ERGO

A Munich Re company

Important Notice: Pursuant to Section 23 (5) Cap. 142 of the Insurance Act 1966 or any subsequent amendments thereof, you are under a duty to fully and faithfully disclose all facts you know or ought to know, otherwise the Policy issued may be void and you may receive nothing from the Policy. If you are uncertain as to whether a particular information is material, these facts should be disclosed to us.

ERGO Accident**Protect** Individual

Policy Wording

Please read this Policy Wording carefully together with Your Policy Schedule and any endorsement to ensure that You understand the terms and conditions and that the cover You require is being provided. Please keep these documents in a safe place as they are legal documents. If You have any questions after reading these documents, please contact Your insurance adviser, agent or Us (ERGO Insurance). An Insurance Contract is one of good faith where you as the Insured is aware of all the material facts. The material facts are defined as those facts which would enhance the risk that we, as the Insurer is undertaking as well as other information material to the risk which the Insurer would want to know.

Terms and Conditions

Whereas the **Policyholder** by a proposal and declaration which together with all statements made by the **Policyholder** in writing will be the basis of this contract and is deemed to be incorporated herein, has applied to ERGO Insurance Pte. Ltd. (hereinafter called The **Company**) for the insurance in respect of each **Insured Person** named or described in the **Policy Schedule** hereto.

The **Policy Schedule**, at the place where the **Policy** was issued, will contain important information relevant to **Your** insurance including the **Period Of Insurance**; **Your** premium, the limits; and whether any standard terms need to be varied by the way of endorsement. All periods of insurance shall begin and end at 12:01 a.m., standard time, at the place where the **Policy** was issued.

By a proposal in consideration of the payment of premium to **Us** specified in the **Policy Schedule**, and subject to the definitions, limitations, exclusions, terms, conditions and general provisions contained or endorsed in this **Policy**, and on the basis of the truth of the proposal and declaration submitted and statements made by **You** or the **Insured Person**, **We** will insure the person(s) named in the **Policy Schedule** (herein called the **Insured Person**) and promise to pay indemnity for loss to the extent provided under this **Policy** whilst this **Policy** is in force. We reserve the right to audit or verify any information provided in the proposal or declaration at any time during the Policy term or claims process.

Duty Of Disclosure

Prior to **Us** agreeing to issue this **Policy**, **You** have a duty to tell **Us** anything which is material to **Our** decision to insure **You**. **You** have a duty to provide **Us** with material information before inception of cover that could not have been expected or known by **Us** whereby **We** agree to insure **You** under this **Policy**, or renew, vary or extend Your **Policy**. If **You** are unsure as to what information is material, **You** should disclose it to **Us**. The information **You** provide to us must be correct and true. **You** do not need to tell us anything which reduces the risk **We** insure you for, which is common knowledge and **We** know or should know as an insurer, or where **We** waive **Your** duty to provide **Us** with material information. If **You** do not disclose material information or provide **Us** with incorrect information, **We** may cancel, avoid or discharge **Your Policy** or reduce **Our** liability under the **Policy** if **You** make a claim. **We** have the additional right to refuse to pay a claim or avoid **Your Policy** and retain **Your** premium. Please note that if **Your** failure to disclose material information is fraudulent, **We** may refuse to pay a claim and/or cancel the policy subject to Part V - Other Policy Provisions, Clause 16.

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Summary of Benefits

			Sum Insured (S$)[1]			
Part		**Benefits**	**Basic**	**Essential**	**Standard**	**Deluxe**
1	Core Plan	**Accidental Death and Permanent Disablement (ADPD) –** Amount Payable as a lump sum in event of Accidental Death or Permanent Disability	100,000	200,000	300,000	500,000
		Double Indemnity payable for ADPD due to: (i) ADPD whilst travelling as a passenger in any public conveyance (ii) ADPD resulting from earthquake, typhoon, cyclone, hurricane & flood	200,000	400,000	600,000	1,000,000
2		**Medical Expenses Reimbursement** Expenses incurred in-hospital and for out-patient treatment – Per disability due to an **Accident** or **Infectious Disease**	up to 3,000	up to 6,000	up to 8,000	up to 10,000
		Dental Treatment arising an **Accident**	Sub-limit of up to 50% of Medical Expenses Reimbursement per occurrence			
		Medical Expenses arising from Insect / Animal Bites or Poisoning from food and drinks				
3		**Weekly Benefit for Temporary Total Disablement (TTD)** Weekly benefit for up to 104 weeks for Total Temporary Disablement due to accident	100 per week	200 per week	300 per week	500 per week
4		**Traditional Chinese Medicine and Chiropractor** Reimburse for treatment by a Chinese Physician or Chiropractor rendering **Traditional Chinese Medicine or Chiropractor** treatment due to an **Accident** (Per Policy Year)	up to 500	up to 750	up to 750	up to 1,000
			Sub-limit of 10% of Sum Insured per Visit			
5		**Mobility Aid and Ambulance Services Reimbursement** Reimbursement for cost of ambulance services & purchase or rental of a wheelchair, crutches or hearing aids as prescribed by a **Physician (Per Policy Year)**	up to 3,000	up to 4,000	up to 4,000	up to 5,000
6		**Personal Effects and belongings** Damaged as a result of an **Accident** covered under this **Policy (Per Policy Year)**	200	300	400	500
7		**Cover for Dependent Children** - Complimentary cover for **Dependent Children** for up to 20% of **Benefits** 1, 2, 4 & 5 only provided that both parents are insured under the same policy at inception - Should both parents be covered under different plans but under same policy, the **Dependent Children** will be covered for up to 20% of **Benefits** 1, 2, 4 & 5 only under the lower plan - This cover is extended to single parent, widow, widower, or divorcee for additional premium of 40%	20%	20%	20%	20%
Part	**Benefits**		**Basic**	**Essential**	**Standard**	**Deluxe**
8	Add-on 1	**Daily Hospital Income** Pay daily income for each day you are hospitalized up to 1 year	100	200	250	300
9		**Emergency Medical Evacuation** Reimbursement of emergency evacuation expenses due to **Accident** (Per Policy Year)	Up to 20,000	Up to 30,000	Up to 40,000	Up to 50,000
10		**Lifestyle Maintenance** Payment to the **Insured Person's** immediate dependent family a monthly maintenance up to 12 months due to death by **Accidental Death** of the **Insured Person**	1,000	2,000	2,000	3,000
11		**Compassionate Allowance** Payment of a lump sum upon **Accidental Death** of an **Insured Person**	5,000	10,000	15,000	25,000
12	Add-on 2	**Child Support Fund** Payment of a lump sum for the benefit of the **Insured Person's Dependent Children** upon the **Accidental Death** of the **Insured Person**	10,000	15,000	20,000	25,000
13		**Income Protection**	6 months' salary, up to 30,000	6 months' salary, up to 30,000	6 months' salary, up to 30,000	6 months' salary, up to 30,000
14		**Loan Protector**	up to 3000	up to 3000	up to 3000	up to 3000

[1] Sum insured indicated per occurrence/annual limit.

Part I: Definitions

TERM	MEANING
Accident	means a sudden, unforeseen and unexpected event by external force happening by chance that could not have been expected and which results in the **Insured Person** suffering death, disablement or **Injury**. An **Accident** must occur during the **Period of Insurance** and after the **Effective Date** of cover for the **Insured Person**.
Accidental Death	means **Injury** which is caused by an **Accident** during the **Policy Period** which results in the **Insured Person**'s death.
Accidental Death During Public Conveyance	means the death of an **Insured Person** by or as a result of an **Accident** while travelling as a fare paying passenger on a **Common Carrier**.
Acquired Immune Deficiency Syndrome or **AIDS**	means such meanings assigned to it by the World Health Organisation including Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus (HIV), Encephalopathy (Dementia), HIV Wasting Syndrome or any disease or Sickness in the presence of a sero-positive test for HIV provided that: (a) **Malignant Neoplasm** includes but not be limited to Kaposi's sarcoma, central nervous system lymphoma and/or other malignancies now known or which become known as immediate causes of death, an Illness, or disability, in the presence of Acquired Immune Deficiency Syndrome (AIDS). (b) **Opportunistic Infection** includes but not be limited to pneumocystis carinii pneumonia, organism of chronic enteritis, virus and/ or disseminated fungi infection.
Activities Of Daily Living	means Washing, Dressing, Feeding, Toileting, Mobility and Transferring: (a) **Washing** means the ability to wash in the bath, or shower or wash by other means. (b) **Dressing** means the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical or medical appliances. (c) **Feeding** means the ability to feed oneself food after its preparation and being made available. (d) **Toileting** means the ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate. (e) **Mobility** means the ability to move indoors from room to room on level surfaces. (f) **Transferring** means the ability to move from a bed to an upright chair or wheelchair, and vice versa.
Benefit / Benefits	means the respective benefits as described in Part II Benefits of this **Policy** and Part IV Extensions – where applicable.
Chinese Physician	means a person who is **registered** with the Traditional **Chinese Medicine Practitioners Board** under the Traditional Chinese Medicine Practitioners Act and holds a valid practicing certificate issued by the Board. This includes individuals qualified and licensed to practice as herbalists, acupuncturists, or bonesetters. The attending Chinese Physician must not be You, any Insured Person, or any person who is Your or any Insured Person's business partner, employer, employee, agent, or related to You or any Insured Person by blood, marriage, or adoption.

Civil War	means armed opposition between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition: armed rebellion, revolutions, sedition, insurrection, coup d'etat and the consequences of martial law.
Chiropractor	Chiropractor means a legally licensed practitioner in chiropractic medicine who is registered and can practise within the scope of their license under the laws of the country. The attending Chiropractor must not be You, any Insured Person, or any person who is Your or any Insured Person's business partner, employer, employee, agent, or related to You or any Insured Person by blood, marriage, or adoption.
Common Carrier	means any land, water or air conveyance operating under a valid license from the country that **You** are travelling from for the transportation of passengers for hire and which operate to fixed, established and regular schedules and routes. It does not mean taxis, nor does it mean any such conveyance if chartered or arranged as part of a tour even if such services are regularly scheduled.
Company/ ERGO/ We/ Us	means ERGO Insurance Pte. Ltd.
Confinement	means confinement for a continuous uninterrupted period of at least 24 hours in a **Hospital** as a **Resident In-Patient** upon the advice and under the regular care and attendance of a **Physician**.
Dentist	means a person qualified as a dental practitioner (other than an **Insured Person** or a member of the **Insured Person**'s immediate family or their business partners, employers or employees) by a degree in dentistry and duly licensed and/or registered with the relevant statutory dental board or council to provide dental treatment and who, in rendering dental treatment, is practicing within the scope of their licensing and training in the geographical area of practice.
Dependent Child	means any unmarried biological, adopted or step child of the **Insured Person** who is between the age of fifteen (15) days and eighteen (18) years of age, or under the age of twenty five (25) years of age and a full time student undertaking a recognised course at a licensed tertiary education institution, and who is/are dependent on the Insured Person for at least 50% of his/her maintenance and support, and who is/are insured under the Policy.
Disablement	means **Injury** that results solely and directly from an **Accident** and is independent of all other causes.
Effective Date	means the date from which the cover under this **Policy** in respect of any **Insured Person** becomes effective.
Emergency Dental Treatment	means a sudden change in an **Insured Person**'s dental health which requires immediate and urgent medical treatment to avoid serious impairment to the **Insured Person**'s dental health.

Emergency Medical Evacuation	means: (a) the **Insured Person**'s medical condition warrants immediate Transportation from the place where the **Accident** occurs to the nearest **Hospital** where appropriate medical treatment can be obtained or: (a) after being treated at a local **Hospital** the **Insured Person**'s medical condition warrants Transportation to Singapore to obtain further medical treatment not available in the local **Hospital** in the region where the **Accident** occurred.
ERGO Assistance	refers to the travel assistance program which comprises of a worldwide team of medical professionals and insurance specialists who are available twenty-four (24) hours a day for advice and assistance during medical emergencies faced by an **Insured Person** outside their usual country of residence.
Fracture	means all types of fractures, but excluding hairline or minute fractures of bone unless otherwise stated.
Fractured Leg or Patella with established non-union	means a complete break into two pieces; the broken leg does not mend properly and function normally, and this condition will last for the remainder of the **Insured Person**'s life.
Hospital	means a legally constituted establishment operated pursuant to the laws of the country in which it is based, which holds a licence as a Hospital (if licensing is required in the state or government jurisdiction), and meets the following requirements: (a) operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients; (b) provides full-time nursing service by and under the supervision of a staff of nurses; (c) has a staff of one or more Physicians available at all times; (d) maintains organised facilities for the medical diagnosis and treatment of such persons, and provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the establishment; and (e) is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not other than incidentally, a place for alcoholics or drug addicts to receive treatment for their addition and in addition shall not include the following: (i) a mental institution; an institution confined primarily to the treatment of psychiatric disease including the psychiatric department of a Hospital. (ii) a place for the aged; a rest home; a place for drug addicts or alcoholics. (iii) a health hydro or nature cure clinic; a special unit of a Hospital used primarily as a place for drug addicts or alcoholics, or a nursing, convalescent, rehabilitation, extended-care facility or rest home.
Insured Person(s)	means the person(s) insured under this **Policy**.
Injury	means an injury sustained by the **Insured Person**, where such injury is solely and directly caused by an **Accident** and such Injury occurs within 365 days from the date of such **Accident** and within the **Policy Period**. Injury does not mean a **Pre-Existing Condition** or **Illness**.
Illness	means a disease or sickness which causes a pathological deviation from the normal healthy state of the **Insured Person**'s body commencing during the **Policy Period**. Illness does not include **Injury** or **Pre-Existing Condition**.

Infectious Disease	means unequivocal, final and confirmed diagnosis of any of the following infectious diseases, as defined by internationally accepted medical diagnostic criteria, by a Registered Medical Practitioner, supported by acceptable clinical, radiological, histological and laboratory evidence: 1) Severe Acute Respiratory Syndrome (SARS) 2) Dengue Fever / Dengue Haemorrhagic Fever 3) Variant Creutzfeldt-Jakob Disease (vCJD) or 'Mad Cow Disease' 4) Nipah Virus Encephalitis 5) Japanese Viral Encephalitis 6) Malaria 7) Pulmonary Tuberculosis 8) Measles 9) Rabies 10) Melioidosis 11) Hand, Foot, Mouth Disease (HFMD) 12) Avian Influenza or 'Bird Flu' due to Influenza A Viral strains H1N1, H5N1, H9N2, H7N7 or H7N9 13) Chikungunya Fever 14) Mumps 15) Rubella 16) Middle East Respiratory Syndrome (MERS) 17) Anthrax infection 18) Yellow fever 19) Plague 20) Legionnaires' disease 21) Respiratory Syncytial Virus (RSV) 22) Shingles
Loss of a Limb	means loss by physical severance of a hand at or above the wrist or of a foot at or above the ankle including a permanent loss of use of a complete hand or foot.
Loss of Fingers or Toes	means loss by complete physical severance through or above a metacarpophalangeal or metatarsophalangeal joint.
Loss of Sight	means the complete and irrecoverable loss of sight and is beyond remedy by any form of medical treatment or intervention.
Loss of Speech	means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a **Physician**.
Loss of Hearing	means permanent and irrecoverable loss of hearing as determined by a **Physician**.

Medical Expenses	means expenses incurred within 365 days of sustaining **Injury** and paid by the **Insured Person** to a **Physician** or **Chinese Physician**, **Hospital** and/or ambulance service for medical, surgical, X-ray, **Hospital** or nursing treatment, the cost of medical supplies and ambulance hire, and including the cost of treatment by a **Dentist** where such treatment is necessarily incurred to restore sound and natural teeth following an **Accident**. All treatment must be prescribed by a **Physician** or **Chinese Physician** in order for expenses to be reimbursed under this **Policy**. **Medical Expenses** shall not exceed the usual level of charges for similar treatment, medical services or supplies in the location where the expenses were incurred had this **Policy** not been in place.
Original Sum Insured	means the sum insured for the **Insured Person** in the first year that he is insured under this Policy for Accidental Death & Permanent Disablement. In the event there is a change in the Selected Plan, the Original Sum Insured shall mean the sum insured, before any bonus is applied: (i) on the first day of cover in the year in which the change was effected mid-term; or (ii) on the first day of cover in the year in which the change was effected at renewal.
Permanent as used in respect to Disablement	means disablement that lasts more than three hundred and sixty-five (365) days following which there is no hope of improvement and the disablement is everlasting.
Permanent Total Disablement	means disablement which: (i) continues for a period of three hundred and sixty-five (365) days, and (ii) is confirmed as total, continuous and **Permanent** by a **Physician** after three hundred and sixty-five (365) days, and (iii) entirely prevents an **Insured Person** from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his or her life.
Physician	means a person who is recognised by the laws of the jurisdiction in which treatment is received as qualified to treat the **Injury**, and who is not a relative of the **Insured Person**, unless otherwise approved by the **Company**. Physician does not include any Traditional Chinese Medicine (TCM) practitioner or other **Chinese Physician** unless such coverage is specifically provided by the **Company** under this **Policy** or by endorsement under this **Policy**.
Policy	means this agreement, any endorsements, attachments or amendments hereto signed by the Company, which together constitute the entire agreement between the **Company** and the **Policyholder**.
Policy Schedule	means the schedule, which is incorporated in and forms part of this **Policy**.
Policyholder	means the person named as such in the **Policy Schedule**.
Period Of Insurance	means the period stated in the **Policy Schedule** or such shorter time if the **Policy** ends in accordance with its terms or law.

Pre-Existing Condition	means any Illness, disease or other condition which the **Insured Person** suffers prior to their enrolment under this **Policy** or a **Policy** issued by the **Company** for which this **Policy** is a replacement: (a) first manifested itself, worsened, became acute or exhibited symptoms which would have caused an ordinarily prudent person to seek diagnosis, care or treatment; (b) requires the **Insured Person** to take prescribed drugs or medicine; or (c) the **Insured Person** was being treated by a **Physician** or had treatment had been recommended by a **Physician**.
Resident In-Patient	means an **Insured Person** whose **Confinement** is as a resident bed patient and whose **Confinement** is due to **Injury** covered by this **Policy** and not merely for any form of nursing, convalescence, rehabilitation, rest or extended-care.
Riot and Civil Commotion	means a gathering of persons (organised or unorganised) in disturbance of the public peace with the presence of violence, threats of violence, or the action of any lawfully constituted authority to suppress or attempt to suppress any such gathering.
Rule of Nines	means a system used by physicians for assessing the percentage of the body surface affected by burns.
Salary	means the regular wages detailed in an employment contract between the **Insured Person** and a third party organisation or where the **Insured Person** is self-employed, the average basic income of the **Insured Person** for the 6 months immediately preceding the time of the **Accident** which is supported by means of independently audited accounts, bank statements and invoices.
Second Degree Burn	means a burn which both the epidermis and the underlying dermis are damaged.
Strike	means the wilful act of any striker or locked-out worker done in furtherance of a strike or in resistance to a lock-out; or the action of any lawfully constituted authority in preventing or attempting to prevent any such act or in minimising the consequences of any such act.
Terrorism	means any actual or threatened use of force or violence by a Terrorist or Freedom Fighter directed at or causing damage, **Injury**, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorism. Terrorism shall also include any act, which is verified or recognised by the (relevant) government as Terrorism in the jurisdiction where such acts take place.
Temporary Total Disablement or **TTD**	means **Injury** that entirely disables and prevents the **Insured Person** from attending to any part of the **Insured Person**'s ordinary business profession or occupation (of any and every kind) or if the **Insured Person** has no business or occupation, from performing three or more **Activities Of Daily Living** for a continuous and uninterrupted period of time.

Terrorist or **Freedom Fighter**	means an individual or organisation, irrespective of ethnic, religious or ideological background or beliefs, which use violence or the threat of violence to promote their cause or beliefs.
Traditional Chinese Medicine	means treatment or medicine prescribed by a **Chinese Physician**.
Third Degree Burn	means a burn resulting in the damage or destruction of the skin to its full depth and damage to the tissue beneath.
Transportation	means any land, water, or air conveyance.
You, Your or Yours	means the Policyholder.

Part II: Benefits

Whilst this **Policy** is in force, if the **Insured Person** shall sustain **Injury** effected directly and independently of all other causes by **Accident**, the **Company**, shall on receipt and approval of proofs, will, subject to the terms, conditions, provisions, and limitations set out in this **Policy** and contained herein, pay the indemnity and other specified losses of the **Insured Person** sustained during the **Period Of Insurance** but only against the amount or **Benefits** stated in this **Policy** within the time limits indicated in this **Policy**.

Benefit 1 – Accidental Death & Permanent Disablement

The **Company** will pay for the **Insured Person** in respect of the following event, the percentage of the Sum Insured or the amount specified in the **Policy Schedule**, up to the specified limit applicable to the Selected Plan **Injur**y in respect of the following which directly arises from an **Injury** or **Accidental Death**.

Special Conditions

(a) The total compensation payable in respect of any disabilities due to the same **Injury** is arrived at by adding together the various percentages set out in the Table of Benefits set out below, but shall not exceed 150% of the Capital Sum Insured and there shall be no further liability under the **Policy** in respect of the same **Insured Person** for any **Injury** sustained thereafter during the **Period of Insurance**;

(b) The **Company** shall **determine** the **percentage payable** for any Permanent Disablement **not otherwise listed**, based on medical evidence and in accordance with relevant case precedents from Singapore Courts.;

(c) Where the Insured Person is left-handed, the compensation percentage in items 12 to 15 shall be reversed whereby the greater compensation percentage shall apply to the left hand and parts thereof.

(d) Assessment of percentage of body affected by burns will be based on the **Rule of Nines** system .and must be **certified** by a licensed
medical practitioner or burn specialist.

(e) For **Accidental Death** during **Public Conveyance** or due to earthquake, cyclone, typhoon, hurricane and flood, **We** will pay 200% of the sum insured as specified in the **Policy Schedule**.

(f) The Policy will be automatically terminated if the cumulative compensation paid under Benefit 1 exceeds 50% of the Capital Sum Insured, regardless of whether the claims arise from one or multiple accidents

Table of Benefits

Section		Event Of Loss	Compensation Payable % of Capital Sum Insured
A		**Death**	100%
B		**Permanent Disablement**	
	1	Permanent Total Disablement	150%
	2	Loss of or the **Permanent** total loss of use of two limbs	150%
	3	Loss of or the **Permanent** total loss of use of one limb	125%
	4	**Permanent** total Loss of Sight of both eyes	150%
	5	**Permanent** total Loss of Sight of one eye	100%
	6	Loss of or the **Permanen**t total loss of use of one limb and Loss of Sight of one eye	150%
	7	Loss of Speech and Hearing	150%
	8	**Permanent** and incurable insanity	100%
	9	**Permanent** total loss of Hearing (a) Both ears (b) One Ear	 100% 30%
	10	Loss of Speech	75%

	11	**Permanent** total loss of the lens of one eye	75%
	12	Loss of or the **Permanent** total loss of use of four fingers and thumb of	
		(a) Right Hand	85%
		(b) Left Hand	65%
	13	Loss of or the **Permanent** total loss of use of four fingers of	
		(a) Right Hand	55%
		(b) Left Hand	45%
	14	Loss of or the **Permanent** total loss of use of one thumb	
		(a) Both right phalanges	40%
		(b) One right phalanges	25%
		(c) Both left phalanges	30%
		(d) One left phalanx	20%
	15	Loss of or the **Permanent** total loss of use of fingers	
		(a) Three right phalanges	20%
		(b) Two right phalanges	15%
		(c) One - right phalanx	10%
		(d) Three left phalanges	15%
		(e) Two left phalanges	10%
		(f) One left phalanx	5%
	16	Loss of or the **Permanent** total loss of use of toes	
		(a) All-one foot	25%
		(b) Great toe-two phalanges	10%
		(c) Great toe-one phalanx	10%
		(d) Other than great toe, each toe	2%
	17	Fractured Leg or Patella with Established Non-Union	20%
	18	Shortening of leg by at least 5 cm	5%
C		**Second** and **Third Degree Burns**	
	Head	**Third Degree Burns** of 20% or more of the total head surface area	100%
		Second Degree Burns of 10% or more of the total head surface area	50%
	Rest of the body	Rest **Third Degree Burns** of 40% or more of the total body surface of area	100%
		Body **Second Degree Burns** of 40% or more of the total body surface area	50%
		Third Degree Burns of 25% or more, but less than 40% of the total body surface area	80%
		Second Degree Burns of 25% or more, but less than 40% of the total body surface area	40%
		Third Degree Burns of 15% or more, but less than 25% of the total body surface area	60%
		Second Degree Burns of 15% or more, but less than 25% of the total body surface area	30%

Benefit 2 – Accident Medical Expenses Reimbursement

We will reimburse an **Insured Person** for the **Medical Expenses** paid to a **Physician**(s) for treatment provided as a result of an **Injury** up to the sum insured stated in the **Policy Schedule**. We will only reimburse the Medical Expenses for any Specialist consultation or treatment if recommended by a General Practitioner which has to be consulted first. For avoidance of doubt, this benefit does not cover **Traditional Chinese Medicine** or **Chiropractor** Treatments.

Provided that in the event the **Insured Person** becomes entitled to a reimbursement of all or part of such expenses from any other source, **We** will only be liable for the excess of the amount recoverable from such other source.

Benefit 3 – Weekly Injury Benefits for Temporary Total Disablement (TTD)

Whilst this Policy is in force and as a result of an **Accident** the **Insured Person** is totally and continuously disabled and prevented from performing each and every duty pertaining to the **Insured Person**'s occupation, **We** will pay periodically the weekly indemnity amount specified in the **Policy Schedule**, for the period the **Insured Person** is prevented from performing each and every duty pertaining to the **Insured Person**'s occupation, but in no case shall this level of indemnity exceed a period of 104 weeks for any one **Accident** and any one **Insured Person** during the **Period of Insurance**.

The amount insured under **TTD** is subject to a maximum of 75% of the **Insured Person**'s weekly **Salary** or as per sum declared in the **Policy Schedule**, whichever is lower.

The indemnity will not be payable:

(a) in excess of 104 weeks for any one **Injury**; and

(b) unless the **Insured Person**, as soon as possible after the happening of any **Injury** giving rise to a claim under this **Policy**, procures and follows proper medical advice from a **Physician**.

The TTD benefits shall **not be payable** for **more than one injury** concurrently.

Benefit 4 – Traditional Chinese Medicine and Chiropractor

We will pay for expenses for **Traditional Chinese Medicine** or **Chiropractor** treatment attended by a **Chinese Physician** or **Chiropractor** or are necessarily incurred for an **Injury** suffered by the **Insured Person** arising from an **Accident**, up to the specified limit and sub-limit applicable to the Selected Plan.

Special condition applicable to Benefit 4:

Claims under Benefit 4 will have to be an actual & identifiable physical injury sustained by the Insured Person, where such injury is solely and directly caused by an Accident and such Injury occurs within 365 days from the date of such Accident and within the Policy Period. Injury does not mean a Pre-Existing Condition or Illness.

Benefit 5 – Mobility Aid and Ambulance Fees Reimbursement

Where an **Accident** results in the **Insured Person** requiring the assistance of a mobility aid or wheelchair following the **Insured Person**'s discharge from **Hospital** and as prescribed by the attending **Physician**, **We** shall reimburse the cost of ambulance services and the purchase or rental such equipment up to the specified limit applicable to the Selected Plan. Provided that in the event the **Insured Person** becomes entitled to a refund of all or part of such expenses from any other source, **We** will only be liable for the excess of the amount recoverable from such other source.

Benefit 6 - Personal Effects and belongings

We will pay up to the limit specified for any one **Accident** or **Period Of Insurance** for the cost of repair or replacement, after making proper allowance for wear and tear or depreciation, of the **Insured Person**'s personal effects and belongings damaged in an **Accident** provided that an **Injury** is sustained and **Benefit** 1, 2, 3 or 8 is also payable (in relation to a claim arising from the same **Accident**.) Claims must be supported by original purchase receipts.

Benefit 7 – Dependent Child's Cover

The **Policy** will cover each **Dependent Child** for up to 20% of **Benefits** 1, 2, 4 & 5 only where both the **Dependent Child**'s parents are the **Insured Persons** under this **Policy** upon inception or renewal.

In the event each parent of the **Dependent Child** is covered under different plans of this **Policy**, the **Dependent Child** will be covered for up to 20% of **Benefits** 1, 2, 4 & 5 only under the plan with the lower sum insured.

Where the **Insured Person** is a single parent, or widow, widower, or divorcee, the **Dependent Child** will be covered for up to 20% of **Benefits** 1, 2, 4 & 5 only pursuant to payment of a 40% premium loading of the chosen plan.

In the event the **Dependent Child**'s parents are each covered under separate policies and both pay 40% premium loading to extend cover to the **Dependent Child**, the **Dependent Child** will be covered for up to 20% of **Benefits** 1, 2, 4 & 5 only under the plan with the higher sum insured.

The following benefits are applicable only if specified in the policy schedule:

Benefit 8 – Daily In-Hospital Income

If as a result of an **Accident** the **Insured Person** is under **Hospital Confinement** but not for the purpose of convalescent rest, **We** will pay for the **Insured Person** the Daily Hospital Income up to the specified limit applicable to the Selected Plan for every complete day of **Hospital Confinement** up to 365 days per **Injury**.

Hospital Confinement must be certified by a Physician and not be for observation, diagnosis, rest, rehabilitation, or custodial care.

Successive **Hospital Confinements** due to the same **Injury** are considered to be part of the same period of **Hospital Confinement**, unless the discharge date for the prior **Hospital Confinement** is separated from the admission date for the next **Hospital Confinement** by at least forty-five (45) days.

This benefit does not apply to day surgery, emergency room visits, or admissions under 24 hours.

Benefit 9 – Emergency Medical Evacuation

When as a result of **Injury** whilst the **Insured Person** is travelling outside of Singapore and if in the opinion of **ERGO Assistance**, or an authorised representative of **ERGO Assistance**, it is judged **Emergency Medical Evacuation** is necessary, **ERGO Assistance**, or the authorised representative, will arrange for the evacuation of the **Insured Person** based on the medical severity of the **Insured Person**'s condition. **We** will pay directly to **ERGO Assistance** the covered expenses for such **Emergency Medical Evacuation**.

The **Transportation** arranged by **ERGO Assistance**, or an authorised representative of **ERGO Assistance**, may include air ambulance, surface ambulance, regular air transportation, railroad or any other appropriate means. All decisions as to the means of **Transportation** and the final destination to which the **Insured Person** shall be evacuated will be made by **ERGO Assistance**, or the authorised representative, and will be based solely upon medical necessity.

The amount stated in the **Policy Schedule** for **Emergency Medical Evacuation** is the maximum amount **We** will pay under this **Policy** for **Emergency Medical Evacuation**.

Special condition applicable to Benefit 9:
Benefit 9 will not render coverage in countries or regions subject to travel advisories issued by the Ministry of Foreign Affairs of Singapore, or where war, civil unrest, or sanctions are in effect.

All Transportation arrangements made for evacuating the **Insured Person** must be:
(a) by the most direct and economical route;
(b) subject to **Our** prior written approval;
(c) arranged by **ERGO Assistance**, or one of its authorised representatives.
(d) Strictly **medically necessary**.

All costs and expenses for **Emergency Medical Evacuation** must be:
(a) recommended by the attending **Physician**; or
(b) required by the standard regulations of the conveyance transporting the **Insured Person**.

Benefit 10 - Lifestyle Maintenance

In the event of the **Insured Person**'s **Accidental Death**, **We** will pay the Lifestyle Maintenance benefit up to the specified limit applicable to the Selected Plan in equal monthly instalments over a period of 12 months. At **Our** discretion **We** may also elect to pay this benefit in one lump sum.

Benefit 11 – Compassionate Allowance

In the event of the **Insured Person**'s **Accidental Death**, **We** will pay the Compassionate Allowance up to the specified limit applicable to the Selected Plan.

If compassionate allowance is payable or has been paid by another insurance policy, this benefit is not payable, as compassionate allowance is only payable once per insured person.

Benefit 12 – Child Support Fund

In the event of the **Insured Person**'s **Accidental Death**, **We** will pay the Child Support Fund Benefit up to the specified limit applicable to the Selected Plan for the sole benefit of the **Dependent Child**.

Benefit 13 – Income Protection

If an **Insured Person** sustains **Injury** due to an **Accident** which directly results in **Permanent Disablement** and termination of the **Insured Person**'s employment due to their **Permanent Disablement**, **We** will pay a monthly Benefit based on the **Insured Person**'s actual gross monthly **Salary** up to the specified limit applicable to the Selected Plan provided that:

(a) The **Injury** occurs within the Period Of Insurance.
(b) The **Permanent Disablement Benefit** under Section B of Benefit 1 is payable.
(c) The **Insured Person** is gainfully employed or engaged in a legitimate business venture at the time of the **Accident**.

Special conditions applicable to Benefit 13:

(i) This **Benefit** is not applicable to any **Insured Person** who is not gainfully employed or not engaged in any registered business at the time of the **Accident**, such as full-time homemakers or students.
(ii) If the **Insured Person** is also claiming unemployment benefits under other income protection source, the amount payable under this **Benefit** will be reduced so that the total amount received by the **Insured Person** from all sources does not exceed the **Insured Person'**s gross monthly **Salary**.

Total payout under this benefit shall not exceed 6 months of insured person's declared monthly salary or the sum insured in the policy schedule whatever is lower. Self-employed individuals must provide audited financial statements or bank records to substantiate income.

Benefit 14 – Loan Protector

We will pay the **Insured Person**'s outstanding revolving line of credit, outstanding credit card liabilities, cashline, overdraft, education loan or home renovation loan taken out with any recognised local financial institutions registered with the Monetary Authority of Singapore (MAS) up to the amount stated in the Schedule of Benefits, if the **Insured Person** sustains **Injury** which results in the **Insured Person** suffering **Accidental Death** within twelve (12) months from the date of the **Accident**.

Special condition applicable to Benefit 14:

This **Benefit** is not applicable to any **Insured Person** who is not gainfully employed or not engaged in any registered business at the time of the **Accident**, such as full-time homemakers or students.

Part III: General Exclusions

The **Company** shall not be liable under this **Policy** and this **Policy** shall not pay for any claim directly or indirectly consequent upon the following causes:

1. **War**, act of foreign enemy, invasion, hostilities, warlike operations (whether war is declared or not), rebellion, revolution, civil war insurrection, mutiny, military or usurped power, confiscation, detention, nationalization, requisition, martial law or state of siege or any events or causes which lead to the proclamation or maintenance of martial law or state of siege.
2. Any actual or alleged asbestos related Injury or Illness involving the use, presence, existence, detection, removal, elimination or avoidance of asbestos or exposure or potential exposure to asbestos.
3. An Insured Person engaging in naval, military or air force service or operations, Police, Fire Service, Civil Defence Forces (except peacetime reservist training or operationally ready national service under Section 14 of the Enlistment Act, Cap.93 of the Republic of Singapore for a period not extending beyond (40) days);
4. Whilst the **Insured Person** involved in underground work, offshore work or operations, including but not limited to tunnelling, mining, oil rig operations, and diving beyond recreational limits
5. Whilst the **Insured Person** is driving or riding in any kind of motorised sea, land or air race.
6. Whilst the **Insured Person** is in violation or attempted violation of the law or resisting arrest including but not limited to participation in unlawful assemblies, riots, or any act punishable under Singapore law.
7. Directly or indirectly consequent on the Insured **Person** engaging in air travel other than as a passenger in any properly licensed private and/or commercial aircraft.
8. The Insured **Person** engaging in a sport in a professional capacity or where such person earns income or remuneration from engaging in such sport.
9. Any self-inflicted **Injury**, suicide or attempted suicide, deliberate exposure to exceptional danger (except in an attempt to save human life).
10. The **Insured Person**'s own criminal act, suicide pacts or agreement while sane or insane.
11. The pregnancy, miscarriage (except if miscarriage is caused by an **Accident** as provided for under Part IV Extensions, Clause 11), abortion, childbirth, sterilisation, contraception as well as treatment of infertility of or by the **Insured Person**.
12. Any illness, disease or bacterial infection or **Injury** arising out of or consequent upon or contributed to by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related Complex (ARC), howsoever this syndrome has been acquired or may be named.
13. An assault provoked by the **Insured Person**.
14. Where you have obtained the Policy through Fraudulent Statements and/or Misrepresentation and/or Non-Disclosure of Material Facts.
15. The intoxication (incl. but not limited to alcohol), drug abuse (including both prescription and illegal or prohibited drugs) of the **Insured Person** or insanity by natural causes
16. General check-up, convalescence, custodial or rest cure.
17. Dental disease, dental cure or surgery, cosmetic or plastic surgery or any elective surgery except when such surgery was necessary to treat or restore function after an **Accident Injury** and is performed within 90 days of the accident. Any claim arising from complications of cosmetic or aesthetic procedures not medically necessary is excluded.
18. Congenital anomalies and conditions arising out of or resulting therefrom.
19. Any mental psychiatric and/or nervous disorders including anxiety or depression, sleep disorders, convalescence of rest care, alcoholism and drug dependency treatment.
20. Pre-Existing Conditions as specifically defined under Part I – Definitions.
21. Any expenses incurred under **Benefit** 9 Emergency Medical Evacuation for services provided by another party for which the Insured Person is not liable to pay, or any expenses already included in the cost of a scheduled trip.
22. Any **Accident**, **Injury**, or **Illness** directly or indirectly suffered, contributed or attributed to or caused by from or in any connection with any act of nuclear, chemical or biological events.
23. Any expenses incurred under **Benefit** 9 **Emergency Medical Evacuation** for a service not approved and arranged by ERGO Assistance or an authorised representative of ERGO Assistance, except that this exclusion shall be waived in the event the **Insured Person** cannot for reasons beyond his control notify ERGO Assistance during an emergency medical situation. In any

event, **We** reserve the right to reimburse the **Insured Person** only for those expenses incurred for a service which ERGO Assistance would have provided under the same circumstances and up to the **Benefit** level stated in the **Policy Schedule**.

24. Any loss, costs, expense or liability recoverable by the **Insured Person** and/or **Policyholder** from any other source including any other insurance.
25. Any Injury which arises in the course of **Your occupation** if Your occupation falls under **Occupation Class IV**.
26. Any compensation related to an **epidemic** or **pandemic** by the Ministry of Health in Singapore or the Government of the Republic of Singapore until the epidemic is declared by the Ministry of Health or the Government of the Republic of Singapore as at an end; or an epidemic or a pandemic by the World Health Organization (WHO), from the date of such announcement until the epidemic or pandemic is declared by WHO as at an end.
27. Any injury caused by participation in **extreme sports** including but not limited to skydiving, bungee jumping, mountaineering, scuba diving below 30m, outdoor rock climbing or abseiling; or unless specifically endorsed.
28. Property Cyber and Data Endorsement LMA 5400
    1. Notwithstanding any provision to the contrary within this Policy or any endorsement thereto this Policy excludes any:
       1.1 Cyber Loss, unless subject to the provisions of paragraph 2;
       1.2 loss, damage, liability, claim, cost, expense of whatsoever nature directly or indirectly caused by, contributed to by, resulting from, arising out of or in connection with any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any Data, including any amount pertaining to the value of such Data, unless subject to the provisions of paragraph 3;
       regardless of any other cause or event contributing concurrently or in any other sequence thereto.
    2. Subject to all the terms, conditions, limitations and exclusions of this Policy or any endorsement thereto, this Policy covers physical loss or physical damage to property insured under this Policy caused by any ensuing fire or explosion which directly results from a Cyber Incident, unless that Cyber Incident is caused by, contributed to by, resulting from, arising out of or in connection with a Cyber Act including, but not limited to, any action taken in controlling, preventing, suppressing or remediating any Cyber Act.
    3. Subject to all the terms, conditions, limitations and exclusions of this Policy or any endorsement thereto, should Data Processing Media owned or operated by the Insured suffer physical loss or physical damage insured by this Policy, then this Policy will cover the cost to repair or replace the Data Processing Media itself plus the costs of copying the Data from back-up or from originals of a previous generation. These costs will not include research and engineering nor any costs of recreating, gathering or assembling the Data. If such media is not repaired, replaced or restored the basis of valuation shall be the cost of the blank Data Processing Media. However, this Policy excludes any amount pertaining to the value of such Data, to the Insured or any other party, even if such Data cannot be recreated, gathered or assembled.
    4. In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.
    5. This endorsement supersedes and, if in conflict with any other wording in the Policy or any endorsement thereto having a bearing on Cyber Loss, Data or Data Processing Media, replaces that wording.

    Definitions

    6. Cyber Loss means any loss, damage, liability, claim, cost or expense of whatsoever nature directly or indirectly caused by, contributed to by, resulting from, arising out of or in connection with any Cyber Act or Cyber Incident including, but not limited to, any action taken in controlling, preventing, suppressing or remediating any Cyber Act or Cyber Incident.
    7. Cyber Act means an unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any Computer System.
    8. Cyber Incident means:
       8.1 any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any Computer System; or
       8.2 any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any Computer System.
    9. Computer System means:
       9.1 any computer, hardware, software, communications system, electronic device (including, but not limited to, smart

phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the Insured or any other party.

10. Data means information, facts, concepts, code or any other information of any kind that is recorded or transmitted in a form to be used, accessed, processed, transmitted or stored by a Computer System.
11. Data Processing Media means any property insured by this Policy on which Data can be stored but not the Data itself.

Part IV: Extensions

1. **Geographical Limits**
   The coverage under this Policy is worldwide unless otherwise restricted by endorsement.
   Notwithstanding anything to the contrary contained herein, this Policy will not cover any loss, Injury, damage or legal liability arising or suffered or sustained for the following countries:
   Afghanistan, Democratic Republic of Congo, Iran, Iraq, Sudan, South Sudan, Libya, Somalia, North Korea, Belarus, Russia, Ukraine, Palestine, Syria, Lebanon, Israel, Bahrain, Gaza/West Bank/Golan Heights regions, Jordan, Kuwait, Oman, Qatar, Saudi Arabia, United Arab Emirates (UAE) and Yemen.

2. **Assault, Hijack and Murder**
   Whilst this **Policy** is in force, it is extended to cover the **Insured Person** against **Accidental Death** or **Injury** where the **Insured Person** is a victim of assault, hijack or murder, which directly and independently of all other causes, results in **Accidental Death** or **Permanent Total Disablement**, provided that such **Injury** or **Accidental Death** does not arise out of the **Insured Person**'s own participation or provocation of any such act.

3. **Exposure and Disappearance**
   When by reason of any **Accident** covered by this **Policy** the **Insured Person** is exposed to the elements and as the result of such exposure suffers an **Injury** or **Accidental Death** for which compensation is otherwise payable hereunder such **Injury** or **Accidental Death** will be covered under the terms of this **Policy**.

   If the body of the **Insured Person** has not been found within 365 days after the date of disappearance, sinking or wrecking of the aircraft or other conveyance either on the ground or at sea in which the **Insured Person** was travelling at the time of the **Accident**, it will be presumed that the **Insured Person** suffered **Accidental Death** at the time of such disappearance, sinking or shipwreck.

4. **Drowning and Suffocation by Gas, Poisonous Fumes or Smoke**
   Whilst this Policy is in force, it is extended to cover the **Insured Person** against **Accidental Death** or **Injury** due to drowning or suffocation by gas, poisonous fumes or smoke, which directly and independently of all other causes, results in **Accidental Death** or **Permanent Total Disablement**, provided that such **Accidental Death** or **Injury** does not arise out of the **Insured Person**'s wilful and intentional act.

5. **Strike, Riot, Civil Commotion and Terrorism**
   Whilst this Policy is in force, it is extended to cover the **Insured Person** against **Accidental Death** or **Injury** due to **Strike**, **Riot**, **Civil Commotion** or **Terrorism**, which directly and independently of all other causes, results in **Accidental Death** or **Permanent Total Disablement** of the **Insured Person**, provided that such **Accidental Death** or **Injury** does not arise out of the **Insured Person**'s willful and intentional act.

6. **Motor-Cycling**
   Whilst this **Policy** is in force, it is extended to cover the **Insured Person** against **Accidental Death** or **Injury** from motor-cycling

(whether as a rider or a pillion-rider) provided that at the time of sustaining **Injury** or **Accidental Death**, the **Insured Person** is wearing a safety helmet, and not engaging in or practicing for any racing or hill climbing contests, reliability trials and speed or duration testing.

7. **Insect / Animal Bites**
   Whilst this **Policy** is in force, it is extended to cover the **Insured Person** where the **Insured Person** suffers **Injury or Accidental Death** caused by an insect or animal provided that such event does not arise as a result of the **Insured Person**'s willful or intentional act. This section also extends to cover for Dengue Fever.

8. **Infectious Diseases**
   Notwithstanding anything contained in the **Policy** to the contrary, **Benefit** 2 of this Policy extends to cover claims arising from medical treatment of **Infectious Diseases**, but excludes any such claims where diagnosis of such infection is made within the first fifteen (15) days from the inception date of cover under this **Policy** as well as any **Infectious Diseases** which have been announced as:
   a) an epidemic or a pandemic by the Ministry of Health in Singapore or the Government of the Republic of Singapore until the epidemic or pandemic is declared by the Ministry of Health or the Government of the Republic of Singapore as at an end; or
   b) an epidemic or a pandemic by the World Health Organization (WHO), from the date of such announcement until the epidemic or pandemic is declared by WHO as at an end.

   The reimbursement of the **Medical Expenses** under this extension is subject to the submission of blood test results by a **Hospital** or **Physician** which confirms the diagnosis of such **Infectious Disease** as proof of claim in addition to the other evidence as required by **Us** under the **Policy**. This extension has a 15-day waiting period from Your Policy Coverage Start Date.

9. **Accidental Food and Drinks Poisoning**
   Whilst this **Policy** is in force, it is extended to cover the **Insured Person** where the **Insured Person** suffers from **Illness** due to accidental food poisoning (including food and drink poisoning) up to the amount referred to in the **Policy Schedule**. This extension has a 15-day waiting period from Your Policy Coverage Start Date. Claims must be supported by confirmed diagnosis and exclude conditions arising from pre-existing gastrointestinal disorders.

10. **Dental Treatment (Due to Accident only)**
    Whilst this **Policy** is in force, **We** will reimburse the **Medical Expenses**, incurred by the **Insured Person** within twelve (12) months from the date of an **Accident**, for emergency dental treatment performed by a **Dentist** to restore or treat the **Insured Person**'s sound natural teeth following an **Accident**. Reimbursement is limited to emergency treatment to restore function and excludes cosmetic or orthodontic procedures.

11. **Miscarriage Due To an Accident**
    Whilst this **Policy** is in force, it is extended to cover the **Insured Person**, if the **Insured Person** sustains an **Injury** and as a result of such **Injury** suffers a miscarriage which is not attributed to any natural causes and/or sickness relating to pregnancy or childbirth.

12. **Reservist Training**
    Whilst this **Policy** is in force, cover is extended to the **Insured Person** where the **Insured Person** is participating in peace time Singapore reservist duty (under Section 14 of the Enlistment Act Cap. 93 of the Republic of Singapore) for a period not exceeding 40 days annually but excludes participation in combat or hazardous training exercises.

13. **Unscheduled Flight**
    Whilst the **Policy** is in force, if the **Insured Person** suffers an **Injury** that results in **Accidental Death** or **Permanent Total Disablement** while travelling as a fare-paying passenger in properly fixed wing private aircraft and/or helicopter (except

corporate-owned private aircraft unless specifically declared and accepted by the **Company**, or any military aircraft) which is duly licensed for the regular transportation of passengers, the **Company** will pay the **Benefit** amount up to the amount stated in the Table of Benefits.

Part V: Terms and Conditions of the Policy

1. **Entire Contract**
   The **Policy**, **Policy Schedule**, endorsements, application form, and declaration will be read together as one contract. Any word or expression to which a specific meaning has been ascribed in any part of the **Policy** wording and **Policy Schedule** will bear specific meaning wherever it may appear. No agent of the **Company** has the authority to change or waive any provisions of the **Policy**. No change of provisions will be valid unless approved by **Our** executive officer and such approval be endorsed hereon.

2. **Change of Occupation**
   If the **Insured Person** engages in any occupation in which a greater risk of **Accident** than the occupation disclosed in the Proposal Form for this **Policy** the **Policyholder** should notify us of the change in occupation within 30 days and obtain **Our** written agreement to the change in occupation (which may be subject to the payment of such reasonable additional premium as **We** may require as the consideration for such agreement) **We** will not pay and will not be liable for any claim in respect of or arising out of or in the course of such occupation, where written approval to the same has not first been given by **Us**.

3. **Change in Country of Residence**
   It is a condition precedent to liability under this Policy that **We** must be informed in writing of any change in the **Insured Person**'s country of residence. A change in the country of residence will be deemed to mean the **Insured Person** living or intending to live in another country other than the **Insured Person**'s country of residence at the **Effective Date** of this **Policy** in excess of 183 consecutive days. **We** reserve the right to continue cover on prevailing terms and conditions or decline to continue cover under this **Policy** upon receipt of such information.

4. **Eligibility**
   (a) The **Insured Person**'s must be aged between 16 and 70 years old at their last birthday at the time of inception of the **Policy**.
   (b) The **Policy** will not be renewed for any Insured Person who is 75 years or over at their last birthday at the time of renewal of the **Policy**.
   (c) Cover for a **Dependent Child** is from 15 days to 18 years of age, or 25 years of age at last birthday where the Dependent Child is a full time student in an authorised and recognised tertiary institution.
   (d) If You are in Occupational Class IV, You will not be eligible for cover under this Policy.

5. **Receipts and to whom Benefits Payable**
   Unless **We** otherwise agree in writing, all benefits payable under this Policy except **Benefit** 9 – Emergency Medical Evacuation, shall be payable to the **Policyholder** on behalf of the applicable **Insured Perso**n, or where applicable their estate, spouse, partner or **Dependent Child**. **We** shall be entitled to treat the **Policyholder**, as the absolute owner of this **Policy** and shall not be bound to recognise any equitable or other claim to or interest in the **Policy**. **We** will not be committed by any notice of any trust, charge, lien, assignment or other dealing with the **Policy**. Payment by **Us** to the **Policyholder** of any **Benefit** or in relation to any obligation under this **Policy** will in all cases be effectual discharge of **Our** liability under this **Policy** in relation to such **Benefit** or payment, except **Benefit** 9 – Emergency Medical Evacuation. In the event of any successful claim or demand made by any person or entity as beneficiaries in respect of any payment made to the **Policyholder**, the **Policyholder** agrees to indemnify **Us** in full.

6. **Contracts (Rights of Third Parties) Act**
   The Policy does not create or confer any enforceable right under the Contracts (Rights of Third Parties) Act (Chapter 53B) of the Statues of Singapore on or by any party who is not a party to this **Policy** contract. **We** and the **Policyholder** may cancel this **Policy** in accordance with the cancellation provisions of this Policy or agree to any variation, waiver or settlement under **Policy**, without the consent of or giving notice to any third party.

7. **Pre-Existing Condition under Preceding Policy**
This **Policy** will provide cover to the **Insured Person** up to the level of **Benefit** available under this **Policy** or its preceding policy whichever is the lower, and subject to the terms, conditions and exclusions of this **Policy**, for a **Pre-Existing Condition** that the **Insured Person** suffers from at the **Effective Date** of this **Policy and which arose** after or during the period of the preceding policy and for which **Benefits** would have been payable had the preceding policy remained in force.

8. **Medical Examination and Treatment**
The **Insured Person** will at the **Insured Person**'s expense furnish to **Us** all such certificates, information and evidence as may be required by **Us** and the **Insured Person** will whenever reasonably required to do so, arrange to submit to medical examination by a physician appointed by **Us**. In the event of the **Insured Person**'s death, where it is not forbidden by law, **We** will be entitled to have a post-mortem examination at **Our** own expense, and notice will, where practicable, be given to **Us** before internment or cremation, stating the name and place of any inquest into the death of the **Insured Person**. In the event of any conflict of opinion between **Our** physician and the **Insured Person**'s **Physician**, the opinion of **Our** physician will prevail and be binding on the **Insured Person** or the **Insured Person**'s estate as the case may be. For the avoidance of doubt, where medical certificates/reports are required to be furnished, **We** will only accept medical certificates / reports issued by a **Physician**. Certificates or reports issued by a **Chinese Physician** will not be accepted. Failure to comply with medical examination requests may result in denial of claims. We reserve the right to request additional medical documentation at any time during the claims process.

9. **Limitation of Time For Bringing Suit**
If a claim is made under the Policy and is rejected by **Us**, **You** or **Your** legal personal representatives will commence arbitration proceedings in accordance with Part V - Other Policy Provisions, Clause 10 hereof within twenty four (24) months of such rejection, failing which **We** will be discharged from all liability whatsoever for such claim.

10. **Arbitration**
Any disputes arising out of this Policy shall first be referred to the Financial Industry Disputes Resolution Centre Ltd (FIDReC), where it falls within FIDReC's jurisdiction. If the dispute cannot be referred to or resolved by FIDReC, it shall be referred to and finally resolved by arbitration in Singapore in accordance with the Arbitration Rules of the Singapore International Arbitration Centre ("SIAC Rules") for the time being in force, which rules are deemed to be incorporated by reference in this clause. The Tribunal shall consist of one (1) arbitrator.

11. **Assignment**
No assignment of interest under this **Policy** will be binding upon **Us** unless and until the original or a duplicate thereof is filed at **Our** office. **We** do not assume any responsibility for the validity of any assignment. No change of beneficiary under this **Policy** shall bind **Us**, unless consent thereto is formally endorsed hereon by an officer authorised by **Us**. No provision of **Our** charter, constitution or by-Laws shall be used in defence of any claim arising under this **Policy**, unless such provision is incorporated in full in this **Policy**.

12. **Compliance with Policy Provisions**
The due observance and fulfilment of the terms and conditions of this **Policy** so far as they relate to anything to be done or complied with and the truth to the best of **Your** or the **Insured Person**'s knowledge and belief of the information furnished to **Us** in connection with this insurance shall be conditions precedent to **Our** liability.

13. **Renewal**
This Policy may be renewed with **Our** consent by payment of the premium in advance at **Our** prevailing rate of premium in force at the time of renewal. Renewal and renewal premium are subject to Our underwriting review and may be declined or modified based on claims history, changes in risk profile, or regulatory requirements.

14. **Duplication of Cover**
The **Insured Person** can only be covered under one Personal Accident Policy issued by **Us**. In the event that the **Insured Person** is covered under more than one such Personal Accident Policy, **We** will consider the **Insured Person** to be insured only under the Personal Accident Policy which provides the highest level of **Benefit**. Where the **Benefit** under each such policy is identical the **Company** will consider the **Insured Person** to be insured under the policy first issued.

15. **Payment Before Cover Warranty**
Notwithstanding anything contained in this **Policy**, **You** agree and acknowledge that:

(a) The total premium due must be paid and actually received in full by **Us** (or the intermediary through whom this **Policy** was effected) on or before the **Effective Date** of the coverage under this **Policy**, Renewal Certificate or Cover Note.
(b) In the event that the total premium due is not paid and actually received in full by **Us** (or the intermediary through whom this **Policy** was effected) on or before the **Effective Date**, the **Policy**, Renewal Certificate or Cover Note will be deemed to be cancelled immediately and no Benefits whatsoever will be payable by **Us** as cover never attached. Any payment received thereafter shall not affect the cancellation of the **Policy**, Renewal Certificate or Cover Note.
(c) If payment of full premium is to be made by credit card or bank GIRO whether monthly, annually or at such period as may be agreed by **Us**, the submission to **Us** of a complete and properly signed GIRO form (or such other form as may be required by the card centre, bank or **Us**) to **Us** on or before the **Effective Date** will be deemed to be payment received by **Us**, subject to clause (d) below.
(d) In the event of any rejection by the card centre or bank of the GIRO Form (or such other form as referred to in clause (d) or any inability by **Us** to obtain payment of the premium by credit card or GIRO deduction due to any reason, **We** will allow a second attempt for the charge and deduction of the outstanding premiums from the relevant card centre or bank. Should the second attempt fail for any reason, the **Policy**, Renewal Certificate or Cover Note will be deemed to be cancelled immediately effective from the day of the month when premium was due and unpaid and no Benefits whatsoever will be payable by **Us** as cover never attached. Any payment received thereafter shall not affect the cancellation of the **Policy**, Renewal Certificate or Cover Note.
(e) In respect of coverage with the "Free Look" provision set out at Section 24 below, **You** may return the original **Policy** document to **Us** or the intermediary through whom this **Policy** was effected within the "Free Look" period if **You** decide to cancel the cover during the "Free Look" period. In such an event, **You** will receive a full refund of the premium paid to Us provided that no claim has been notified or made under the **Policy**.

16. **Cancellation of Policy**
(a) **We** may cancel this Policy by sending to **You** 30 days' notice in writing by registered post to **Your** last known address. The **Policy** will be deemed to be cancelled upon the expiry of 30 days from the date of posting of the notice. After we have cancelled the **Policy**, the proportionate part of any premium received in respect of the unexpired period of the **Policy** will be refunded to **You** as soon as possible.
(b) **You** may cancel this **Policy** by sending written instructions to **Us**. Upon receipt of such instruction, cover under this **Policy** will cease immediately and **You** shall be entitled to a return of premium less premium at the Company's Short Period Rates for the period the Policy has been in force provided that no claims were made under the **Policy** from the **Effective Date** until the date of cancellation.
(c) The **Policy** will immediately terminate on the happening of any one of the following events:
(i) on the date the **Insured Person** attains seventy-six (76) years of age;
(ii) in the case of a **Dependent Child** on the date on which he/she attains the maximum age as defined;
(iii) upon the **Insured Person**'s death;
(iv) when any premium due is not paid in accordance with Part V – Other Policy Provisions, Clause 18.
(v) upon the **Insured Person**'s resignation, withdrawal, cessation or termination of employment, with the **Policyholder**.
(d) We reserve the right to **cancel the Policy immediately** without refund of premiums in the event of fraud, misrepresentation, breach of policy terms or non-disclosure of material facts.

For the avoidance of doubt, refund of premium or a proportionate part thereof is not applicable in respect of termination under this subclause (c).

Company's Short Period Rates Period of Insurance	**Proportionate Premium Charged as Percentage (%) of the Annual Premium**
Not exceeding 1 month	25%
Not exceeding 2 months	40%
Not exceeding 3 months	50%
Not exceeding 4 months	65%
Not exceeding 6 months	80%
Not exceeding 8 months	90%
Exceeding 9 months	Full Annual Premium

17. **Compliance with Applicable Economic and Trade Sanctions Laws**
We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any cover hereunder to the extent that the provision of such cover or payment or such claim would expose Us to any sanction, prohibition or restriction under the United Nations resolutions or the trade or economic sanctions, laws or regulations of Singapore, the European Union or United Kingdom or United States of America. We reserve the right to immediately terminate coverage without refund if the Insured Person is found to be subject to such sanctions.

18. **Governing Law**
This **Policy** shall be construed according to and governed by the laws of the Republic of Singapore. Any legal proceedings or arbitration shall be conducted exclusively in Singapore, and the parties agree to submit to the jurisdiction of the courts of Singapore.

19. **Currency**
All premiums and **Benefits** payable under this **Policy** will be in Singapore Dollars.

20. **Occupation Class**
We reserve the right to cancel this Policy from the Effective Date should an incorrect occupation class be indicated. We reserve the right to cancel this Policy from the Effective Date or decline any claim if an incorrect occupation class is indicated, whether due to misrepresentation or omission. No refund of premium shall be made in such cases.

21. **14-Day Free Look Privilege**
You have 14 days from the receipt of the **Policy** to examine the terms and conditions of the **Policy**. You may cancel the **Policy** within the 14-day "Free Look" period by written request to **Us** in which case all premium paid will be refunded, if a claim has not been made or notified under the **Policy** during the 14 day "Free Look" period. This provision is not applicable to any policies with terms of cover of less than one year and renewals.

22. **Insurance Act (Chapter 142)**
This **Policy** is issued in Singapore and subject to Insurance Act (Chapter 142) where **You** are ordinarily resident in Singapore at the date of **Your** application in respect of this **Policy**, unless otherwise stated. **You** are treated as ordinarily resident in Singapore if:
(i) **You** are a citizen of Singapore, unless **You** have resided outside Singapore continuously for 5 or more years preceding the application date of the **Policy** and are not currently residing in Singapore;
(ii) **You** are a permanent resident, unless **You** have resided in Singapore for less than a total of 183 days in the 12 months preceding the application date of the **Policy**;
(iii) **You** have a work pass or permit required under the Employment of Foreign Manpower Act (Cap.91A), unless **You** have resided in Singapore for less than a total of 183 days in the 12 months preceding the application date of the **Policy**; or
(iv) **You** have a pass or permit required under the Immigration Act (Cap.133) that has duration longer than 90 days and **You** have resided in Singapore continuously for at least 90 days in the 12 months preceding the application date of the **Policy**.

23. **Automatic Renewal**
Unless otherwise communicated to **Us** or to **You** (as the case may be) before the expiry date of the **Policy**, this **Policy** will automatically renew for another 12 calendar months upon expiry on existing terms, conditions and exclusions provided any material change has already been notified to and accepted by **Us** and the premium paid in accordance with the terms of this **Policy**.

24. **Data Privacy**
The Insured Person(s) understand, acknowledge, agree and consent that:

ERGO Insurance Pte. Ltd. (ERGO) may/will collect, use, disclose and/or process the Insured Person(s) personal information set out in the proposal form and any other information provided by the Insured Person(s) or possessed by ERGO for the purpose of enabling ERGO to provide the Insured Person(s) with services required of an insurance provider, such as evaluating, processing, administering, and/or managing of the Insured Person(s) relationship and policies with ERGO. This includes among other things Policy servicing, processing, investigating, handling, administering and/or settling the Insured Person(s) claim with ERGO or other insurers.

ERGO may/will disclose and transfer the Insured Person(s) personal information to third parties, including but not limited to

its affiliates, representatives, agents and third party service providers, lawyers/law firms, whether located within or outside Singapore, for one or more of the above purposes, and the said third parties may/will subsequently collect, use, disclose and/or process the Insured Person(s) personal information for one or more of the above purposes.

If personal information of third parties (e.g. information of Insured Persons, beneficiaries, beneficial owners, dependents, customers, payees and/or employees) is provided to ERGO, the provider of such personal information represents and warrants to ERGO that prior consents have been obtained from each of the third parties to provide such information.
Note: Please refer to the full version of our Data Privacy Policy found at https://www.ergo.com.sg/pdpa.

25. **Misrepresentation and/or Non- Disclosure**

This policy shall be voidable in the event of any misrepresentation, wrong description, non-disclosure or any circumstances by You which are material to or connected with:

(a) Your risk experience and claims history; and/or
(b) Your insurance record, including previous refusals to be granted insurance coverage and your failure to disclose these aspects to Us.

26. **Consequences of Breach of Duty of Good Faith, Fraud, Misrepresentation and/or Non- Disclosure**

We may refuse to pay a claim either in whole or in part, if You:
(a) Failed to inform Us of anything you know or could be reasonably expected to know that is material in that it would have affected Our decision to accept Your proposal for Insurance or to apply specific or additional terms and/or premium;
(b) Make a Misrepresentation to Us before or at the time Your policy was entered into;
(c) Breach a condition of Your policy;
(d) Have made a fraudulent claim under this policy of insurance or any other policy of insurance.

27. **Our right of recovery**

In the event of a fraudulent claim under this Policy and in other circumstances mentioned in this Clause is made by You or otherwise on your behalf, and authorisation of payment and/or payment is made by Us or Ergo Assistance for a claim where there has been Fraud and/or Non-Disclosure and/or Misrepresentation of a material fact and We or Ergo Assistance or an authorised representative of Ergo Assistance has without knowledge of the Fraud and/or Non- Disclosure and/or Misrepresentation has paid or has committed to on Your behalf and upon discovery of the same, We reserve the right to recover such payments made or if payment has yet to be made, to withdraw the authorisation of payment made whether it is by Us or Ergo Assistance or an authorised representative of Ergo Assistance.
In all these circumstances outlined in this clause where payment has been made we reserve the right to recover from You, the Insured or Your Estate the full sum that has been paid.

Part VI: Claims Procedure

1. **How to Make a Claim**
Written notice of the claim under this **Policy** must be given to **Us** as soon as possible and in any case within 30 days after the **Injury**, **Accidental Death** or **Illness**. Notice given to **Us** by **You** or on **Your** behalf with information sufficient to identity the **Insured Person** will be deemed to be notice to **Us**. The notice of claim must be forwarded to the following address or such other address as **We** may notify:

ERGO Insurance Pte. Ltd.
8 Temasek Boulevard #04-01
Suntec Tower Three
Singapore 038988

Claims Service: (+65) 6829 9195 (Monday – Friday, excluding public holidays: 8.30 AM to 5.30 PM)
Claims Fax: (+65) 6829 9247
Claims Email:

commercialclaims@ergo.com.sg
https://www.ergo.com.sg/claim

2. **Notice of Claim**
   Report within 30 Days of Loss
   Any **Accident**, **Injury** or **Illness** which may give rise to a claim under this **Policy** should be reported to **Us** in writing within thirty (30) days or in any event, as soon as reasonably possible after the **Accident**, **Injury** or **Illness**. **Failure** to furnish timely notice may prejudice our ability to assess the claim and may **result** in **denial** or **reduction of benefits**. Claims submitted beyond 30 days must include a written explanation and supporting evidence for the delay.

3. **Proof of Loss**
   Upon receipt of a notice of claim, **We** will furnish **You** or the **Insured Person** with a claim form which must be completed and returned to **Us** setting out the full particulars of the claim under the **Policy**. The claim form and any original supporting documentation must be submitted to us within 15 days of receipt of the claim form. You or the **Insured Person** will also, at **Your** or their expense, at any time at **Our** request submit whatever documents **We** require in support of the claim as soon as possible and in any event within 60 days after receipt of notice of such request. All supporting documents must be original or certified true copies. We reserve the right to verify the authenticity of any document submitted. Medical invoices must not have been previously submitted to or reimbursed under another insurance policy / by any other insurer. Duplicate claims will be rejected and may be treated as fraud.

   The **Company** shall have the right but not the obligation, at its own expense, to require the **Insured Person** to submit to medical examinations as often as may be necessary during the pendency of a claim hereunder and to have an autopsy performed in case of death, unless prohibited by law.

4. **Time For Filing Proof Of Loss**
   Affirmative proof of loss must be furnished to Us at **Our** offices in case of a claim for loss of time from disability within 90 days after the termination of the period for which **We** are liable, and in case of a claim for any other loss, within 180 days after the date of such loss.

5. **Physical Examination and Autopsy**
   Provided that **We** give reasonable notice, **We** shall be allowed to have any **Insured Person** medically examined or, in the event of an **Insured Person**'s death, a post mortem examination carried out at **Our** expense. Refusal to undergo medical examination or post-mortem (where legally permissible) may result in denial of the claim.

6. **Claims Investigation**
   In the event of a claim, **We** may make any investigation **We** deem necessary, and both **You** and the **Insured Person** will cooperate fully with such investigation. Failure by **You** or the **Insured Person** to cooperate with **Our** investigation may result in denial of the claim or cancellation of the **Policy**. We reserve the right to conduct interviews, request additional documentation, and liaise with third parties including other insurers, medical providers, and law enforcement. Non-cooperation may result in denial of the claim or cancellation of the Policy.

Important Note and Disclosure

This Policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for **Your Policy** is automatic and no further action is required from **You**. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact ERGO Insurance Pte. Ltd. or visit the ERGO Singapore, GIA or SDIC web-sites (www.ergo.com.sg or www.gia.org.sg or www.sdic.org.sg).

This is a short-term Personal Accident **Policy**, and **We** are not required to renew this policy. **We** may terminate this policy by giving you 30 days' notice in writing.

If you have any existing medical condition at the **Policy** renewal date, **You** may not be covered under the renewed policy for such a medical condition. If such a medical condition is covered under the renewed **Policy**, you may need to pay additional premiums.

This **Policy** is not a Medisave-approved **Policy**, and you may not use Medisave to pay the premium for this **Policy**.

The Total Distribution Cost for this product is 30% - 35% of the premium. This covers commissions and other distribution-related expenses, including benefits and services provided by our distribution partners. These costs have been taken into account in determining the premium and are not payable separately by the policyholder.

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