POLICY PROVISIONS FOR
Extra assure early CI

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1. 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 Life Insurance Association (LIA) or SDIC web-sites (www.lia.org.sg or www.sdic.org.sg).

2. Our Responsibilities

This is a Non-participating rider that accelerates the death benefit of the Basic policy if the Life insured is diagnosed with any one of the covered critical illnesses at the early, intermediate or severe stage while the rider is in force. You have the option of accelerating the death benefit of the Basic policy by 20%, 50%, 80% or 100%. This rider also provides additional coverage for special conditions and monthly payout upon diagnosis of severe stage critical illnesses.

At the rider Expiry date, if We did not admit the claim for monthly payout benefit, this rider will end and no Benefits will be payable. If We admitted the claim for monthly payout benefit, We will continue paying the monthly payout benefit. The rider ends upon death of the Life insured or when all the monthly payouts have been paid, whichever is earlier.

This rider can only be attached at the policy application of the Basic policy. This rider covers the Benefits described below.

2.1 Critical Illness (CI) Benefit

This rider pays the CI benefit as an advancement of the death benefit of the Basic policy if the Life insured is diagnosed with a covered critical illness, at the early, intermediate or severe stage while the rider is in force.

If the Life insured is diagnosed with an early or intermediate stage of a covered critical illness, We will pay the CI benefit subject to the maximum aggregate amount and waive all future premiums for this rider starting from the next premium due date immediately after the date of diagnosis.

We will only provide a maximum aggregate amount of:

a) S$350,000 per Life insured for early or intermediate stages of CI; and
b) S$2,000,000 per Life insured for early, intermediate or severe stages of CI;

for all policies and riders issued by Us.

Upon payment of the CI benefit for an early or intermediate stage critical illness, this rider will continue with the remaining CI benefit (if any) to be payable upon the diagnosis of a severe stage critical illness.

If the CI benefit payable is lesser than the death benefit of the Basic policy, the death benefit will be reduced proportionately. You must continue to pay the revised Premiums to keep the Basic policy in force. If Our payment for CI benefit is the full 100% death benefit of the Basic policy, both the Basic policy and the CI benefit of this rider will be terminated.

If the death benefit of the Basic policy is reduced due to a claim for TPD benefit under the Basic policy, We will reduce the CI benefit of this rider proportionally. The Premium of the rider will be reduced accordingly and You must continue to pay the revised Premiums to keep the rider in force.

Please refer to Appendix A for the list of covered Critical Illnesses and their definitions.

2.2 Monthly Payout Benefit

If the Life insured is diagnosed with a severe stage of a covered critical illness while the rider is in force, We will pay You twelve (12) monthly payouts, starting from the Policy month immediately after the date of diagnosis. The monthly payout is equivalent to 1% of the rider's Basic sum insured. Before Our payment, any amounts owing to Us will first be deducted. This Benefit ends when either one of these events happens first:

a) Death of the Life insured; or
b) All the monthly payouts have been paid.

Our payment on the monthly payouts will not reduce the death benefit of the Basic policy and it shall be paid to You as an additional benefit to any CI Benefit payable by Us.

2.3 Special Condition Benefit

If the Life insured is diagnosed with a covered special condition while the rider is in force, We will pay an additional 20% of the rider's Basic sum insured in one lump sum. Before Our payment, any amounts owing to Us will first be deducted.

We will only provide a maximum aggregate amount of S$25,000 per Life insured per special condition. Each special condition can only be paid once and a maximum of six (6) claims can be made under this Benefit.

Our payment on the special condition will not reduce the death benefit of the Basic policy and it shall be paid to You as an additional benefit to any CI Benefit payable by Us.

For Life insured Age 17 and above, the covered special conditions listed below are applicable up to the policy anniversary when the Life insured attains Age 85:

No	**Special Conditions**
1	Diabetic Complications
2	Angioplasty & Other Invasive Treatment For Coronary Artery
3	Osteoporosis with Fractures
4	Severe Rheumatoid Arthritis
5	Mastectomy
6	Chronic Adrenal Insufficiency (Addison's Disease)
7	Chronic Relapsing Pancreatitis
8	Hysterectomy due to Cancer
9	Dengue Haemorrhagic Fever
10	Wilson's Disease
11	Severe Crohn's Disease
12	Severe Ulcerative Colitis
13	Pheochromocytoma

For Life insured below Age 17, the covered special conditions listed below are applicable up to the policy anniversary when the Life insured attains Age 17:

No	**Special Conditions**
1	Severe Juvenile Rheumatoid Arthritis (Stills Disease)
2	Severe Haemophilia
3	Rheumatic Fever with Valvular Impairment
4	Osteogenesis Imperfecta
5	Insulin Dependent Diabetes Mellitus
6	Kawasaki Disease
7	Glomerulonephritis with Nephrotic Syndrome
8	Type I Juvenile Spinal Amyotrophy
9	Autism of Specified Severity
10	Generalised Tetanus
11	Rabies

Please refer to Appendix B for the definitions of the covered special conditions.

3. Your Responsibilities

3.1 Premium

The Premium that You pay for this rider is not guaranteed and may change depending on the claims experience. We will write to You to tell You the new Premiums at least 30 days before We make any changes to Your Premium.

3.2 Bring Back Your Rider/ Reinstatement

If Your rider ends due to not paying an outstanding amount due, You may apply to bring back Your rider (reinstatement) within 12 months by:

- paying the outstanding amount You owe with interest and
- giving Us satisfactory proof of the Life insured's good health, at Your own expense.

Reinstatement will depend on Our approval.

4. What is Not Covered?

We will not pay the covered benefits in certain instances.

4.1 CI Benefit

We do not pay the benefit if the covered critical illness (early, intermediate or severe stages) or special condition is directly or indirectly, wholly or partly caused by:

- A Pre-existing condition;
- Intentional acts (sane or insane) such as self-harm or attempted suicide within one (1) year of the Policy issue date or the latest Reinstatement date (whichever is later);
- Effects of drug or alcohol addiction; or
- Human Immunodeficiency Virus (HIV) infection, acquired immunodeficiency syndrome (AIDS) or any AIDS related condition, unless the HIV infection is due to blood transfusion or occupationally acquired HIV.

4.2 Waiting Period

We do not pay the CI benefit (early, intermediate or severe stages) or special condition benefit if:

- Major Cancer, Heart Attack of Specified Severity, as well as Other Serious Coronary Artery Disease is diagnosed;
- The date of diagnosis of Coronary Artery disease leading to the performance of Coronary Artery By-Pass Surgery is; or
- The date of diagnosis of the condition leading to the performance of the following surgeries: Mastectomy, Hysterectomy due to Cancer, or Angioplasty and Other Invasive Treatments for Coronary Artery is;
  within 90 days from the Policy issue date or the latest Reinstatement date (whichever is later).

4.3 Survival Period

We do not pay the special condition benefit if the Life insured did not survive for 7 days after the date of diagnosis of the special conditions.

When there is condition(s) specific to the Life insured which We will not cover, We will state them on Our offer of conditional acceptance, the policy information page and Endorsement. When any of the exclusion happens, We will return the total Premiums paid without interest, less any amounts owing to Us.

5. Making Claims from the Policy

5.1 How to make a Claim

We must be informed in writing within 3 months of the event giving rise to the claim.

At Your own expense, You must give Us all documents and evidence We ask for to assess the claim. This may include re-examining the Life insured by a particular Doctor We appoint.

5.2 Who do we pay benefits to

We may pay the Benefits to either You or Your executors, administrators, Nominees or any other Proper claimant if We have proof of the relationship of the person claiming the Benefit.

Before We pay any Benefit, We will deduct any amount You owe on this policy from the Benefit. By paying any Benefit to You, Your executors, administrators, Nominees or any other Proper claimants, it will end Our legal responsibility on that payment.

6. Our Rights

6.1 Our Rights to challenge this contract

We cannot challenge the validity of this rider after 2 years from the Policy commencement date or the latest Reinstatement date, whichever is later. However, if there is fraud, We can challenge the validity of the rider even after 2 years have passed.

6.2 Correction of Mistakes and Errors

When We find any mistake or error made in this rider, We will make the correction and inform You by way of an Endorsement.

6.3 Changes in Taxation, Regulations and Legislation

At any time when there are changes in taxation, regulations or legislation that will affect this rider, We may vary the terms of the rider. If We do so, We will notify You in writing.

6.4 Errors in Age or Gender

If the age or gender of the Life insured is not correctly stated such that the premium paid is wrong, We may adjust the Benefits. For underpayment of premium, the claims will be pro-rated as if You have purchased a lower cover. For overpayment of premium, We will refund the excess Premium without interest.

7. Your Rights

7.1 Free Look

You may return this policy for cancellation within 14 days after You receive the policy document, for any reason. We will deduct any costs incurred by the Company in assessing the risk under the policy, such as payments for medical check-up and other expenses, from the Premium You paid and refund the balance to You. If Your policy document is sent by post, We consider this policy is delivered to You 7 days after the date of posting.

8. When Will Your Rider End?

Your rider will end when one of these events happens first:

a) Termination of the Basic policy;
b) Life Insured is deceased;
c) Rider Expiry date and We did not admit the claim for monthly payout benefit;
d) We paid out the rider benefit in full;
e) Premium is not paid on time and there is insufficient Surrender value in Basic policy; or
f) Your written request and Our acceptance of the application to terminate this rider.

9. What Do We Mean With These Words?

Age means the age at next birthday.

Basic policy means the policy as it exists, including the supplementary terms and any Endorsement made to it, without any optional supplementary contract / rider.

Benefit(s) means any payments that We will pay and/or the amount of Premium that We will waive when certain events defined in this policy occur.

Doctor means a licensed person who is qualified by degree in western medicine to practice medicine. The license is given by the appropriate medical authority of his country of residence to practice medicine within his scope of licensing and training. This cannot be you, the Life insured, a family member or a relative.

Endorsement means any written change to the policy which is issued and properly authorised by us.

Expiry date means the date the rider ends and where no benefit is payable.

Life insured/He means the person whom we provide the cover for. The Life insured does not have any right to the policy, unless he is also the policy owner.

Non-participating means it does not share in any surplus or profits of the company's fund.

Nominee(s) is a person that you have nominated (under the Insurance Act, Chapter 142 and Insurance (Nomination of Beneficiaries) Regulations 2009) to receive the policy monies payable under the policy upon your death. The nomination must be registered with us.

Participating means it shares in the surplus or profits of the life participating fund.

Policy commencement date means the date the policy commences, as shown in the policy information page. This is the date we take as the **policy anniversary**.

Policy issue date means the date we issue the policy. This is shown in the policy information page.

Policy owner is the person named as the owner in the policy information page or any Endorsement issued by us. The policy owner has full rights on the policy, unless the policy has been transferred to another party.

Premium(s) is the amount of money that you pay to us to keep this policy alive so you may claim for the benefits.

Pre-existing condition means the existence of any signs or symptoms before the Policy commencement date or the latest Reinstatement date (whichever is later), for which treatment, medication, consultation, advice, or diagnosis has been sought or received by the Life insured or would have caused any reasonable and sensible person to get medical advice or treatment.

Proper claimant(s) has the meaning in the **Insurance Act, Chapter 142**. It means a person who claims to be entitled to the sums in question as executor of the deceased, or who claims to be entitled to that sum (whether for his own benefit or not) and is the widower, widow, parent, child, brother, sister, nephew or niece of the deceased.

Reinstatement date is the date We reactivate Your policy to bring it back to life after it ended due to not paying an outstanding amount due.

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

You, Your means the policy owner.

10. Appendix A - List of Critical Illnesses Covered

Critical Illness	Early and Intermediate stages	Severe Stage*
1	**Carcinoma in-situ (CIS) and Early Cancers** **(a) Carcinoma in-situ (CIS)** CIS of the following organs: breast, uterus, ovary, fallopian tube, vulva, vagina, cervix uteri, colon, rectum, penis, testis, lung, liver, stomach, nasopharynx or bladder. CIS means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. **(b) Early Cancers** • Early Prostate Cancer: Prostate Cancer that is histologically described using the TNM Classification as T1a or T1b or Prostate cancers described using another equivalent classification. • Early Thyroid Cancer: Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of thyroid that is less than (one) 1 cm in diameter. • Early Bladder Cancer: Papillary microcarcinoma of Bladder. • Early Chronic Lymphocytic Leukaemia: Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. • Early Melanoma: Invasive melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3. • Gastro-Intestinal Stromal tumours: All Gastro-Intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) with tumour diameter less than two (2) cm and with mitotic count of more than 5/50 HPFs. The diagnosis of Cancer or Carcinoma in-situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard. The following conditions are specifically excluded from coverage: • All tumours which are histologically classified as any of the following: - Pre-malignant; - Having borderline malignancy; - Having any degree of malignant potential; - Having suspicious	**Major Cancer** A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue. The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma. Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition. For the above definition, the following are excluded: • All tumours which are histologically classified as any of the following: - Pre-malignant; - Non-invasive; - Carcinoma-in-situ (Tis) or Ta; - Having borderline malignancy; - Having any degree of malignant potential; - Having suspicious malignancy; - Neoplasm of uncertain or unknown behaviour; or - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia; • Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond; • Malignant melanoma that has not caused invasion beyond the epidermis; • All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification; • All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; • All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below; • All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below; • All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below; • Chronic Lymphocytic Leukaemia less than RAI Stage 3; • All bone marrow malignancies which do not require recurrent blood transfusions,

	malignancy; - Neoplasm of uncertain or unknown behavior; or - Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II, and CIN III (severe dysplasia without carcinoma in-situ). • All tumours in the presence of Human Immunodeficiency Virus (HIV) infection; • All Gastro-Intestinal Stromal tumours histologically classified below T1N0M0 (TNM Classification) and with mitotic count of less than or equal to 5/50 HPFs; • Carcinoma in-situ of the biliary system is also specifically excluded; • CLL RAI stage 0 or lower is excluded; and • Non-invasive melanoma histologically described as "in-situ" is excluded.	chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and • All tumours in the presence of HIV infection.
2	**Specified Surgical Procedures of the Cardiovascular System** **(a) Cardiac pacemaker insertion** Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified as medically necessary by a consultant cardiologist. **(b) Pericardectomy** The undergoing of a pericardectomy or undergoing of any surgical procedure requiring keyhole cardiac surgery as a result of pericardial disease. Both these surgical procedures must be certified to be medically necessary by a consultant cardiologist. Only needle drainage of pericardial effusion or needle biopsy of the pericardium is specifically excluded. **(c) Cardiac defibrillator insertion** Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method. The surgical procedure must be certified to be medically necessary by a consultant cardiologist. **(d) Cardiomyopathy** The unequivocal diagnosis of Cardiomyopathy which have resulted in the presence of permanent physical impairments of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment.	**Heart Attack of Specified Severity** Death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack: • History of typical chest pain; • New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block; • Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above; • Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company. For the above definition, the following are excluded: • Angina; • Heart attack of indeterminate age; and • A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

	The diagnosis must be confirmed by a consultant cardiologist and supported by echographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded. The NYHA Classification of Cardiac Impairment: Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain. Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.	
3	**(a) Brain aneurysm surgery (via endovascular procedures)** The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous alformation via endovascular procedures. The surgical intervention must be certified to be absolutely necessary by a neurosurgeon or neurologist. **(b) Brain aneurysm surgery** The undergoing of intracranial surgery via a craniotomy to clip, repair or remove an aneurysm or arteriovenous malformation of one or more of the cerebral arteries. The diagnosis must be made by a neurosurgeon with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Procedures not involving craniotomy or Gamma Knife radiosurgery are excluded. **(c) Cerebral shunt insertion** The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be medically necessary by a neurosurgeon. **(d) Carotid artery surgery** The actual undergoing of Endarterectomy of the carotid artery which has been necessitated as a result of at least 80% narrowing of the carotid	**Stroke with Permanent Neurological Deficit** A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit. This diagnosis must be supported by all of the following conditions: • Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and • Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke. The following are excluded: • Transient Ischaemic Attacks; • Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease; • Vascular disease affecting the eye or optic nerve; • Ischaemic disorders of the vestibular system; and • Secondary haemorrhage within a pre-existing cerebral lesion.

	artery as diagnosed by an arteriography or any other appropriate diagnostic test that is available. Endarterectomy of blood vessels other than the carotid artery are specifically excluded.	
4	**Transmyocardial Laser Revascularisation, or Keyhole Coronary Bypass Surgery, or Coronary Artery Atherectomy, or Enhanced External Counterpulsation Device Insertion** The actual undergoing for the first time for the correction of the narrowing or blockage of one (1) or more coronary arteries via the following laser and surgical procedures: • Transmyocardial Laser Revascularisation; • Keyhole Coronary Bypass Surgery; • Coronary Artery Atherectomy; or • Enhanced External Counterpulsation Device Insertion. All other laser and surgical procedures will be excluded from this benefit.	**Coronary Artery By-pass Surgery** The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist. Angioplasty and all other intra-arterial, catheter-based techniques, 'keyhole' or laser procedures are excluded.
5	**Nephrectomy - Surgical Removal of One Kidney, and Chronic Kidney Disease** **(a) Nephrectomy - Surgical Removal of One Kidney** The complete surgical removal of one (1) kidney necessitated by any illness or Accident. The need for the surgical removal of the kidney must be certified to be medically necessary by a nephrologist. Kidney donation by the Life insured is excluded. **(b) Chronic Kidney Disease** Chronic Kidney disease or advanced stage of chronic renal insufficiency is also covered where Glomerular Filtration Rate (GFR) calculated with Modification of Diet in Renal Disease (MDRD) formula or Cockcroft-Gault formula is lower than 30mL/min/1.73 m2 and the condition has lasted for at least ninety (90) days continuously. The diagnosis must be confirmed by a nephrologist.	**End Stage Kidney Failure** Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.
6	**(a) Reversible Aplastic Anaemia** Acute reversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with any one of the following: • Blood product transfusion; • Marrow stimulating agents; • Immunosuppressive agents; or • Bone marrow transplantation. The diagnosis must be confirmed by a	**Irreversible Aplastic Anaemia** Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following: • Blood product transfusion; • Bone marrow stimulating agents; • Immunosuppressive agents; or • Bone marrow or haematopoietic stem cell transplantation.

	haematologist. **(b) Myelodysplastic Syndrome or Myelofibrosis** Diagnosis of Myelodysplastic Syndrome (MDS) or Myelofibrosis must be confirmed by haematologist as a result of marrow biopsy. Continuing and ongoing supportive care with regular transfusion of blood products and/or chemotherapy must be an indefinite requirement as certified by the haematologist. Myelofibrosis in the presence of HIV infection is excluded.	The diagnosis must be confirmed by a haematologist.
7	**(a) Severe Asthma** Evidence of an acute attack of Severe Asthma with persistent status asthmaticus that requires hospitalisation and assisted ventilation with a mechanical ventilator for a continuous period of at least four (4) hours on the advice of a respiratory physician. **(b) Insertion of a Veno-cava filter** The surgical insertion of a veno-cava filter after there has been documented proof of recurrent pulmonary emboli. The need for the insertion of a veno-cava filter must be certified to be medically necessary by a consultant cardiologist. **(c) Surgical removal of one lung** Surgical removal of an entire left or right lung as a result of an illness or Accident of the Life insured. Partial removal of a lung is not included in this benefit.	**End Stage Lung Disease** End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following: • FEV_1 test results which are consistently less than 1 litre; • Permanent supplementary oxygen therapy for hypoxemia; • Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($PaO_2 \leq 55mmHg$); and • Dyspnea at rest. The diagnosis must be confirmed by a respiratory physician.
8	**(a) Liver Surgery** Partial hepatectomy of at least one (1) entire lobe of the liver that has been found medically necessary as a result of illness or Accident as suffered by the Life insured. Liver disease caused directly or indirectly, wholly or partly, by alcohol or drug abuse is excluded. Hepatectomy as a donor is excluded. **(b) Liver Cirrhosis** Cirrhosis of Liver with a HAI-Knodell Score of 6 and above as evident by liver biopsy. The diagnosis of liver cirrhosis must be unequivocally confirmed by a hepatologist and based on the histological findings of the liver biopsy. Liver disease secondary to alcohol and drug abuse are excluded.	**End Stage Liver Failure** End stage liver failure as evidenced by all of the following: • Permanent jaundice; • Ascites; and • Hepatic encephalopathy. Liver disease secondary to alcohol or drug abuse is excluded.

9	**(a) Coma for 48 hours** A coma that persists for at least forty-eight (48) hours. This diagnosis must be supported by evidence of all of the following: • No response to external stimuli for at least forty-eight (48) hours; • Life support measures are necessary to sustain life; and • Brain damage resulting in permanent neurological deficit which must be assessed at least thirty (30) days after the onset of the coma. Coma resulting directly from alcohol, drug abuse or medically induced is excluded. **(b) Severe Epilepsy** Severe epilepsy confirmed by all of the following: • diagnosis made by a neurologist by the use of electroencephalography (EEG), magnetic resonance imaging (MRI), positron emission tomography (PET) or any other appropriate diagnostic test that is available; • there must be documentation of recurrent unprovoked tonic-clonic or grand mal seizures of more than five (5) attacks per week, and be known to be resistant to optimal therapy as confirmed by drug serum-level testing; and • the Life insured must have been taking at least two (2) prescribed antiepileptic (anti-convulsant) medications for at least six (6) months on the recommendation of a neurologist. Febrile or absence (petit mal) seizures alone will not satisfy the requirement of this definition.	**Coma** A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following: • No response to external stimuli for at least 96 hours; • Life support measures are necessary to sustain life; and • Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.
10	**(a) Partial loss of hearing** Permanent binaural hearing loss with the loss of at least sixty (60) decibels in all frequencies of hearing as a result of illness or Accident. The hearing loss must be established by an Ear, Nose, Throat (ENT) specialist and supported by an objective diagnostic test to indicate the quantum loss of hearing. **(b) Cavernous sinus thrombosis surgery** The actual undergoing of a surgical drainage for Cavernous Sinus Thrombosis. The presence of Cavernous Sinus Thrombosis as well as the requirement for surgical intervention must be certified to be medically necessary by a neurosurgeon.	**Deafness (Irreversible Loss of Hearing)** Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist. Total means “the loss of at least 80 decibels in all frequencies of hearing”. Irreversible means “cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention.”

	(c) Cochlear implant surgery The actual undergoing of a surgical cochlear implant as a result of permanent damage to the cochlea or auditory nerve. The surgical procedure as well as the insertion of the implant must be certified to be medically necessary by an Ear, Nose, Throat (ENT) specialist.	
11	**Percutaneous Valve Surgery** Percutaneous valve surgery refers to percutaneous valvuloplasty, percutaneous valvotomy and percutaneous valve replacement where the procedure is performed via minimally invasive or intravascular catheter based techniques. The surgery must be considered medically necessary by a consultant cardiologist and supported by appropriate investigations.	**Open Chest Heart Valve Surgery** The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.
12	**(a) Permanent (or Temporary) Tracheostomy** The actual undergoing of tracheostomy for the treatment of lung disease or airway disease or as a ventilatory support measure following major trauma or burns. Proof of care by a medical specialist is required. The tracheostomy must have been performed for the purpose of saving life. The benefit is only payable if the tracheostomy is required to remain in place and functional for a period of three months. **(b) Loss of Speech due to neurological disease** Total and irrecoverable loss of the ability to speak due to neurological disease or injury. The inability to speak must be established for a continuous period of twelve (12) months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose and Throat (ENT) specialist. All psychiatric related causes are excluded.	**Irreversible Loss of Speech** Total and irreversible loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist. All psychiatric related causes are excluded.
13	**Mild Burns** • Second (2nd) degree (partial thickness of the skin) burns covering at least twenty percent (20%) of the surface of the Life insured's body; or • Third (3rd) degree (full thickness of the skin) burns covering at least fifty percent (50%) of the face of the Life insured.	**Major Burns** Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life insured's body.
14	**(a) Other Organ Transplants** **(i) Small Bowel Transplant** The receipt of a transplant of at least one (1)	**Major Organ / Bone Marrow Transplantation** The receipt of a transplant of:

	meter of small bowel with its own blood supply via a laparotomy resulting from intestinal failure. **(ii) Corneal Transplant** The receipt of a transplant of whole cornea due to irreversible scarring with resulting reduced visual acuity, which cannot be corrected with other methods. **(b) Major Organ/Bone Marrow Transplant (on waitlist)** This benefit is limited to those on the official waitlist for organ transplant on Ministry of Health Singapore list of hospitals only. Documentary evidence of being on the official waitlist for the receipt of a transplant of: • Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or • One of the following human organs: heart, lung, liver, kidney or pancreas that resulted from irreversible end stage failure of the relevant organ, is required. Other stem cell transplants are excluded.	Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or • One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end stage failure of the relevant organ. Other stem cell transplants are excluded.
15	**Early Multiple Sclerosis** The definite diagnosis of Multiple Sclerosis confirmed by a neurologist and supported by all of the following: (a) Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and (b) Well documented history of exacerbations and remissions of said symptoms or neurological deficits. Other causes of neurological damage such as Systemic Lupus Erythematosus with Lupus Nephritis and Human Immunodeficiency Virus (HIV) are excluded.	**Multiple Sclerosis** The definite diagnosis of Multiple Sclerosis, and must be supported by all of the following: • Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and • Multiple neurological deficits which occurred over a continuous period of at least 6 months. Other causes of neurological damage such as SLE and HIV are excluded.
16	**(a) Spinal Cord Disease or Injury resulting in Bowel and Bladder Dysfunction** Spinal cord disease or chorda equina injury resulting in permanent bowel dysfunction and bladder dysfunction requiring permanent regular self-catheterisation or a permanent urinary conduit. The diagnosis must be supported by a consultant neurologist. The bowel and bladder dysfunction requiring self-catheterisation or urinary conduit must be confirmed to be present for at least six (6) months to be eligible for a claim under this benefit. **(b) Moderate Muscular Dystrophy** A group of hereditary degenerative diseases of	**Muscular Dystrophy** The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Life insured to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least six (6) months. For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

	muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist. The condition must result in the inability of the Life insured to perform (whether aided or unaided) at least two (2) of the six (6) "Activities of Daily Living" for a continuous period of at least six (6) months. For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.	
17	**(a) Early Parkinson's Disease** The unequivocal diagnosis of idiopathic Parkinson's disease by a specialist in the relevant field. This diagnosis must be supported by all of the following conditions: • The disease cannot be controlled with medication; and • There are signs of progressive neurological impairment. Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson's Disease are excluded. **(b) Moderately Severe Parkinson's Disease** The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions: • The disease cannot be controlled with medication; • Signs of progressive impairment; and • Inability of the Life insured to perform (whether aided or unaided) at least two (2) of the six (6) "Activities of Daily Living" for a continuous period of at least six (6) months. Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson's Disease are excluded. For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.	**Idiopathic Parkinson's Disease** The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions: • The disease cannot be controlled with medication; and • Inability of the Life insured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least six (6) months. For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.
18	**Large Asymptomatic Aortic Aneurysm, and Minimally Invasive Surgery to Aorta** **(a) Large Asymptomatic Aortic Aneurysm** Large symptomatic abdominal or thoracic aortic aneurysm or aortic dissection as evidenced by appropriate imaging technique. The aorta must be enlarged greater than 55mm in diameter and the diagnosis must be confirmed by a	**Open Chest Surgery to Aorta** The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or

	consultant cardiologist. **(b) Minimally Invasive Surgery to Aorta** The actual undergoing of surgery via minimally invasive or intra-arterial techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by a cardiac echocardiogram or any other appropriate diagnostic test that is available and confirmed by a consultant cardiologist. For the purpose of this definition, Aorta shall mean the thoracic and abdominal aorta but not its branches.	intra-arterial techniques are excluded.
19	**(a) Early Dementia** Diagnosis of dementia by neurological assessment by a consultant neurologist confirming cognitive impairment characterised by either: (i) two (2) Mini Mental State Examination score of 24 or less out of 30 performed six (6) months apart; or (ii) assessed by two (2) neuropsychometric tests performed six (6) months apart with a battery of tests which clearly define the severity of the impairment. The Life insured must have been placed on disease modifying treatment prescribed by a consultant neurologist. The following are excluded: (i) Non-organic diseases such as neurosis and psychiatric illnesses; and (ii) Alcohol related brain damage. **(b) Moderately Severe Dementia including Alzheimer's Disease** A definite diagnosis of Alzheimer's disease or dementia due to irreversible organic brain disorders by a consultant neurologist. The Mini-mental exam score must be less than twenty (20) out of thirty (30) or an equivalent of this score using other Alzheimer's tests. There must also be permanent clinical loss of the ability to do all the following: • Remember; • Reason; and • Perceive, understand, express and give effect to ideas. This diagnosis must be supported by the clinical confirmation of a Registered Medical Practitioner. The following are excluded: (i) Non-organic diseases such as neurosis and psychiatric illnesses; and (ii) Alcohol related brain damage.	**Alzheimer's Disease / Severe Dementia** Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life insured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor. The following are excluded: • Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol related brain damage.

20	**(a) Hepatitis with Cirrhosis** A submassive necrosis of the liver by the Hepatitis virus leading to cirrhosis. There must be a definite diagnosis of liver cirrhosis by a gastroenterologist that must be supported by liver biopsy showing histological stage F4 by Metavir grading or a Knodell fibrosis score of 4. Liver diseases secondary to alcohol and drug abuse are excluded. **(b) Biliary Tract Reconstruction Surgery** Biliary tract reconstruction surgery involving choledochoenterostomy (choledochojejunostomy or choledochoduodenostomy) for the treatment of biliary tract disease, including biliary atresia, that is not amenable to other surgical or endoscopic procedures. The procedure must be considered to be the most appropriate treatment by a specialist in hepatobiliary disease. This benefit is not payable if the procedure is done a means to treat the consequences of gall stone disease or cholangitis. **(c) Chronic Primary Sclerosing Cholangitis** This benefit is payable for chronic primary sclerosing cholangitis confirmed on cholangiogram imaging confirming progressive obliteration of the bile ducts. The diagnosis must be made by a gastroenterologist and the condition must have progressed to the point where there is permanent jaundice. Biliary tract sclerosis or obstruction as a consequence of biliary surgery, gall stone disease, infection, inflammatory bowel disease or other secondary precipitants is excluded.	**Fulminant Hepatitis** A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following: • Rapid decreasing of liver size as confirmed by abdominal ultrasound; • Necrosis involving entire lobules, leaving only a collapsed reticular framework; • Rapid deterioration of liver function tests; • Deepening jaundice; and • Hepatic encephalopathy.
21	**Early Motor Neurone Disease** Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, a myotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and supported by appropriate investigations.	**Motor Neurone Disease** Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.
22	**Early Primary or Secondary Pulmonary Hypertension** Primary or Secondary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of	**Primary Pulmonary Hypertension** Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

	Cardiac Impairment. The NYHA Classification of Cardiac Impairment: Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain. Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.	The NYHA Classification of Cardiac Impairment: Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain. Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
23	**HIV due to Organ Transplant and Assault** (a) Infection with the Human Immunodeficiency Virus (HIV) through an organ transplant, provided that all of the following conditions are met: (i) The organ transplant was medically necessary or given as part of a medical treatment; (ii) The organ transplant was received in Singapore after the Policy Issue Date, Benefit Commencement Date of this Policy, Date of Endorsement or Date of reinstatement of this Policy, whichever is the later; and (iii) The source of the infection is established to be from the Institution that provided the transplant and the Institution is able to trace the origin of the HIV to the infected transplanted organ. (b) Infection with the Human Immunodeficiency Virus (HIV) which resulted from a physical or sexual assault provided that all the following conditions are met: (i) The incident pertaining to the assault must be reported to the appropriate authority within thirty (30) days after the assault and that a criminal case must be opened; (ii) The incident occurred after the Policy Issue Date, Benefit Commencement Date of this Policy, Date of Endorsement or Date of reinstatement of this Policy, whichever is the later; (iii) Proof of the assault giving rise to the infection must be reported to the Company within thirty (30) days of the assault taking place; (iv) Proof that the assault involved a definite source of the HIV infected fluids; and	**HIV Due to Blood Transfusion and Occupationally Acquired HIV** A. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met: • The blood transfusion was medically necessary or given as part of a medical treatment; • The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later; and • The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood. B. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or date of reinstatement of this Supplementary Contract, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction: • Proof that the accident involved a definite source of the HIV infected fluids; • Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and • HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded. This benefit is only payable when the occupation of the insured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse)

	(v) Proof of sero-conversion from HIV negative to HIV positive occurring during the one hundred and eighty (180) days after the documented assault. This proof must include a negative HIV antibody test conducted within five (5) days of the assault. This Basic Benefit shall not be payable by Us under a claim arising from Clause 23 in the event of a cure becoming available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious. HIV infection resulting from any other means including consensual sexual activity or the use of intravenous drug is excluded.	or paramedical worker, working in medical centre or clinic (in Singapore). This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.
24	**(a) Surgical Removal of Pituitary Tumour** The actual undergoing of surgical removal of pituitary tumour necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. Partial removal of pituitary microadenoma (tumour of size 1cm or below in diameter) is specifically excluded. **(b) Surgery for Subdural Haematoma** The actual undergoing of Burr Hole Surgery to the head to drain subdural haematoma as a result of an Accident. The need for the Burr Hole Surgery must be certified to be medically necessary by a neurosurgeon.	**Benign Brain Tumour** Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met: • It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and • Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The following are excluded: • Cysts; • Abscess; • Angioma; • Granulomas; • Vascular Malformations; • Haematomas; and • Tumours of the pituitary gland, spinal cord and skull base.
25	**Encephalitis** Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection requiring hospitalisation. The diagnosis must be confirmed by a consultant neurologist and supported with appropriate investigations (including Lumbar puncture test) proving acute viral infection of the brain. Encephalitis caused by HIV infection is excluded.	**Severe Encephalitis** Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in permanent neurological deficit which must be documented for at least 6 weeks. This diagnosis must be certified by a consultant neurologist, and supported by any confirmatory diagnostic tests. Encephalitis caused by HIV infection is excluded.
26	**Bacterial Meningitis** Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord which requires hospitalisation. This diagnosis must be confirmed by:	**Severe Bacterial Meningitis** Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must

	- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and - A consultant neurologist. Bacterial Meningitis in the presence of HIV infection is excluded.	persist for at least 6 weeks. This diagnosis must be confirmed by: • The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and • A consultant neurologist. Bacterial Meningitis in the presence of HIV infection is excluded.
27	**Loss of sight in one eye or Optic Nerve Atrophy with low vision** Permanent and irreversible loss of sight in one (1) eye as a result of illness (or the unequivocal diagnosis of optic nerve atrophy affecting one (1) or both eyes) or Accident to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in one (1) eye using a Snellen eye chart or equivalent test, or visual field of twenty (20) degrees or less in one (1) eye. The optic nerve atrophy, degree of visual loss of sight and blindness must be confirmed by an ophthalmologist. Blindness due to alcohol or drug abuse is excluded. Optic nerve atrophy resulting from alcohol or drug misuse is excluded.	**Blindness (Irreversible Loss of Sight)** Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist. The blindness must not be correctable by surgical procedures, implants or any other means.
28	**(a) Facial Reconstructive Surgery** The actual undergoing of re-constructive surgery above the neck (restoration or re-construction of the shape of and appearance of facial structures which are defective, missing or damaged or misshapen) performed by a surgeon in the relevant field such as Ear, Nose, Throat (ENT) or cosmetic surgeon to correct disfigurement as a direct result of an Accident that occurred after the Policy Issue Date, Benefit Commencement Date of this Policy, Date of Endorsement or Date of reinstatement of this Policy, whichever is the later. The need for surgery must be certified to be medically necessary by the surgeon. Treatment relating to teeth and/or any other dental restoration alone and/or cosmetic nose surgery are all excluded. **(b) Cervical Spinal Cord Injury** Accidental cervical spinal cord injury resulting in loss of use of at least one (1) entire limb, to be assessed no sooner than six (6) weeks from the date of the Accident. The diagnosis must be confirmed by a consultant neurologist supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. **(c) Intermediate Stage Major Head Trauma**	**Major Head Trauma** Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head Injury. The following are excluded: • Spinal cord injury; and • Head injury due to any other causes.

	Undergoing of open craniotomy as a consequence of major head trauma for the treatment of depressed skull fractures or major intracranial injury. The operation must be supported by evidence of operation report. Burr hole surgery is excluded from this benefit. Major head trauma due to self-inflicted injuries, alcohol or drug abuse are excluded.	
29	**(a) Loss of Use of One Limb** Total and irreversible loss of use of one (1) entire limb (above elbow or above knee) due to illness or accident. This condition must be confirmed by a specialist in the relevant field. Loss of use of limb due to self-inflicted injuries, alcohol or drug abuse are excluded. **(b) Loss of Use of One Limb requiring Prosthesis** Total and irreversible loss of use of one (1) entire limb (above elbow or above knee) which has required the fitting and use of prosthesis due to illness or accident. This condition must be confirmed by specialist in the relevant field. Loss of use of limb due to self-inflicted injuries, alcohol or drug abuse are excluded.	**Paralysis (Irreversible Loss of Use of Limbs)** Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist. Self-inflicted injuries are excluded.
30	**(a) Early Progressive Scleroderma** A rheumatologist must make the definite diagnosis of progressive systemic scleroderma, based on clinically accepted criteria. This diagnosis must be unequivocally supported by biopsy and serological evidence. The following are excluded: - Localised scleroderma (linear scleroderma or morphea); - Eosinophilic fasciitis; and - CREST syndrome. **(b) Systemic Sclerosis with CREST Syndrome** A rheumatologist must make the definite diagnosis of systemic sclerosis with CREST syndrome, based on clinically accepted criteria. This diagnosis must be unequivocally supported by biopsy and serological evidence. The disease must involve the skin with deposits of calcium (calcinosis), skin thickening of the fingers or toes (sclerodactyly) and also involve the esophagus. There must also be telangectasia (dilated capillaries) and Raynaud's Phenomenon causing artery spasms in the extremities. The following are excluded:	**Progressive Scleroderma** A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally confirmed by a consultant rheumatologist and supported by biopsy or equivalent confirmatory test, and serological evidence, and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys. The following are excluded: • Localised scleroderma (linear scleroderma or morphea); • Eosinophilic fascitis; and • CREST syndrome.

	- Localised scleroderma (linear scleroderma or morphea); and - Eosinophilic fasciitis.	
31	**(a) Akinetic Mutism** Organic brain damage which results in a person being unable to talk or move despite the fact that they appear alert at times. This diagnosis must be supported by evidence showing organic brain damage and definitely confirmed by a consultant neurologist. This condition has to be medically documented for a continuous period of at least one (1) month from the date of diagnosis. Akinetic mutism because of psychological reasons is excluded. **(b) Locked in Syndrome** Condition in which a person is aware but cannot move or communicate verbally due to complete paralysis of all voluntary muscles in the body except for vertical eye movements and blinking. There should be evidence of quadriplegia and inability to speak. This diagnosis must be supported by evidence of infarction of the ventral pons and Electroencephalogram (EEG) indicating that the person is not unconscious. The diagnosis must be definitely confirmed by a consultant neurologist. This condition has to be medically documented for a continuous period of at least one (1) month from the date of diagnosis.	**Persistent Vegetative State (Apallic Syndrome)** Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one month.
32	**Mild Systemic Lupus Erythematosus** A multisystem, multifactorial, autoimmune disorder which is characterised by the development of autoantibodies directed against various selfantigens. All of the following criteria must be met to qualify for this benefit: 1. Confirmation of the final diagnosis by a certified doctor specialising in Rheumatology and Immunology. 2. Medical evidence from the treating specialist that there has been involvement of at least three (3) of the following internal organs: kidneys, brain, heart (or pericardium), lungs (or pleura), and joints. Joint involvement is defined as the presence of polyarticular inflammatory arthritis. For the purpose of this benefit, skin involvement is not considered one of the specified organs. 3. Prescribed and is currently on systematic lupus immunosuppressive therapy for multiple organ involvement for at least 6 months under the direction of a specialist. Other forms such as discoid lupus and those forms with haematological involvement alone	**Systemic Lupus Erythematosus with Lupus Nephritis** The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology. The RPS/ISN classification of lupus nephritis: Class I Minimal mesangial lupus nephritis Class II Mesangial proliferative lupus nephritis Class III Focal lupus nephritis (active and chronic; proliferative and sclerosing) Class IV Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global) Class V Membranous lupus nephritis Class VI Advanced sclerosis lupus nephritis

	are specifically excluded.	
33	**Mild Coronary Artery Disease** The narrowing of the lumen of two (2) coronary arteries by a minimum of sixty percent (60%), as proven by coronary arteriography or any other appropriate diagnostic test that is available, regardless of whether or not any form of coronary artery surgery has been performed. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.	**Other Serious Coronary Artery Disease** The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by invasive coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed. Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.
34	**Peripheral Neuropathy** This refers to severe peripheral motor neuropathy arising from anterior horn cells resulting in significant motor weakness, fasciculation and muscle wasting. The diagnosis must be confirmed by a consultant neurologist as a result of nerve conduction studies and result in a permanent need for the use of walking aids or a wheelchair. Diabetic neuropathy and neuropathy due to alcohol is excluded.	**Poliomyelitis** The occurrence of Poliomyelitis where the following conditions are met: • Poliovirus is identified as the cause, • Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months. The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.
35	**(a) Loss of Independent Existence (Early Stage)** Total and irreversible physical loss of all fingers including thumb at the same hand due to Accident. This condition must be confirmed by a Registered Medical Practitioner. Loss of fingers due to self-inflicted injuries is excluded. **(b) Loss of Independent Existence (Intermediate Stage)** A condition as a result of a disease, illness or injury whereby the Life insured is unable to perform (whether aided or unaided) at least two (2) out of the six (6) Activities of Daily Living for a continuous period of six (6) months. This condition must be confirmed by the Company's approved doctor. Non-organic diseases such as neurosis and psychiatric illnesses are excluded. For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.	**Loss of Independent Existence** A condition as a result of a disease, illness or injury whereby the Life insured is unable to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living", for a continuous period of six (6) months. This condition must be confirmed by the company's approved doctor. Non-organic diseases such as neurosis and psychiatric illnesses are excluded. For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

*The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2019). These Critical Illnesses fall under Version 2019. You may refer to www.lia.org.sg for the standard Definitions (Version 2019).

Others

The following two terms can be found in some of the above definitions, and their meanings are as follows:

1. Permanent Neurological Deficit

Permanent means expected to last throughout the lifetime of the Life insured.

Permanent neurological deficit means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life insured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

2. Activities of Daily Living (ADLs)

(i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

(ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

(iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;

(iv) Mobility - the ability to move indoors from room to room on level surfaces;

(v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

(vi) Feeding - the ability to feed oneself once food has been prepared and made available.

11. Appendix B - List of Special Conditions Covered

For Life insured Age 17 and above, the covered special conditions listed below are applicable up to the policy anniversary when the Life insured attains Age 85:

No	Special Conditions	Definitions
1	Diabetic Complications	Diabetic Complications cover the following conditions only: (i) Diabetic Retinopathy with the need to undergo laser treatment certified to be absolutely necessary by an ophthalmologist with support of a Fluorescent Fundus Angiography report and vision is measured at 6/18 or worse in the better eye using a Snellen eye chart. (ii) Diabetic Nephropathy with a definite diagnosis of diabetic nephropathy by a specialist and is evident by eGFR less than 30 ml/min/1.73 m2 with ongoing proteinuria greater than 300mg/24 hours. (iii) Amputation of Part of Limb due to Gangrene with the actual undergoing of amputation of a foot/toe/hand/finger to treat gangrene that has occurred because of a complication of diabetes.
2	Angioplasty & Other Invasive Treatment For Coronary Artery	The actual undergoing of balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of minimum sixty percent (60%) stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. Diagnostic angiography is excluded.
3	Osteoporosis with Fractures	Osteoporosis is a degenerative bone disease that results in loss of bone. The diagnosis must be supported by a bone density reading which satisfies the World Health Organisation (WHO) definition of osteoporosis with a bone density reading T-score of less than –2.5. There must also be a history of three (3) or more osteoporotic fractures involving either femur, wrist or vertebrae. These fractures must directly cause the Life insured's inability to perform (whether aided or unaided) at least one (1) of the following six (6) “Activities of Daily Living” for a continuous period of at least six (6) months. For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.
4	Severe Rheumatoid Arthritis	Widespread joint destruction with major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, spine, knees, ankles, feet. The diagnosis must be supported by all of the following: • Morning stiffness • Symmetric arthritis • Presence of rheumatoid nodules • Elevated titres of rheumatoid factors • Radiographic evidence of severe involvement The diagnosis must be confirmed by a consultant rheumatologist.
5	Mastectomy	Mastectomy means surgical removal of at least three quadrants of the tissue of a breast due to carcinoma-in-situ or a malignant condition. Proof of having undergone the breast reconstructive surgery is not required.
6	Chronic Adrenal Insufficiency (Addison's Disease)	An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a specialist in endocrinology through one of the following: • ACTH simulation tests; • insulin-induced hypoglycemia test; • plasma ACTH level measurement;

		• Plasma Renin Activity (PRA) level measurement. Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.
7	Chronic Relapsing Pancreatitis	More than three (3) attacks of pancreatitis resulting in pancreatic dysfunction causing malabsorption needing enzyme replacement therapy. The diagnosis must be made by a consultant gastroenterologist and confirmed by Endoscopic Retrograde CholangioPancreatography (ERCP). Chronic Relapsing Pancreatitis caused by alcohol use is excluded.
8	Hysterectomy due to Cancer	The removal of the uterus (at least the corpus and cervix or corpus only) with supporting evidence of carcinoma of the uterus, fallopian tube, ovary, vagina or endometrium, advanced cervical carcinoma, or hydatidiform mole.
9	Dengue Haemorrhagic Fever	It covers Dengue Haemorrhagic Fever Stage 3 or Stage 4, based on the World Health Organisation case definition, with unequivocal evidence of the Dengue Shock Syndrome and confirmation of dengue infection, with confirmatory serological testing of dengue; and as may be exemplified by the following findings: • history of continuous high fever (for two (2) or more days), • minor or major haemorrhagic manifestations, • thrombocytopenia (less than or equal to 100000 per mm3), • haemoconcentration (haemotocrit increased by 20% or more), • evidence of plasma leakage (i.e. pleural effusion, ascites or hypoproteinaemia, etc.) and • evidence of the Dengue Shock Syndrome (DSS), confirmed by a consultant physician, with the following criteria being met: (i) hypotension (less than 80 mm Hg) or narrow pulse pressure (20 mm Hg or less) and (ii) evidence of tissue hypoperfusion such as cold, clammy skin, oliguria, or a metabolic acidosis.
10	Wilson's Disease	A potentially fatal disorder of copper toxicity characterised by progressive liver disease and/or neurologic deterioration due to copper deposit. The diagnosis must be confirmed by a hepatologist and the treatment with a chelating agent must be documented for at least six (6) months.
11	Severe Crohn's Disease	Crohn's disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred: • Stricture formation causing intestinal obstruction requiring admission to hospital; • Fistula formation between loops of bowel; and • At least one (1) bowel segment resection. The diagnosis must be based on histopathological features and confirmed by a specialist in the relevant field.
12	Severe Ulcerative Colitis	Ulcerative colitis shall mean acute fulminant ulcerative colitis with life threatening electrolyte disturbances associated with but not limited to intestinal distension or a risk of intestinal rupture, involving the entire colon with severe bloody diarrhoea or systemic signs and symptoms and for which the treatment of colectomy or ileostomy has been done. Diagnosis must be based on histopathological features and surgery in the form of colectomy or ileostomy should form part of the treatment.
13	Pheochromocytoma	Presence of neuroendocrine tumour of adrenal or extra-adrenal chromaffin tissue that secretes excess catecholamines. The diagnosis of pheochromocytoma must be confirmed by a specialist in the relevant field

		and supported by a histopathological examination.

For Life insured below Age 17, the covered special conditions listed below are applicable up to the policy anniversary when the Life insured attains Age 17:

No	Special Conditions	Definitions
1	Severe Juvenile Rheumatoid Arthritis (Stills Disease)	A form of juvenile chronic arthritis characterised by high fever and signs of systemic illness that can exist for months before the onset of arthritis. The condition must be characterised by cardinal manifestations which include high spiking, daily (quotidian) fevers, evanescent rash, arthritis, splenomegaly, lymphadenopathy, serositis, weight loss, neutrophilic leucocytosis, increased acute phase proteins and sero-negative tests for Antinuclear Antibodies (ANA) and Rheumatoid Factor (RF). A claim for this benefit will be admitted only if the diagnosis is confirmed by a paediatric rheumatologist and the condition has to be documented for at least six (6) months.
2	Severe Haemophilia	The Life insured must be suffering from severe haemophilia A (VIII deficiency) or haemophilia B (IX deficiency) with factor VIII or factor IX activity levels less than one percent (1%). Diagnosis must be confirmed by a haematologist.
3	Rheumatic Fever with Valvular Impairment	A confirmed diagnosis by a consultant cardiologist of acute rheumatic fever according to the revised Jones criteria for its diagnosis. There must be involvement of one (1) or more heart valves and at least mild valve incompetence attributable to rheumatic fever as confirmed by quantitative investigations of the valve function by a consultant cardiologist.
4	Osteogenesis Imperfecta	This is a genetic disorder characterised by brittle, osteoporotic, easily fractured bones. The Life insured must be diagnosed as a type III Osteogenesis Imperfecta confirmed by the occurrence of all of the following conditions: • the result of physical examination indicating growth retardation and hearing impairment; and • the result of X-ray studies reveals multiple fracture of bones and progressive kyphoscoliosis; and • positive result of skin biopsy. Diagnosis of Osteogenesis Imperfecta must be confirmed by a pediatrician.
5	Insulin Dependent Diabetes Mellitus	Diabetes mellitus is chronic hyperglycemia, caused by defective insulin secretion. IDDM is characterised by the continuous dependence on exogenous insulin for the preservation of life as diagnosed by an endocrinologist and such dependence must persist for not less than six (6) months.
6	Kawasaki Disease	This is acute, febrile and multisystem disease of children, characterised by non-suppurative cervical adenitis, skin and mucous membrane lesions. Diagnosis must be confirmed by a pediatrician and there must be echocardiograph evidence of cardiac involvement manifested by dilatation or aneurysm formation in the coronary arteries which persists for at least six (6) months after the initial acute episode.
7	Glomerulonephritis with Nephrotic Syndrome	A confirmed diagnosis of glomerulonephritis with nephrotic syndrome by a nephrologist and who should confirm that a treatment regimen appropriate to the clinical presentation has been followed throughout the period to which syndrome relates. The syndrome must have continued for a period of at least six (6) months with or without intervening periods of remission.
8	Type I Juvenile Spinal Amyotrophy	Degenerative diseases of the anterior horn cells in the spinal cord and motor nuclei of the brainstem characterised by profound proximal muscular weakness and wasting, primarily in the legs, followed by distal muscle

		involvement. The damage must result independently of all other causes and directly in the Life insured's permanent inability to perform (whether aided or unaided) at least three (3) of the "Activities of Daily Living" for a continuous period of six (6) months. The diagnosis must be made by a neurologist with appropriate neuromuscular testing such as Electromyogram (EMG). Only Life insured whose Age is between six (6) years old to seventeen (17) years old on first diagnosis is eligible to receive a benefit under this illness. For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.
9	Autism of Specified Severity	An unequivocal diagnosis of Specified Severity which must have continued without interruption for a period of at least six (6) months after diagnosis supported by two (2) different assessments performed at least six (6) months apart; and the Life insured must be undergoing treatment such as but not limited to behavioural therapy, psychological interventions or special education at recognised institute. Autism of Specified Severity must fulfil the following diagnostic criteria and be classified as severity Level three (3) (requiring very substantial support assessed separately for each domain) based on Diagnostic and Statistical Manual of Mental Disorders (DSM -5), as certified by the attending Registered Specialist in Paediatric Psychiatry or Paediatric Neurology: a) Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following: - Severe deficits in verbal and non-verbal social communication skills causing severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. b) Restricted, repetitive patterns of behaviour, interests, or activities, as manifested by the following: - inflexibility of behaviour, extreme difficulty coping with change, or other restricted/ repetitive behaviours markedly interferes with functioning in all spheres. Great distress/ difficulty changing focus or action. c) Symptoms must be present in the early developmental period. d) Symptoms caused clinically significant impairment in social, occupational, or other important areas of current functioning. If the Life insured is not residing in Singapore at claims stage, the diagnosis needs to be certified by a registered specialist in Singapore.
10	Generalised Tetanus	Tetanus is an illness characterised by an acute onset of hypertonia, painful muscular contractions (including but not limited to the muscles of the jaw and neck) and generalised muscle spasms caused by tetanus toxin that is produced by Clostridium tetani bacterium infection. The diagnosis of Generalised Tetanus due to tetanus toxin must be confirmed by a Registered Medical Practitioner. All the following criteria must be met to qualify for this benefit: • Constant mechanical ventilation is instituted for at least three (3) days as a medically necessary treatment for Generalised Tetanus due to tetanus toxin; and • Tetanus immune Globulin is administered.
11	Rabies	Rabies is an infectious disease of dogs, cats, and other animals, transmitted to humans by the bite of an infected animal. It has to be evidenced by all of the following: a) Typical symptoms of difficulty in swallowing, excessive salivation, fear of water (hydrophobia) and hallucinations; and b) Presence of rabies virus antigen or rabies-neutralising antibody titer in the Cerebrospinal Fluid (CSF). Diagnosis must be confirmed by a specialist in the relevant field.

Others

The following term can be found in some of the above definitions, and their meaning is as follows:

1. Activities of Daily Living (ADLs)

(i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

(ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

(iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;

(iv) Mobility - the ability to move indoors from room to room on level surfaces;

(v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

(vi) Feeding - the ability to feed oneself once food has been prepared and made available.