

**ESSENTIAL PROTECTOR PLUS
POLICY VERSION 03/10**

In this Policy, "the Company" refers to THE GREAT EASTERN LIFE ASSURANCE COMPANY LIMITED and "the Policyholder" is the Policyholder named in Schedule attached. "Life Insured" refers to the Life Insured named in the same Schedule.

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

This Policy is made up of:

- (a) this Policy document;
- (b) the written Proposal;
- (c) the Declaration;
- (d) any endorsements made at the issue of this Policy document or subsequent to the issue of this Policy document; and
- (e) all written statements given by the Policyholder to the Company,

all of which forms the basis of this contract of insurance between the Company and the Policyholder.

At any time during the Period of Insurance as defined in this Policy, if the Life Insured suffers any Loss as described in this Policy caused directly and solely by an Accident as defined in this Policy or as a result of the Illness as defined in this Policy, the Company will pay to the Policyholder, or if the Policyholder dies, to the Policyholder's legal personal representative(s), the benefits in this Policy.

This Policy may only be varied if the Company consents in writing. The Company may from time to time determine the manner in which this Policy is varied by way of an endorsement to the Policy document.

This Policy is signed on the date of issue.

DIRECTOR

DIRECTOR

**Essential Protector Plus
POLICY VERSION 03/10**

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The table of contents, headings and sub-headings in this Policy are inserted merely for ease of reference and do not in any way assist or should be referred to in the interpretation of the clauses contained in this Policy

**Essential Protector Plus
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1. POLICY DEFINITIONS

1.1 Commencement Date of Insurance of Life Insured

Date on which the Essential Protector Plus insurance on the Life Insured first began whether under this Policy or any policy for which insurance under this Policy is a subsequent renewal or reinstatement of this Policy.

1.2 Capital Sum Insured

The applicable amount insured under Section A, B & C: Death, Major Permanent Disablement and Other Permanent Disablement as stated in the Table of Benefits in Appendix A.

1.3 Limit Insured

The applicable limit of the amount payable under Section D: Medical Expense Reimbursement Benefit as stated in the Table of Benefits in Appendix A.

1.4 Sum Insured

The applicable maximum amount payable under Section E: Fractures / Dislocations / Burns Benefit as stated in the Table of Benefits in Appendix A.

1.5 Daily Benefit

The applicable daily cash benefit payable under Section F: Hospital Income Benefit as stated in the Table of Benefits in Appendix A.

1.6 Renewal Date

Renewal Date refers to any policy anniversary of the Commencement Date of the Policy stated in Schedule attached to this Policy.

1.7 Period of Insurance

A Period of Insurance means a period of duration of 1 calendar year starting from and including

- (a) The Commencement Date of this Policy as stated in Schedule to this Policy, or
- (b) A Renewal Date of this Policy, if insurance is renewed in accordance with Clause 6 but excluding the immediately following Renewal Date.

1.8 Effective Date of Cancellation

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

1.9 Loss

Any Loss stated in the Table of Compensation of this Policy.

1.10 Accident

An event which results in a Loss to the Life Insured caused solely and directly by accidental, violent, external, and visible means and independently of all other causes.

1.11 Permanent Disablement

Any Loss other than death which is stated in the Table of Compensation and which is of a total and permanent nature.

1.12 Total and Permanent Disability

The Life Insured must be completely and totally paralysed or be permanently bedridden or, if the Life Insured is under the age of 65 years, the Life Insured must be so disabled that the Life Insured will be unable to perform any work, occupation or profession:

- (a) for at least 12 consecutive months; and
- (b) in the opinion of the attending Physician, at any time afterwards, to earn or obtain any wages, remuneration or profit.

1.13 Loss of Arm

Total and irrecoverable loss of all use of the arm as certified by a qualified Physician, or actual severance of the arm at or above the wrist.

1.14 Loss of Leg

Total and irrecoverable loss of all use of the leg as certified by a qualified Physician, or actual severance of the leg at or above the ankle.

1.15 Loss of Sight

Total and irrecoverable loss of sight as certified by a qualified Physician.

1.16 Loss of Hearing

Total and irrecoverable loss of hearing as certified by a qualified Physician.

1.17 Loss of Speech

Total and irrecoverable loss of speech as certified by a qualified Physician.

1.18 Loss of Finger or Loss of Thumb or Loss of Toe

The actual severance at or above the respective metacarpo - phalangeal joint.

1.19 Physician

Any physician qualified by degree in western medicine who is legally licensed and qualified to practise medicine and surgery and authorised in the geographical area of his practice other than the Policyholder, Life Insured or a family of either.

1.20 Hospital

An establishment constituted and registered 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, provides 24 hours a day nursing services by registered graduate nurses and is under the constant supervision of a Physician; or
- (b) Is a Government / restructured specialist medical centre.

However, the term "Hospital" does not refer to a clinic, an alcoholic or drug

rehabilitation centre, a nursing, rest or convalescent home, a spa or a hydroclinic, a Community Hospital or similar establishment.

1.21 Hospitalisation

Confinement of the Life Insured in a Hospital

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

1.22 Reasonable and Customary

Charges applicable for similar or comparable treatment or services provided to individuals of the same sex and comparable age for similar disability or injury in the geographical area where treatment is provided.

1.23 Medical Expenses

Expenses incurred for:

- (a) Medical and surgical treatment by a Physician, for Hospitalisation or for employment of a trained nurse which is actual, Medically Necessary and Reasonable and Customary for such treatment or services; and
- (b) Treatment provided by a registered traditional Chinese medical practitioner. The term "registered" means registered with the Ministry of Health in the Republic of Singapore.

Medical Expenses excludes the expenses incurred for the following:

- (i) Treatment provided by a family member of the Life Insured or self-treatment by the Life Insured, including the prescription of drugs and the consequences of such treatment.
- (ii) Transport for any trip made for obtaining medical treatment except for ambulance services.
- (iii) Cost incurred reasonably and necessarily on the rental or purchase of mobility aids prescribed by an attending Physician.

Medical Expenses exclude government tax, other than Goods and Services Tax levied in Singapore, payable on such Medical Expenses.

1.24 Motor Cycling

Riding, whether steering or as a passenger, on any two-wheeled motor vehicle, with or without sidecar.

1.25 Pre-Existing Condition

Any condition, illness, disease, disability or defect for which prior to the Commencement

Date of Insurance of the Life Insured or before the Reinstatement Date:

- (a) the Life Insured has sought medical advice, been investigated, been diagnosed, been hospitalised, received medical treatment, undergone surgical operation, or been prescribed drugs at any time; or
- (b) signs and symptoms manifested which would have caused a prudent person to seek counselling, seek medical advice, undergo investigation or diagnostic tests, receive medical treatment, undergo surgery, be hospitalised, or be prescribed drugs.

1.26 **Medically Necessary**

Means a treatment which is ordered by a Physician and which is:

- (a) provided for the direct treatment of a medical condition;
- (b) appropriate and consistent with the symptoms and findings or diagnosis and treatment of that medical condition;
- (c) provided in accordance with generally accepted medical practice on a national basis;
- (d) the most appropriate supply or level of service which can be provided on a cost effective basis; or
- (e) not of an experimental nature, not of an investigative nature and not in the nature of research.

1.27 **Illness**

Unequivocal, final and confirmed diagnosis of any of the following Illness, as defined by internationally accepted medical diagnostic criteria, by a Physician, supported by acceptable clinical, radiological, histological and laboratory evidence:

- (a) Dengue Haemorrhagic Fever; or
- (b) Food Poisoning.

1.28 **Waiting Period**

A period of 30 days starting from the Commencement Date or the date of the last reinstatement of this Policy, whichever is the later date.

2 **BENEFITS**

2.1 **Subject to Clauses**

Benefits payable under this Policy are subject to the clauses of this Policy.

2.2 **Payment of Benefits**

The Policyholder is entitled to the following benefits if the Life Insured suffers the Loss stated as a result of an Accident which occurs during a Period of Insurance, and within 365 days of the Accident, while this Policy is in force.

Section	Loss	Benefit Payable
A	Death	Capital Sum Insured (as stated in the Table of Benefits in Appendix A corresponding to the plan type set out in the Schedule of this Policy) less any benefits paid for Major Permanent Disablement under Section B and Other Permanent Disablement under Section C as a result of the same Accident.
B	Major Permanent Disablement	Proportion of Capital Sum Insured (as stated in the Table of Benefits in Appendix A corresponding to the plan type set out in the Schedule of this Policy) as stated in the Table of Compensation less any benefits paid for Other Permanent Disablement under Section C as a result of the same Accident.
C	Other Permanent Disablement	Proportion of Capital Sum Insured (as stated in the Table of Benefits in Appendix A corresponding to the plan type set out in the Schedule of this Policy) as stated in the Table of Compensation.
D	Medical Expense Reimbursement including Traditional Chinese Medical Treatment	Reimbursement up to the Limit Insured (as stated in the Table of Benefits in Appendix A corresponding to the plan type set out in the Schedule of this Policy).
E	Fractures / Dislocations / Burns Benefit	Proportion of Sum Insured (as stated in the Table of Benefits in Appendix A corresponding to the plan type set out in the Schedule of this Policy) for each injury as listed in the Table of Compensation.
F	Hospital Income Benefit including Hospitalisation due to Illness (Dengue Haemorrhagic Fever & Food Poisoning)	Daily Benefit (as stated in in the Table of Benefits in Appendix A corresponding to the plan type set out in the Schedule of this Policy) for each day of Hospitalisation of the Life Insured.

2.3 Table of Compensation

Section	Loss	Compensation
A	DEATH	Capital Sum Insured
B	MAJOR PERMANENT DISABLEMENT Total and Permanent Disability	Proportion of Capital Sum Insured 150%

Loss of or the Irrecoverable Total Loss	150%
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Section	Loss	Compensation
	of Use of Both Arms or Both Legs or One Arm and One Leg Loss of or the Irrecoverable Total Loss of Use of One Arm or One Leg Loss of Sight in Both Eyes Loss of Sight in One Eye Loss of or the Irrecoverable Total Loss of Use of One Arm or One Leg and Sight in One Eye	125% 150% 100% 125%
C	OTHER PERMANENT DISABLEMENT Loss of Lens in One Eye Loss of Hearing in Both Ears Loss of Hearing in One Ear Loss of Speech Loss of Thumb and Four Fingers of One Hand Loss of Four Fingers of One Hand Loss of Thumb (Both Phalanges) Loss of Thumb (One Phalanx) Loss of Index Finger (Three Phalanges) Loss of Index Finger (Two Phalanges) Loss of Index Finger (One Phalanx) Loss of Any Other Finger Loss of All Toes on One Foot Loss of Big Toe Loss of Any Other Toe	Proportion of Capital Sum Insured 50% 75% 25% 50% 75% 40% 30% 15% 10% 8% 6% 5% 15% 5% 1%
D	Medical Expense Reimbursement	Reimbursement up to the Limit Insured
E	Fractures / Dislocations / Burns a) Fractures of hip or pelvis (excluding thigh or coccyx) Multiple fractures, at least one compound and at least one complete; All other compound fractures: Multiple fractures, at least one complete: All other fractures: b) Fractures of thigh or heel Multiple fractures, at least one compound and at least one complete; All other compound fractures: Multiple fractures, at least one complete;	Proportion of Sum Insured 60.0% 30.0% 15.0% 12.0% 50.0% 24.0% 15.0%

Section	Loss	Compensation
	All other fractures:	12.0%
	c) Fractures of lower leg, skull, clavicle, ankle elbows, upper or lower arm (including wrists but excluding colleen-type fractures)	
	Multiple fractures, at least one compound and at least one complete:	24.0%
	All other compound fractures:	15.0%
	Multiple fractures, at least one complete:	12.0%
	Depressed fracture of the skull needing surgical intervention:	7.2%
	All other fractures:	6.0%
	d) Collen-type fracture of the lower arm	
	Compound fracture:	12.0%
	Other fracture:	6.0%
	e) Fractures of shoulder blade, knee cap, sternum, hand (excluding fingers and wrists), foot (excluding toes or heel)	
	All compound fractures:	12.0%
	All other fractures:	6.0%
	f) Fractures of spinal column (vertebrae but excluding coccyx)	
	All compressions fractures:	12.0%
	All spinous, transverse process of pedicle fractures:	12.0%
	Fracture leading to permanent neurological damage:	6.0%
	All other vertebrae fractures:	6.0%
	g) Fractures of lower jaw	
	Multiple fractures, at least one compound and at least one complete:	15.0%
	All other compound fractures:	12.0%
	Multiple fractures, at least one complete:	12.0%
	All other fractures:	4.8%
	h) Fractures of rib or ribs, cheek bone, coccyx, upper jaw, nose, toe or toes, finger or fingers	
	Multiple fractures, at least one compound	9.5%

	and at least one complete: All other compound fractures:	7.2%
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Section	Loss	Compensation
	Multiple fractures, at least one complete:	4.8%
	All other fractures:	2.4%
	i) Burns: 2 nd or 3 rd degree burns on	
	- at least 27% of body surface:	30.0%
	- at least 18% of body surface:	24.0%
	- at least 9% of body surface:	12.0%
	- at least 4.5% of body surface:	6.0%
	j) Dislocations requiring surgery under anaesthesia	
	(1) Spine or back, diagnosed by X-ray (excluding slipped disc):	60%
	(2) Hip:	37.5%
	(3) Knee:	18.8%
	(4) Wrist or elbow:	15.0%
	(5) Ankle, shoulder blade or collarbone	7.5%
	(6) Fingers, toes or jaw:	3.0%
F	Hospital Income Benefit	Daily Benefit insured per day of Hospitalisation

2.4 Conditions of Payment of Benefits

2.4.1 The Company will only pay the benefits for any Loss if the Life Insured suffers the Loss stated as a result of an Accident which occurs during a Period of Insurance, and within 365 days of the Accident, subject to the clauses of this Policy.

2.4.2 Sections A, B & C: Death, Major Permanent Disablement & Other Permanent Disablement

The Company will only pay benefits under Sections A, B and C of the Table of Compensation, taken together, of up to and not more than 150% of the Capital Sum Insured for all Losses suffered by the Life Insured due to Accidents during the lifetime of the Life Insured.

2.4.3 Section D: Medical Expense Reimbursement

2.4.3.1 The Company will pay benefits under this Section D: Medical Expense Reimbursement by way of reimbursement to the Policyholder of Medical Expenses incurred subject to the Limit Insured as stated in the Table of Benefits in Appendix A corresponding to the plan type set out in the Schedule of this Policy.

2.4.3.2 The Company will not pay any benefit directly to any Hospital, Physician or any other provider of medical or surgical attention or treatment.

2.4.3.3 The benefit payable under this Policy, together with reimbursement of Medical Expenses paid or payable from other sources including (but not limited to) MediShield, other insurance policies and employee benefit provisions must not be more than the Expenses actually incurred for any claim made under this Policy.

2.4.3.4 (a) Subject to clause 2.4.3.4(b), the Company will reimburse Medical Expenses paid to any registered traditional Chinese medical practitioner, for reasonable and necessary medical treatment provided to the Life Insured for any bodily injury sustained by the Life Insured caused by an Accident. The term "registered" means registered with the Ministry of Health in the Republic of Singapore.

(b) Any reimbursement of expenses in clause 2.4.3.4(a) is subject to a limit of not more than S\$ 500 for each Accident, which also forms part of the limit for Medical Expense Reimbursement described in Table of Benefits in Appendix A corresponding to the plan type set out in the Schedule.

2.4.3.5 The Limit Insured in the Table of Benefits in Appendix A for this Section D: Medical Expenses Reimbursement will be doubled if the Accident that resulted in the Life Insured suffering from the Loss occurred while the Life Insured was outside Singapore and the Life Insured was first provided with medical and surgical treatment by a Physician and/or was Hospitalised and/or a trained nurse was employed which was actual, Medically Necessary and Reasonable and Customary for such treatment or services as a result of the Accident, in the country in which the Accident occurred. The increase in the Limit Insured will continue to apply for subsequent medical and surgical treatments or services provided to the Life Insured arising from the same Accident. However, this increase in the Limit Insured will not apply to any treatment provided by a registered traditional Chinese medical practitioner.

2.4.3.6 If the Medical Expenses have been partly or fully reimbursed:

- (a) from the Medisave account of the Policyholder administered by the Central Provident Fund Board; and/or
- (b) under MediShield; or
- (c) under a policy pursuant to the Private Medical Insurance Scheme,

then the Company will pay part or all of the benefits under clause 2.4.3, to reimburse the Central Provident Fund Board for payments made from the Medisave account of the Policyholder and/or MediShield or a policy pursuant to the Private Medical Insurance Scheme to reinstate partially or fully the claim limits of the Life Insured under that Scheme, in accordance with legislation or regulations prevailing at the time of submission of the claim.

2.4.4 Section E: Fractures/Dislocations/Burns

- 2.4.4.1 Notwithstanding Clause 2.2 and Clause 2.4.1 above, the Company will only pay the benefits under Section E if the Loss is caused by an Accident which occurs within 90 days of the date of that Accident.
- 2.4.4.2 If a claim is admitted under this Policy for any fractures listed from (a) to (h) under Section E of the Table of Compensation and osteoporosis is first diagnosed at the time of such fracture, no further claim will be admitted in respect of any fractures sustained (the fractures listed under Section E of the Table of Compensation) by the Life Insured.
- 2.4.4.3 If the Company pays benefits for any dislocation listed under (1) to (6) under (j) in Section E of the Table of Compensation ("that dislocation"), the Company will only pay benefits for a new dislocation similar to that dislocation if the new dislocation occurs after a period of 12 consecutive months from the date on which the Life Insured first suffered from that dislocation.
- 2.4.4.4 The Company will pay benefits up to the limit stated in the Table of Benefits in Appendix A corresponding to the plan type set out in the Schedule of this Policy for any number of injuries suffered by the Life Insured under Section E arising from one Accident.

2.4.5 Section F: Hospital Income Benefit

Notwithstanding that in clause 2.2 and 2.4.1, the Loss suffered must occur within 365 days of an Accident, the Company will only pay the Daily Benefit for up to and not more than a maximum period of 180 days:

- (a) for any Accident and if the Life Insured undergoes Hospitalisation for 12 consecutive hours or more; or
- (b) if the Life Insured undergoes Hospitalisation as a result of suffering from a Illness provided that no Daily Benefit will be payable during the Waiting Period.

2.4.6 Female Lives : Sections A, B, C and F Automatic Increase in Capital Sum Insured by 20%

If the Life Insured is female, the Company will increase the Capital Sum Insured and Daily Benefit by 20% when computing the benefits payable under Sections A, B, C and F and the limits (if any) on these benefits.

2.4.7 Terrorist Activities

Notwithstanding clause 4(m) below, the Company will pay benefits for Death and Total Permanent Disability resulting from terrorist activities provided that total benefits payable for such Losses is limited to S\$2,000,000/- under this Policy and all policies, riders, provisions and supplementary contracts based on the Life Insured, giving similar benefits.

3 REDUCTION IN BENEFITS : HIGH RISK ACTIVITIES

3.1 Reduction of Benefits : Twenty-Five Percent (25%)

3.1.1 The Company will reduce all benefits payable under this Policy by 25% if the Life Insured suffers the Loss while engaging in:

- (a) Winter sports or ice-hockey; or
- (b) Horse-riding or Polo-playing; or
- (c) Bicycle racing; or
- (d) Canoeing, sailing or windsurfing.

3.1.2 However, the Company will exclude, from the insurance under this Policy, any of the above activities engaged by the Life Insured in a professional capacity or where the Life Insured is engaging in any of the above activities in any race or competition in which other competitors representing various nations are also taking part.

3.1.3 Furthermore, if it is proven that the Life Insured suffered the Loss while engaging in any of these activities and in so doing, broke or disregarded the usual precautions and safety guidelines accepted for that activity, the Company may adjust any benefits otherwise payable under this Policy or reject the claim for such benefit.

3.2 Reduction of Benefits : Fifty Percent (50%)

3.2.1 The Company will reduce all benefits payable under this Policy by 50% if the Life Insured suffers the Loss while engaging in:

- (a) Mountaineering, rock-climbing, caving, pot-holing or hunting; or
- (b) Hang-gliding, sky-diving or parachuting; or
- (c) Scuba diving but only if the Life Insured is a registered member of a recognised national scuba diving association or federation and is diving in accordance with the rules and regulations of that association or federation (otherwise, no benefits shall be payable); or
- (d) Boxing, wrestling or any martial arts activities, whether in training or in competition; or
- (e) Motor Cycling; or
- (f) Military or police service of a peace-time nature, namely normal training, rangework and military exercises including National Service under Section 10 of the Enlistment Act Cap 93 of the Republic of Singapore (other than peace-time reservist duty under Section 14 of the Enlistment Act Cap 93 of the Republic of Singapore whereby full benefits shall be payable).
- (g) Coaching: swimming coaches training students in the swimming pool, soccer coaches, tennis coaches, table tennis coaches, badminton coaches, yoga and pilates trainers, gym personal trainer.

3.2.2 However, the Company will exclude, from the insurance under this Policy, any of the above activities (except for the activity listed in 3.2.1(f) and 3.2.1(g) above) engaged by the Life Insured in a professional capacity, or where the Life Insured is engaging in any of the above activities (except for the activity listed in 3.2.1(f) and 3.2.1(g) above) in any race or competition in which other competitors representing various nations are also taking part.

3.2.3 Furthermore, if it is proven that the Life Insured suffered the Loss while engaging in any of these activities and in so doing broke or disregarded the usual precautions and safety guidelines accepted for that activity, the Company may adjust any benefits otherwise payable under this Policy or reject the claim for such benefit.

4 EXCLUSIONS

The Company will not pay any benefit for any Loss incurred as a result of:

- (a) Self-inflicted injuries, suicide or attempted suicide, while sane or insane.
- (b) Insanity or mental disorder.
- (c) Disease of any kind or infection (other than pyogenic infection occurring simultaneously with and in consequence of an accidental cut or wound).
- (d) Childbirth, pregnancy and related complications.
- (e) Radiation or contamination by radioactivity.
- (f) Provoked assault.
- (g) Active participation in strikes, riots or civil commotion.
- (h) Violation or attempted violation of the law or resistance to lawful arrest or any resultant imprisonment.
- (i) The Life Insured being under the influence of alcohol or drugs except drugs prescribed by a Physician for the purpose of treatment.
- (j) The Life Insured being in or on an aircraft of any type, or boarding or descending from any aircraft, except as a fare-paying passenger or a crew member on an aircraft on a regular scheduled route operated by a recognised airline.
- (k) Racing of all kinds other than on foot or on bicycle.
- (l) The Life Insured engaging in any sport in:
 - (i) a professional capacity; or
 - (ii) any race or competition in which other competitors representing various nations are also taking part,

except for the following types of coaching: swimming coaches training students in the swimming pool, soccer coaches, tennis coaches, table tennis coaches, badminton coaches, yoga and pilates trainers, gym personal trainer.
- (m) War, declared or undeclared, terrorist activities, invasion, rebellion, revolution, civil war or any warlike operations.
- (n) The Life Insured engaging in commando or bomb disposal duties/training, active military duties such as maintenance of civil order, engagement in hostilities, whether war be declared or not, and travel by military aircraft or waterborne vessel,

notwithstanding clause 3.2.1(f).

- (o) A Pre-Existing Condition.
- (p) The Life Insured performing his respective normal duties in his occupation:
 - (i) where it involves working from heights (of at least 20 meters above the ground or floor level); or in confined spaces such as vessels, tunnels, underground civil works and mines;
 - (ii) where it involves working in railways; ships or shipyards, warehouses, power stations, chemical factories;
 - (iii) where it involves the operation, servicing and/or installation heavy machinery (heavy-duty vehicles, air and water transportation devices included);
 - (iv) where it involves the servicing and/or installation of air-conditioners;
 - (v) in the building trade (including construction workers, cable installers, electricians); or where it involves working with wood, metal, glass or bleach;
 - (vi) as offshore rig personnel or as timber camp personnel; or as plant operators;
 - (vii) where it is related to providing protective services (including bouncers, life guards, wardens and firemen);
 - (viii) where it is related to martial arts and the like; or as performing artists (including stuntmen) or escorts; or
 - (ix) as animal trainers; or debt collectors; or odd-job labourers.

5 TERMINATION

5.1 Termination on Renewal Date

On any Renewal Date of this Policy, insurance under this Policy will end unless the insurance has been renewed in accordance with Clause 6 below.

5.2 Death of Policyholder (if not the same as the Life Insured)

5.2.1 If the Policyholder (who is not the Life Insured) dies, this Policy will continue for the Life Insured until the Renewal Date of this Policy following the date of the death. On the Renewal Date, the Company will insure the Life Insured under a new Essential Protector Plus policy without requiring fresh evidence of insurability, subject to the submission of a fresh proposal by a party with valid insurable interest on the Life Insured, before the Renewal Date stated above, except where insurance ends on the Renewal Date in accordance with Clauses 5.4, 5.5, 5.6, 5.7 or 5.8 below.

5.2.2 The new policy to be issued in accordance with Clause 5.2.1 will be issued on the clauses of the Essential Protector Plus policy existing as at the Renewal Date.

5.2.3 Any endorsement on or variation in this Policy authorised by the Company and any premium loading imposed will also apply to the new policy issued unless

otherwise agreed by the Company.

5.3 Death of Life Insured

5.3.1 Insurance under this Policy will end once the Life Insured dies.

5.3.2 If insurance under this Policy ends due to the death of the Life Insured, the Policyholder [or the Policyholder's personal legal representative(s)] will be entitled to a pro-rated refund of premium in respect of the insurance on the deceased Life Insured for the duration remaining up to the Renewal Date after the date of death except that if the premium is paid on a monthly basis, the duration referred to is up to the date before the next due date of the premium following the death of the Life Insured.

5.4 Cancellation by Policyholder

5.4.1 The Policyholder may cancel this Policy by submitting a notice of cancellation to the Company and returning the original policy document to the Company for endorsement upon which this Policy will be treated as ended on the Effective Date of Cancellation except if the premium is paid on a monthly basis as set out in the Schedule, the Policy will be treated as ended on the next due date of the premium following the date of receipt of the notice of cancellation by the Company.

5.4.2 All insurances under this Policy will be treated as ended on the Effective Date of Cancellation.

5.4.3 Subject to clause 11.4, upon termination of this Policy by cancellation, the Policyholder is entitled to a refund of premium less the premium at the Company's Short Period Rates (see Appendix B to this Policy) for the duration this Policy has been in force since the Renewal Date preceding the Effective Date of Cancellation, unless the premium is paid on a monthly basis as set out in the Schedule, in which case, no refund of premium will be made to the Policyholder.

5.4.4 If no date of cancellation is specified in the notice of cancellation, the Company will assume that the Effective Date of Cancellation is the date of receipt of the notice of cancellation by the Company.

5.5 Life Insured Attains Age 75

If the Life Insured has reached the age of 75 years on a Renewal Date of this Policy, all insurances under this Policy will end on that Renewal Date and will not be renewed.

5.6 Aggregate Claims Equalling or Exceeding the Capital Sum Insured under Section B & C

If total claims equal to or more than 100% of Capital Sum Insured has been admitted under Section B & C of the Table of Compensation, before taking into account the reduction of benefits stated in clause 3.1 or 3.2 of this Policy (where applicable), then all insurances under this Policy will end on the Renewal Date immediately following the date of the Accident for which the claim was submitted and will not be renewed.

5.7 Not Singapore Citizen or Permanent Resident : Residence Overseas

All insurances on the Life Insured will end on the Renewal Date of this Policy and will not be renewed if, on that date, the Life Insured:

- (a) is not a citizen or permanent resident of the Country of Issue;
- (b) has resided outside the Country of Issue for more than 180 days, whether

- continuously or otherwise; and
(c) is still residing outside the Country of Issue.

5.8 Termination due to termination of contract of employment

- 5.8.1 If the Life Insured is working in Singapore under a work permit or employment pass issued by the Ministry of Manpower, the insurances under this Policy will terminate on the date that his contract of employment is terminated (“the termination date”).
- 5.8.2 The Life Insured will notify the Company of the termination of his contract of employment and the Company will refund the premium paid less the premium to be computed under the Company’s Short Period Rates for the period this Policy was in force for the Period of Insurance during which this Policy was terminated unless the premium is paid on a monthly basis as set out in the Schedule, in which case, no refund of premium will be made to the Policyholder.
- 5.8.3 Any failure to give notice by the Life Insured under sub-clause 5.8.2 above, will not extend the insurances under this Policy beyond the termination date, however, the termination of the insurances under sub-clause 5.8.1 will not prejudice any claim arising before the termination date.

5.9 No Benefits Payable after Termination of Insurance

- 5.9.1 If insurance has been terminated in accordance with clauses 5.4, 5.5, 5.6, 5.7, and 5.8 above, the Company will not pay any benefits under this Policy for any Losses incurred by the Life Insured on or after the date of such termination.
- 5.9.2 The Company will not pay any benefits for any Losses incurred by the Life Insured on or after a Renewal Date of this Policy unless insurance for the Life Insured has been renewed in accordance with Clause 6 below.

6 RENEWAL

6.1 When No Renewal Allowed

The Company will not renew the Insurance under this Policy for the Life Insured if

- (a) Insurance has been terminated in accordance with clauses 5.4, 5.5, 5.6, 5.7 or 5.8 above.
- (b) The Company gives 30 days notice that the insurance will not be renewed.

The Company will not be required to give notice for termination in accordance with clauses 5.5, 5.6, 5.7 or 5.8 above.

6.2 Renewal upon Payment of Premium

- 6.2.1 Unless Clause 6.1 applies, insurance under this Policy will be renewed for a further Period of Insurance from a Renewal Date of this Policy upon payment of the required premium for renewal on or before the Renewal Date.
- 6.2.2 All endorsements on and variations in this Policy authorised by the Company and any premium loading imposed will also apply to the insurance granted upon renewal unless otherwise agreed in writing by the Company.

6.3 Grace Period

- 6.3.1 A Grace Period of 30 days 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 terminated on the Renewal Date and may only be reinstated with the consent of the Company.

- 6.3.2 If an Accident occurs during the Grace Period and a claim is submitted, and if the amount of benefits payable under this Policy by the Company on such a claim:
- (a) Is more than the premium required for renewal of insurance, the Company will renew the insurance and the benefit payable will be reduced by the amount of the premium required for the renewal.
 - (b) Is less than the premium required for renewal of insurance, the insurance will not be renewed unless the policyholder pays the excess of the required renewal premium, over the claim benefit payable, to the Company before the expiry date of the Grace Period.
- 6.3.3 If during the Grace Period, insurance on the Life Insured begins under any policy of insurance with the Company which also provides benefits payable on any Loss as defined in (and insured under) this Policy, then Clause 6.3.2 will immediately be void on the date of commencement of such other insurance.
- 6.3.4 Clauses 6.3.1 and 6.3.2 will not apply if insurance cannot be renewed in accordance with Clause 6.1 above.
- 6.3.5 Notwithstanding anything to the contrary, if the premium payable for this Policy is on a monthly basis:
- (a) In clause 6.3 of this Policy, the renewal premium is deemed to be a reference to the monthly instalment of the premium and the reference to Renewal Date in sub-clause 6.3.1 is deemed to be a reference to the due date of the monthly instalment.
 - (b) Clause 6.3.2 is substituted with the following clause:
“If an Accident occurs during the Grace Period and a claim is admitted during the Grace Period, any future monthly instalments needed to complete the full year's premium will become due and payable (“the outstanding premium”) and if the benefit payable (“the benefit”) is more than the outstanding premium, the outstanding premium will be deducted from the benefit, but if the benefit is less than the outstanding premium, this Policy will terminate unless the Policyholder pays the excess of outstanding premium, over the benefit before the expiry date of the Grace Period.”
 - (c) If an Accident occurs and a claim is admitted, any future monthly instalments needed to complete the full year's premium will become due and payable (“the outstanding premium”) and if the benefit payable (“the benefit”) is more than the outstanding premium, the outstanding premium will be deducted from the benefit, but if the benefit is less than the outstanding premium, the benefit will not be paid until the outstanding premium is paid.

6.4 **Rate of Premium**

The required renewal premium for the insurance to be renewed is calculated at the

rates of premium applicable to the benefits insured, occupational class and age (if applicable at the time) of the Life Insured on the Renewal Date of this Policy. The required renewal premium will also include any extra premium loading imposed on this Policy, unless otherwise agreed in writing by the Company.

6.5 Company Can Amend Clauses and Premium Rates

6.5.1 The Company may amend the clauses of the insurance upon renewal provided that the amendments apply to all policies of this class of insurance and the Policyholder has been informed of these amendments at least 30 days before the Renewal Date on which these amendments are to apply.

6.5.2 The Company may amend the rates of premium at renewal provided that the amended rates apply to all policies of this class of insurance and the Policyholder has been informed of these amendments at least 30 days before the Renewal Date at which these amended rates apply.

6.5.3 However, following any change in the occupation, pursuits or country of residence of the Life Insured, the Company may, without giving notice:

- (a) Charge additional premiums or impose additional restrictions for the renewal of the insurance under this Policy in accordance with Clause 10.2, or
- (b) Even refuse to renew the insurance in accordance with Clause 5.7 or 5.8.

6.6 Increase in Benefits

The Company will not allow any increase in any benefit at renewal unless the increase in benefit is expressly agreed to by the Company upon receipt of evidence of insurability acceptable to the Company and endorsed on this Policy. The Company may refuse an application for such an increase in benefits.

7 REINSTATEMENT OF POLICY

7.1 Clauses and Conditions

7.1.1 If insurance under this Policy terminates on a Renewal Date in accordance with Clause 5.1 above and is not renewed in accordance with Clause 6 above, the Policyholder may apply for the insurance to be reinstated by submitting evidence of insurability acceptable to the Company within 90 days of the Renewal Date on which the Policy terminated ("Termination Date"). The Company may refuse such an application.

7.1.2 If the Company accepts the Policyholder's application to reinstate the insurance under this Policy, the insurance will be reinstated only if the required premium for reinstatement has been paid to the Company, within 15 days of the date of acceptance of the application. The date on which the required premium is received as described above or the date on which the Company has accepted the application for reinstatement, whichever is later is called the Reinstatement Date. Subject to clause 7.2, the Period of Insurance upon reinstatement shall commence on the Renewal Date on which the insurance ended.

7.1.3 All endorsements on and variations in this Policy authorised by the Company and any premium loading imposed will also apply to the insurance granted

upon its reinstatement unless otherwise agreed in writing by the Company.

7.2 Insurance granted on reinstatement excludes any Loss suffered by the Life Insured:

- (a) during the period between the Termination Date and the Reinstatement Date due to an Accident occurring before the Reinstatement Date or before the Termination Date; and
- (b) after the Reinstatement Date due to an Accident occurring during the period between the Termination Date and the Reinstatement Date;
- (c) after the Reinstatement Date due to an Accident occurring before the Termination Date.

7.3 **Reinstatement Premium Rate**

The required reinstatement premium for the insurance to be reinstated will be calculated at the rate of premium applicable to the benefits insured, occupational class and age (if applicable at the time) of the Life Insured on the Reinstatement Date. The required reinstatement premium will also include any extra premium loading on this Policy, unless otherwise agreed in writing by the Company.

7.4 **When No Reinstatement Allowed**

The Company will not allow any reinstatement of insurance if the insurance had ended in accordance with clauses 5.4, 5.5, 5.6, 5.7 or 5.8 above.

8 **CLAIM**

8.1 **Notification**

The Policyholder must, within 90 days after the happening of any event likely to give rise to a claim under this Policy, notify the Company of the claim and give written proof of the claim.

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

8.2 **Submission and Documentation**

The Policyholder will (at his own expense) give to the Company, all certificates and forms, bills and receipts and information and evidence required by the Company and submit only original bills, receipts and other documents required to support a claim, unless otherwise agreed in writing by the Company.

8.3 **Medical Examiner's Certificate**

The Policyholder must submit a certificate (at his own expense) signed by a Physician who attended to the Life Insured for the claim submitted. Otherwise, the Company will not pay any benefit. The certificate must be in a form prescribed by the Company.

8.4 **Medical Examination**

The Life Insured will (at the Company's expense), whenever reasonably required to do so, submit to medical examinations by Physicians appointed by the Company for the claim submitted.

9 POLICY SHALL BE VOID

9.1 **Misrepresentation or Non-disclosure of Material Facts**

9.1.1 The Company may declare this Policy void if the Proposal and Declarations made by the Policyholder or any written statement given by the Policyholder or Life Insured on proposal for (or application for reinstatement of) the 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.

9.1.2 The insurance is void on the Commencement Date of Insurance or Reinstatement Date (if applicable) which falls immediately after the date on which the misrepresentation, omission or fraudulent statement was made to the Company.

9.2 **Refund of Premium**

Except in the case of fraud, all premiums paid for all insurances which became effective on or after the date on which the insurance becomes void will be refunded to the Policyholder.

9.3 **Fraudulent Claim**

The Company may terminate the insurance 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 insurance will be terminated immediately and there will be no refund of premiums.

9.4 **Cheque Dishonoured**

This Policy shall be void if the cheque issued for the payment of the premium rate due on this Policy is dishonoured. If the payment is not made good within fifteen (15) days, the Company reserves the right not to grant or reinstate the insurance unless the Policyholder submits evidence of insurability acceptable to the Company.

10 CHANGE OF CIRCUMSTANCES

10.1 **Changes of Occupation, Pursuits or Country of Residence : Notice**

The Policyholder must inform the Company immediately, of any change of

- (a) Occupation, or
- (b) Pursuits, or
- (c) Country of residence,

of the Life Insured.

10.2 Following any change in the occupation, pursuits or country of residence of the Life Insured, the Company may charge additional premiums or impose additional restrictions for the renewal of the insurance under this Policy, unless termination in accordance with Clause 5.7 or 5.8 applies, in which case the Company may even refuse to renew the insurance.

10.3 **Failure to Give Notice**

If the Policyholder fails to inform the Company, and there is a claim for any Loss occurring on or after the Renewal Date following the change in occupation, pursuits or country of residence, the Company may reject such claim or, at its discretion, adjust the benefits payable.

11 OTHER CONDITIONS

11.1 Form of Notices

- 11.1.1 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.
- 11.1.2 The Company's notice, request, instruction or communication is presumed to be received:
- (a) in the 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.

11.2 Alteration of Policy

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

11.3 Absolute Owner

11.3.1 The Company will treat the Policyholder as the absolute owner of this Policy unless an endorsement on this Policy says otherwise.

11.3.2 The Company will not recognise any equitable or other claim to or interest in the Policy.

11.3.3 The receipt of the Policyholder [or of the Policyholder's legal personal representative(s)] alone is an effective discharge.

11.4 Freelook

11.4.1 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 will be refunded.

11.4.2 If this Policy document is sent by post it is deemed to have been delivered and received in the ordinary course of the post, seven days after the date of posting.

11.5 **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.

11.6 **Law of the Republic of Singapore**

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

11.6.2 The laws of the Republic of Singapore will govern and control in the event of any conflict or dispute with regard to this Policy and the parties to the conflict or dispute will submit themselves to the exclusive venue and jurisdiction of the courts of the Republic of Singapore for the resolution of such conflict or dispute.

No wording or wordings below this line shall be construed as being part of this Policy unless approved by a duly authorised representative of the Company.

SAMPLE

APPENDIX A

TABLE OF BENEFITS

SECTION	LOSS	COVERAGE		
		Plan A	Plan B	Plan C
A	Death (Capital Sum Insured)	\$50,000	\$100,000	\$200,000
B	Major Permanent Disablement (Capital Sum Insured)	\$50,000	\$100,000	\$200,000
C	Other Permanent Disablement (Capital Sum Insured)	\$50,000	\$100,000	\$200,000
D	Medical Expense Reimbursement* Including Traditional Chinese Medical Treatment – Up to \$500 for each & every Accident (Maximum Limit applicable per Accident)	\$5,000	\$10,000	\$15,000
E	Fractures / Dislocations / Burns Benefit (Sum Insured) (Maximum Limit applicable per Accident)	\$4,000	\$6,000	\$ 8,000
F	Hospital Income Benefit including Hospitalisation due to Illness (Dengue Haemorrhagic Fever & Food Poisoning) (up to 180 days per Illness / Accident)	\$100 / day	\$150 / day	\$ 200 / day

* Limit Insured for Section D will be doubled in the event of an accident occurring outside Singapore and the Life Insured has sought the first medical treatment in that particular Country. The increase in the Limit Insured will continue to apply for subsequent medical treatments provided to the Life Insured arising from the same accident. Please note that this is not applicable to Traditional Chinese Medical Treatment.
(Please see Clause 2.4.3.5 for the specific details of how this double limit works.)

Essential Protector Plus
POLICY VERSION 03/10

Appendix B

This Schedule replaces and supersedes any Schedule of Short Period Rates with an Effective Date earlier than the Effective Date below.

SHORT PERIOD RATES

EFFECTIVE DATE : March 2010		
Duration Policy was in Force on the Effective Date of Cancellation (during the Current Period of Insurance #) DAYS	Premium Chargeable for the Duration Policy was In Force	Premium to be Refunded
	(Expressed as a Percentage of the Premium Paid* for the Current Period of Insurance #)	
0 - 7 8 - 30 31 - 60 61 - 90 91 - 120 121 - 180 181 - 240 241 or more	12.5 25.0 37.5 50.0 62.5 75.0 87.5 100.0	87.5 75.0 62.5 50.0 37.5 25.0 12.5 0.0

* Premium to be refunded will be the premium applicable to the Policy being cancelled (ie. including extra premium loadings and after deducting discounts) including the Goods & Services Tax (GST) but 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.

No wording or wordings below this line will be construed as being part of this Policy unless approved by a duly authorised representative of the Company.