

Personal Accident With Rider Plan Policy

Personal Accident Policy

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

Eligibility

For Insured or Insured's Spouse:

To be eligible under this Insurance, the Insured or Insured's Spouse named in the Schedule, 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 eighteen (18) years of age and not more than seventy (70) years of age on the Effective Date of Insurance. The policy shall be renewed up to the maximum age of eighty (80) years subject to our satisfaction of your state of health.

For children:

- a) To be eligible under this Insurance, the Legal Child including stepchild and/or legally adopted child:
- b) who is at least 1 year of age and not more than eighteen (18) years of age; and
- c) wholly dependent on You or Your Legal Spouse for financial support; and
- d) unmarried.

Payment Before Cover Warranty (Applicable To Individual Policyholders Only)

It is fundamental the absolute special condition of this contract of insurance that the premium due must be paid and received by the insurer on or before the inception date of this policy/endorsement/renewal certificate.

If this condition is not complied with then this contract is automatically cancelled and the insurer shall be entitled to the pro rata premium on the period they have been on risk.

Where the premium payable pursuant to this warranty is received by an authorised agent of the insurer, the payment shall be deemed to be received by the insurer for the purposes of this warranty and the onus of proving that the premium payable was received by a person, including an insurance agent, who was not authorised to receive such premium shall lie on the insurer.

Subject otherwise to the terms and conditions of this policy.

Payment Of Premium (Applicable To Yearly Giro Premium)

At the time of the issuance of this Policy, you will be required to pay the annual premium payment for new sign up.

Annual payment means one of a series of consecutive yearly payments.

Premiums will be debited from your account upon giro approval for subsequent years. First deduction will be deducted one month (30th) before expiry date of policy and should deduction fails, second deduction will be on 15th of the following month. Should second deduction still fail, policy will be automatically cancelled.

Policy shall be in force for every successful premium deduction on yearly basis.

Premium Basis & Adjustment

Your Premium shall be based upon Your attained age as of the Effective Date of Insurance, yearly renewal date of this Policy whichever is applicable. The Premium rates are not guaranteed and may be increased or varied by Us upon renewal of the Policy based on:

- (a) Our portfolio claims experience in this class of business. We will advise You of the change in writing at least thirty (30) days before Your Premium is increased or varied by Us.

General Definitions

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

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

Accident/Accidental means an event of violent, accidental, external and visible nature, occurring during the Period of Insurance, which shall independently of any other cause be the sole cause of Bodily Injury or death.

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

Bodily Injury means injury sustained by an Insured from an Accident.

Effective Date of Insurance means the effective date on the Schedule.

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

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

Family Member means an Insured's spouse, parent, parent-in-law, grandparent, child, brother or sister.

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

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

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

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

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

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

Loss of Hand means:

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

Loss of Leg means:

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

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

Medical Practitioner means a legally qualified physician, doctor or surgeon other than Yourself or Your Family Member.

Medically Necessary shall mean a medical service which is:

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

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

Pre-existing Illness shall mean disabilities that the Insured has reasonable knowledge of. The Insured may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:

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

Specified Illnesses shall mean the following disabilities and its related complications, occurring within the first hundred twenty (120) days of Insurance of the Insured:

- a) Hypertension, diabetes mellitus and cardiovascular disease; or
- b) All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system; or
- c) All ear, nose (including sinuses) and throat conditions; or
- d) Hernias, haemorrhoids, fistulae, hydrocele, varicocele; or
- e) Vertebro-spinal disorders (including disc) and knee conditions.

Overseas Trip means travel / trip outside Malaysia, Singapore, Brunei and not being the Insured Person's home country.

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

TableOfBenefits			
Benefits Section	Premier	Privilege	Prestige
	Age Band 18-80 yrs old		
For Insured and Spouse			
Section 1 - Accidental Death			
Insured Age between 18 to 69	\$150,000	\$300,000	\$500,000
Insured Age between 70 to 80	\$75,000	\$150,000	\$250,000
We shall pay the Benefit Amount in accordance to the schedule of benefits stated under Your plan if during the Period of Insurance, You have sustained Bodily Injury which results in Accidental Death within fifty two (52) weeks from the date of Accident.			
Section 2 - Permanent Disability due to Accident			
Insured Age between 18 to 69	\$150,000	\$300,000	\$500,000
Insured Age between 70 to 80	\$75,000	\$150,000	\$250,000
If during the Period of Insurance, You have sustained Bodily Injury which results in Permanent Disability within fifty two (52) weeks from the date of Accident, We shall pay the relevant Benefit Amount in accordance to the schedule of benefits stated under your plan as specified below:			
a) Permanent Total Paralysis or complete insanity or injuries resulting in being permanently bedridden	\$150,000	\$300,000	\$500,000
b) Permanent Total Loss of sight of both eyes or use of both hands or both feet or combination of these.	\$150,000	\$300,000	\$500,000
c) Permanent Total Loss of speech.	\$150,000	\$300,000	\$500,000
d) Permanent Total Loss of hearing in both ears.	\$150,000	\$300,000	\$500,000
e) Permanent Total Loss of sight of one eye or use of one limb.	\$75,000	\$150,000	\$250,000
f) Permanent Total Loss of hearing in one ear.	\$30,000	\$60,000	\$100,000
g) Permanent Total Loss of use of a shoulder, elbow, hip, knee, ankle or wrist.	\$22,500	\$45,000	\$75,000
h) Permanent Total Loss of use or loss by amputation of:			
ii) One Thumb.	\$22,500	\$45,000	\$75,000

iii) One forefinger.	\$15,000	\$30,000	\$50,000
iv) Any other finger or one big toe.	\$7,500	\$15,000	\$25,000
v) Any other toe.	\$3,000	\$6,000	\$10,000
Conditions applicable to Section 2			
<p>1. If Benefit is claimed for:</p> <p>a) Permanent total loss or loss of use of a hand or leg, then no Benefit Amount shall be paid for the loss of parts of that hand or leg.</p> <p>b) Permanent loss of use of parts of a hand or leg, then the total amount payable shall not exceed the Benefit Amount payable for permanent total loss of that whole hand or leg.</p> <p>2. If Benefit is claimed for more than one form of Permanent Disability 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 permanently bedridden.</p> <p>3. Before We pay Permanent Total Paralysis or other Permanent Disability Benefit Total Paralysis or injuries resulting in being permanently bedridden or Permanent Disability shall have lasted fifty two (52) weeks and have been proven to be permanent and without expectation of recovery.</p> <p>4. Permanent Disability Benefits shall not be payable in the event of Accidental Death in connection with the same Accident becomes payable.</p> <p>5. If total amount of Benefit has been paid for Accidental Death of Permanent Total Paralysis or Permanent Total Loss of Sight of both eyes or use of both hands or both feet or both limbs or combination of these or Permanent Total Loss of Hearing in both ears or Speech, this Certificate shall therefore cease to apply to You. Please note that the Sum Insured value will be reduced by half from item A to H for those between age 70 to 80.</p>			
Section 3 - Chinese Medical Expenses	\$50	\$150	\$300
We shall pay the cost of seeking treatment in accordance to the schedule of benefits stated under Your plan by a certified/registered Chinese Medical Practitioner in the event of any accidental bodily injury for any one accident subject to original receipt being provided.			
Section 4 - Outpatient Cash Benefit (any one accident)	\$50	\$50	\$50
We shall pay lump sum cash irrespective of amount shown in receipt, for Your emergency treatment at a registered clinic/hospital as a result of an accident subject to original receipt being provided. This section is applicable when Section 3 & 5 is being activated at any one accident within the policy period.			
Section 5 - Outpatient Medical Expenses (any one accident)	\$50	\$200	\$400
We will reimburse the amount in accordance to the schedule of benefits stated under your plan subject to original receipt being provided.			
Section 6 - Inhospital Medical Expenses (any one accident)	\$500	\$2,250	\$4,500
We shall pay for your Inhospital Medical Expenses when you are hospitalised at a registered clinic / hospital as a result of an accident (up to a maximum limit shown including cost of medical report). We will reimburse the actual cost of medical treatment in accordance to the schedule of benefits stated under your plan subject to original receipt being provided.			
Section 7 - Hospitalization Allowance as a result of accident injury	\$50 per day	\$100 per day	\$150 per day
We will pay compensation in accordance to the schedule of benefits stated under your plan for each completed 24 hours period that an Insured Person is confined in a Hospital as a result of accidental bodily injury up to a maximum of 100 days due to any one accident subject to medical report and original receipt being provided.			
Section 8 - Snatch Theft	\$75	\$150	\$250
We will pay you up to the limit of benefit stated under your plan for the jewellery, money or personal effects carried or worn on and necessary expenses incurred for the replacement of the personal identification card, driving license, passport, credit cards and/or bank cards stolen or damaged by a snatch thief or wayside robbery during the period of insurance.			

Section 9 - Ambulance Fees	\$150	\$300	\$350
We shall reimburse You the actual fee incurred for the use of ambulance services in accordance to the schedule of benefits stated under Your plan, subject to original receipt being provided.			
Section 10 - Kidnap Benefit with validation of police report	\$1,000	\$1,500	\$2,500
We will pay a lump sum payment in accordance to the schedule of benefits stated under Your plan on the necessary expenses incurred for hiring of a licensed private investigator appointed with Our consent incurred by Your family members in the event of being kidnapped. This benefit is payable subject to verification and confirmation by the police that a kidnap has taken place Provided always that expenses incurred under this section shall exclude ransom demanded by the kidnappers for the return of the Insured. Conditions under this section: 1. The Insured must keep this insurance cover confidential 2. The company will not act as an intermediary or negotiator for You nor will We offer direct advice on dealing with the kidnapper. 3. It is necessary for the approved beneficiary/nominees acting on Your behalf to: a) determine whether you are kidnapped b) notify the appropriate law enforcement agency and comply with the recommendation and instructions c) give Us immediate notification of the kidnapping 4. If investigation establishes collusion or fraud by the Insured, the Insured must reimburse the Company for any payment We have made under this section.			
Section 11 - Bereavement Grant as a result of accidental death	\$2,500	\$3,000	\$3,500
We will pay a lump sum payment in accordance to the schedule of benefits stated under your plan to your family in the event of an accidental death.			
Section 12 - Dental Treatment due to any accident	\$500	\$1,000	\$1,500
We shall reimburse You for the actual cost incurred up to an amount in accordance to the schedule of benefits stated under Your plan as a result of an Accident in any one annual Period of Insurance, to undergo treatment of injury of or damage to sound natural teeth subject to presentation of original bills. Such corrective dental treatment must be Medically Necessary and performed by a licensed surgeon or licensed dentist.			
Section 13 - Child Education Grant (Limit up to 3 Children only)	\$3,000	\$4,000	\$5,000
We will pay a lump sum payment in accordance to the schedule of benefits stated under your plan for each legally dependent child (before attaining 18 years old and below) up to maximum of 3 surviving children at the point of occurrence who is still studying as a full-time student in a recognized institution of learning as a result of the Insured's accidental loss of life.			
Section 14 - For Child (Age 1 to 18)			
Section 14a - Accidental Death	\$20,000		
We will pay compensation in accordance to the schedule of benefits stated under your plan if an Insured Person shall sustain injury resulting death during the period of insurance. Please refer to the Table of Compensation on the percentage of benefit amount payable.			
Section 14b - Permanent Disablement	\$20,000		
We will pay compensation in accordance to the schedule of benefits stated under your plan if an Insured Person shall sustain bodily injury resulting in permanent disablement during the period of insurance. Please refer to the Table of Compensation on the percentage of benefit amount payable.			
Section 14c - Bereavement Grant	\$1,000		
We will pay a lump sum payment in accordance to the schedule of benefits stated under your plan to your family in the event of an accidental death.			

Section 14d - Inhospital Medical Expenses	\$100
We will pay compensation in accordance to the schedule of benefits stated under your plan for the actual cost of medical treatment when hospitalized at a registered hospital as a result of any one accident subject to original receipt being provided.	

Optional Rider Coverage (Applicable If Specified In The Schedule)

Coverage and Benefits	
Benefits Section	Benefit Amount
Section 15 – Male Cancer	Up to \$10,000
<p>Diagnosis shall mean the definitive diagnosis of cancer made during the Period of Insurance by a qualified specialist. This diagnosis made must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist</p> <p>Definition of Cover Cancer must be positively diagnosed upon the basis of a microscopic examination of fixed tissues or preparations from the haemic system and characterized by uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue. Such diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspect tumour, tissue or specimen. We shall in addition have the right and opportunity to examine the Insured, at Our own expense, when and so often as may reasonably be required, pending the outcome of a claim under this Policy.</p> <p>The Policy will cease once we pay a claim from this section.</p> <p><u>Male Cancers</u> for the purpose of this section are limited only to primary cancer of the male organs limited to Prostate, Testis, Penile and Breast.</p> <p>We shall pay the Benefit Amount if You are diagnosed to be suffering from any or a combination of Male Cancers (as specified below) and survive for at least thirty (30) days from the date of the said diagnosis.</p> <ol style="list-style-type: none"> <u>Diagnosis of Prostate Cancer</u> Prostate Cancer means a malignant lesion that consists of cancer cells from the prostate gland and spreading locally to surrounding tissues or distantly involves lymph nodes and other remote organs. <u>Diagnosis of Testicular Cancer</u> Testicular Cancer means a malignant lesion that consists of cancer cells discovered in one or both testicles and spreading locally to surrounding tissues or distantly involves lymph nodes and other remote organs. <u>Diagnosis of Penile Cancer</u> Penile Cancer means a malignant lesion of cancer cells in the tissues and/or external area of the penis and demonstrates the potential to or has spread to local and/or distant tissues and organs. <u>Diagnosis of Breast Cancer</u> Breast Cancer means a malignant lesion arising in epithelial or supporting breast tissue and spreading locally to surrounding tissues or distantly involves lymph nodes and other remote organs. <p>The Male Cancer Benefit does not cover any illness or disease caused directly or indirectly by any of the following:</p> <ol style="list-style-type: none"> All pre-cancer conditions and non-invasive carcinoma in-situ; or Any covered diseases which are diagnosed within the first hundred and twenty (120) days since the Effective Date of Insurance or reinstatement of this Policy; or Any illness, disease or condition, including illnesses or complications arising from any Cancers 	

Section 16 - Female Cancer	Up to \$10,000
<p>Diagnosis shall mean the definitive diagnosis of cancer made during the Period of Insurance by a qualified specialist. This diagnosis made must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist.</p> <p>Definition of Cover Cancer must be positively diagnosed upon the basis of a microscopic examination of fixed tissues or preparations from the haemic system and characterized by uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue. Such diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspect tumour, tissue or specimen. We shall in addition have the right and opportunity to examine the Insured, at Our own expense, when and so often as may reasonably be required, pending the outcome of a claim under this Policy.</p> <p>The Policy will cease once we pay a claim from this section.</p> <p><u>Female Cancers</u> for the purpose of this Section are limited only to primary Cancer of the Female organs such as Breast, Cervical, Uterine, Ovarian, Fallopian Tubes and Vulva and Vagina. Cervical intraepithelial neoplasia and Carcinoma-in-situ, CIN lesion (regardless of histology, grade or classification) and/or secondary Cancer which has originated from other organs and has spread to the female genital tract or breast are excluded.</p> <p>We shall pay the Benefit Amount if you are diagnosed to be suffering from any or a combination of Female Cancers (as specified below) and survive for at least (30) days from the date of the said Diagnosis.</p> <ol style="list-style-type: none"> 1. <u>Diagnosis of Breast Cancer</u> Breast Cancer means a malignant lesion arising in epithelial or supporting breast tissue and spreading locally to surrounding tissues or distantly involves lymph nodes and other remote organs 2. <u>Diagnosis of Cervical Cancer</u> Cervical Cancer means a malignant lesion which arises within the cervical epithelium but has extended into and beyond underlying stromia and demonstrates the potential to or at the time of diagnosis has spread to adjacent and/or distant tissues and organs Cervical Cancer does not include: <ol style="list-style-type: none"> a. diagnosis of mild, moderate, severe dysplasia (CINI, CIN II or CIN III, Carcinoma-in-situ) b. changes due to Human papilloma virus not demonstrating malignant transformation. 3. <u>Diagnosis of Uterine Cancer</u> Uterine Cancer means a malignant lesion arising in the lining or wall of the uterus and demonstrates the potential to or has spread to local and/or distant tissues and organs. 4. <u>Diagnosis of Ovarian Cancer</u> Ovarian Cancer means malignant neoplasms arising in the ovary which demonstrates the potential to or has spread to local and/or distant tissues or organs. 5. <u>Diagnosis of Cancer of the Fallopian Tubes</u> Cancer of the Fallopian Tubes means malignant neoplasms arising in the Fallopian Tubes. 6. <u>Diagnosis of Cancer of the Vulva and Vagina</u> Cancers of the Vulva and Vagina means malignant neoplasms arising in the epithelium and spreading to involve the underlying supporting tissues and/or distant tissues or organs. <p>The Female Cancer Benefit does not cover any illness or disease caused directly or indirectly by any of the following:</p> <ol style="list-style-type: none"> 1. All pre-cancer conditions and non-invasive carcinoma in-situ; or 2. Any covered diseases which are diagnosed within the first hundred and twenty (120) days since the Effective Date of Insurance or reinstatement of this Policy; or 3. Any illness, disease or condition, including illnesses or complications arising from any Cancers 	
Section 17 - Infertility Compassionate Cash (Applicable to Male Only)	Up to \$10,000
<p>We shall pay Infertility Compassionate Cash if during the Period of Insurance You have sustained injury to the external reproductive organs (penile, scrotum and/or testicles) resulting in total and permanent inability to reproduce, as certified by the treating Medical Practitioner.</p> <p>We shall not pay this Benefit Amount in connection with the same Accident which Section 1 or 2 of the main policy is payable.</p> <p>This section ceases upon the payment of the full Benefit Amount payable under this section.</p>	

Section 18 - Maternity Complications (Applicable to Female only)	\$10,000
<p>We shall pay Maternity Complications Benefit in the event of Your death within 30 days from pregnancy complications or miscarriage as a result of an Accident as certified by the treating Medical Practitioner.</p> <p>Exclusions application to Section 18:</p> <p>We shall not pay:</p> <ol style="list-style-type: none"> 1. For claims arising from elective termination or abortion other than for pregnancy complications or miscarriage as a result of an Accident; or 2. This benefit Amount for any Accidental Death in connection with the same Accident of which the Section 1 or 2 is payable. The Policy ceases upon the payment of the full Benefit Amount under this section. 	
Section 19 - Facial Reconstructive Surgery	\$10,000
<p>We shall reimburse You for the actual cost incurred up to an amount not exceeding \$10,000 as a result of an Accident in any one annual Period of Insurance, to undergo corrective surgery to the head, face and/or neck. Such corrective surgery must be Medically Necessary and performed by a licensed surgeon.</p>	
Section 20 - Skin Grafting due to Accident and/or Burns	\$5,000
<p>We shall reimburse You up to \$5,000 in any one annual Period of Insurance for the actual cost of undergoing skin transplantation due to Accident and/or burns subject to presentation of original bills.</p> <p>Burns shall mean burning (at least 2nd degree) and the surgery must be in the opinion of the Medical Practitioner deemed Medically Necessary.</p> <p>We shall not pay for claims due to correction of facial disfigurement other than caused by Accident and/or burns.</p>	
Section 21 - House Care	\$5,000
<p>If any claim is paid under Section 1 for Accidental Death or Section 2 for Permanent Disability due to an Accident, We shall pay cash to Your family for House Care payment.</p>	
Section 22 - Credit Card(s) Outstanding Balance Up to	\$3,000
<p>If any Benefit Amount becomes payable under Section 1 or 2 of the main policy, We shall pay Your Credit Card(s) Outstanding Balance as at the date of Accident or the Benefit Amount, whichever is lesser.</p> <p>The credit card(s) referred to under this section is limited to the credit card(s) held by You as principal cardholder.</p> <p>We shall pay this benefit provided the insured has no other policy covering them else we will only pay the excess amount which is not covered by the other policy.</p>	
Section 23 - Automated Teller Machine (ATM) Cash Withdrawal Protection	\$2,000
<p>We shall compensate You for loss of actual cash up to \$2,000 in any one annual Period of Insurance as a result of unauthorized use of Your bank card for withdrawal of cash by force or threat by any unknown person.</p> <p>The loss must be reported to the Police and/or Card issuer immediately after the occurrence of the incident. Failure to lodge a report to the Police and/or Card issuer immediately shall not invalidate Your claims if it can be shown to Our satisfaction that You have reported to them as soon as is practicable.</p> <p>Exclusions applicable to Section 23:</p> <p>We shall not pay for claims arising directly or indirectly from, in respect of or due to:</p> <ol style="list-style-type: none"> a. any carelessness, confiscation, errors or omission in receipts, payments or transfers; or b. any dishonest, fraudulent or criminal act of You; or c. liability for any debt unless You must upon discovery of any event which may result in a claim immediately report to the police and card issuer in accordance with the terms and conditions of the issue of the card; or d. liability for any debt arising from any supplementary card issued to Your Family member; or e. liability for any debt through Your collusion or Your Family member; or f. loss resulting from unauthorized use of Your card by Your Family or Household member. 	

Section 24 - Family Prosperity Bonus	\$2,000
<p>We shall pay lump sum cash of \$2,000 limited to one incident in any one annual Period of Insurance If You deliver twins or more by natural birth or caesarean section.</p> <p>The delivery of twins or more shall be after nine (9) months from the initial Effective Date of Insurance of the Policy. The certified true copies of Your newborn baby's birth certificates and a letter from the attending Medical Practitioner confirming the birth of twins or more must be submitted to Us.</p> <p>We shall not pay for claims if prior to your pregnancy You have sought and/or undergone In-Vitro fertilization or embryo transfer or any other fertilization treatment other than natural conception to provoke procreation.</p>	
Section 25 - Physiotherapy / Rejuvenation Benefit	\$1,000
<p>The Insured Person must be confined in a hospital for a minimum of 5 consecutive days following a claim payable under this policy, the Company will pay the applicable sum not exceeding more than \$1,000 any one accident.</p> <p>Confinement must:</p> <ol style="list-style-type: none"> Occur within 30 days from the date of the accident causing the relevant bodily injury Be certified by a licensed Medical Practitioner Be due to the same or related cause unless their occurrences are separated by at least 12 consecutive months during which the Insured Person is not at any time confined to a hospital. 	
Section 26 - Compassionate Cash for Domestic Violence	\$1,000
<p>We shall pay Compassionate Cash for Domestic Violence of \$1,000 limited to one incident in any one annual Period of Insurance as a result of You suffering personal injuries or financial loss or damage to Your property due to Domestic Violence.</p> <p>We shall not pay for claims arising directly or indirectly or caused by person(s) other than Your Family or Household Member.</p> <p>The loss, injury or damage must be reported to the Police immediately after the occurrence of the incident. Failure to lodge a report to the Police immediately shall not invalidate Your claims if it can be shown to Our satisfaction that You have reported to the Police as soon as is practicable.</p> <p>Definitions:</p> <p>Domestic Violence shall mean the commission of any of the following acts:</p> <ol style="list-style-type: none"> willfully or knowingly placing, or attempting to place, You in fear of physical injury; or causing physical injury to You by such act, which is known or ought to have been known would result in physical injury; or compelling You by force or threat to engage in any conduct or act, sexual or otherwise, from which You have a right to abstain; or confining or detaining You against your will; or causing mischief or destruction or damage to property with intent to cause or knowing that it is likely to cause distress or annoyance to You. 	

Free Policy Extensions

- Sedentary Work/Off-Duty Cover**
If You are employed under any of the excluded occupations stated in General Exclusion 11, You shall still be covered under this Policy provided that:

 - You are employed to do sedentary/desk-bound duties only; or
 - You are off-duty at the time of the Accident and the Bodily Injury does not arise in the course of Your employment or any activity related to Your employment.
- Suffocation by Smoke, Poisonous Fumes, Gas or Drowning**
Any result sustained by You due to suffocation by smoke, poisonous fumes, gas or drowning shall be deemed to be Bodily Injury covered under this Policy provided that such Bodily Injury does not arise in the course of Your employment or out of Your neglect, wilful or intentional act.
- Disappearance**
If You disappear and after a period of twelve (12) consecutive months Your body cannot be found, and sufficient evidence is provided that leads Us to believe that You have died as a result of an Accident, We will pay the Accidental Death Benefit. If at any time after the payment, this belief is incorrect, then the amount paid must be repaid to Us.
- Riot, Strike, Civil Commotion**
This Policy covers death or disablement sustained by the Insured Person as a result of riot, strike, civil commotion,

hijack, murder or assault. Provided that such injury does not arise out of the Insured Person's own participation, collaboration or provocation of such act.

5. Peace Time Reservist Training
This Policy covers injury sustained by the Insured Person in the course of peacetime reservist training within Singapore.

General Exclusions (Applicable To All Sections)

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

1. any pre-existing physical defect or infirmity, pregnancy, childbirth, abortion, miscarriage or any complication thereof; or
2. any medical or physical conditions arising within the first thirty (30) days of the Effective Date of Insurance or reinstatement date whichever is latest except for Accidental injuries; or
3. any treatment or surgical operation for Congenital Conditions; or
4. any condition which is or results from erectile dysfunction and tests or treatment related to impotence or sterilization; or
5. any willful or intentional acts of the Insured, suicide pacts or agreements or complications of suicide or attempted suicide, provoked homicide or assault or self-inflicted injury; or
6. any condition which is or results from intoxication by alcohol or drugs not prescribed by a Medical Practitioner; or
7. any condition, which is or results from or a complication of infection with Human Deficiency Syndrome ('HIV'), any variance including Acquired Immune Deficiency Syndrome ('AIDS'), and AIDS Related Complications ('ARC'), or any opportunistic infections and/or malignant neoplasm (tumour) found in the presence of HIV, AIDS or ARC; or
8. mental and nervous disorders, including but not limited to insanity; or
9. any condition which is or results from a complication of venereal disease; or
10. all claims and losses based upon, arising out of, directly or indirectly resulting from or in consequence of, or any way involving:
 - a) asbestos, or
 - b) any actual or alleged asbestos related injury or damage involving the use, presence, existence, detection, removal, elimination or avoidance of asbestos or exposure or potential exposure to asbestos; or
11. any condition sustained whilst engaging in flying or other aerial activities other than in a fully licensed passenger carrying power driven aircraft as a passenger but not:
 - a) as a member of the crew; or
 - b) for the purpose of any trade or technical operation in or on the aircraft.
12. the Insured taking part in naval, military, air force, police force, fire service department or any armed forces operation or any armed occupation; or
13. the Insured engaging in diving, mining, logging, sawmilling, wood working, underground works, explosive making or handling or custodians or blasters, gas manufacturing or whilst on duty as a ship crew or fisherman; or
14. war, invasion, act of foreign enemy, hostilities or warlike (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation, nationalization, requisition or destruction of or damage to property under the order of any government, public or local authority or martial law or state of siege or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege; or
15. ionizing radiations or contamination by radio-activity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel or nuclear weapons or materials. Solely for the purpose of this exclusion, combustion shall include any self sustaining process of nuclear fission; or
16. the Insured engaging in training or practicing for or taking part in;
 - a) any underwater activities involving the use of underwater breathing apparatus or scuba diving; or
 - b) climbing or mountaineering necessitating the use of ropes or guides, mountain or off road biking, skateboarding or roller skating; or

- c) pot-holing, hiking/trekking in remote areas unless with licensed guides; or
- d) parachuting, hang-gliding, bungee jumping or any diving activities; or
- e) winter sports (excluding curling and skating), hunting, polo-playing, steeple-chasing, water-skiing, or any racing activities other than on foot; or
- f) martial arts; or
- g) professional sports of any kind.

General Conditions (Applicable To All Sections)

1. **Residential Qualification**
In the event of change of residence, the Insured shall notify Us in writing and the Insurance shall be terminated with effect from the date he leaves Singapore. For this purpose, change of residence means living or intending to live outside Singapore in excess of twelve (12) consecutive calendar months.
2. **Overseas Travel/Medical Treatment**
We shall not pay any Benefit whilst the Insured is outside of Singapore:
 - a) if the event which may give rise to claim occurs on the purpose of business, study or vacation for a period exceeding three (3) consecutive months in any one annual Period of Insurance; or
 - b) to seek medical treatment (even though such treatment shall be upon the requirement of attending Medical Practitioner) if such treatment is available locally.
3. **Free Look Period**
If this Policy shall have been issued and for any reason whatsoever You shall decide not to take up the Policy, You may return the Policy to Us for cancellation provided such request for cancellation is delivered by You to Us within fourteen (14) days from the date of delivery of the Policy. You will be entitled to the return of the full Premium paid less deduction of medical expenses incurred By Us in the issue of the Policy, if any.
4. **Cancellation of policy**
You may terminate the Policy anytime prior to expiry by giving us seven (7) days' notice to Us. You shall be entitled to 80% of the pro-rata premium for the unexpired period provided you have not made any claim during the then current period of insurance.
5. **Period of Cover and Renewal**
This Policy shall become effective as of the date stated in the Schedule. The Policy Renewal shall be one year after the effective date and annually thereafter. On each such renewal, the Policy is renewable at the premium rates in effect at that time and any change in the renewal premium shall be notified by writing at least thirty (30) days before change is effected. The Policy is renewable at Our option.
6. **Disappearance Clause**
If the Insured is travelling and the means of transportation disappears, sinks, crashes, or is wrecked or kidnapped or abducted and the Insured has not been found within one (1) year, We shall presume that the Insured has died as a result of Bodily Injury and shall pay the Benefit accordingly. If at any time after payment of the Benefit has been made by Us, the Insured is found to be alive, such payment shall be immediately refunded to Us.
7. **Misstatement of Age**
If the age of the Insured has been misstated and the premium paid as a result thereof is insufficient, any claim payable under this Policy shall be prorated based on the ratio of the actual premium paid to the correct premium which should have been charged for the year. Any excess premium, which may have been paid as a result of such misstatement of age, shall be refunded without interest.
8. **Misrepresentation/Fraud**
If the proposal or declaration of the Insured is untrue in any respect or if any material fact affecting that risk be incorrectly stated herein or omitted therefrom or if this Insurance, or any renewal thereof shall have been obtained through any misstatement, misrepresentation or suppression or if any claims made shall be fraudulent or exaggerated or if any false declaration or statement shall be made in support thereof then in any of these cases this Insurance shall be void.
9. **Portfolio Withdrawal Condition**
We reserve the right to cancel the portfolio as a whole if We decide to discontinue underwriting this Insurance product. Cancellation of the portfolio as a whole shall be given by written notice to the Insured at least thirty (30) days before the cancellation and We will run off all Policies to expiry of the period of cover within the portfolio.
10. **Payment of Benefit**
Any Benefit payable under this Policy shall be paid to the Insured or his beneficiary, if any, as stated in the Schedule or otherwise to his estate. Any receipt by the Insured or his beneficiary or estate of any Benefit payable under this Policy shall in all cases be deemed final and complete discharge of all of Our liabilities in respect of such Benefit.
11. **Claim Procedures**
 - a) All claims must be notified to Us as soon as possible but not later than thirty (30) days after any event which may entitle the Insured to claim under this Policy.
 - b) Send to us immediately all relevant documents to support Your Claims.
 - c) Any documents or evidence required by Us to verify the claim shall be provided by the Insured at his own expense. Any medical examination required by Us to verify the claim shall be at Our expense.

12. **Incomplete Claims**
All claims must be submitted to Us within thirty (30) days of completion of the events for which the claim is being made. Claims are not deemed complete and eligible Benefits are not payable unless all bills for such claims have been submitted and agreed by Us. Only actual costs incurred shall be considered for reimbursement. Any variation or waiver of the foregoing shall be at Our sole discretion.
13. **Subrogation**
If We shall become liable for any payment under this Insurance, We shall be subrogated to the extent of such payment to all the rights and remedies of the Insured against any party and shall be entitled at our own expense to sue in the name of the Insured. The Insured shall give or cause to be given to Us all such assistance in his power as We shall require to secure the rights and remedies and at Our request shall execute or cause to be executed all documents necessary to enable Us to effectively to bring suit in the name of the Insured.
14. **Interest and Currency**
No amount payable under this Policy shall carry any interest. Premium and Benefit payable under this Policy shall be in Singapore Dollar (SGD).
15. **Other Insurance**
No person shall be covered under more than one Personal Accident With Rider Policy or its equivalent Insurance Certificate issued by Etiqa Group. In the event the Insured is covered under more than one such Policy, We shall consider that person to be Insured under the Policy which was issued first (where the Benefit provided under each such Policy are identical) or which provides the greatest amount of Benefit and We shall refund any duplicated premium payment which may have been made by or on behalf of that Insured.
16. **Notice of Trust or Assignment**
We shall not accept or be affected by notice of any trust or assignment or the like which relates to this Policy.
17. **Arbitration**
All differences arising out of this Policy shall be referred to the decision of an Arbitrator to be appointed in writing by the parties in difference or if they cannot agree upon a single Arbitrator to the decision of two Arbitrators one to be appointed in writing by each of the parties within one calendar month after having been required to do so by either of the parties or in case the Arbitrators do not agree of an Umpire appointed in writing by the Arbitrators before entering upon the reference. The Umpire shall sit with the Arbitrators and preside at their meetings and the making of an Award shall be a condition precedent to any right of action against the Company.
18. **Legal Proceedings**
No action at law or in equity shall be brought to recover on the Policy prior to expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. If the Insured shall fail to supply the requisite proof of loss as stipulated by the terms, provisions and conditions of this Policy, the Insured may, within a grace period of one calendar year from the time that the written proof of loss to be furnished, submit the relevant proof of loss to Us with cogent reason(s) for the failure to comply with the Policy terms, provisions and conditions. The acceptance of such proof of loss shall be at Our sole and entire discretion. After such grace period has expired, We will not accept, for any reason whatsoever, such written proof of loss.
19. **Alterations**
We reserve the right to amend the terms and provisions of this Policy by giving thirty (30) day prior notice in writing by ordinary post to the Insured last known address in Our records, and such amendment will be applicable from the next renewal of this Policy. No alteration to this Policy shall be valid unless authorised by Us and such approval is endorsed thereon.
20. **Contract (Rights of Third Parties) Act 2001**
A person who is not a party to this Policy contract shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.
21. **Termination of Policy**
 - a. **Termination by the Insured**
If the Insured gives notice in writing to Us to terminate this Insurance, such termination shall become effective on the date the notice is received or on the date specified in such notice, whichever is the later.
 - b. **Automatic Termination**
This Insurance shall be terminated:
 - i) upon the death of the Insured; or
 - ii) if the Insured ceases to be eligible on the grounds of age, change of occupation and/or Residential Qualification; or
 - iii) upon payment of Benefit Amount under Sections 1, or 2(a) to 2(d).
 - c. **Termination by Us**
We may give notice of termination hereof by registered post to the Insured at his last known address. Such termination shall become effective after thirty (30) days following the date of such notice.

- d. **Premium Position Upon Termination**
In the event of premium having been paid for any period beyond the date of termination of this Policy, the relevant proportion thereof shall be refunded to the Insured subject to a minimum premium payment of S\$25.00 by the Insured. If premium has not been paid for any period up to the date of termination, the Insured shall be liable for the payment of such premium. If termination due to Free Look Period, You will be entitled to the return of the full Premium paid less deduction of medical expenses incurred By Us in the issue of the Policy, if any.
- e. **Effective Time of Termination**
This Policy shall terminate at 12:01am Singapore Time on the relevant date specified in the occurrence date of any events specified herein, Schedule or Endorsement.

Complaint Procedures

If you make a complaint to us, in order to expedite matters, you need to provide us with your details (name, contact numbers, etc), specific nature of your complaint and supporting documents.

Stage One

1. Acknowledge your complaint within 3 business days.
2. If we need additional information we will contact you and request that information within 7 business days of the date of your complaint.
3. We will endeavour to resolve all complaints as soon as possible. If your complaint takes longer to resolve, we will contact you and update you on the progress on your complaint within 14 business days of our last communication to you.

Stage Two

If the outcome of your complaint is not handled to your satisfaction, you can write to the Principal Officer of the insurance company to appeal. We will respond to your appeal within 14 business days.

If you are still dissatisfied with the Principal Officer's response, we will refer you to a dispute resolution organisation, Financial Industry Disputes Resolution Centre Ltd (FIDReC), who acts independently of the insurer.

Financial Industry Disputes Resolution Centre Ltd (FIDReC)
Tel: (65) 63278878
Email: info@fidrec.com.sg
Website: www.fidrec.com.sg

Policy Owners' Protection Scheme

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

Personal Data Use

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

Important Notice

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