured due to any claim admitted and paid by the Company, the Company will determine the new revised Amount of Benefits and the new premium payable for the revised Amount of Benefits.
- 3.3 Definition of Total and Permanent Disability

The disability is total and permanent only if the Life Assured suffers from a state of incapacity which is total and permanent, and which:

- (a) is such that there is not at that time, nor at any time thereafter, any work, occupation or profession which the Life Assured can ever perform or follow sufficiently to earn or obtain any wage, remuneration or profit; or
- (b) takes the form of:
 - (i) total and irrecoverable loss of sight in both eyes;
 - (ii) total and irrecoverable loss of the use of two (2) limbs at or above the wrist or ankle; or
 - (iii) total and irrecoverable loss of the sight in one (1) eye and total and irrecoverable loss of the use of one (1) limb at or above the wrist or ankle.

4. EXCLUSIONS

Payment of the TPD Benefit will not be made for TPD resulting from:

- (a) self-inflicted injury, directly or indirectly, wholly or partly, while sane or insane;
- (b) bodily injury sustained, directly or indirectly, wholly or partly, while in or on, or boarding or descending from, an aircraft other than as a:
 - (i) fare-paying passenger or a crew member on an aircraft licensed for passenger service and operated by a regular airline on a scheduled route; or
 - (ii) passenger who is a member of the armed forces travelling as a passenger in a military transport aircraft; or
 - (iii) Provider of airport ground handling, aviation catering, aircraft engineering or other aviation-related services while the aircraft is on the ground.
- (c) Pre-existing TPD; or
- (d) a diagnosis of TPD due to Pre-existing Condition within twelve (12) months from the date of commencement or the date of reinstatement (if applicable) of this Rider.

5. CONDITIONS

- 5.1. The Policyholder or claimant must notify the Company of any claim in writing and produce satisfactory proof of the TPD on forms required by the Company within six (6) months from the date of diagnosis of the TPD.
- 5.2. The TPD suffered by the Life Assured must be diagnosed by a registered Medical Practitioner and must be supported by clinical, radiological, histological and laboratory evidence acceptable to the Company.
- 5.3. If required by the Company, the Life Assured must undergo medical examination by a Medical Practitioner appointed by the Company in connection with the alleged TPD. If the Life Assured refuses to undergo the medical examination by the Medical Practitioner, the Company reserves the right not to pay the TPD Benefit.
- 5.4. The Company reserves the right to obtain medical evidence at its own expense at any time to confirm the Policyholder's continuing TPD.

- 5.5. All medical reports and any other evidence required by the Company for any claim must be furnished at the Policyholder's or claimant's expense.
- 5.6. The Life Assured's disability under clause 3.3(a) must occur before the Policy Anniversary on which his age next birthday is sixty-five (65) years.
- 5.7. The total amount of benefits payable by the Company for total and permanent disability is limited to S\$5,000,000 under this Rider, and all policies and riders issued by the Company on the same Life Assured.
- 5.8. The Company will not be liable if there is a failure to comply with the above conditions.

6 ALTERATION OF AMOUNT OF BENEFITS

- 6.1 No increase in Amount of Benefits is permitted after the date of commencement of this Rider.
- 6.2 The Policyholder may apply in writing to the Company to decrease the Amount of Benefits anytime after the date of commencement of this Rider, subject to the minimum sum assured limit. The reduced Amount of Benefits of this rider must be equal to the Basic Sum Assured of the Policy.

If the Basic Sum Assured of the Policy is decreased in accordance with the terms of the Policy, the Amount of Benefits shall be automatically revised by the Company such that the Amount of Benefits shall at all times be equivalent to the Basic Sum Assured of the Policy.
- 6.3 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:
 - (c) the Premium as set out in the Schedule of Supplementary Benefits shall be revised to correspond with the revised Amount of Benefits; and
 - (d) the Company will issue an endorsement to the Policy to reflect the new Amount of Benefits, the revised premium and the effective date of the change.

7 TERMINATION

This Rider will terminate on the earliest of the following dates:

- (a) when this Rider lapses;
- (b) on the Date of Expiry;
- (c) when a claim under clause 3 is admitted;
- (d) the date when the Policy lapses, is surrendered or is otherwise terminated; or
- (e) when the Company receives the Policyholder's written request for termination of the Policy.

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