

**GREAT JUNIOR PROTECTOR
POLICY VERSION 10/19**

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The table of contents, headings and sub-headings in this Policy are inserted merely for convenience of reference and will be disregarded in the interpretation of the clauses contained in this Policy

GREAT JUNIOR PROTECTOR POLICY VERSION 10/19

1 POLICY DEFINITIONS

1.1 Accident

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

1.2 Accidental Major Permanent Disablement

Any disability or loss which is of a total and permanent nature and as listed in the Table of Compensation under Section B: Accidental Major Permanent Disablement.

1.3 Accidental Other Permanent Disablement

Any disability or loss which is of a partial and permanent nature and as listed in the table of Compensation under Section C: Accidental Other Permanent Disablement.

1.4 Allied Health Professional

A duly qualified individual who has a professional qualification in the following Allied Health Professions that is regulated under the Allied Health Professions Act (Chapter 6B):

• Audiologist	• Prosthetist/Orthotist
• Clinical Psychologist	• Radiation Therapist
• Occupational Therapist	• Radiographer
• Podiatrist	• Speech Therapist

1.5 Cash Benefit

The applicable cash benefit stated in the Table of Compensation under Section G: Hospital Cash Cover, Section I: Transport Allowance or Section K: Education Assurance Fund corresponding to the Plan Type.

1.6 Certificate of Provisional Cover

A certificate issued to the Proposer evidencing issuance of Provisional Cover (if any).

1.7 Claim Event(s)

A claim event(s) stated in the Table of Compensation occurring to the Life Assured and/or Policyholder which must be a result of an Injury due to an Accident, or Sickness or Infectious Disease (as the case may be) and occurring within 365 days from the date of such Accident, Sickness or Infectious Disease.

1.8 Commencement Date

The date stated as such in the Schedule.

1.9 Complementary Medicine Practitioner

A traditional Chinese medicine practitioner who is registered with the Ministry of Health in the Republic of Singapore or a chiropractor who is qualified by degree in chiropractic and registered with a recognised chiropractic organisation.

1.10 Country of Issue

The country in which this Policy is issued as stated in the Schedule.

1.11 Daily Benefit

The applicable daily cash benefit stated in the Table of Compensation under Section G: Hospital Cash Cover corresponding to the Plan Type.

1.12 Date of Issue of Provisional Cover

The date of issue of Provisional Cover (if such interim cover is issued in respect of this Policy).

1.13 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.

1.14 Facial Reconstruction due to Accident

Plastic or reconstructive surgery only be for the purposes of restoration or reconstruction of the shape and appearance of facial structures above the neck which are defective, missing, damaged or misshapen), and must be, in the opinion of the Company's medical adviser, Medically Necessary for the treatment of facial disfigurement as a direct result of an Accident requiring inpatient hospital treatment and, subsequently, the performance of such reconstructive surgery. The Accident must:

- (i) occur while this Policy is in force; and
- (ii) cause the Injury (or Injuries) requiring reconstructive surgery independently of any other Accident.

1.15 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 Medical Practitioner; or
- (b) is a Government / restructured / private 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.

1.16 Hospitalisation

Confinement of the Life Assured 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.

1.17 Infectious Disease

Any "Infectious Disease" as defined in the Infectious Diseases Act (Cap. 137), provided that there is an unequivocal, final and confirmed diagnosis made by a Medical Practitioner using internationally-accepted medical diagnostic criteria and is supported by acceptable clinical, radiological, histological and/or laboratory evidence, except Human Immunodeficiency Virus (HIV) related or sexually-transmitted diseases such as (but not limited to) the following infectious diseases:

- HIV Infection;
- Sexually Transmitted Infections;
- Chlamydial Genital Infection;
- Gonorrhoea; or
- Syphilis.

1.18 Injury

Damage of bodily tissues that is not sustained as a result of an illness or disease.

1.19 Limit Insured

The applicable limit of the amount payable corresponding to the Plan Type as stated in the Table of Compensation under Section E: Accidental Medical Expenses Reimbursement, Section H: Mobility Aids Reimbursement and Section J: Reconstructive Surgery, respectively.

1.20 Loss of Arm

Loss of Use of the arm or actual severance of the arm at or above the wrist as certified by a Medical Practitioner.

1.21 Loss of Finger or Loss of Thumb or Loss of Toe

Loss of Use of a finger, thumb or toe or actual severance at or above the respective metacarpophalangeal joint or metatarsophalangeal joint as certified by a Medical Practitioner.

1.22 Loss of Hearing

Total and irrecoverable loss of hearing as certified by a Medical Practitioner.

- 1.23 Loss of Leg**
Loss of Use of the leg or actual severance of the leg at or above the ankle as certified by a Medical Practitioner.
- 1.24 Loss of Sight**
Total and irrecoverable loss of sight as certified by a Medical Practitioner.
- 1.25 Loss of Speech**
Total and irrecoverable loss of speech as certified by a Medical Practitioner.
- 1.26 Loss of Use**
Total and irrecoverable loss of all physical functions as certified by a Medical Practitioner.
- 1.27 Medical Expenses**
Expenses actually incurred due to an Accident or Sickness for:
- (a) medical and surgical treatment of the Life Assured by a Medical Practitioner;
 - (b) physiotherapy treatment performed by a qualified physiotherapist who has been referred by a Medical Practitioner;
 - (c) Hospitalisation;
 - (d) employment of a trained nurse to care for the Life Assured; and/or
 - (e) treatment of the Life Assured by a Complementary Medicine Practitioner or Allied Health Professional,
- which are Reasonable and Customary Charges for Medically Necessary treatments.
- Medical Expenses exclude expenses incurred for the following:
- (i) treatment provided by the Policyholder, or a family member of the Life Assured or self-treatment by the Life Assured, including the prescription of drugs, and consequences of such treatment;
 - (ii) transport for any trip made for the purpose of obtaining medical treatment except for ambulance services; and
 - (iii) any governmental tax payable on the Medical Expenses in any jurisdiction except the Goods and Services Tax levied in Singapore.
- 1.28 Medical Practitioner**
A person qualified by degree in western medicine, who is 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.
- 1.29 Medically Necessary**
Means a treatment which is ordered by a Medical Practitioner, a Complementary Medicine Practitioner or Allied Health Professional 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;
 - (d) the most appropriate supply or level of service which can be provided on a cost effective basis; and
 - (e) not of an experimental nature, not of an investigative nature and not in the nature of research.
- 1.30 Mobility Aids**
Any of the following equipment which assists the Life Assured suffering from mobility impairment due to an Accident to walk or move from place to place such as: walking sticks, canes, walking frames, braces, crutches, walkers, rollators, wheelchairs, motorized scooters and artificial legs. Mobility Aids must be Medically Necessary and prescribed by a Medical Practitioner within 365 days of an Accident.
- 1.31 Motor Cycling**
Riding, whether steering or as a passenger, on any two-wheeled motor vehicle (excluding power-assisted bicycles and Personal Mobility Devices such as electric scooters and hoverboards), with or without sidecar.

1.32 Period of Insurance

The period of insurance as stated in the Schedule (dates inclusive) or such other period as be revised in accordance with the terms herein.

1.33 Personal Mobility Device

Personal mobility device means a wheeled vehicle that —

- (a) is designed to be used by one person;
- (b) is propelled by an electric motor attached to the vehicle or by human power or both;
- (c) does not resemble a motor car or motor cycle;
- (d) is approved by the Land Transport Authority of Singapore; and
- (e) is registered with the Land Transport Authority of Singapore

Personal Mobility Device does not include a bicycle, power- assisted bicycle, motor car, motor cycle, wheelchair (motorised or otherwise), mobility scooter, pram, stroller or trolley, inline skates, roller-skates or a wheeled toy.

1.34 Plan Type

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

1.35 Pre-Existing Condition

Any condition, illness, disease, disability or defect for which:

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

1.36 Private Motor Car

Private Motor Car shall mean a four-wheeled motor car that is not a Public Conveyance and is duly licensed.

1.37 Provisional Cover

The interim cover which may be offered to the Proposer on the same terms as this Policy, unless expressly excluded, at the Company's absolute discretion upon successful submission of the proposal form by the Proposer pending the Commencement Date and which is only valid during the Provisional Cover Period.

1.38 Provisional Cover Period

The period of coverage of the Provisional Cover as set out in the Certificate of Provisional Cover.

1.39 Public Conveyance

Public Conveyance shall mean:

- (a) A private hire, bus, coach, taxi, limousine, cable car, ferry, hovercraft, hydrofoil, ship, tram, train, elevated or underground train or passenger van, which is duly licensed for the regular transportation of passengers; or
- (b) An aircraft or a helicopter, which is duly licensed for the regular transportation of passengers, on a regular scheduled route, provided and operated by a licensed recognized airline or air charter company

1.40 Reconstructive Surgery

A reference to either Facial Reconstruction due to Accident or Skin Grafting due to Accidental Burns, the Company will reimbursement the Reasonable and Customary Charges incurred for the relevant Reconstructive Surgery up to the Limit Insured under Section J of the Table of Compensation.

- 1.41 Reinstatement Date**
The date on which the required premium is received as described in Clause 8.1.2 or the date on which the Company has accepted the Application for Reinstatement, whichever is later.
- 1.42 Reasonable and Customary Charges**
Charges applicable for similar or comparable treatment or services provided to individuals of the same gender and comparable age for similar disability, Injury or illness in the geographical area where treatment is provided.
- 1.43 Renewal Date**
The date immediately following the last day of any Period of Insurance.
- 1.44 Sickness**
Unequivocal, final and confirmed diagnosis made by a Medical Practitioner using internationally-accepted medical diagnostic criteria and is supported by acceptable clinical, radiological, histological and/or laboratory evidence of any of the following conditions:
- Dengue Fever;
 - food poisoning;
 - Hand, Foot, Mouth Disease (“HFMD”); or
 - Zika Virus.
- 1.45 Skin Grafting due to Accidental Burns**
The undergoing of skin grafting due to burns sustained in an Injury arising from an Accident resulting in full thickness skin destruction of at least 10% of the body surface area of the Life Assured. The Injury must occur while this Policy is in force.
- 1.46 Sports Coaching**
Coaching of physical sporting activities done in a professional capacity.
- 1.47 Sum Assured**
The applicable amount stated in the Table of Compensation under Section A, B & C: Accidental Death, Accidental Major Permanent Disablement and Accidental Other Permanent Disablement, corresponding to the Plan Type.
- 1.48 Sum Insured**
The applicable maximum amount stated in the Table of Compensation under Section F: Fractures / Dislocations / Burns corresponding to the Plan Type.
- 1.49 Table of Compensation**
The Table of Compensation as set out in Clause 3.1.
- 1.50 Total and Permanent Disability**
The Life Assured must be completely and totally paralysed or be permanently bedridden or, if the Life Assured is below the age of 65 years next birthday at policy anniversary, the Life Assured must be so disabled as to be unable to perform any work, occupation or profession:
- (a) for at least 12 consecutive months; and
 - (b) in the opinion of the attending Medical Practitioner, at any time afterwards, unable to earn or obtain any wages, remuneration or profit.
- 1.51 Waiting Period**
A period of 30 days starting from the Date of Issue of Policy or the last Reinstatement Date of this Policy, whichever is the later date.

2 PROVISIONAL COVER

2.1 During the Provisional Cover Period, the provisions herein shall apply except for the following:

- (a) Clauses 1.8, 1.10, 1.13, 1.32, 1.41 and 1.43 and any references to such defined terms wherever appearing shall be disregarded;
- (b) Clauses 6 to 8;
- (c) Clause 10.1.2(b); and
- (d) Appendix A.

For the avoidance of doubt, all references to reinstatement or renewal of the policy, "Application for Reinstatement" and "Reinstatement Date" shall also be disregarded during the Provisional Cover Period wherever appearing.

2.2 During the Provisional Cover Period, for purposes of the Provisional Cover, the following terms (wherever appearing herein) as set out in the left column of the table below shall instead refer to the corresponding term as set out in the right column of the table below (except as expressly mentioned below to be unchanged):

Applicable terms for the Policy	Applicable terms for the Provisional Cover
"Commencement Date"	"Date of Issue of Provisional Cover"
"Period of Insurance" (except where appearing in Clause 3.2.13)	"Provisional Cover Period"
"Policy" (except where appearing in Clause 3.2.13)	"Provisional Cover"
"Schedule" (except where appearing in Clause 3.2.13)	"Certificate of Provisional Cover"

2.3 No benefits would be payable under the Provisional Cover for any Accident or Claim Events occurring on or after the expiry of the Provisional Cover Period.

2.4 References to "Proposer" or "Policyholder" shall be taken to refer to such person as named as "Proposer", and references to "Life Assured" shall be taken to refer to such person as named as "Life Assured", in the proposal form.

3 BENEFITS

3.1 Payment of Benefits

Subject to the clauses in this Policy, the Company will pay the benefits corresponding to the Claim Event(s) listed in the Table of Compensation below. Payments of all benefits shall at all times be subject to Clause 3.2.13.

Table of Compensation

Section	Claim Event(s)	Compensation	Amount Payable		
			Plan A (S\$)	Plan B (S\$)	Plan C (S\$)
A	Accidental Death (includes food poisoning)	Sum Assured	25,000	50,000	100,000
B	Accidental Major Permanent Disablement		Proportion of Sum Assured as stated in Clause 3.2.2.2		
C	Accidental Other Permanent Disablement		Proportion of Sum Assured as stated in Clause 3.2.3.2		
D	Triple Indemnity applicable only to claims made under Sections A, B or C, where the Life Assured was on Public Conveyance, Personal Mobility Device or Private Motor Car		3 times the Amount Payable under Sections A, B or C respectively		
E	Accidental Medical Expenses Reimbursement (Includes coverage of Sickness)	Reimbursement up to Limit Insured	Limit Insured		
			3,000 per Accident	6,000 per Accident	9,000 per Accident
			Sub-limit of an aggregate of S\$1,000 per Accident is applicable for any claims for:		
			<ul style="list-style-type: none"> • Complementary Medicine Practitioner; or • Allied Health, whether singly or in combination, which will be counted towards the Limit Insured.		
			Sub-limit of an aggregate of S\$500 per Sickness is applicable		
F	Fractures / Dislocations / Burns	Sum Insured	Sum Insured		
			3,000	6,000	8,000
			Proportion of Sum Insured as stated in Clause 3.2.7.4		
G	Hospital Cash Cover for Hospitalization (includes coverage of Sickness and Infectious Disease)	Daily Benefit Insured	50 per day	100 per day	150 per day
H	Mobility Aids Reimbursement	Reimbursement up to Limit Insured	500	1,000	1,500
I	Transport Allowance (includes coverage of Sickness and Infectious Disease)	Cash Benefit per bill	20 per bill	20 per bill	20 per bill
J	Reconstructive Surgery	Reimbursement up to Limit Insured	1,500	3,000	5,000
K	Education Assurance Fund	Lump Sum Benefit	25,000	50,000	100,000

- Section A provides coverage for Accidents or food poisoning;
- Sections B, C, D, F, H, J and K provide coverage for Accidents only;
- Section E provides coverage for Accidents or Sickness;
- Sections G and I provide coverage for Accidents, Sickness or Infectious Disease.

3.2 Conditions of Payment of Benefits

3.2.1 Section A : Accidental Death

3.2.1.1 Sum Assured will be payable upon the death of the Life Assured due to Injuries from Accidents or food poisoning, less any benefits paid for Accidental Major Permanent Disablement under Section B and Accidental Other Permanent Disablement under Section C as a result of the same Accident.

3.2.1.2 Subject to clause 3.2.1.1, the Sum Assured will double once the Life Assured reaches the age of 21 years next birthday on a Renewal Date of this Policy.

3.2.2 Section B : Accidental Major Permanent Disablement

3.2.2.1 Proportion of Sum Assured as stated in Clause 3.2.2.2 will be payable upon the Accidental Major Permanent Disablement of the Life Assured less any benefits paid for Accidental Other Permanent Disablement under Section C as a result of the same Accident.

3.2.2.2 Accidental Major Permanent Disablement Compensation Scale

MAJOR PERMANENT DISABLEMENT	Proportion of Sum Assured
• Total and Permanent Disability	150%
• Complete spinal traction loss including sensory and motor dysfunction from the naval downwards	150%
• Unilateral loss of motor function of 1 side of the body, either right or left side	125%
Loss of:	
• Both Arms or Both Legs or One Arm and One Leg	150%
• One Arm or One Leg	125%
• Sight in Both Eyes	150%
• Sight in One Eye	100%
• One Arm or One Leg and Sight in One Eye	125%

3.2.3 Section C: Accidental Other Permanent Disablement

3.2.3.1 Proportion of Sum Assured as stated in Clause 3.2.3.2 will be payable upon the Accidental Other Permanent Disablement of the Life Assured.

3.2.3.2 Accidental Other Permanent Disablement Compensation Scale

OTHER PERMANENT DISABLEMENT	Proportion of Sum Assured
Loss of:	
• Lens in One Eye	50%
• Hearing in Both Ears	75%
• Hearing in One Ear	25%
• Speech	50%
• Thumb and Four Fingers of One Hand	75%
• Four Fingers of One Hand	40%
• Thumb (Both Phalanges)	30%
• Thumb (One Phalanx)	15%
• Index Finger (Three Phalanges)	10%
• Index Finger (Two Phalanges)	8%
• Index Finger (One Phalanx)	6%
• Any Other Finger	5%
• All Toes on One Foot	15%
• Big Toe	5%
• Any Other Toe	1%

3.2.4 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 Sum Assured for all Claim Events suffered by the Life Assured due to Accident during the lifetime of that Life Assured while the Policy is in force.

3.2.5 Section D : Triple Indemnity

3.2.5.1 The Amount Payable for a claim admitted under Section A, B or C will be tripled if the Life Assured suffered the Injuries from Accidents while:

- (a) boarding, travelling, riding in or alighting from a Public Conveyance as a passenger;
- (b) as a rider or pedestrian in a Personal Mobility Device-related Accident; or
- (c) as a passenger or an authorised driver who holds a valid driving licence in a Private Motor Car-related Accident.

3.2.5.2 The Amount Payable under Sections B and C will be based on the compensation scale as stated in Clause 3.2.2.2 and Clause 3.2.3.2 respectively.

3.2.5.3 The payout under this benefit will not be more than:

- (a) 300% of the Sum Assured for claims under Sections A and C; or
- (b) 450% of the Sum Assured for claims under Section B,

taking into account previous claims paid under Section C.

3.2.6 Section E : Accidental Medical Expenses Reimbursement

(a) The Company will not reimburse any Medical Expenses directly to any Hospital, Medical Practitioner or any other provider of medical or surgical attention or treatment.

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

(c) The total reimbursement of Medical Expenses incurred for treatment of Life Assured by a Complementary Medicine Practitioner or Allied Health Professional will be subject to an aggregate sub-limit of S\$1,000 per Accident, which will be counted towards the Limit Insured.

(d) The total reimbursement of Medical Expenses incurred for treatment of Life Assured for treatment for Sickness will be subject to an aggregate sub-limit of S\$500 per Sickness, which will be counted towards the Limit Insured.

(e) Subject to Clause 3.2.6(c), the Company will reimburse the Medical Expenses incurred for each Accident up to the Limit Insured.

3.2.7 Section F : Fractures / Dislocations / Burns

3.2.7.1 Notwithstanding Clause 3.1, the Company will only pay the benefits under Section F of the Table of Compensation if the Claim Event is caused by an Accident and occurs within 90 days from the date of that Accident.

3.2.7.2 If a claim is admitted under this Policy for any fractures listed from (a) to (h) as stated in the table below 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 in the table below) by the Life Assured.

3.2.7.3 If the Company pays benefits for any dislocation listed under (1) to (6) under (j) in the table below ("Past Dislocation"), the Company will only pay benefits for a new dislocation at the same joint as the Past Dislocation if the new dislocation occurs after a period of 12 consecutive months from the date on which the Life Assured first suffered from the Past Dislocation.

3.2.7.4 The Company will pay benefits up to the Sum Insured under Section F of the Table of Compensation for any number of Injuries suffered by the Life Assured under Section F arising from one Accident.

Fractures / Dislocation / Burns	Proportion of Sum Insured
a) Fractures of hip or pelvis (excluding thigh or coccyx) <ul style="list-style-type: none"> Multiple fractures, at least one compound and at least one complete All other compound fractures Multiple fractures, at least one complete All other fractures 	60.0% 30.0% 15.0% 12.0%
b) Fractures of thigh or heel <ul style="list-style-type: none"> Multiple fractures, at least one compound and at least one complete All other compound fractures Multiple fractures, at least one complete All other fractures 	50.0% 24.0% 15.0% 12.0%
c) Fractures of lower leg, skull, clavicle, ankle elbows, upper or lower arm (including wrists but excluding colleen-type colles'-type fractures) <ul style="list-style-type: none"> Multiple fractures, at least one compound and at least one complete All other compound fractures Multiple fractures, at least one complete Depressed fracture of the skull needing surgical intervention All other fractures 	24.0% 15.0% 12.0% 7.2% 6.0%
d) Colleen-type Colles'-type fracture of the lower arm <ul style="list-style-type: none"> Compound fracture Other fracture 	12.0% 6.0%
e) Fractures of shoulder blade, knee cap, sternum, hand (excluding fingers and wrists), foot (excluding toes or heel) <ul style="list-style-type: none"> All compound fractures All other fractures 	12.0% 6.0%
f) Fractures of spinal column (vertebrae but excluding coccyx) <ul style="list-style-type: none"> All compressions fractures All spinous, transverse process of pedicle fractures Fracture leading to permanent neurological damage All other vertebrae fractures 	12.0% 12.0% 6.0% 6.0%
g) Fractures of lower jaw <ul style="list-style-type: none"> Multiple fractures, at least one compound and at least one complete All other compound fractures Multiple fractures, at least one complete All other fractures 	15.0% 12.0% 12.0% 4.8%
h) Fractures of rib or ribs, cheek bone, coccyx, upper jaw, nose, toe or toes, finger or fingers <ul style="list-style-type: none"> Multiple fractures, at least one compound and at least one complete All other compound fractures Multiple fractures, at least one complete All other fractures 	9.5% 7.2% 4.8% 2.4%
i) Burns: 2nd or 3rd degree burns on <ul style="list-style-type: none"> at least 27% of body surface at least 18% of body surface at least 9% of body surface at least 4.5% of body surface 	30.0% 24.0% 12.0% 6.0%
j) Dislocations requiring surgery under anaesthesia <ol style="list-style-type: none"> Spine or back, diagnosed by X-ray (excluding slipped disc): Hip Knee Wrist or elbow Ankle, shoulder blade or collarbone Fingers, toes or jaw 	60.0% 37.5% 18.8% 15.0% 7.5% 3.0%

3.2.8 Section G : Hospital Cash Cover

3.2.8.1 Notwithstanding Clause 3.1, the Claim Event must occur within 365 days of an Accident, Sickness or Infectious Disease, the Company will only pay the Daily Benefit Insured under Section G of the Table of Compensation for up to and not more than a maximum period of 180 days in the following events:

- (a) for any Accident that results in the Life Assured being Hospitalised for 12 consecutive hours or more; or
- (b) if the Life Assured is Hospitalised as a result of suffering from a Sickness or Infectious Disease, provided that no Daily Benefit will be payable during the Waiting Period; or
- (c) if the Life Assured is Hospitalised because of a surgical procedure that is Medically Necessary due to the Accident, Sickness or Infectious Disease.

3.2.8.2 Hospital Cash Cover due to Sickness or Infectious Disease will be excluded during the Provisional Cover Period.

3.2.9 Section H : Mobility Aids

3.2.9.1 The Company will pay benefits under Section H of the Table of Compensation by way of reimbursement to the Policyholder for the Reasonable and Customary Charges incurred in the rental or purchase of the Mobility Aids prescribed by a Medical Practitioner as Medically Necessary subject to the Limit Insured under Section H of the Table of Compensation and the following conditions:

- (a) Only the expenses incurred for the rental or purchase of one artificial leg per leg will be reimbursed during the lifetime of the Life Assured under this Policy and all other policies issued by the Company on the life of the Life Assured, providing similar benefits.
- (b) The Company has the sole discretion of determining whether any equipment claimed fall within the definition of Mobility Aids if such equipment are not described in the definition.
- (c) The benefit payable under this Policy, together with reimbursement of above expenses incurred for Mobility Aids paid or payable from other sources including (but not limited to) MediShield Life, other insurance policies and employee benefit provisions must not be more than the expenses actually incurred for Mobility Aids for any claim made under this Policy.

3.2.10 Section I : Transport Allowance

The Company will only pay the Cash Benefit under Section I of the Table of Compensation for any trip taken by the Life Assured for medical treatment which, in the opinion of the Company's medical adviser, is Medically Necessary for the treatment of the Life Assured arising from the direct result of an Accident, Sickness or Infectious Disease which the Company has admitted, limited to one bill per day and up to a maximum amount of S\$60 per Accident, Sickness or Infectious Disease.

3.2.11 Section J : Reconstructive Surgery

3.2.11.1 If the Life Assured has to undergo either a Facial Reconstruction due to Accident or a Skin Grafting due to Accidental Burns, the Company shall only include the following items:

- (a) Room & Board
Accommodation in a Hospital including meals and general nursing during confinement as a bed-paying patient.
- (b) Intensive Care
Confinement in the intensive care ward of a Hospital.

- (c) Miscellaneous Hospital Services
Drugs and medicines, dressings, splints and plaster casts, intravenous infusions and blood transfusions, anaesthetics (other than that required for surgery) and oxygen and their administration.
- (d) Surgery
Surgical operations in a Hospital (regardless of whether the Life Assured undergoes Hospitalisation or not) and performed by a duly qualified Medical Practitioner and involving local or general anaesthesia. Surgery expenses include the fees and charges for anaesthetics and oxygen and their administration, and use of operating theatre and facilities.
- (e) Hospital Consultation
Consultation by a Medical Practitioner during Hospitalisation.
- (f) Examinations and Laboratory Tests
Examinations using instruments and laboratory tests ordered by a Medical Practitioner and performed during the period of Hospitalisation.

The payable expenses described above exclude government tax other than the Goods and Services Tax levied in Singapore, payable on such expenses.

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

3.2.11.3 The Company will not pay any benefit for any Reconstructive Surgery which it does not in its sole discretion deem as Medically Necessary.

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

3.2.11.5 If the Policyholder is entitled to reimbursement from other sources for the expenses incurred in respect of any claim under section J of the Table of Compensation ("the Reconstructive Surgery expenses") and if the total reimbursement from all sources including the Reconstructive Surgery expenses taken independently exceeds the Reconstructive Surgery expenses so incurred, the Company reserves the right to reduce the Reconstructive Surgery expenses having regard to the other sources such that the total actual reimbursement under this clause 3.2.11 does not exceed the Reconstructive Surgery expenses actually incurred.

3.2.11.6 If the Reconstructive Surgery 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 Life; 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 3.2.11, to reimburse the Central Provident Fund Board for payments made from the MediSave account of the Policyholder and/or MediShield Life or a policy pursuant to the Private Medical Insurance Scheme to reinstate partially or fully the claim limits of the Life Assured under that Scheme, in accordance with legislation or regulations prevailing at the time of submission of the claim.

3.2.12 Section K : Education Assurance Fund

3.2.12.1 Notwithstanding clause 3.1 and subject to clause 3.2.12.2, if the Policyholder dies as a result of an Accident and within 365 days of the Accident, the Company will pay the benefit under Section K of the Table of Compensation.

3.2.12.2 The benefit under Section K of the Table of Compensation will cease to be payable once the Life Assured reaches the age of 21 years next birthday on a Renewal Date of this Policy.

3.2.13 Claims Arising During the Provisional Cover Period

In the event of any Accident or Sickness occurring during the Provisional Cover Period, the Company will only be required to make payment of any benefits on the Claim Event arising thereon if:

- (i) the Company has issued the Policy to the Policyholder; and
- (ii) the full amount of premium computed on an annual basis has been paid for the Period of Insurance.

For the purposes of this Clause 3.2.13, the Company has the absolute discretion to (1) revise the Schedule by amending the Period of Insurance as stated within such that the Policy will be for a one year period commencing from the Date of Issue of Provisional Cover and all premiums paid or payable shall be deemed to be paid or be payable in respect of such amended Period of Insurance; and/or (2) waive the requirement in sub-clause (ii) above by deducting any balance premium payable as mentioned in sub-clause (ii) above from the amount of benefits payable.

4 REDUCTION IN BENEFITS

4.1 Reduction of Benefits by Fifty Percent (50%)

4.1.1 The Company will reduce all benefits payable under this Policy by 50% if the Life Assured and/or Policyholder suffers a Claim Event(s) while engaging in:

- (a) Sports Coaching;
- (b) Motor Cycling; or
- (c) 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),

(collectively, "High Risk Activities").

4.1.2 If it is proven that the Life Assured and/or Policyholder suffers the Claim Event(s) while engaging in any of these High Risk 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.

5 EXCLUSIONS

The Company will not pay any benefit for any Claim Event(s) resulting from:

(a) Conscious or deliberate acts that endanger self

- **The Life Assured's and/or Policyholder's deliberate acts that endanger his/her life**, such as self-injury, suicide or attempted suicide, provoked assault, or active participation in strikes, riots or civil commotion, while sane or insane; or
- **Committing or attempting a violation of the law**, whether direct or indirect, as well as resistance to lawful arrest and/or any resultant imprisonment.

(b) Health-related or Pre-Existing Conditions

- mental disorder; diseases (other than Infectious Disease under Section G: Hospital Cash Cover benefit) or infection (other than pyogenic infection resulting from an accidental cut or wound); childbirth, pregnancy and related complications; radiation or contamination by radioactivity; being under the influence of alcohol or drugs (unless taken strictly as prescribed by a Medical Practitioner); or a Pre-Existing Condition.

(c) War-related events

- **War** (whether declared or not), invasion, rebellion, revolution, civil war or any warlike operations.

(d) Adventurous activities (not on leisure basis) or competitive activities

- **Adventurous activities or sports** such as mountaineering or rock climbing, caving, pot-holing, hunting, hang-gliding, sky-diving, bungee-jumping, parachuting, winter-sports, ice-hockey, horse riding, polo-playing, scuba diving, boxing, wrestling or any martial arts activity, **unless such activities are engaged on a leisure basis with a licensed organisation;**
- **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; or

- **Racing of all kinds** (other than on foot or bicycle engaged with a licensed organisation) **or sporting activities** in a professional or competitive basis.

(e) Accidents that arise in the course of the Life Assured's and/or Policyholder's work or at the following worksite due to the nature of the Life Assured's and/or Policyholder's occupation:

- engaging in active military duties such as commando or bomb disposal duties/training, maintenance of civil order, engagement in hostilities whether war be declared or not and travel by military aircraft or waterborne vessel (notwithstanding Clause 4.1.1(c)).
- working from heights of more than or equal to 20 metres above the ground; or in confined spaces such as vessels, tunnels, underground civil works;
- working on railway tracks, ships or shipyards, working in warehouses with heavy machineries and vehicles, power stations, chemical factories, industrial plants, offshore rigs, timber camps; or working in the building trade (including construction workers, cable installers, electricians); or working with wood, metal, glass or bleach;
- operating, servicing and/or installing heavy machinery;
- providing protective services (including guards, wardens and firemen); or
- work related to martial arts and the like; or as performing artists (including stuntmen).

6 TERMINATION

6.1 Termination on the Expiry of the Period of Insurance

On the expiry of the Period of Insurance, this Policy will terminate unless it has been renewed in accordance with Clause 7 below.

6.2 Death of Policyholder

6.2.1 If the Policyholder dies and the Policyholder is not the Life Assured, this Policy will continue until the expiry of the Period of Insurance following the date of the death of the Policyholder. On the Renewal Date, the Company will (as may be applicable) either issue a new policy or transfer the ownership of this Policy to a party with valid insurable interest on the Life Assured ("New Policyholder") without requiring fresh evidence of insurability, subject to the submission of a fresh proposal form by the New Policyholder, before the Renewal Date except where insurance ends in accordance with Clauses 6.4, 6.5, 6.6, 6.7 or 6.8 below.

6.2.2 The new policy to be issued in accordance with Clause 6.2.1 will be issued based on the same Plan Type and conditions which applied prior to that Renewal Date.

6.2.3 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.

6.3 Death of a Life Assured

6.3.1 This Policy will terminate upon the death of the Life Assured.

6.3.2 If this Policy is terminated due to the death of the Life Assured (other than death arising from an Accident or food poisoning), the Policyholder or the Policyholder's personal legal representative(s), as the case may be, will be entitled to a pro-rated refund of the premium paid in respect of the period from the date of termination up to the day before the date on which premium is next due. For the avoidance of doubt, no refund will be made if the premium is paid on a monthly basis (as stated in the Schedule).

6.4 Cancellation by Policyholder

6.4.1 The Policyholder may cancel this Policy by submitting a notice of cancellation to the Company. This Policy will be terminated with effect from the Effective Date of Cancellation. However, if the premium is paid on a monthly basis (as stated in the Schedule), this Policy will be terminated on the next due date of the premium following the Effective Date of Cancellation.

6.4.2 Subject to Clause 11.4, upon termination of this Policy under this Clause 6.4, the Policyholder is entitled to a refund of premium on a pro-rated basis at the Company's Short Period Rates (as set out in Appendix A to this Policy). However, no refund of premium will be made where premiums are paid on a monthly basis (as stated in the Schedule).

6.5 Life Assured Attains Age 76 Next Birthday

If a Life Assured has reached the age of 76 years next birthday on or by a Renewal Date of this Policy, all insurances under this Policy for that Life Assured will end on the expiry of the Period of Insurance and will not be renewed.

6.6 Claim admitted under Section B of the Table of Compensation

If there is a claim admitted under Section B: Accidental Major Permanent Disablement of the Table of Compensation (including if the Amount Payable is tripled under Section D of the Table of Compensation):

- (a) this Policy will terminate on the expiry of the Period of Insurance; and
 - (b) the Company will not pay any benefit under Section A: Accidental Death of the Table of Compensation,
- regardless of whether the claim is subject to Clause 4.1 of this Policy.

6.7 Aggregate Claims Equalling or Exceeding the Sum Assured under Section C of the Table of Compensation

If total claims equal to or more than 100% of Sum Assured have been admitted under Section C: Accidental Other Permanent Disablement of the Table of Compensation (including if the Amount Payable is tripled under Section D of the Table of Compensation):

- (a) this Policy will terminate on the expiry of the Period of Insurance; and
 - (b) the Company will not pay any benefit under Section A: Accidental Death of the Table of Compensation,
- regardless of whether the claim is subject to Clause 4.1 of this Policy.

6.8 Not Singapore Citizen or Permanent Resident or Resident Overseas

6.8.1 The Policyholder shall notify the Company in writing of any changes to the Life Assured's citizenship or residency status as soon as practicable. If the Policyholder fails to notify the Company, and there is a claim for any Claim Event(s) occurring on or after the Commencement Date or Renewal Date following the change of citizenship or residency status (as the case may be), the Company may reject such claim or, at its discretion, adjust the benefits payable.

6.8.2 Regardless of whether notice was given to the Company in accordance with Clause 6.8.1 above, following any change in citizenship or residency status of the Life Assured, the Company may charge additional premiums, impose additional restrictions or refuse the renewal of insurance under this Policy.

6.8.3 Foreigner: Resident Overseas
All insurances on the Life Assured under this Policy will end on the expiry of the Period of Insurance and will not be renewed if, on that date, the Life Assured:

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

6.9 No Benefits Payable after Termination of Insurance

6.9.1 If this Policy has been terminated in accordance with Clauses 6.4, 6.5, 6.6, 6.7 or 6.8 above, the Company will not pay any benefits under this Policy for any Claim Event(s) occurring on or after the date of such termination.

6.9.2 The Company will not pay any benefits for any Claim Event(s) occurring on or after a Renewal Date of this Policy unless this insurance has been renewed in accordance with Clause 7 below.

7 RENEWAL

7.1 When No Renewal Allowed

The Company will not renew this Policy if:

- (a) this Policy has been terminated in accordance with any of Clauses 6.4, 6.5, 6.6, 6.7 or 6.8 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 6.5, 6.6, 6.7 or 6.8 above.

7.2 Renewal upon Payment of Premium

7.2.1 Subject to Clause 7.1, 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.

- 7.2.2 The Company will renew this Policy for the same Plan Type subject to the same conditions which applied prior to that Renewal Date (including as set out in all endorsements and variations to this Policy which had been authorised by the Company) and any premium loading imposed will also apply to this Policy unless varied in accordance with the terms of this Policy by the Company, for a further Period of Insurance.

7.3 Grace Period

- 7.3.1 The Policyholder has a period of 30 days from the Renewal Date (such period to be inclusive of the Renewal Date) ("Grace Period"), to pay the full premium failing which, this Policy will be treated as terminated on the Renewal Date and may only be reinstated with the consent of the Company.

- 7.3.2 Subject to Clause 7.3.3, if an Accident, Sickness or Infectious Disease occurs during the Grace Period and a claim is submitted during the Grace Period, and if the amount of benefits payable under this Policy by the Company on such a claim is:

- (a) more than the premium required for renewal of insurance, the Company will renew this Policy and deduct the renewal premium from the amount of benefits payable before paying the balance to the Policyholder;
- (b) less than the premium required for renewal of insurance, the Company will only pay the amount of benefits to the Policyholder if the Policyholder makes full payment of any outstanding renewal premium before the expiry of the Grace Period; or
- (c) equal to the outstanding premium, the Company will not make any payment of benefits, and the Company will renew this Policy.

- 7.3.3 If an Accident, Sickness or Infectious Disease occurs during the Grace Period and a claim is submitted during the Grace Period, and prior to payment for any premium due under this policy being made, and insurance on the Life Assured begins under other policy of insurance with the Company which also provides similar benefits, the Company will only pay the amount of benefits under this Policy provided that full premium is received by the Company before the expiry of the Grace Period.

- 7.3.4 Notwithstanding anything to the contrary, if the premium for this Policy is payable on a monthly basis (as stated in the Schedule):

- (a) Any reference to the renewal premium in this Clause 7.3 is deemed to be a reference to the monthly instalment of the premium and the reference to Renewal Date in Clause 7.3.1 is deemed to be a reference to the due date of the monthly instalment.
- (b) Clause 7.3.2 shall be substituted with the following clause:

"Subject to Clause 7.3.3, if an Accident, Sickness or Infectious Disease 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 immediately due and payable ("the outstanding premium"). If the amount of benefits payable is:

- 1. more than the outstanding premium, the Company will renew this Policy and deduct the outstanding premium from the amount of benefits payable and pay the balance to the Policyholder;
- 2. less than the outstanding premium, the Company will only pay the amount of benefits to the Policyholder if the Policyholder makes full payment of the outstanding premium before the expiry of the Grace Period; or
- 3. equal to the outstanding premium, the Company will not make any payment of benefits, and the Company will renew this Policy."

7.4 Company Can Amend Clauses and Premium Rates

The Company reserves the right to amend the terms and conditions and/or premium rates of this Policy provided that:

- (a) the amendment takes effect on the Renewal Date;
- (b) the amendment applies to all policies of this class of insurance; and
- (c) the Company has informed the Policyholder of the amendment at least 30 days before the Renewal Date.

7.5 Upgrade of Plan Type

The Company will not allow any upgrade of Plan Type at renewal unless the upgrade is expressly agreed to by the Company upon receipt of evidence of insurability acceptable to the Company and endorsed on this Policy.

8 REINSTATEMENT OF POLICY

8.1 Application for Reinstatement

8.1.1 If this Policy terminates in accordance with Clause 6.1 above and is not renewed in accordance with Clause 7 above, the Policyholder may apply for this Policy to be reinstated ("Application for Reinstatement") by submitting evidence of insurability acceptable to the Company within 90 days of the Renewal Date. The Company has the absolute discretion to refuse such an application.

8.1.2 If the Company accepts the Policyholder's Application for Reinstatement, this Policy 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 for Reinstatement. Subject to Clause 8.1.4, the Period of Insurance upon reinstatement shall commence on the Renewal Date as if this Policy had not been terminated in accordance with Clause 6.1 and had been renewed in accordance with Clause 7.

8.1.3 Upon reinstatement of this Policy, except as provided in Clause 8.2 below, the same conditions which applied prior to that Renewal Date (including as set out in all endorsements and variations to this Policy which had been authorised by the Company) and any premium loading imposed will also apply to this Policy unless otherwise agreed in writing by the Company.

8.1.4 Insurance granted on reinstatement excludes any Claim Event(s) occurring to the Life Assured:

- (a) during the period between the Renewal Date and the Reinstatement Date; and/or
- (b) after the Reinstatement Date, where the Claim Event(s) arises from an Accident, Sickness or Infectious Disease that had occurred before the Reinstatement Date.

8.2 Reinstatement Premium Rate

The reinstatement premium for this Policy will be calculated at the rate of premium applicable on the Reinstatement Date of this Policy according to the Plan Type granted on reinstatement. The reinstatement premium will also include any extra premium loading on this Policy, unless otherwise agreed in writing by the Company.

8.3 When No Reinstatement Allowed

The Company will not allow any reinstatement of insurance if the insurance had terminated in accordance with Clauses 6.4, 6.5, 6.6, 6.7 or 6.8 above.

9 CLAIMS

9.1 Notification

The Policyholder or the Policyholder's legal personal representative(s) must, within 90 days after the occurrence 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.

A claim will still be valid if it was not reasonably possible for the Policyholder or the Policyholder's legal personal representative(s) to give such proof within this period.

9.2 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 and 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 certificates, bills, receipts and other documents will be accepted by the Company unless otherwise agreed in writing by the Company.

9.3 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 Practitioner who attended to the Life Assured in respect of the claim. Otherwise, the Company will not pay any amount of benefits under this Policy.

9.4 Medical Examination

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

9.5 Non-Aggregation of Benefits Payable Under Terrorist Attacks

The benefits paid out under Clause 3 of this Policy shall not be aggregated with any amounts paid by the Company on any other personal accident policies and/or riders on the same Life Assured, and shall not be subject to the aggregate payout limits imposed by the Company for personal accident cover on the same Life Assured.

10 POLICY SHALL BE VOID

10.1 Misrepresentation or Non-disclosure of Material Facts

10.1.1 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 absolute discretion:

- (a) declare this Policy void; or
- (b) impose such conditions or vary the terms of this Policy as it would have had the Misrepresentation or Non-disclosure not been made.

10.1.2 If the Company opts to declare this Policy void under Clause 10.1.1(a) above, this Policy is treated as void:

- (a) on the Commencement Date 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 8.1.2, if the Misrepresentation or Non-disclosure was made to the Company on an Application for Reinstatement.

10.2 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.

10.3 Fraudulent Claim

The Company may terminate 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 such case, there will be no refund of premiums.

10.4 Cheque Dishonoured

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

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 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 email address and mailing address are 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 deemed 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 and when the Company decides when it is reasonable to be received.

11.2 Alteration of Policy

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

11.3 Absolute Owner

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

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

11.3.3 The receipt by the:

- (a) Policyholder; or
- (b) Policyholder's legal personal representative(s)

of any payment made by the Company under this Policy will be in full and final discharge of any liability of the Company under this Policy.

11.4 Free-Look

11.4.1 This Policy may be cancelled by written request from the Policyholder to the Company within 14 days after the Policyholder receives this Policy document ("Free-Look Period") and the Company will refund the premiums paid (if any) less any costs incurred by the Company in assessing the risks for this Policy, including but not limited to any medical fees incurred.

11.4.2 For the purposes of determining when the Free-Look Period starts, if this Policy document is sent by post, it is deemed to have been delivered and received in the ordinary course of the post in accordance with Clause 11.1.2(a) above.

11.5 Exclusion of the Contracts (Rights of Third Parties) Act (Cap.53B)

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

11.6 Governing Law and Jurisdiction

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

11.6.2 The parties to this Policy submit themselves to the exclusive jurisdiction of the courts of the Republic of Singapore for the resolution of all conflicts or disputes arising out of or in connection with this Policy.

**GREAT JUNIOR PROTECTOR
POLICY VERSION 10/19**

Appendix A

SHORT PERIOD RATES

EFFECTIVE DATE : October 2019		
Duration Policy was in Force on the Effective Date of Cancellation (during the Current Period of Insurance #)	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 #)	
DAYS		
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 this Policy being cancelled (i.e. 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 this 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 personnel of the Company.