



ePROTECT *safety* **Personal Accident Plan**

Personal Accident Plan

1. This Policy, Schedule, Endorsement, application, proposal form, declaration and attached papers together with other statements in writing, if any, are evidence of the contract between You and Us and shall hereinafter be referred to as the "Policy". The proposal made to Us in connection with this Insurance shall be the basis and forms part of this contract.
2. This Policy, Schedule, Endorsement application, proposal form, declaration and attached papers together with other statements in writing, if any, are to be read as one document and any word or expression to which a specific meaning has been attached in any part shall bear the same meaning wherever it appears.
3. Provided that You pay the premium in full and We agree to accept it, We shall provide the respective Insurance in the terms set out this Policy.
4. The conditions which appear in this Policy, Schedule and Endorsement, if any, are part of the contract and must be complied with. Failure to comply may mean that You shall not be able to claim under this Policy.
5. Any word denoting a singular pronoun shall also mean to include the plural.

Eligibility

To be eligible under this Insurance, You or Your spouse named in the Schedule must be a Singapore Citizen, or a Permanent Resident of Singapore, or a Foreigner with valid Work Permit or Employment Pass or Dependant's Pass or Long-Term Visit Pass of at least seventeen (17) years of age and not more than sixty-five (65) years of age on the Effective Date of Insurance. The policy shall be renewed up to the maximum age of seventy-five (75) years subject to our satisfaction on Your state of health.

For Your child(ren) to be eligible under this Insurance with 20% of the sum insured/benefits under You or Your spouse's selected plan, the following conditions must be met:

- a) The child(ren) must be Your Legal Child including stepchild and/or legally adopted child;
- b) The child(ren) must be at least 1 year of age and not more than seventeen (17) years of age; or up to 25 years for full time students in a recognised tertiary institution;
- c) The child(ren) must be wholly dependent on You or Your Legal Spouse for financial support;
- d) The child(ren) must be unmarried; and
- e) The plan type of Your child(ren)'s coverage is (are) the same as Yours or Your Spouse's plan.

Payment Before Cover Warranty (Applicable to Individual Policyholders Only)

1. The premium due must be paid to the Insurer (or the intermediary through whom this Policy was effected) on or before the inception date ("the inception date") or the renewal date of the coverage. Payment shall be deemed to have been effected to the Insurer or the intermediary when one of the following acts takes place:
 - a) Cash or honoured cheque for the premium is handed over to the Insurer or the intermediary;
 - b) A credit or debit card transaction for the premium is approved by the issuing bank;
 - c) A payment through an electronic medium including the internet is approved by the relevant party;
 - d) A credit in favour of the Insurer or the intermediary is made through an electronic medium including the internet.
2. In the event that the total premium due is not paid to the Insurer (or the intermediary through whom this Policy was effected) on or before the inception date or the renewal date, then the insurance shall not attach and no benefits whatsoever shall be payable by the Insurer. Any payment received thereafter shall be of no effect whatsoever as cover has not attached.
3. In respect of insurance coverage with Free Look provision, the policyholder may return the original policy document to the Insurer or intermediary within the Free Look period if the policyholder decides to cancel the cover during the Free Look period. In such an event, the policyholder will receive a full refund of the premium paid to the Insurer provided that no claim has been made under the insurance and the cover shall be treated as if never put in place.

Payment Of Premium (Applicable To Yearly Giro Premium Deduction)

At the time of application for this Policy, You will be required to pay the annual premium upfront. Should You choose to pay the annual premiums of subsequent years by Giro, it will be debited from Your designated bank account. You are to complete the Giro Application Form. First deduction will be deducted one month before expiry date of the policy. Should the deduction fail, a second attempt will be made on the 15th of the following month. Should the second deduction still fail, the Policy will be automatically cancelled.

Premium Basis & Adjustment

Your premium shall be based upon Your attained age as at the Effective Date of Insurance. The premium rates are not guaranteed and may be increased or varied by Us upon renewal of the Policy, based on Our portfolio claims experience in this class of business. We will advise You of the change in writing at least thirty (30) days before Your Premium is increased or varied by Us.

General Definitions

Accident/Accidental means an unforeseen event of violent, external and visible nature, occurring during the Period of Insurance, which results in Bodily Injury or death.

Age means age attained.

Benefit means the respective Benefit, as stated in the Policy, Schedule and/or Endorsement payable by Us under the terms and conditions and exclusions in respect of each event or loss covered by this Policy.

Bodily Injury means injury sustained by an Insured during the period of insurance and is caused by an Accident solely and independently of any other causes within fifty-two (52) weeks from the date of such Accident.

Effective Date of Insurance means the commencement date of insurance as specified on the Schedule.

Each day of Hospital Confinement is defined as a day of which the Hospital charges You for room and board upon admission as an in-patient for a minimum period of twenty-four (24) hours upon the recommendation of a Medical Practitioner.

Endorsement means written evidence of an agreed change to this Policy.

Family Member means Your spouse, parent, parent-in-law, grandparent, child, brother or sister.

Hospital means any institution which fully meets all of the following criteria:

- a) maintains permanent and full-time facilities for care of overnight resident patients; and
- b) has diagnostic and therapeutic facilities for surgical and medical diagnosis and treatment and care of injured and sick persons by or under the supervision of a staff of Medical Practitioners; and
- c) continuously provides 24 hours a day nursing service supervised by qualified nurses; and
- d) is not, other than incidentally, a mental institution or a place for rest or a place for the aged, drug addicts or alcoholics.

Hospital Confinement means an admission or a series of admissions from the same cause except that if admissions from the same cause are separated by twelve (12) months or more then each such admission shall constitute a separate Hospital Confinement.

Infectious Disease shall mean the definitive diagnosis of any of the following infectious diseases by a qualified/registered Medical Practitioner during the period of insurance and is supported by acceptable clinical, radiological, histological and laboratory evidence:

- 1) Hand, foot and mouth disease (HFMD)
- 2) Dengue fever (DHF)
- 3) Avian influenza or 'bird flu' due to influenza A viral strains H5N1, H9N2, H7N7, H7N9 or H1N1
- 4) Mumps
- 5) Rubella
- 6) Tuberculosis
- 7) Measles
- 8) Malaria
- 9) Anthrax infection
- 10) Yellow fever
- 11) Plague
- 12) Melioidosis or 'soil disease'
- 13) Rabies
- 14) Legionnaires' disease
- 15) Chikungunya
- 16) Nipah viral encephalitis
- 17) Japanese viral encephalitis
- 18) Variant Creutzfeldt-Jakob disease (vCJD) or 'mad cow disease'
- 19) Severe acute respiratory syndrome (SARS)
- 20) Middle-East respiratory syndrome coronavirus (MERS-CoV)
- 21) Zika virus
- 22) Group B Streptococcus infection Type III GBS ST283

Insured means the person(s) named in the Schedule whom We provide the coverage for. The Insured does not have any rights to the Policy, unless he is also the policy owner.

Loss of Speech or Hearing means total and irrecoverable loss of speech or hearing which is beyond remedy by surgical or other treatment.

Loss of Sight means physical loss of an eye or permanent and total loss of sight, which shall be considered as having occurred:

- a) in both eyes if so certified by a registered fully qualified ophthalmic specialist. However, We reserve the right to seek a second opinion; or
- b) in one eye if the degree of sight remaining after correction is 1/60 or less on the Snellen Scale (that is seeing at one (1) foot what a person should see at sixty (60) feet). However, We reserve the right to seek a second opinion.

Loss of Hand means:

- a) amputation of an entire hand or all four fingers and thumb from where they join the palm of the hand; or
- b) total and permanent loss of use of an entire hand or all four fingers and thumb.

Loss of Leg means:

- a) amputation of a foot (at or above the ankle); or
- b) total and permanent loss of use of a foot.

Loss of Limb means loss or physical separation of a hand at/or above the wrist or a foot at/or above the ankle and shall include total and irrecoverable loss of use of hand, arm or leg.

Medical Practitioner means a registered and legally qualified physician, doctor or surgeon by a medical degree in western medicine and authorised by the medical licensing authority of that country to provide medical or surgical services within the scope of their licence and training. This cannot be You, your family member or travelling companion, partner, business partner, employer, employee or agent.

Medically Necessary shall mean a medical service which is:

- a) consistent with the diagnosis and customary medical treatment for a covered disability; and
- b) in accordance with standards of good medical practice, consistent with current standard of professional medical care and of proven medical benefits; and
- c) not for the convenience of the Insured or the physician, and unable to be reasonably rendered out of hospital (if admitted as an inpatient); and
- d) not of an experimental, investigational or research nature, preventive or screening nature; and
- e) for which the charges are fair, reasonable and customary for the disability.

Period of Insurance means the period starting from the Effective Date of Insurance during which the coverage under this Policy is effective.

Pre-existing Illness shall mean disabilities or conditions that You have reasonable knowledge of. You may be considered to have reasonable knowledge of a pre-existing condition if:

- a) You had received or is receiving treatment; or
- b) medical advice, diagnosis, care or treatment has been recommended; or
- c) clear and distinct symptoms are or were evident; or
- d) its existence would have been apparent to a reasonable person in the circumstances.

Schedule means the information page that contains the details of the Insured, Benefit, Premium and Period of Insurance attached to this Policy.

Traditional Chinese Medical (TCM) Practitioner means a licensed or registered Traditional Chinese Medical Practitioner with the Traditional Chinese Medicine Practitioners Board in Singapore, engaging in the practice of traditional Chinese medicine and/or acupuncture (including bonesetter or chiropractor). This cannot be You, your family member or travelling companion, partner, business partner, employer, employee or agent.

Us/We/Our means Etiqa Insurance Pte. Ltd. (Company Reg. No. 201331905K).

You/Your/Insured means the Insured named in the Schedule.

Coverage

Schedule Of Benefits			
Benefits Section	Silver	Gold	Platinum
Section 1 – Accidental Death			
	\$100,000	\$300,000	\$500,000
We shall pay the Benefit Amount in accordance to the schedule of benefits stated under Your plan if during the Period of Insurance, You sustain Bodily Injury which results in Accidental Death within fifty two (52) weeks from the date of Accident.			

The Accidental Death Benefit will be doubled if You are travelling in a public conveyance outside Malaysia, Singapore or Brunei at the time of Accidental Death or injury.			
Section 2 - Permanent Disablement due to Accident	\$100,000	\$300,000	\$500,000
If during the Period of Insurance, You sustain Bodily Injury which results in Permanent Disablement within fifty-two (52) weeks from the date of Accident, We shall pay the relevant Benefit Amount in accordance to the schedule of benefits stated under Your plan as specified below:			
a) Permanent Total Paralysis or complete insanity or injuries resulting in being permanently bedridden	\$100,000	\$300,000	\$500,000
b) Permanent Total Loss of sight of both eyes or use of both hands or both feet or combination of these.	\$100,000	\$300,000	\$500,000
c) Permanent Total Loss of speech.	\$100,000	\$300,000	\$500,000
d) Permanent Total Loss of hearing in both ears.	\$100,000	\$300,000	\$500,000
e) Permanent Total Loss of sight of one eye or use of one limb.	\$50,000	\$150,000	\$250,000
f) Permanent Total Loss of hearing in one ear.	\$20,000	\$60,000	\$100,000
g) Permanent Total Loss of use of a shoulder, elbow, hip, knee, ankle or wrist.	\$15,000	\$45,000	\$75,000
h) Permanent Total Loss of use or loss by amputation of:			
i) One Thumb.	\$15,000	\$45,000	\$75,000
ii) One forefinger.	\$10,000	\$30,000	\$50,000
iii) Any other finger or one big toe.	\$5,000	\$15,000	\$25,000
iv) Any other toe.	\$2,000	\$6,000	\$10,000
<u>Conditions applicable to Section 2</u>			
1. If Benefit is claimed for:			
a) Permanent total loss or loss of use of a limb, then no Benefit Amount shall be paid for the loss of parts of that limb.			
b) Permanent loss of use of parts of a limb, then the total amount payable shall not exceed the Benefit Amount payable for permanent total loss of that limb.			
2. If Benefit is claimed for more than one form of Permanent Disablement sustained in any one Accident, then the total amount payable shall not exceed the Benefit Amount payable for Permanent Total Paralysis or injuries resulting in being permanently bedridden.			
3. Before We pay any benefits under Section 2, Permanent Disablement shall have lasted fifty-two (52) weeks from the date of the Accident and have been proven to be permanent and without expectation of recovery.			
4. Permanent Disablement Benefits shall not be payable in the event of Accidental Death in connection with the same Accident.			
5. If total amount of Benefit has been paid under Section 1 or Section 2 (a-d), this Policy shall therefore cease to apply to the Insured on whom the claim was paid.			
6. The limit/sub-limit stated in Section 2 for each item is applicable to any one Accident.			
Section 3 - Medical Expense Reimbursement (any one Accident)	\$2,000	\$3,000	\$4,000
Outpatient Medical Expenses			
If You sustain Bodily Injury during the Period of Insurance which requires medical treatment at a certified/registered clinic or hospital, We will reimburse the medical expenses incurred up to the limits specified in the schedule of benefits stated under Your plan.			
For medical treatment by a certified/registered Traditional Chinese Medical Practitioner, we will reimburse the medical expenses incurred up to \$150 per visit and \$1,000 per Accident.			

<p>Inpatient Medical Expenses If You require hospitalisation due to:</p> <ol style="list-style-type: none"> a) Bodily Injury sustained during the Period of Insurance, and/or b) any Infectious Diseases defined under this plan (*sub-limit for hospitalisation due to Infectious Diseases only) <p>We will reimburse the medical expenses incurred as a consequence thereof up to the limits specified in the schedule of benefits stated under Your plan, subject to original receipt being provided.</p>	\$1,000*	\$1,500*	\$2,000*
<p><u>Conditions applicable to Section 3:</u></p> <ol style="list-style-type: none"> 1. Total Benefit claimed for both Outpatient Medical Expenses and Inpatient Medical Expenses in connection with the same Accident shall not exceed the limits specified in the schedule of benefits stated under Your plan. 2. Inpatient Medical Expenses excludes claims where diagnosis of Infectious Diseases is made within the first fourteen (14) days from the inception date of this policy. The reimbursement of medical expenses for any of the covered infectious diseases under Inpatient Medical Expenses is subject to the submission of blood test results with confirmed diagnosis as proof of claim in addition to the other evidence as required by Us. 3. The limit/sub-limit stated in Section 3 is applicable to any one Accident or any one Infectious Disease. 			
<p>Section 4 – Hospitalization Allowance as a result of Bodily Injury</p>	\$50 per day	\$100 per day	\$200 per day
<p>We will pay compensation in accordance to the schedule of benefits stated under Your plan for each completed 24-hour period that You are confined in a Hospital as a result of Bodily Injury up to a maximum of 180 days due to any one Accident subject to medical report and original receipt being provided.</p> <p>The limit stated in Section 4 is applicable to any one Accident.</p>	Up to 180 days	Up to 180 days	Up to 180 days
<p>Section 5 – Facial Reconstruction Surgery</p>	\$1,000	\$2,000	\$5,000
<p>If You sustain Bodily Injury during the Period of Insurance and require surgical procedure for</p> <ol style="list-style-type: none"> a) Facial Reconstructive Surgery, and/or b) Skin Grafting due to burns, and/or c) Dental Treatment <p>We will reimburse the actual cost incurred up to the limits specified in the schedule of benefits stated under Section 5 of your Plan for any one Accident.</p> <p>Facial Reconstructive Surgery means undergoing corrective surgery to the head, face and/or neck. Such corrective surgery must be Medically Necessary and performed by a licensed surgeon.</p> <p>Skin Grafting means undergoing skin transplantation due to Accident and/or burns. Burns shall mean at least 2nd degree and the surgery must be deemed Medically Necessary by the Medical Practitioner.</p> <p>Dental Treatment means undergoing treatment for injury of or damage to sound natural teeth. Such corrective dental treatment must be Medically Necessary and performed by a licensed surgeon or licensed dentist.</p> <p>We will only pay for claims caused by Accidents and/or burns.</p> <p>The limit stated in Section 5 is applicable to any one Accident.</p>			
<p>Section 6 – Bereavement Grant as a result of Accidental Death</p>	\$3,000	\$3,000	\$3,000
<p>We will pay a lump sum payment in accordance to the schedule of benefits stated under Your plan in the event of Accidental Death.</p>			

Section 7 – Mobility Expense Reimbursement	\$1,000	\$2,000	\$3,000
<p>If You sustain Bodily Injury during the Period of Insurance, which directly and independent of all other causes result in Permanent Disablement and You need and can operate:</p> <p>a) a self-powered, climbing wheelchair, and/or b) a motor vehicle with the controls suitably adjusted</p> <p>We will reimburse the actual cost incurred up to the limits specified in the schedule of benefits stated under Section 7 of Your plan for any one Accident.</p>			
Section 8 – Ambulance Fees	\$200	\$200	\$200
<p>We will reimburse the actual cost incurred for the use of ambulance services in accordance to the schedule of benefits stated under Section 8 of Your plan for any one Accident, subject to original receipt being provided.</p>			
Section 9 – Home/Office Modification Reimbursement	\$1,000	\$2,000	\$5,000
<p>If You sustain Bodily Injury during the Period of Insurance, which directly and independent of all other causes result in Permanent Disablement and You need a lift, necessary ramps, railings and holds installed in Your ordinary place of residence or workplace.</p> <p>We will reimburse the actual cost incurred up to the limits specified in the schedule of benefits stated under Section 9 of Your plan for any one Accident.</p>			

Applicable to Sections 3, 5, 7, 8 and 9: For the avoidance of doubt, in the event You become entitled to a refund or reimbursement of all or part of such expenses from any other source, or if there is in place any other insurance against the events covered under these sections, We will only be liable for the excess of the amount recoverable from such other source of insurance.

At inception date of this policy, the sum insured for all eligible child(ren) will be based on 20% of the sum insured under the parent's selected plan for Sections 1-9.

Free Policy Extensions

1. **Sedentary Work/Off-Duty Cover**
If You are employed under any of the excluded occupations stated under General Exclusion, You shall still be covered under this Policy provided that:
 - a) You are employed to do sedentary/desk-bound duties only;
or
 - b) You are off-duty at the time of the Accident and the Bodily Injury does not arise in the course of Your employment or any activity related to Your employment.
2. **Suffocation by Smoke, Poisonous Fumes, Gas or Drowning**
Any result sustained by You due to suffocation by smoke, poisonous fumes, gas or drowning shall be deemed to be Bodily Injury covered under this Policy provided that such Bodily Injury does not arise in the course of Your employment or out of Your neglect, wilful or intentional act.
3. **Disappearance**
If You disappear and after a period of twelve (12) consecutive months Your body cannot be found, and sufficient evidence is provided that leads Us to believe that You have died as a result of an Accident, We will pay the Accidental Death Benefit. If at any time after the payment, this belief is incorrect, then the amount paid must be repaid to Us.
4. **Riot, Strike, Civil Commotion**
This Policy covers death or disablement sustained by the Insured Person as a result of riot, strike, civil commotion, hijack, murder or assault. Provided that such injury does not arise out of the Insured Person's own participation, collaboration or provocation of such act.
5. **Peace Time Reservist Training**
This Policy covers injury sustained in the course of peacetime reservist training within Singapore.

6. **No Claim Bonus**
The sum insured for Sections 1 and 2 as stated in Your or Your child(ren)'s Schedule of Benefits above will be increased by 2% of Your original sum insured or 2% of Your child(ren)'s original sum insured respectively on each annual renewal up to a maximum of five (5) increases provided that:
- a) No claim had been made during the period of insurance immediately preceding the renewal;
 - b) If a claim is paid during a year there will be no increase in the sum insured for the subsequent renewal year.

During the Period of Insurance, if a claim is paid under either Your or Your child(ren)'s plan, there will be no increase in sum insured on renewal for both Your plan and Your child(ren)'s plan.

Once Your child(ren) are past their eligible age, they will only be allowed to take up the coverage as a main Insured under a separate policy. No Claim Bonus will commence anew under this policy.

In the event there is a change in the selected plan, the original sum insured shall refer to the sum insured before any bonus is applied:

- 1. On the first day of cover in the year in which the change was effected mid-term; or
- 2. On the first day of cover in the year in which the change was effected at renewal.

General Exclusions (Applicable To All Sections)

We shall not pay for any Benefit under this Policy caused by or contributed by or related to any of the following:

- 1. any pre-existing physical defect or infirmity, pregnancy, childbirth, abortion, miscarriage or any complication thereof; or
- 2. any medical or physical conditions arising within the first thirty (30) days of the Effective Date of Insurance or reinstatement date whichever is later except for Accidental injuries; or
- 3. any treatment or surgical operation for Congenital Conditions; or
- 4. any condition which is or results from erectile dysfunction and tests or treatment related to impotence or sterilization; or
- 5. any wilful or intentional acts of the Insured, suicide pacts or agreements or complications of suicide or attempted suicide, provoked homicide or assault or self-inflicted injury; or
- 6. any condition which is or results from intoxication by alcohol or drugs not prescribed by a Medical Practitioner; or
- 7. any condition, which is or results from or a complication of infection with Human Deficiency Syndrome ('HIV'), any variance including Acquired Immune Deficiency Syndrome ('AIDS'), and AIDS Related Complications ('ARC'), or any opportunistic infections and/or malignant neoplasm (tumour) found in the presence of HIV, AIDS or ARC; or
- 8. mental and nervous disorders, including but not limited to insanity; or
- 9. any condition which is or results from a complication of venereal disease; or
- 10. all claims and losses based upon, arising out of, directly or indirectly resulting from or in consequence of, or any way involving:
 - a) asbestos, or
 - b) any actual or alleged asbestos related injury or damage involving the use, presence, existence, detection, removal, elimination or avoidance of asbestos or exposure or potential exposure to asbestos; or
- 11. any condition sustained whilst engaging in flying or other aerial activities other than in a fully licensed passenger carrying power driven aircraft as a passenger but not:
 - a) as a member of the Aircrew and Airline personnel while flying in the course of occupation; or
 - b) for the purpose of any trade or technical operation in or on the aircraft.

12. the Insured taking part in naval, military, air force, police force, fire service department or any armed forces operation or any armed occupation. This exclusion does not apply to national service men and reservists undergoing peacetime military training and exercises, including travelling in military vehicles; or
13. the Insured engaging in diving, mining, logging, sawmilling, wood working, underground works, explosive making or handling or custodians or blasters, gas manufacturing or whilst on duty as a ship crew or fisherman; or
14. war, invasion, act of foreign enemy, hostilities or warlike (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation, nationalization, requisition or destruction of or damage to property under the order of any government, public or local authority or martial law or state of siege or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege; or
15. ionizing radiations or contamination by radio-activity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel or nuclear weapons or materials. Solely for the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission; or
16. engagement in a sport as an occupation and/or in a professional capacity and/or where the Insured Person would or could earn income or remuneration from engaging in such sport; or
17. racing risks of any kind other than racing on foot, swimming and racing in dinghies; or
18. any Infectious Disease which is announced or notified as an epidemic or pandemic by the health authority in Singapore or the Government of the Republic of Singapore; or a pandemic by the World Health Organisation (WHO). The cover for the epidemic or pandemic Infectious Disease shall cease from the date of such announcement or notification.

General Conditions (Applicable To All Sections)

1. **Residential Qualification**
In the event of change of residence, You shall notify Us in writing and the Insurance shall be terminated with effect from the date You leave Singapore. For this purpose, change of residence means living or intending to live outside Singapore in excess of twelve (12) consecutive calendar months.
2. **Overseas Travel/Medical Treatment**
Unless otherwise specified, We shall not pay any Benefit whilst You are overseas:
 - a) if the event which may give rise to claim occurs on the purpose of business, study or vacation for a period exceeding three (3) consecutive months in any one annual Period of Insurance; or
 - b) to seek medical treatment (even though such treatment shall be upon the requirement of attending Medical Practitioner) if such treatment is available locally.
3. **Free Look Period**
You have fourteen (14) days from the date You receive this Policy to examine the terms and conditions of the Policy and may cancel the Policy within the foregoing 14-day period by written request to Us in which case premiums paid will be refunded, if a claim has not been made under the Policy. If the Policy is sent by post, it is deemed to have been delivered in the ordinary course of post. Where the Policy is so cancelled, We will have no liability whatsoever under the cancelled Policy and We will be entitled to recover any expense incurred by Us in underwriting the Policy. This provision is not applicable to any policies with period of insurance of less than a year and renewals.
4. **Period of Cover and Renewal**
This Policy shall become effective as of the date stated in the Schedule. The Policy Renewal shall be one year after the effective date and annually thereafter. On each such renewal, the Policy is renewable at the premium rates in effect at that time and any change in the renewal premium shall be notified in writing at least thirty (30) days before change is effected. The Policy is renewable at Our option.
5. **Misstatement of Age**
If the age of the Insured has been misstated and the premium paid as a result thereof is insufficient, any claim payable under this Policy shall be prorated based on the ratio of the actual premium paid to the correct premium which should have been charged for the year. Any excess premium, which may have been paid as a result of such misstatement of age, shall be refunded without interest.

6. **Misrepresentation/Fraud**

If the proposal or declaration of the Insured is untrue in any respect or if any material fact affecting that risk be incorrectly stated herein or omitted therefrom or if this Insurance, or any renewal thereof shall have been obtained through any misstatement, misrepresentation or suppression or if any claims made shall be fraudulent or exaggerated or if any false declaration or statement shall be made in support thereof then in any of these cases, this Insurance shall be void.
7. **Change of Occupation**

If You engage in any occupation in which a greater risk may be incurred than in the occupation disclosed in the application for this Policy without first notifying and obtaining Our written agreement (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 nor be liable for any claim in respect or arising out of or in the course of such occupation.
8. **Occupation Class**

We reserve the right to cancel this Policy from the Effective Date of Insurance should an incorrect occupational class be indicated.
9. **Portfolio Withdrawal Condition**

We reserve the right to cancel the portfolio as a whole if We decide to discontinue underwriting this Insurance product. Cancellation of the portfolio as a whole shall be given by written notice to You at least thirty (30) days before the cancellation and We will run off all Policies to expiry of the period of cover within the portfolio.
10. **Payment of Benefit**

Any benefit payable under this Policy shall be paid to You or Your nominated beneficiary, if any, as stated in the Schedule or otherwise to Your estate. Any receipt by You or Your nominated beneficiary or estate of any Benefit payable under this Policy shall in all cases be deemed final and complete discharge of all of Our liabilities in respect of such benefit.
11. **Claim Procedures**
 - a) All claims and relevant supporting documents must be notified to Us as soon as possible but not later than thirty (30) days after any event which may entitle You to claim under this Policy.
 - b) Any documents or evidence required by Us to verify the claim shall be provided by You at Your own expense.
 - c) Any medical examination required by Us to verify the claim shall be at Our expense.
12. **Incomplete Claims**

Claims are not deemed complete and eligible benefits are not payable unless all bills for such claims have been submitted and agreed by Us. Only actual costs incurred shall be considered for reimbursement. Any variation or waiver of the foregoing shall be at Our sole discretion.
13. **Subrogation**

If We shall become liable for any payment under this Insurance, We shall be subrogated to the extent of such payment to all Your rights and remedies against any party and shall be entitled at Our own expense to sue in Your name. You shall give or cause to be given to Us all such assistance in Your power as We shall require to secure the rights and remedies and at Our request shall execute or cause to be executed all documents necessary to enable Us to effectively to bring suit in Your name.
14. **Interest and Currency**

No amount payable under this Policy shall carry any interest. Premiums and benefits payable under this Policy shall be in Singapore Dollars (SGD).
15. **Other Insurance**

No person shall be covered under more than one such identical personal accident Policy issued by Etiqa Insurance Pte. Ltd. In the event You are covered under more than one such Policy, We shall consider You to be Insured under the Policy which was issued first (where the benefits provided under each such Policy are identical) or which provides the greatest amount of Benefit and We shall refund any duplicated premium payment which may have been made by You or on Your behalf.
16. **Notice of Trust or Assignment**

We shall not accept or be affected by notice of any trust or assignment or the like which relates to this Policy.

17. **Legal Proceedings**
No action at law or in equity shall be brought to recover on the Policy prior to expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. If You fail to supply the requisite proof of loss as stipulated by the terms, provisions and conditions of this Policy, You may, within a grace period of one calendar year from the time that the written proof of loss to be furnished, submit the relevant proof of loss to Us with cogent reason(s) for the failure to comply with the Policy terms, provisions and conditions. The acceptance of such proof of loss shall be at Our sole and entire discretion. After such grace period has expired, We will not accept, for any reason whatsoever, such written proof of loss.
18. **Alterations**
We reserve the right to amend the terms and provisions of this Policy by giving thirty (30) day prior notice in writing by ordinary post to Your last known address in Our records, and such amendment will be applicable from the next renewal of this Policy. No alteration to this Policy shall be valid unless authorised by Us and such approval is endorsed thereon.
19. **Contract (Rights of Third Parties) Act 2001**
A person who is not a party to this Policy contract shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.
20. **Termination of Policy**
- a. **Termination by the Insured**
You may terminate the policy any time prior to expiry by giving us seven (7) days' notice in writing. Your child(ren)'s coverage will be automatically terminated upon termination of Your policy.
 - b. **Automatic Termination**
This Insurance shall be terminated:
 - i) upon the death of the Insured; or
 - ii) if the Insured ceases to be eligible on the grounds of age, change of occupation and/or Residential Qualification; or
 - iii) upon full payment of benefit under Sections 1 or 2(a) to 2(d).Your child(ren)'s coverage will be automatically terminated upon termination of Your policy.
 - c. **Termination by Us**
We may give notice of termination hereof by registered post to You at Your last known address. Such termination shall become effective after thirty (30) days following the date of such notice. Your child(ren)'s coverage will be automatically terminated upon termination of Your policy.
 - d. **Premium Position Upon Termination**
In the event of termination of this policy by us, the proportionate part of any premium received in respect of the unexpired period of the Policy will be refunded to You. In the event of termination of this policy by You, the proportionate part of any premium received in respect of the unexpired period of the Policy will be refunded to You provided that no cancellation may be made within 90 days of expiry of the policy and no claims were paid out by Us from the Effective Date until the date of termination.
 - e. **Effective Time of Termination**
This Policy shall terminate at 12:01am Singapore Time on the relevant date specified in the occurrence date of any events specified herein, Schedule or Endorsement.
21. **Governing Law**
This Policy will be governed by and interpreted in accordance with Singapore law.

Disputes Resolution

Any dispute arising from a matter that is related to or in connection with this Policy shall be referred to the Financial Industry Disputes Resolution Centre Ltd ("FIDReC"). This would apply as long as the dispute can be brought before FIDReC.

In the event that the dispute cannot be referred to or dealt with by FIDReC, it shall be referred to and resolved by arbitration in Singapore in accordance with the Arbitration Rules of the Singapore International Arbitration Centre which shall be applicable at that time.

Policy Owners' Protection Scheme

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 Us or visit the General Insurance Association (GIA) or SDIC web-sites (www.gia.org.sg or www.sdic.org.sg).

Personal Data Use

Any information collected or held by Us whether contained in Your application or otherwise obtained may be used and/or disclosed to Our associated individuals/companies or any independent third parties (within or outside Singapore) for any matters relating to Your application, any policy issued and to provide advice or information concerning products and services which We believe may be of interest to You and to communicate with You for any purpose. Your data may also be used for audit, business analysis and reinsurance purposes.

Important Notice

In accordance with the Insurance Act, we would remind You that You must disclose to us fully and faithfully all the facts You know or could reasonably be expected to know, otherwise You may not receive any benefit from this Policy.