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.

Maybank-Etiqa Corporate Social Responsibility
ePROTECT *family* - Individual Personal Accident Policy

1. This Policy, Schedule and endorsement, if any, are evidence of the contract between You and Us. The proposal made to Us in connection with this Insurance shall be the basis and form part of this contract.

2. This Policy, Schedule and endorsement, 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. 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.

4. Any word denoting a singular pronoun shall also mean to include the plural.

PERIOD OF COVER

This Policy shall be effective for a period of five (5) years from the Inception Date.

ELIGIBILITY

To be eligible for cover under this Policy, a Policyholder must be aged between sixteen (16) years and seventy (70) years at the time when he is first to be covered under this Policy (up to age seventy-five (75).

GENERAL DEFINITIONS

Accident means a sudden, unforeseen and fortuitous event, and Accidental shall have a corresponding meaning.

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

Bodily Injury means injury sustained by a Policyholder or Dependant resulting solely, directly and independently of all other causes from an Accident.

Civil Commotion means a disturbance, commotion or disorder created by civilians usually against a governing body or the policies thereof.

Doctor / Medical Practitioner means a legally registered medical practitioner or surgeon and includes a Chinese acupuncturist, bonesetter, chiropractor or physiotherapist who is licensed and practising within the scope of his license pursuant to the laws of the country in which such practice is maintained. Doctor shall not include the Policyholders or any of their relatives unless otherwise approved by the Company.

Excess an Excess is the first amount of any covered loss or expense incurred by the Policyholder which shall be borne solely by the Policyholder. The Company shall only be liable to pay the remaining amount of such loss or expense incurred after deducting the Excess amount. In the event that the loss or expense incurred by the Policyholder is less than or equal to the amount stated as Excess in the policy, the Company will have no liabilities whatsoever.

Inception Date means the date this Policy first comes into force, as specified in the Policy Schedule.

Loss of Limb means loss by complete physical severance of a hand at or above the wrist or of a foot at or above the ankle.

Loss of Sight means total and irrecoverable loss of all sight in any eye rendering the Policyholder absolutely blind in that eye and beyond remedy by surgical or other treatment.

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

Loss of Use means loss in terms of physical incapacity or disability in all aspects of daily living and not only in terms of professional or occupational incapacity or disability of the Policyholder.

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Medical Expenses means Usual, Reasonable and Customary Medical Expenses necessarily and reasonably incurred in the medical or surgical treatment of Bodily Injury covered by this Policy.

Period of Insurance means five (5) years from the Inception Date.

Permanent Disablement means disablement that results solely, directly and independently of all other causes from Bodily Injury and which occurs within three hundred and sixty-five (365) consecutive days of the Accident in which Bodily Injury was sustained, and:

(i) falls into one of the categories listed in the Policy Schedule; or

(ii) is a disablement which, having lasted for a continuous and uninterrupted period of at least three hundred and sixty-five {365) consecutive days, is at the expiry of that period, beyond hope of improvement.

Permanent Total Disablement means disablement that results solely, directly and independently of all other causes from Bodily Injury and which occurs within three hundred and sixty-five (365) consecutive days of the Accident in which Bodily Injury was sustained which, having lasted for a continuous and uninterrupted period of at least three hundred and sixty-five (365) consecutive days, will in all probability entirely prevent the Policyholder from engaging in employment of any and every kind for the remainder of his life and from which there is no hope of improvement.

Policy Schedule means the Policy Schedule which is attached to, incorporated in and forms part of this Policy.

Pre-Existing Medical Conditions means:

(a) any condition for which a Doctor was consulted or for which treatment or medication was prescribed prior to the Inception Date; or

(b) a condition, the manifestation or symptoms of which a reasonable person in the circumstances would be expected to be aware of at the Inception Date.

Riot means the act of any person taking part together with others in any disturbance of the public peace (whether in connection with a strike or lock-out or not) or the action of any lawfully constituted governmental authority in suppressing or attempting to suppress any such disturbance or in minimising the consequences of such disturbance.

Strike means the wilful act of any striker or locked-out worker done in furtherance of a strike or in resistance to a lock-out; or the action of any lawfully constituted authority in preventing or attempting to prevent any such act or in minimising the consequences of any such act.

Terrorism means activities against persons, organizations or property of any nature:

(i) that involves the following or preparation of the following:

- use of, or threat of, force or violence; or commission of, or threat of, a dangerous act; or commission of, or threat of, an act that interferes with or disrupts an electronic, communication, information, or mechanical system; and

(ii) when one or both of the following applies:

- it appears that the intent is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy;
- it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

Usual, Reasonable and Customary Medical Expenses means charges for treatment supplies or medical services medically necessary to treat the Policyholder's condition, does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred and does not include charges that would not have been made if no insurance existed.

Company / Us / We refers to Etiqa Insurance Pte. Ltd.

You / Your / He / Policyholder refer to the person named or described in the Policy Schedule, or any amendment or endorsement to this Policy, to be the Policyholder, who is the policyholder of this Policy

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COVERAGE

Item	Benefits	Sum Insured (SGD)
1.	**Accidental Death** 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.	50,000
2.	**Accidental Permanent Disablement** 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. Total Paralysis b. Permanent Loss of two (2) Limbs c. Permanent Loss of sight in two (2) eyes d. Permanent Loss of one (1) Limb and sight in one (1) eye e. Permanent Loss of speech and hearing f. Permanent Loss of one (1) Limb or sight in one (1) eye g. Permanent Loss of speech h. Permanent Loss of hearing i. Permanent Total Loss of use or loss by amputation of i) One Thumb ii) One forefinger iii) Any other finger or one big toe iv) Any other toe Conditions applicable to Section 2: 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 Policyholder on whom the claim was paid. 6. The limit/sub-limit stated in Section 2 for each item is applicable to any one Accident. 7. The aggregate of all sum insured payable in respect of any one accident shall not exceed 100% of the Capital Sum Insured.	50,000 50,000 50,000 50,000 50,000 25,000 25,000 25,000 25,000 25,000 25,000 10,000

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3.	**Simple or Other Fractures** a. Neck, skull or spine (full break) b. Hip (other fracture) c. Jaw, pelvis, leg, ankle or knee (other fracture) d. Cheekbone, shoulder or hairline fracture of skull or spine (other fracture) e. Arm, elbow, wrist or ribs (other fracture) f. Leg, ankle or knee (simple fracture) g. Nose or collar bone (simple fracture) h. Arm, elbow, wrist or ribs (simple fracture) i. Finger, thumb , foot , hand or toe (simple fracture) For Simple Fracture or Other Fracture not specified above, we will adopt a proportion that is consistent with the above scale with reference to a medical assessment of the fracture.	1,000 750 500 300 250 200 200 100 75
4.	**Accidental Medical Expenses Reimbursement** a. 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. b. Inpatient Medical Expenses due to: 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) 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. Conditions applicable to Section 4: 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 4 is applicable to any one Accident or any one Infectious Disease.	4,000 2,000
5.	**Hospitalisation Allowance** as a result of accidental injury (up to 180 days) 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. The limit stated in Section 5 is applicable to any one Accident.	200 per day

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Item	Benefits	Sum Insured (SGD)
6.	**Mobility Expense** 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: a) a self-powered, climbing wheelchair, and/or b) a motor vehicle with the controls suitably adjusted We will reimburse the actual cost incurred up to the limits specified in the schedule of benefits stated under Section 6 of Your plan for any one Accident.	500
7.	**Bereavement Grant (as a result of accidental death)** We will pay a lump sum payment in accordance to the schedule of benefits stated under Your plan in the event of Accidental Death.	3,000
For Dependants (Legal Spouse and/or Child - A maximum of 6 dependants may be covered)		
8.	**Accidental Death or Permanent Disablement** 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 Company will pay a one-time lump sum amount as specified in the Policy Schedule towards the education of the Policyholder's child(ren), provided that on the date of accidental death, such Child was enrolled in a kindergarten, primary or secondary school, institution for vocational or tertiary education licensed by the local government. For the purposes of this clause: a) Legal Spouse of the Policyholder Legal Spouse means the Policyholder's partner with whom He has registered His marriage with, in accordance with the laws of the country in which He is ordinarily resident in at the time of the marriage. The Legal Spouse must be a Singapore Citizen, or a Permanent Resident of Singapore, or Foreigners with valid Work Permit or Employment Pass or Dependant's Pass or Long-Term Visit Pass of at least nineteen (19) years of age and not more than seventy (70) years of age. b) Child shall mean a legally dependent child of the Policyholder, including a stepchild and/or a legally adopted child who is, on the Inception Date of Insurance and on the date of accidental death of the Policyholder:- (i) Wholly dependent on the Policyholder for financial support and not gainfully employed in any way and (ii) Unmarried and (iii) At least six (6) months of age but below twenty-two (22) years or twenty-five (25) year of age, if still studying full-time in a recognised tertiary institution.	2,500 for each dependant

Applicable to Sections 4 and 6: For the avoidance of doubt, in the event You become entitled to a 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.

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GENERAL EXCLUSIONS

This Policy does not cover, and the Company will not in any event be liable to pay any Benefits or indemnify the Policyholder in respect of, any loss which is, directly or indirectly, caused by, as a consequence of, arises in connection with or is contributed to by any of the following:

(a) Declared or undeclared war or any act of war, invasion, foreign enemy, civil war, rebellion, revolution, insurrection, any military or usurped power

(b) Any illegal, willful or intentional acts of the Policyholder while sane or insane, suicide, self-inflicted injury, suicide pacts or agreements or any attempts thereat provoked homicide or assault.

(c) The Policyholder acting as a law enforcement officer, emergency medical or fire service personnel, civil defence personnel or military personnel of any country or international authority, whether on full• time service or as a volunteer, other than for reservist training under the Section 14 of the Enlistment Act, Chapter 93 of Singapore.

(d) The Policyholder engaging in, any speed contest or racing (other than on foot) or any professional competition or sports.

(e) Any condition which is results from or is a complication of pregnancy, childbirth, miscarriage or abortion, intoxication by alcohol or drugs not prescribed by a Doctor.

(f) Pre-Existing Medical Conditions.

(g) The Policyholder engaging in aviation, other than as a fare-paying passenger in, boarding and alighting from any fixed-wing aircraft and/or helicopter provided and operated by a regularly scheduled airline or private unscheduled air chartered company which is duly licensed for the regular transportation of fare-paying passengers.

(h) sickness, disease, bacterial or viral infection, even if contracted by Accident, other than bacterial infection that is the direct result of an Accidental cut or wound or Accidental food poisoning.

(i) Nuclear reaction, radiation, or radioactive contamination.

GENERAL EXTENSION (PRESUMPTIONS)

1. For the avoidance of doubt, this Policy shall cover, but otherwise subject to the terms and conditions of this Policy, to the following:

   (a) Riot, Strike, Civil Commotion, Hijack, Murder, Assault and Terrorism
   Death or Bodily Injury which was the result of Riot, Strike, Civil Commotion, hijack, murder, assault or Terrorism, provided that such event did not arise as a result of or in connection with an Policyholder's collaboration or provocation of such act and death or Bodily Injury as a consequence of such act could not reasonably have been avoided by such Policyholder.

   (b) Suffocation by Smoke, Poisonous Fumes, Gas and Drowning
   Death or Bodily Injury which was the result of suffocation by smoke, poisonous fumes, gas or drowning, provided that such event did not arise as a result of an Policyholder's wilful and intentional act and death or Bodily Injury as a consequence of such event could not reasonably have been avoided by such Policyholder.

   (c) Exposure
   Death of the Policyholder which was the result of his being unavoidably exposed to the elements as a result of an Accident.

   (d) Motorcycling
   Death or Bodily Injury which was sustained by the Policyholder while motor-cycling (whether as rider or pillion-rider) provided that at time of sustaining Bodily Injury, the Policyholder was wearing a safety helmet, and not engaging in or practicing for racing and hill climbing contests and reliability trials and speed or duration testing.

2. Disappearance
   In the event an Policyholder disappears and after three hundred and sixty-five (365) consecutive days, it is reasonable to believe that such Policyholder has suffered death as a result of Bodily Injury, the relevant Benefit shall be payable by the Company subject to the terms and conditions of this Policy and subject also to the receipt by the Company of a signed undertaking from the estate of the Policyholder in such form as the Company may require stating that if the belief is subsequently found to be wrong, any sum paid shall be immediately refunded to the Company in full with interest thereon for such period and at such rate as the Company may in its sole discretion determine .

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GENERAL CONDITIONS

1. ENTIRE CONTRACT, CHANGES

This Policy, the Policy Schedule and any amendments or endorsements shall constitute the entire contract of insurance. No change to the terms and conditions of this Policy shall be valid unless approved in writing by an authorized representative of the Company and such approval shall be endorsed hereon or attached hereto. No broker or agent has the authority to amend or to waive any of the terms and conditions of this Policy.

2. CONDITIONS PRECEDENT TO LIABILITY

The liability of the Company for any Benefit under this Policy is conditional upon:

(a) the truth of the statements and information as provided to the Company by the Policyholders; and

(b) the due observance and fulfilment of the terms and conditions of this Policy insofar as they relate lo anything to be done or complied with by the Policyholders.

3. PREMIUM

This is a complimentary Policy issued to You for the Period of Cover. You are not required to make any premium payment for this Policy.

4. 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. 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 no monies will be refunded to You as this Policy did not require premium payment from You.

3. FRAUD

If any claim under this Policy shall be, in any respect, fraudulent or if any fraudulent means or devices shall be used by any person to obtain a Benefit under this Policy, the Company shall have no liability in respect of such claim and the Company shall be entitled to terminate this Policy with immediate effect.

4. INFORMATION UPDATE

In the event of any change in any of the information disclosed to the Company, in particular the nature of the employment, profession or occupation of the Policyholders, the Policyholder shall give immediate written notice to the Company.

5. TERMINATION AND RENEWAL

This Policy shall continue to be in force for the Period of Insurance of five (5) years, and is non-renewable.

6. AUTOMATIC TERMINATION OF COVER

Any cover under this Policy in respect of any particular Policyholder shall terminate on the earliest of the following events:-

(i) Upon such Policyholder ceasing to satisfy any of the eligibility requirements set out herein;
(ii) Upon the death of such Policyholder.
(iii) Upon expiry of the policy at the end of 5 years from Inception Date.

7. CLAIMS PROCEDURE

Written notice shall be given to the Company as soon as possible and in any event within thirty (30) days of the occurrence of any event, which may give rise to a claim under this Policy.

All certificates, information and evidence required by the Company shall be supplied free of expense to the Company, in the form prescribed by the Company, at the expense of the Policyholder. A Policyholder shall, as often as may be required by the Company, submit to medical examinations by Doctors appointed by the Company and at the expense of the Company.

The Company shall, in the case of death of a Policyholder be entitled to have a post-mortem conducted at the Company's own expense.

8. PAYMENT OF CLAIMS

Any Benefits payable under this Policy shall be paid to the Policyholder, or in the event of death, to his estate. Any receipt by the Policyholder of any Benefit payable under this Policy shall in all cases be deemed final and complete discharge of all liability of the Company in respect of such Benefit.

9. GOVERNING LAW

This Policy shall be governed by and interpreted in accordance with Singapore Law.

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10. ARBITRATION

If any dispute or disagreement arises regarding any matter pertaining to or concerning this Policy, the dispute or disagreement must be referred to arbitration in accordance with the provisions of the Arbitration Act (Cap. 10) and any statutory modification or re-enactment thereof then in force, such arbitration to be commenced within three (3) months from the day such parties are unable to settle the dispute or difference. If the Policyholder fail to commence arbitration in accordance with this clause, it is agreed that any cause of action and any right to make a claim that the Policyholder have or may have against the Company shall be extinguished completely. Where there is a dispute or disagreement, the issuance of a valid arbitration award shall also be a condition precedent to the Company's liability under this Policy. In no case shall the Policyholder seek to recover on this Policy before the expiration of sixty (60) days after written proof of claim has been submitted to the Company in accordance with the provisions of this Policy.

11. SUBROGATION

The Policyholder hereby agrees that the Company has the right to proceed at its expense in the name of the Policyholder against any third parties who may be responsible for an occurrence of an event giving rise to a claim under this Policy.

12. NOTICE OF TRUST OR ASSIGNMENT AND THIRD PARTY RIGHTS

The Company shall not be bound or affected by any notice of any trust, charge, lien, assignment or other dealing with or related to this Policy.

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

13. GEOGRAPHICAL LIMITS

The coverage as afforded under this Policy is twenty-four (24) hours a day worldwide unless otherwise endorsed or amended .

14. CURRENCY

Premiums (if any) and benefits payable under this Policy shall be in Singapore Dollars unless otherwise endorsed or amended.

15. INTEREST

No sum payable by the Company under this Policy shall carry interest.

16. CLERICAL ERROR

Clerical errors by the Company shall not invalidate insurance otherwise validly in force, nor continue insurance otherwise not validly in force.

17. GENDER

A masculine personal pronoun as used herein includes the feminine, wherever the context requires.

18. NOMINATION OF BENEFICIARY EXCLUSION

The nomination of beneficiary/ beneficiaries under Section 49L and 49M of the Insurance Act (Cap.142) for the purpose of disposition or payment of policy moneys under this Policy shall not be permitted.

Policy moneys shall be paid out in accordance with the Policy terms and conditions, subject to exclusions.

DISPUTE 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 your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg

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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.

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