

# SmartCare Executive

## Caring for Our Customers

HSBC Life will make every effort to provide a high level of service expected by all Our policyholders. If on any occasion Our service falls below the standard of Your expectation, the procedure below explains what You can do:

- Your first point of contact should always be Your insurance agent or broker. Alternatively, You may submit Your feedback to: [cc.h@mail.life.hsbc.com.sg](mailto:cc.h@mail.life.hsbc.com.sg)
- We will acknowledge receipt of Your feedback within 3 working days whilst We look into the matter You raised. We will contact You for further information if required within 7 working days and provide You with a full reply within 14 working days.
- If Our resolution is not to Your satisfaction, We will refer You to a dispute resolution organisation, Financial Industry Disputes Resolution Centre Ltd (FIDReC) who is an independent organisation. FIDReC's contact details are:

Financial Industry Disputes Resolution Centre Ltd 36  
Robinson Road #15-01  
City House  
Singapore 068877

Telephone : 6327 8878  
Fax : 6327 8488  
Email : [info@fidrec.com.sg](mailto:info@fidrec.com.sg)  
Website : [www.fidrec.com.sg](http://www.fidrec.com.sg)

**Important - Please remember to quote Your Policy number in Your communication with Us.**

# YOUR SmartCare Executive Policy

## (Individual Medical Insurance)

---

Welcome to Your **SmartCare Executive** Policy.

Please read this Policy carefully together with Your Schedule to ensure that You understand the terms and conditions and that the Cover You require is being provided. Do keep these documents in a safe place as they are legal documents.

If You have any questions after reading these documents, please contact Your financial planner or HSBC Life at +65 6880 4888.

If there are any changes that may affect the insurance provided, please notify Us immediately.

### IMPORTANT NOTICE

1. Before We provide Cover, You and all Insured Persons must fully and faithfully tell Us everything You know (or could reasonably be expected to know) that is relevant to Our decision in whether or not to insure the Insured Persons, otherwise You may receive no benefit from Your Policy.
2. The insurance Cover under this Policy is based on the information submitted to Us, as set out in the accompanying documents. Please read these documents carefully. If they contain any information that is incorrect, please notify Us immediately, otherwise You may receive no benefit in the event of a claim and/or Your Policy may be voided and Our liabilities shall be restricted to a refund of premiums paid for that Period of Insurance without interest. If any information, which You subsequently provide Us, differs materially from the information submitted to Us earlier, We may offer Cover on different terms or decline it altogether. If We do not hear from You within 14 days from the date of issue of this Policy, We will take it that the information is complete and correct.
3. You have a free-look period of 14 days to review the Policy. If You decide that this Policy does not suit Your needs, You may request to cancel it by giving Us clear, written instructions and returning the Policy to Us within the free-look period. Provided that no claims have been made during this period, We shall refund the premiums paid by You without interest.

## HOW YOUR INSURANCE OPERATES

---

Your Policy is a contract between You and Us, and comprises:

- Your Application and any enrolment forms submitted to Us;
- any declarations made by the Insured Persons;
- this Policy document;
- the Schedule;
- any supplementary agreements or riders; and
- any Endorsements.

and shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part shall bear the same meaning wherever it appears.

This Policy shall become effective on the date specified in the Schedule and end at 23:59 Standard Singapore Time on the last day of the Period of Insurance.

Having received and accepted all requisite premiums, We will provide the Cover shown in the relevant sections of the Policy, up to the sums insured or limits of indemnity stated in the Schedule and/or Endorsements.

---

## (A) ELIGIBILITY AND SCOPE

### 1. Persons Eligible

- (a) Cover under this Policy shall be subject to the fulfillment of all of the following eligibility requirements by the Insured Persons:
  - (i) Satisfy the entry age
    - You and Your Spouse are Aged Next Birthday between 18 and 65 years (inclusive); and
    - Your Child is Aged Next Birthday between 15 days old and 18 years (inclusive); and
  - (ii) are Residents of Singapore;
  - (iii) are insurable in accordance with Our Terms and standards of acceptance, subject to full medical underwriting having been undertaken; and
  - (iv) You pay the applicable premiums.
- (b) Subject to Our approval, Cover for You and Your Spouse may be renewed up to and including the Age Next Birthday of 80 years old. Cover for Your Children may be renewed up to and including their Age Next Birthday of 25 years old provided that they are unmarried, unemployed and full-time students.

### 2. Addition of Dependants

- (a) Provided that Your Dependants satisfy the eligibility requirements set out in Section A Part 1a above, they may be included as Insured Persons under this Policy.
- (b) You must:
  - (i) provide written request of such inclusion of Your Dependants and provide all necessary information on enrolment forms in the form prescribed by Us;
  - (ii) provide evidence of insurability of such Dependants; and
  - (iii) pay any additional premiums.

Subject to Section A Part 3 below, Cover for Your Dependants will only commence on the Effective Date.

### 3. Further conditions concerning Cover

- (a) If an Insured Person is confined in a Hospital on the date when his Cover would otherwise become effective, such Cover shall not become effective until the date following his discharge from the Hospital.
- (b) An Insured Person's Cover shall cease automatically if he remains outside of his Country of Residence for a period in excess of ninety (90) consecutive days. In such event, the Insured Person's Cover shall terminate at 23:59 Standard Singapore Time on the ninetieth (90th) day after the Insured Person's departure from his Country of Residence.

### 4. Geographical Scope

This Policy Covers an Insured Person in his/her Country of Residence and also while he/she is outside his/her Country of Residence for periods not exceeding ninety (90) consecutive days at a time and provided that where the treatment is otherwise than Emergency Treatment, Our liability is limited to charges for equivalent treatment in Singapore General Hospital, subject to the relevant maximum limits set out in the Schedule.

## 5. Co-payment/ Deductible

If You have opted to pay a lower premium on the basis that a Deductible shall be applicable and/or that You will co-pay a portion of any claims payable pursuant to the Deductible and/or Co-payment features of this Policy, respectively, and this is approved by Us, the amount of such Deductible and/or percentage of such Co-payment shall be specified in the Schedule or Endorsement. The Deductible and Co-payment will only apply to the following Benefits:

- (a) Benefit A (Hospital & Surgical Benefits), except the Outpatient Emergency Treatment (Due to Accident Only) Benefit; and
- (b) Benefit E (Major Organ Transplant).

---

## (B) DEFINITIONS

In this Policy, where consistent with the context, the singular shall include the plural and vice versa and words importing the masculine gender shall include the feminine gender and each of the following words and expressions shall have the following meanings:

---

<b>Term</b>	<b>Meaning</b>
Accident	A sudden, unforeseen and unexpected event during the Period of Insurance that independently of any other cause is the sole and direct cause of bodily Injury and excludes all medical conditions, illnesses or diseases.
Age Next Birthday	An Insured Person's age at his next birthday.
Anesthetist	A Specialist trained in the field of anesthesia.
Annual Limit	The amount stated in the Schedule or Endorsement and is the maximum amount payable by Us under this Policy in respect of any one Insured Person during the Period of Insurance. When the aggregate total Benefits paid under this Policy in any one Period of Insurance reaches the Annual Limit for any Insured Person, no further Benefits shall be payable in respect of that Insured Person for the remainder of that Period of Insurance.
Application	The forms completed by the Insured Persons to request for Coverage from Us and the information, documents and declarations provided by the Insured Persons in applying for this Policy, including any medical examination reports and forms, correspondence, representations and statements made by the Insured Persons and any supplementary questionnaires completed by the Insured Persons, all of which contain information which We rely or have relied on in deciding whether or not to insure the respective Insured Persons.
Benefits	The amounts payable by Us in accordance with the terms and conditions of this Policy.
Child(ren)	Your natural or step or legally adopted Child(ren) who is unmarried, unemployed and whose Age Next Birthday is between 15 days to 25 years (inclusive), provided that the Age Next Birthday of 19 and 25 years (inclusive) shall be applicable to renewals only.
Co-payment	A percentage of the Covered Expenses in excess of any Deductible, which is borne by You.
Congenital Conditions	Congenital anomalies (including but not limited to, any physical or mental abnormalities) and neo-natal physical abnormalities developing within six (6) months of birth.
Country of Residence	The country in which the Insured Person is residing on the Effective Date unless otherwise stated in the Schedule or Endorsement.
Cover / Coverage	Insurance Cover in accordance with the terms of this Policy, as applicable to each Insured Person.
Covered Expenses	Expenses incurred for any Medically Necessary treatment recommended by a Physician and provided to any Insured Person for any Illness or Injury during the Period of Insurance and which may be payable, in accordance with the terms and conditions of this Policy. Reimbursement of Covered Expenses shall include any goods and services tax and/or government tax that may be levied thereto.

---

Term	Meaning
Critical illness	<p data-bbox="353 118 676 138">Means any of the following illnesses:</p> <ul data-bbox="353 150 949 1235" style="list-style-type: none"> <li data-bbox="353 150 524 170">• Major Cancer</li> <li data-bbox="353 181 695 202">• Heart Attack of Specified Severity</li> <li data-bbox="353 213 781 234">• Stroke with Permanent Neurological Deficit</li> <li data-bbox="353 245 687 266">• Coronary Artery By-pass Surgery</li> <li data-bbox="353 277 617 298">• End Stage Kidney Failure</li> <li data-bbox="353 309 658 330">• Irreversible Aplastic Anaemia</li> <li data-bbox="353 341 609 362">• End Stage Lung Disease</li> <li data-bbox="353 373 602 394">• End Stage Liver Failure</li> <li data-bbox="353 405 456 426">• Coma</li> <li data-bbox="353 437 736 458">• Deafness (Irreversible Loss of Hearing)</li> <li data-bbox="353 469 684 489">• Open Chest Heart Valve Surgery</li> <li data-bbox="353 501 636 521">• Irreversible Loss of Speech</li> <li data-bbox="353 533 516 553">• Major Burns</li> <li data-bbox="353 564 792 585">• Major Organ / Bone Marrow Transplantation</li> <li data-bbox="353 596 561 617">• Multiple Sclerosis</li> <li data-bbox="353 628 583 649">• Muscular Dystrophy</li> <li data-bbox="353 660 665 681">• Idiopathic Parkinson’s Disease</li> <li data-bbox="353 692 654 713">• Open Chest Surgery to Aorta</li> <li data-bbox="353 724 743 745">• Alzheimer’s Disease / Severe Dementia</li> <li data-bbox="353 756 575 777">• Fulminant Hepatitis</li> <li data-bbox="353 788 613 809">• Motor Neurone Disease</li> <li data-bbox="353 820 695 841">• Primary Pulmonary Hypertension</li> <li data-bbox="353 852 949 873">• HIV Due to Blood Transfusion and Occupationally Acquired HIV</li> <li data-bbox="353 884 591 904">• Benign Brain Tumour</li> <li data-bbox="353 916 575 936">• Severe Encephalitis</li> <li data-bbox="353 948 642 968">• Severe Bacterial Meningitis</li> <li data-bbox="353 979 927 1000">• Angioplasty &amp; Other Invasive Treatment for Coronary Artery</li> <li data-bbox="353 1011 717 1032">• Blindness (Irreversible Loss of Sight)</li> <li data-bbox="353 1043 583 1064">• Major Head Trauma</li> <li data-bbox="353 1075 777 1096">• Paralysis (Irreversible Loss of Use of Limbs)</li> <li data-bbox="353 1107 542 1128">• Terminal Illness</li> <li data-bbox="353 1139 620 1160">• Progressive Scleroderma</li> <li data-bbox="353 1171 804 1192">• Persistent Vegetative State (Apallic Syndrome)</li> <li data-bbox="353 1203 855 1224">• Systemic Lupus Erythematosus with Lupus Nephritis</li> <li data-bbox="353 1235 743 1256">• Other Serious Coronary Artery Disease</li> <li data-bbox="353 1267 516 1287">• Poliomyelitis</li> <li data-bbox="353 1299 669 1319">• Loss of Independent Existence</li> </ul> <p data-bbox="353 1267 1037 1385">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 <a href="http://www.lia.org.sg">www.lia.org.sg</a> for the standard definitions (Version 2019).</p>

<b>Term</b>	<b>Meaning</b>
Day Surgery	Surgery on an Insured Person for the treatment of an Illness or Injury and which is pre-planned and carried out by a Surgeon at a Hospital or clinic (which is duly licensed and regulated by the appropriate authorities in the geographical area where it is located, and with facilities to provide such Surgery), but not on an Inpatient basis.
Deductible	The amount out of an eligible claim which has to be borne by the Insured Person before the relevant Benefits are payable under this Policy.
Dentist	A person qualified as a medical dental practitioner (other than an Insured Person or a member of his Immediate Family or his business associates including any business partners, employers or employees) by a medical degree in western medicine and duly licensed and registered with the relevant medical board or council to provide medical and surgical dental treatment and who, in rendering dental treatment, is practicing within the scope of his licensing and training in the geographical area of practice.
Dependants	Any of the following persons related to You by blood or marriage or adoption: (a) Your Spouse; (b) Your Child.
Effective Date	The date on which Cover under this Policy for the respective Insured Persons becomes effective and which is stated on the Schedule or Endorsement, whichever is later.
Emergency Treatment	A sudden change in an Insured Person's health which requires immediate and urgent medical treatment to avoid death or impairment to the Insured Person's immediate health.
Endorsement	A written statement or notice issued by Us to confirm and record any amendments made to this Policy, including any change in the wording of or Cover offered under this Policy or qualification of wording if the Policy is accepted on restricted terms.
General Practitioner	A Physician whose practice is based on a broad understanding of all Illnesses and who does not restrict his practice to any particular field of medicine.
Hospital	An establishment duly constituted and licensed in the geographical area in which it is located as a medical or surgical Hospital for the care and treatment of sick and injured persons as bed-paying patients, and which: (a) provides facilities for diagnosis, treatment and minor or major Surgery; (b) provides twenty-four (24) hours nursing services by registered graduate nurses; (c) is supervised by a full-time staff of Physicians at all times; and (d) is not primarily a clinic, a mental Hospital or institution, a place for custodial care or facility for alcoholics or drug addicts, a spa, or hydro clinic or a nursing or rest or convalescent home or a home for the aged, or such similar establishments.  A reference to a Hospital in this Policy shall be construed to refer to either a Public Hospital or Private Hospital according to the type of Cover chosen by an Insured Person.
Illness	A physical condition marked by a pathological deviation from the normal healthy state and contracted by an Insured Person.

<b>Term</b>	<b>Meaning</b>
Immediate Family	Any of the following people, related to an Insured Person by blood, marriage or adoption: (a) parents and parents-in law; (b) siblings and brothers-in-law and sisters-in-law; (c) Spouse; (d) Child.
Injury	An external and visible bodily Injury sustained by an Insured Person and caused solely and directly by an Accident and does not include any Illness or naturally occurring medical conditions or degenerative process.
Inpatient	Admission and confinement of an Insured Person in a Hospital for treatment of an Illness or Injury as a registered bed-paying patient for which the Hospital levies a daily room and board charge.
Insured Person(s)	You and the persons so named and described in the Schedule.
Intensive Care Unit	A section within a Hospital which is designated as an Intensive Care Unit and operates on a twenty four (24) hour basis to provide specialised medical services and facilities. For the avoidance of doubt, a high dependency unit, coronary care unit and such other similar units or sections in a Hospital shall not be considered as an Intensive Care Unit.
Medically Necessary	Refers to a medical service treatment, service and/or supply which is: (a) consistent with the diagnosis, duration of hospitalisation and customary medical treatment, service and/or supply for an Illness or Injury; (b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and proven medical benefits; (c) not for the convenience of the Insured Person or the Physician or Specialist; and (d) not of an experimental, investigation or research nature, preventive or screening nature.
Per Disability	All medical conditions resulting from an Illness or Injury arising from the same cause, including any and all complications arising there from or closely related thereto as well as concurrent medical conditions from different causes during the same Hospital confinement, except that after fourteen (14) days following the latest discharge from Hospital or Day Surgery, any subsequent Illness or Injury from the same cause shall be considered as a new Illness or Injury.
Period of Insurance	The period of Cover for the respective Insured Persons as shown in the latest Schedule or Endorsement.
Physician	A person qualified as a medical practitioner (other than an Insured Person or a member of his Immediate Family or his business associates including any business partners, employers or employees) by a medical degree in western medicine and duly licensed and registered with the relevant statutory medical board or council to provide medical and surgical treatment and who, in rendering treatment, is practicing within the scope of his licensing and training in the geographical area of practice.  A reference to a "Physician" in this Policy shall be construed to mean, wherever appropriate, a General Practitioner and/or a Specialist.



<b>Term</b>	<b>Meaning</b>
Policy	Refers to a Policy contract between You and Us. Its full terms are set out in the current versions of the following documents as sent to You from time to time: <ul style="list-style-type: none"> <li>(a) any Application form We ask You to fill in,</li> <li>(b) the terms and the benefit table setting out the Cover under your plan in your Schedule,</li> <li>(c) Endorsements.</li> </ul>
Pre-existing condition	An Injury or an Illness which, prior to the date on which an Insured Person is first Covered under the Policy: <ul style="list-style-type: none"> <li>(a) existed (or symptoms or manifestations of which existed) with respect to an Insured Person based on normal medically accepted pathological development of the Injury or Illness; or</li> <li>(b) the Insured Person was aware or should reasonably have been aware irrespective of whether treatment was actually received.</li> </ul>
Private Hospital	The following Private Hospitals presently known by the names of: <ul style="list-style-type: none"> <li>(a) Concord International Hospital</li> <li>(b) Farrer Park Hospital</li> <li>(c) Gleneagles Hospital</li> <li>(d) Mount Alvernia Hospital</li> <li>(e) Mount Elizabeth Hospital</li> <li>(f) Mount Elizabeth Novena Hospital</li> <li>(g) Parkway East Hospital</li> <li>(h) Raffles Hospital</li> <li>(i) Thomson Medical Centre</li> </ul>
Pro-ratio Table	The table attached to this Policy that states the percentage of Covered Expenses payable by Us under this Policy in the event that an Insured Person chooses (whether voluntary or otherwise) to be treated and/or confined in a different type of ward and/or Hospital, than that stated in the Schedule or Endorsement.
Public Hospital	The following Public Hospitals presently known by the names of: <ul style="list-style-type: none"> <li>(a) Alexandra Hospital</li> <li>(b) Changi General Hospital</li> <li>(c) Khoo Teck Puat Hospital</li> <li>(d) KK Women's and Children's Hospital</li> <li>(e) National Heart Center</li> <li>(f) National Cancer Center</li> <li>(g) National Neuroscience Institute of Singapore</li> <li>(h) National Skin Center</li> <li>(i) National University Hospital</li> <li>(j) Sengkang General Hospital</li> <li>(k) Ng Teng Fong General Hospital</li> <li>(l) Singapore General Hospital</li> <li>(m) Singapore National Eye Center</li> <li>(n) Tan Tock Seng Hospital</li> </ul>

Term	Meaning
Reasonable and Customary Charges	<p>This refers to charges for medical care which shall be considered by Us or by Our medical advisers to be Reasonable and Customary to the extent that they do not exceed the general level of charges being made by others of similar standing in the locality where the charges are incurred when giving like or comparable treatment. We will base that calculation on a combination of our global experience, statistical information provided by local health authoritative body and information collected from medical Specialists and Surgeons practicing in the country or area where the treatment is received.</p> <p>For the avoidance of doubt when comparing treatment, We will take into account the complexity of the procedure and the standard of the medical facility where the treatment is received. If the charges are higher than is customary, We will only pay the amount which is, in Our experience, customarily charged and You will have to pay the rest. If your treatment requires more than one Specialist or Surgeon present at the same operative (surgical) session, We shall review the medical necessity in the management of such surgical problem or medical condition in terms of the different trained skills and complexity of the services provided as an identification to cover the total services. No additional benefits or cost is payable for surgical assistants.</p> <p>For medical treatment and services incurred in Singapore, we shall also reference the guidelines and published fee benchmarks provided by Singapore Ministry of Health (MOH). In the event that the particular eligible treatment or service is not stated on the MOH published fee benchmark, We reserve the right to base the reference charge or proportionately reduce any claim to reflect the average charge of 2 physicians in the same specialty for the same surgical intervention or treatment. In the event of any differences in opinions between Our medical advisers or Physicians and your Physicians, Our medical advisers or Physicians opinion shall prevail.</p>
Residents of Singapore	Singapore citizens and permanent residents (holders of re-entry permits) as well as holders of employment passes, work permits, students' passes or dependant's passes.
Singapore General Hospital	The Singapore General Hospital as presently managed by Singapore Health Services Pte Ltd or any other companies in future (as may be the case).
Schedule	Any Schedule to this Policy containing Your particulars and those of any Insured Persons, the Benefits payable under this Policy, the respective limits for each benefit including the Annual Limit, premiums payable, any Co-payment and Deductible and any other details and/or features of this Policy, as may be applicable.
Specialist	A Physician who is classified by the appropriate health authorities in the geographical area of his practice, as a Physician with special expertise in a selected medical specialty to treat the type of Injury or Illness for which a claim may be made, for treatment provided to the Insured Person.
Spouse	Your husband or wife under a marriage recognized by law and whose Age Next Birthday is between 18 and 80 years (inclusive), provided that the Age Next Birthday of 66 to 80 years (inclusive) shall be applicable to renewals only.

<b>Term</b>	<b>Meaning</b>
Standard Room	With respect to rooms in a Hospital with an equivalent number of beds in each of such rooms, the standard accommodation Covered under this Policy shall mean the grade or class of room for which the Hospital levies the lowest charges for room and board.
Surgeon	A Specialist who is qualified to perform Surgery.
Surgery	An invasive medical treatment of surgical intervention.
Traditional Chinese Medicine Practitioner	A person qualified as a Traditional Chinese Medicine Practitioner (other than an Insured Person or a member of his Immediate Family or his business associates including any business partners, employers or employees) engaged in the practice of Traditional Chinese Medicine, and who is duly licensed and/ or registered with the relevant Traditional Chinese medical board or council to practice Traditional Chinese Medicine and who in rendering treatment, is practicing within the scope of his licensing and training in the geographical area of his practice.
We (Our/Us)	HSBC Life (Singapore) Pte. Ltd.
You (Your)	The party named in the Schedule as the owner and policyholder of this Policy.

---

## (C) DESCRIPTION OF BENEFITS

### Important Notice

- (i) The Benefits described below are subject to various limits including the maximum Annual Limit, a Co-payment and/or Deductible (if applicable) and are as stated on the Schedule or Endorsement.
- (ii) If an Insured Person incurs Covered Expenses during the Period of Insurance, We will pay the Benefits below in accordance with the Schedule or any Endorsements. If an event Covered under this Policy shall occur during the Period of Insurance, but continues or extends beyond such Period of Insurance, We will only pay the Benefits applicable to that Insured Person in respect of the relevant Period of Insurance where such event first occurred.
- (iii) If a Deductible and/or Co-payment shall be applicable, as stated in the Schedule or any Endorsements, We will pay the Covered Expenses in excess of any stipulated Deductible and/ or Co-payment for that Period of Insurance.
- (iv) The Pro-ratio Table shall be applicable and any liability incurred by Us under this Policy shall be limited thereto, if an Insured Person shall choose (whether voluntary or otherwise) to be treated and/or confined in a different type of ward and/or Hospital (i.e. Public Hospital or Private Hospital), than that stated in the Schedule or Endorsement.
- (v) In the event that an Insured Person shall choose (whether voluntary or otherwise) to be treated and/ or confined in a non-Standard Room, We shall pay only the charges incurred in respect of a Standard Room.

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Annual Limit Applicable to All Benefits	\$70,000	\$55,000	\$40,000	\$70,000	\$40,000	\$25,000

## I. Reimbursement Basis

We will pay the Benefits A, B, C, D, E, F, G, H and I up to the respective limits (as specified in the Schedule or Endorsement), in the following manner:

- (a) the Covered Expenses actually incurred by an Insured Person; or
- (b) Reasonable and Customary Charges

whichever is lower, provided that all Benefits payable under this Policy shall be always subject to the maximum Annual Limit in respect of any one Period of Insurance for each Insured Person.

Hospital and Surgical Benefits		Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
A	Bed Type (Standard Types)	1-Bedded	2-Bedded	4-Bedded	1-Bedded	4-Bedded	6-Bedded
1	Daily Room & board	As Charged Up to S\$20,000 Per disability	As Charged Up to S\$15,000 Per disability	As Charged Up to S\$10,000 Per disability	As Charged Up to S\$20,000 Per disability	As Charged Up to S\$10,000 Per disability	As Charged Up to S\$5,000 Per disability
2	Intensive Care Unit						
3	Hospital Miscellaneous Expenses						
4	Inpatient Physiotherapy						
5	Ambulance Services						
6	Surgeon's Fee						
7	Anaesthetist's Fee						
8	In-Hospital Physician's Visit						
9	Pre-Hospitalisation/Day-Surgery Specialist's Consultation (Up to 90 days)						
10	Pre-Hospitalisation/Day Surgery Diagnostic Services (Up to 90 days)						
11	Post-Hospitalisation/Day Surgery Treatment (Up to 90 days)						
12	Emergency Outpatient Treatment (due to accident only)						
Hospital and Surgical Benefits		Plan A	Plan B	Plan C	Plan D	Plan E	Plan F

	Bed Type (Standard Types)	1-Bedded	2-Bedded	4-Bedded	1-Bedded	4-Bedded	6-Bedded
B	Outpatient Kidney Dialysis Per Year	S\$20,000	S\$15,000	S\$10,000	S\$20,000	S\$10,000	S\$5,000
C	Outpatient Cancer Treatment Per Year	S\$20,000	S\$15,000	S\$10,000	S\$20,000	S\$10,000	S\$5,000
D	Emergency Outpatient Dental Treatment due to accident only	S\$2,000	S\$1,500	S\$1,000	S\$2,000	S\$1,500	S\$1,000
E	Major Organ Transplant	As charged	As charged	As charged	As charged	As charged	As charged
F	Miscarriage due to accident Per Occurrence	S\$3,000	S\$2,000	S\$1,000	S\$3,000	S\$2,000	S\$1,000
G	Ectopic Pregnancy Per Occurrence	S\$3,000	S\$2,000	S\$1,000	S\$3,000	S\$2,000	S\$1,000
H	Surgical Implants Per Disability	S\$3,000	S\$2,000	S\$1,000	S\$3,000	S\$2,000	S\$1,000
I	Medical Report Fees	As charged	As charged	As charged	As charged	As charged	As charged

#### A. HOSPITAL AND SURGICAL BENEFITS

The following Benefits are payable on a Per Disability basis and provided that an Insured Person contracts an Illness or sustains an Injury, and requires either:

- (a) confinement in a Hospital as an Inpatient; or
- (b) Day Surgery.

For the avoidance of doubt, some Benefits shall be applicable and payable only if the Insured Person is confined in a Hospital as an Inpatient.

Please note: Any Surgery not listed in the surgical operation fee Tables 1 to 7 in the "Table of Surgical Procedures" published by the Singapore Ministry of Health, as at the date of the Surgery, is not covered.

**1. Daily Hospital Room and Board**

Charges incurred for Standard Room accommodation (including meals and general nursing services) incurred per day while the Insured Person is confined to a Hospital.

This includes staying in a Short-stay Ward but excluding

- (i) pre-Hospitalisation treatment which is given before and
- (ii) post-Hospitalisation treatment which is given after the stay in a Short-stay Ward that does not result in Hospitalisation confinement.

In the event that an Insured Person shall be confined as an Inpatient in a high dependency unit or coronary care unit or such other similar care units or sections in a Hospital, We shall pay under this Benefit and the Intensive Care Unit Benefit shall not be payable.

**2. Intensive Care Unit**

Charges incurred during confinement as an Inpatient in the Intensive Care Unit of the Hospital.

**3. Hospital Miscellaneous Expenses**

(a) Prescription Drugs

Charges for medicines or drugs prescribed by a Physician which are Medically Necessary, but excluding charges for medicines or drugs prescribed for use beyond one hundred and twenty (120) days after the date of the last discharge from the Hospital or the date of the Day Surgery, for which the Insured Person had been receiving treatment in respect to such Illness or Injury.

(b) Inpatient Diagnostic Procedures

Charges for Inpatient diagnostic procedures that are Medically Necessary, arising out of or in connection to an Illness or Injury.

(c) Nursing, Theatre Consumables and Other Ancillary Charges

Charges for nursing and Medically Necessary ancillary services and consumable items.

(d) Operating Theatre Charges

Charges for usage of an operating theatre necessary for Surgery or Day Surgery.

**4. Inpatient Physiotherapy**

Charges for Inpatient physiotherapy that are Medically Necessary, arising out of or in connection to an Illness or Injury.

**5. Ambulance Services**

Charges for Medically Necessary ambulance service to and/or from the Hospital provided that the Insured Person is admitted as an Inpatient for treatment of an Illness or Injury.

**6. Surgeon's Fees**

Fees for Surgery or Day Surgery, provided that such Surgery or Day Surgery was performed by a Surgeon.

**7. Anesthetist's Fees**

Fees for the supply and administration of anesthesia by an anesthetist duly licensed and registered with the relevant statutory medical board or council for a Surgery or Day Surgery.

**8. In-Hospital Physician's Visit**

Fees charged by the attending Physician for daily bedside visits, after Inpatient treatment, limited to two (2) Physicians and one (1) visit per Physician per day.

**9. Pre-Hospitalisation or Pre-Day Surgery Specialist's Consultation**

Charges for consultation (including medication) with:

- (i) a General Practitioner, or
- (ii) a Specialist, if recommended in writing by a General Practitioner,

within ninety (90) days prior to an Inpatient treatment or Day Surgery but excluding pre-Hospitalisation treatment which is given before stay in Short-stay Ward that does not result in Hospitalisation confinement.

**10. Pre-Hospitalisation or Pre-Day Surgery Diagnostic Services**

Charges for diagnostic procedures and laboratory examinations, which are recommended in writing by a Physician, which are incurred within ninety (90) days prior to an Inpatient treatment or Day Surgery but excluding pre-Hospitalisation treatment which is given before stay in Short-stay Ward that does not result in Hospitalisation confinement.

**11. Post-Hospitalisation or Post-Day Surgery Treatment**

Charges incurred in follow-up treatment, (including treatment for physiotherapy, occupational therapy and speech therapy), after Inpatient treatment or Day Surgery, given by or recommended by the same attending Physician, within ninety (90) days immediately following the date of the last discharge from Hospital for which the Insured Person was confined as an Inpatient or the date of the Day Surgery, as a result of an Illness or Injury.

The following are excluded:

- (i) charges for medicines or drugs prescribed for use beyond one hundred and twenty (120) days after such discharge.
- (ii) post-Hospitalisation treatment which is given after stay in Short-stay Ward that does not result in Hospitalisation confinement.
- (iii) treatment that is not provided in a Hospital or clinic

**12. Out-Patient Emergency Treatment (Due To Accident Only)**

(a) Charges for Emergency Treatment of an Insured Person for an Injury and such Emergency Treatment was performed by a Physician or a Traditional Chinese Medicine Practitioner within twenty four (24) hours following the Accident.

(b) Charges for follow-up treatment by the same Physician or Traditional Chinese Medicine Practitioner up to thirty (30) days from the date of the Accident, including any charges for medication prescribed on a written basis by the attending Physician or Traditional Chinese Medicine Practitioner for that same treatment or consultation.

Provided That:

Where an Insured Person has been treated by a Traditional Chinese Medicine Practitioner, Our total aggregate liability under this Benefit shall not exceed Singapore Dollars three hundred (S\$300.00) for each Accident in any Period of Insurance.

**B. OUTPATIENT KIDNEY DIALYSIS**

Charges for Medically Necessary Kidney Dialysis of an Insured Person as recommended by a Specialist received as an out-patient for an eligible medical condition at a registered medical facility recognised by Us.

The following are excluded under this Outpatient Kidney Dialysis Benefit:

- (a) Complications that arise out of or in connection to Kidney Dialysis; and
- (b) Costs for the acquisition or rental of any device, apparatus, appliance, machine and equipment for Kidney Dialysis. Without prejudice to the foregoing, We do not Cover the costs of acquisition of a cyclor device or such similar equipment for peritoneal dialysis.



- (c) Physician's consultation fees, prescriptions, drugs and medicines, diagnostic examinations and laboratory tests ordered by the Physician that are directly related to Outpatient Kidney Dialysis Treatment.

For such purposes, "Kidney Dialysis" shall mean dialysis treatment by either:

- (a) haemodialysis (where waste products and excess water from the blood is removed by rerouting the blood out of the body through a machine) that is carried out at a legally registered dialysis centre; or
- (b) peritoneal dialysis (where a dialysis solution is passed through the Insured Person's abdomen to drain waste products and excess water from the blood through the peritoneum membrane lining).

#### **C. OUTPATIENT CANCER TREATMENT**

Charges for treatment of an Insured Member for Cancer as recommended by a Physician.

Cancer means a malignant tumor positively diagnosed with histological confirmation and characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue.

The term malignant tumour includes leukemia, lymphoma and sarcoma but excludes non-invasion cancers-in-situ and any skin cancer other than malignant melanoma.

This Benefit extends to Cover the maintenance phase of Cancer treatment by the member's attending oncologist or with the member's attending Specialist (by this We mean the Specialist who has diagnosed and treated the member's Cancer). This will include consultation, diagnostic tests or scans, endoscopic procedures, medication prescribed by the attending oncologist or by the attending Specialist to keep the Cancer in remission or to prevent relapse of the Cancer.

#### **D. OUTPATIENT DENTAL EMERGENCY TREATMENT (DUE TO ACCIDENT ONLY)**

- (a) Charges for Medically Necessary dental Emergency Treatment of an Insured Person by a Dentist within twenty-four (24) hours following the Accident in the event that the Insured Person shall suffer injuries or damage to his natural teeth and/or gums as a result of an Accident.
- (b) Charges for follow-up treatment by the same Dentist up to thirty (30) days from the date of the Accident, including any charges for medication prescribed on a written basis by the attending Dentist.
- (c) Charges for crowning will be excluded.  
Note: There is no Cover for treatment required as the result of the consumption of food or drink or any foreign bodies contained in such food or drink.

#### **E. MAJOR ORGAN TRANSPLANT**

Charges for the transplantation of the major organs of the kidneys, heart, liver, lung or bone marrow by Surgery from a human donor to an Insured Person, excluding the costs of acquisition of the organ (including but not limited to, transportation costs) or any expenses incurred by the donor, in the event that an Insured Person shall contract an Illness or sustain an Injury and requires major organ transplantation.

#### **F. MISCARRIAGE (DUE TO ACCIDENT ONLY)**

Charges incurred for necessary Emergency Treatment by a Physician for miscarriage suffered by an Insured Person as a result of an Accident.

This benefit shall be payable for each occurrence of a miscarriage suffered by an Insured Person as a result of an Accident in each Period of Insurance, up to the limits shown on the Schedule or Endorsement.

In the event that an Insured Person shall suffer from an ectopic pregnancy and miscarries as a result of an Accident, We shall pay under this benefit and the Ectopic Pregnancy benefit shall not be payable.

**G. ECTOPIC PREGNANCY**

Charges incurred by an Insured Person for any treatment arising out of or in connection to her pregnancy in which the embryo is located or the fetus develops, outside such Insured Person's womb, as certified by a Specialist and which subsequently results in the termination of the pregnancy.

This benefit shall be payable for each occurrence of such ectopic pregnancy in the Period of Insurance, up to the limits shown on the Schedule or Endorsement.

**H. SURGICAL IMPLANTS**

Charges incurred by an Insured Person for any monofocal lens, prostheses, braces (excluding braces for teeth), pacemakers, autograft, allograft, artificial limbs or similar orthopaedic appliances and implants, provided that they are surgically implanted, and certified to be medically necessary and not implanted for cosmetic reasons. This benefit shall be payable on a Per Disability basis.

**I. MEDICAL REPORT FEES**

Charges incurred by an Insured Person in respect to any medical reports requested by Us in respect of an Illness or Injury suffered or sustained by the Insured Person in relation to an Inpatient claim submitted to Us under this Policy.

**II. SPECIFIED SUM BASIS**

Benefits J and K below are specified sums as stated in the Schedule or Endorsement and which are payable as one lump sum.

	Extended Benefits	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
J	Daily Recovery Benefits Per day, After 7 days of hospitalisation, up to 20 days	S\$200	S\$150	S\$100	S\$200	S\$100	S\$50
K	Special Grant	S\$5,000	S\$3,000	S\$3,000	S\$5,000	S\$3,000	S\$3,000

**J. DAILY RECOVERY BENEFIT**

In the event that an Insured Person shall be confined in a Hospital as an Inpatient as a result of an Illness or Injury, We shall pay this Daily Recovery Benefit (as stated in the Schedule or Endorsement) for each day that the Insured Person is confined in the Hospital as an Inpatient, provided that this benefit shall be payable only from the eighth (8th) day following the first day of confinement in the Hospital, and up to the twentieth (20th) day following the first day of confinement.

**K. SPECIAL GRANT**

If, during the Period of Insurance, an Insured Person dies from:

- (a) an Injury;
- (b) an Illness during or after treatment for such Illness, where such treatment was carried out at a Hospital or in Day Surgery; or
- (c) a Critical Illness.

---

## (D) POLICY EXCLUSIONS

The following treatment items, procedures, conditions, activities and their related and associated complications are not covered under your policy:

1. Any period of Hospital confinement unless the entire confinement and all the special Hospital services so rendered and performed had been recommended and approved by a Physician and in accordance with the diagnosis and treatment of the Illness or Injury for which the Hospital confinement was required.
2. All Pre-existing Conditions unless declared by the Insured Person in the Application form and specifically accepted by Us during underwriting stage and endorsed thereon.
3. Any Illnesses suffered by an Insured Person that commence within thirty (30) days from the date an Insured Person is first Covered under the Policy except for Injuries sustained during an Accident which occurs after the date an Insured Person is Covered under the Policy.
4. Vitamins, supplements, scar gels, whether prescribed or not
5. Cryopreservation, or harvesting or storage of stem cells as a preventative measure against possible future disease/Illness/Injury.
6. Toiletries such as, but not limited to shampoos, soaps, tooth-pastes, contraceptives, proprietary headache and cold cures, mouthwash, lotions, moisturisers, cleansers, shower gels, whether prescribed or not.
7. Hospitalisation primarily for diagnosis, x-ray examinations, or for general physical or medical check-up, routine physical examinations, health check-ups or any other tests, where there is no objective indication of impairment of normal health or any treatment of a preventive nature including vaccinations, acupuncture, or any treatment which is not Medically Necessary.
8. Administrative expenses, charges for telephone calls, television, radio, newspaper, guests' meals, companion accomodation and other ineligible non-medical items whilst confined as an Inpatient or for Day Surgery.
9. Outpatient treatment except as specifically Covered under this Policy
10. Dental care or Surgery and its related treatment including treatment of Temporo-Mandibular Joint disorder, bruxism, problems relating to the teeth, gums and jaw, unless it is necessary to treat or replace sound natural teeth damaged or lost as a result of Accident.
11. Pregnancy, childbirth, abortion, miscarriage, infertility and all complications arising therefrom except as specifically Covered under this Policy.
12. Birth control measures, assisted reproduction, sterilisation (or its reversal) or any events arising out of or in connection thereto.
13. Circumcision unless Medically Necessary, varicocele, impotence, erectile dysfunction or any consequence of it.
14. Sickness or disease directly or indirectly arising from sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS), any AIDS related condition, or infection by Human Immune-Deficiency Virus (HIV).
15. Treatment which arises from, or is in any way attributable to, sex change.

16. Costs arising under any legislation or Covered under any corresponding insurance relating to occupational death, Injury, or Illness, including but not limited to, occupational insurance effected pursuant to the Workmen's Compensation Act (Cap. 354) and any revisions thereof.
17. Congenital Conditions and any physical birth defects arising out of or resulting therefrom.
18. Rest cures, hospice care, home or outpatient nursing or palliative care, convalescent care in convalescent or nursing homes, sanatoriums or similar establishments.
19. Psychological disorders, personality disorders, mental conditions or behavioural disorders, including any addiction or dependence arising from these disorders such as gambling or gaming addiction.
20. Treatment for Illness or Injury caused directly or indirectly by abuse or misuse of drugs, substances or alcohol.
21. Suicide or attempted suicide, self-inflicted injuries or any attempt thereat whether sane or insane.
22. Eye tests, refractive errors of the eyes, treatment for strabismus and amblyopia, spectacles and contact lenses.
23. Provision of implants, medical appliances and prosthetic devices such as but not limited to hearing aids, wheelchairs, artificial limbs, lenses and dialysis machine except as specifically Covered under this Policy.
24. Treatment of injuries sustained from racing of any kind(except on foot), professional sports, white water rafting, base jumping, cliff diving, parachuting, skydiving, hot air balloon, diving to a depth of more than twenty (20) metres, trekking to a height of over three thousand and five hundred (3,500) metres, free climbing, mountaineering with or without ropes, bungee jumping, canyoning, hang gliding, paragliding or microlighting, potholing, cage diving, ice swimming.
25. Flying or other aerial activity except as a fare-paying passenger in a fully licensed aircraft operated by a licensed commercial air carrier or recognised charter company.
26. Nuclear or chemical contamination, war, invasion, losses by terrorist acts using chemical and/or biological substances, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, direct participation in riot, strike and civil commotion, insurrection or military or usurped power, or active duty in any of the armed forces.
27. The use, or any treatment arising therefrom, of any drugs not licensed by an official governmental control agency of the country in which the drug is given, or drugs used in any circumstances other than in accordance with their licensed indications.
28. Experimental or pioneering medical or surgical techniques and medical devices not approved by the Institutional Review Board and the Centre of Medical Device Regulation or medical trials for medicinal products whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority of Singapore.
29. All types of learning disorders, educational problems, behavioural problems, physical development, or psychological development, including assessment or grading of such problems.
30. Cosmetic or plastic Surgery except for reconstruction Surgery necessary to restore function or appearance caused by Accident or following Surgery for a medical condition, treatment of acne and alopecia.

31. Treatment of obesity or any medical condition which arises from, or is related to, obesity in any way including but not limited to the use of gastric banding or stapling, the removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons; weight improvement; supplements or medications for weight loss or weight improvement.
32. All types of sleep disorder including snoring, insomnia, obstructive sleep apnoea, sleep study test.
33. Violation or any attempted violation of the law or resistance or attempted resistance to lawful arrest.
34. All full-time uniformed service personnel, except national reservist duty under the Enlistment Act(Cap. 93)
35. Treatment provided to the Insured Person by an Immediate Family member of the Insured Person or self-treatment by the Insured Person, including the prescription of drugs.
36. We will not cover robotic Surgery unless it has been established that the treatment is recognised as appropriate by an authoritative medical body, and We have agreed in writing with the Medical Practitioner or the medical institution on what the fees will be prior to the Surgery.

---

## (E) GENERAL CONDITIONS

It is an important part of Our contract that You observe the following General Conditions and they are, where their nature permit, condition precedents to the right to recover from Us.

If You or any Insured Person breaches any of the terms of the Policy or makes, or attempts to make, any dishonest claim, We can do any or all of the following:

- (a) refuse to make any payment; and
- (b) refuse to renew your Policy; or
- (c) impose different terms to any cover we are prepared to provide; or
- (d) terminate your policy and all cover under it immediately and You will have to repay to Us all amounts We have paid out under the policy.

If We do not enforce any of the conditions of your Policy at any time, it does not mean We cannot enforce it in the future.

### 1. Liability

We will have no liability to pay any Benefits under this Policy if You or any Insured Person:

- (a) fail to fully and truthfully disclose to Us, all material information known (or which could reasonably be expected to be known) by You or any Insured Person, before inception of this Policy and upon each renewal;
- (b) fail to properly observe and fulfill the terms and conditions of this Policy;
- (c) make any untrue statement;
- (d) omit, suppress or incorrectly states any material information affecting the risk;
- (e) make any claim that is fraudulent or exaggerated, or makes any false declaration or statement in support of a claim.

### 2. Changes in Circumstances

If there is any change in circumstances affecting the risk, You must give Us immediate written notice. In particular, You must notify Us of any changes in occupation/business or health affecting You or any Insured Person.

### 3. Misstatement of Age

If the age of any Insured Person has been misstated and the premium paid as a result is insufficient, any claim payable under this Policy shall be pro-rated based on the ratio of the actual premium paid to the correct premium which should have been charged for the Period of Insurance. Any excess premium that may have been paid as a result of any misstatement of age shall be refunded without interest. If at the correct age an Insured Person would not have been eligible for Cover under this Policy, no benefit shall be payable, and Our liability shall be limited to the refund of the premium paid without interest.

### 4. Policy Renewal/ Renewal Premium

- (a) On or before the expiry of Your Policy, and subject to Our acceptance and full medical underwriting being undertaken, You may renew this Policy by paying the premium applicable at the time of renewal. This shall not apply in the event that the Policy expires, or is terminated or cancelled in accordance with the terms of this Policy and You should subsequently wish to reapply for insurance Cover under this Policy. We reserve the right to impose premium loadings or impose or change conditions (such as exclusions of pre-existing conditions or capping of certain conditions) at the point of such renewal.

- (b) The premium rates payable shall be determined at each renewal based on the full medical underwriting undertaken, Insured Persons' Age Next Birthday, the table of premium rates then in effect, and any other factors which may materially affect the risks insured. We reserve the right to change the table of premium rates on a class basis for Our Individual SmartCare Executive and all similar policies.

## **5. Policy Plan Upgrading/ Downgrading**

Upon Your written request, We may agree to a change in Policy Coverage, but any such change to Your Policy, as agreed by Us, shall be applicable only at the next renewal of the Policy and You have paid any additional premiums as may be applicable.

For any Illness or Injury occurring during the period of twelve (12) months after the Effective Date of the upgrading, We shall not be liable beyond the limits applicable for the immediately preceding Period of Insurance, if such Illness or Injury directly or indirectly arises or results from a condition occurring or sustained during the preceding Periods of Insurance.

## **6. Automatic Termination**

- (a) Cover under this Policy for the respective Insured Person shall automatically terminate on the earliest occurrence of any of the following events:
  - (i) the date the Policy is terminated;
  - (ii) the date the Insured Person's Coverage is terminated;
  - (iii) when the applicable premiums are not paid in accordance with the terms of the Policy;
  - (iv) death of such Insured Person;
  - (v) upon such Insured Person ceasing to satisfy any of the eligibility requirements set out in this Policy or
  - (vi) breach of any regulation and/or law and/or economic sanctions
  - (vii) the Insured Person is no longer a Resident of Singapore
  - (viii) Misrepresentation, non-disclosure or fraud on the part of the Insured Person
  - (ix) at 23:59 Standard Singapore Time on the ninetieth (90th) day on which such Insured Person remains outside his Country of Residence for a consecutive period of more than ninety (90) days

provided that if an Insured Person satisfies the age eligibility requirement at the Effective Date, his Cover shall not automatically terminate when he attains a higher age during that Period of Insurance.

- (b) Termination of Your Cover shall automatically terminate Cover for all of Your Dependents as well.

## **7. Cancellation / Termination of Cover**

- (a) You have the right to cancel this Policy at any time by giving 14 days' written notice to Us. Provided that no claims have been made during the Period of Insurance, We will grant You a pro-rated refund of the total premium paid corresponding to the unexpired Period of Insurance subject to Us retaining a minimum premium amount of S\$54.00 (inclusive of GST).
- (b) You have the right to terminate Cover for any Insured Person at any time by giving Us 14 days' written notice, and upon such termination, You will be granted a pro-rated refund of the premium paid in respect of that Insured Person corresponding to the unexpired Period of Insurance, provided that no claims have been made during the Period of Insurance and subject to Us retaining a minimum premium amount of S\$54.00 (inclusive of GST).
- (c) We have the right to cancel this Policy in the event that We decide to cease offering Our SmartCare Executive Individual plan (i) totally; or (ii) to any particular groups of persons insured with Us or proposing to be insured with Us. We will give You at least thirty (30) days' written notice of such cancellation and upon such cancellation You will be granted a pro-rated refund of the total premium paid corresponding to the unexpired Period of Insurance.

## **8A. Payment Before Cover Warranty**

- (a) This clause only applies to Your Policy if the Policyholder is an individual.
- (b) Notwithstanding anything herein contained but subject to clauses 8A(c) and 8A(d) hereof, it is hereby agreed and declared that the total premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) on or before the inception date ("the inception date") of the Coverage under the Policy, Renewal Certificate, Cover Note or Endorsement.
- (c) In the event that the total premium due is not paid and actually received in full by Us (or the intermediary through whom this Policy was effected) on or before the inception date referred to above, then the Policy, Renewal Certificate, Cover Note and Endorsement shall be deemed to be cancelled immediately and no Benefits whatsoever shall be payable by Us. Any payment received thereafter shall be of no effect whatsoever on the cancellation of the Policy, Renewal Certificate, Cover Note and Endorsement.
- (d) In respect of Coverage with "Free Look" provision, You may return the original policy document to Us or to the intermediary within the "Free Look" period if You decide to cancel the Cover during the "Free Look" period. In such an event, You will receive a full refund of the premium paid to Us without interest provided that no claim has been made under the insurance.

## **8B. Premium Payment Warranty**

- (a) This clause only applies if the Policyholder is a business or commercial establishment.
- (b) Notwithstanding anything herein contained but subject to clause 8B(c) hereof, it is hereby agreed and declared that if the Period of Insurance is 60 days or more, any premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within 60 days of the:-
  - (i) inception date of the Coverage under the Policy, Renewal Certificate or Cover Note; or
  - (ii) Effective Date of each Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note.
- (c) In the event that any premium due is not paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within the 60-day period referred to above, then:-
  - (i) the Cover under the Policy, Renewal Certificate, Cover Note or Endorsement is automatically terminated immediately after the expiry of the said 60-day period;
  - (ii) the automatic cancellation of the Cover shall be without prejudice to any liability incurred within the said 60-day period; and
  - (iii) We shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$27.00 (inclusive of GST).
- (d) If the Period of Insurance is less than 60 days, any premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within the Period of Insurance.

## **9. Condition Precedent**

The validity of this Policy is subject to the condition precedent that:

- (a) for the risk insured, the Insured Person has never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or
- (b) if the Insured Person has declared that it has breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months:



- (i) the Insured Person has fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy; and
- (ii) a copy of the written confirmation from the previous insurer to this effect is first provided by the Insured Person to Us before Cover incept.

#### **10. Determination of Premiums**

For the purposes of determining premiums payable, an Insured Person's age shall be deemed to be his Age on his Next Birthday, and any premium tables or other material We provide in this connection shall be read accordingly.

#### **11. Payment of Benefits**

We shall pay all Benefits to You or Your estate (in the event of Your death). You or Your estate's receipt of any Benefit payable under this Policy shall in all cases be deemed full and final discharge of all claims, demands, liabilities and damages whatsoever. We may, at Our sole discretion, pay the Benefits to an Insured Person unless You request otherwise in writing. We may appoint independent administrators to settle claims on Our behalf.

#### **12. Indemnity and Last Payer Status**

The Benefits of this Policy are payable on a reimbursement and/or indemnity basis.

If the Insured Person is entitled to reimbursement for the Covered Expenses incurred in respect of any claim from sources other than this Policy, including other insurance policies, employment benefits, and any insurance effected under the Workmen's Compensation Act (Cap. 354) and any revisions thereof, the Insured Person shall first seek reimbursement from the other policies before making a claim under this Policy. We will only be liable for the excess of the amount of your Cover Expenses recovered from such other source of insurance subject to the limits and the terms and conditions of this Policy.

If any Covered Expenses payable under this Policy has been made to the Policyholder before a claim is made from other policies, the other policies shall reimburse Us their share. The Policyholder shall provide Us with all information including the full details of such other policies, and all relevant documentary proof that We require to make a claim for the Covered Expenses that we have paid.

#### **13. Right of Recovery**

In the event that payment is authorised and/or made by Us for expenses that are not Covered under this Policy, We shall be entitled to recover all sums in respect of any liabilities incurred by Us.

#### **14. Subrogation**

We have full rights of subrogation and may take proceedings in the Insured Person's name to recover the amount of any payment made under the Policy and/to recover an indemnity from a third party. The Insured Person shall cooperate fully with Us in this respect; and shall not do anything to prejudice Our rights.

#### **15. Claim Procedures**

It shall be condition precedent that You comply with the following stipulated time limits and procedures before any Benefits are payable under this Policy:

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

- (b) A claim form obtainable from Us upon request and all necessary supporting evidence of the occurrence, nature and extent of loss shall then be submitted to Us within sixty (60) days after the occurrence of the event giving rise to a claim under this Policy.
- (c) All certificates, receipts, information and evidence required by Us shall be in the English Language and supplied free of expense to Us, in the form(s) prescribed by Us. If the said documents are in a language other than the English Language, we will require a certified translation in English with a signed statement declaring that the translation is an accurate and true representation of the original document.
- (d) We shall have the right and the opportunity through Our medical representatives to examine any Insured Person whenever and as often as may be reasonably required during Our assessment of any claim. In addition, We shall have the right to require an autopsy in the case of death, where this is not forbidden by law or such religious beliefs that are recognised by the law. We will bear the expenses incurred in such examinations, unless We deny Your claim, in which case We shall be entitled to recover all the expenses so incurred from You.

#### **16. Specific claims conditions**

- (a) The payment of any claim does not discharge Your obligations regarding the fulfilment of the terms and conditions under this Policy; and
- (b) We are not obliged to pay the ongoing costs of continuing, or similar, treatment, even where we have previously paid for this type of or similar treatment, if it is subsequently noted that this claim is in fact not eligible.

#### **17. Difference in Opinions**

In the event of any differences in opinions between Our Physician and Your Physician, Our Physician's opinion shall prevail.

#### **18. Legal Proceedings**

No proceedings in law or in equity may be commenced against Us prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the terms of this Policy. In any event, such proceedings shall not be commenced against Us after the expiration of a period of one (1) year from the date written proof of loss has been so furnished in accordance with the terms of this Policy.

#### **19. Mediation/Arbitration**

All disputes arising out of this Policy may be submitted to the Financial Industry Disputes Resolution Centre Ltd (FIDReC) for settlement by mediation and/or adjudication in accordance with the mediation and/or adjudication procedure for the time being in force, if the parties so agree. The parties agree to take part in the mediation and/or adjudication in good faith and undertake to honour the terms of any settlement reached. If any dispute is not referred to FIDReC or if mediation and adjudication fails in FIDReC, the dispute has to be referred to arbitration. Arbitration shall be conducted in accordance with the Arbitration Rules of the Singapore International Arbitration Centre. The arbitration shall be in English and heard by a single arbitrator to be agreed by the parties within fourteen (14) days from the notice of arbitration failing which the arbitrator shall be appointed in accordance with and subject to the provisions of the Arbitration Rules (as may be amended from time to time). Where any dispute is by this condition to be referred to arbitration, the making of an award shall be binding to You and Us.

**20. Applicable Law/Jurisdiction**

This Policy shall be governed by and interpreted in accordance with the laws of Singapore. The parties hereby submit to the jurisdiction of the courts of Singapore.

**21. Rights of Third Parties**

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

**22. Non-Assignment**

This policy is not assignable. We shall not be affected by notice of any trust, charge, lien, assignment or other dealing with this Policy.

**23. Alterations**

We reserve the right to amend the terms and conditions of this Policy. We will inform You of the intended amendment at least thirty (30) days prior to the renewal. Unless specifically mentioned, such amendment shall not affect any special conditions or Endorsements applicable at the time of commencement of Cover. No alteration to this Policy shall be valid unless approved in writing by Our authorized representative and reflected in an Endorsement. No broker or agent has the authority to amend or to waive any of the terms and conditions of this Policy.

**24. Currency**

All premiums and Benefits will be paid in Singapore Dollars. Charges incurred in any other currency shall be payable in Singapore Dollars on the basis of the exchange rate in effect on the date such charges were incurred as stipulated by Us.

**25. Clerical Error**

A clerical error by Us shall not invalidate insurance Cover otherwise validly in force, nor continue insurance Cover otherwise not validly in force.

**26. Sanction Clause**

We and other service providers will not provide Cover or pay claims under this Policy if doing so would expose Us or the service provider to a breach of international economic sanctions, laws or regulations, including but not limited to those provided for by the European Union, United Kingdom, United States of America, Singapore or under a United Nations resolution. If a potential breach is discovered, where possible We will advise You in writing as soon as We can.

**27. Illegality Clause**

Under no circumstances shall this policy be deemed to provide Cover and no liability be incurred to pay or provide any Benefit hereunder to the extent that the provision of such Cover, payment of such claim or provision of such benefit would cause Us to be in breach of, or expose Us to any prohibition, or restriction under the laws or regulations of Singapore.

**28. Tax Compliance**

You acknowledge You are solely responsible for understanding and complying with Your tax obligations (including but not limited to, payment of any tax deduction or withholding tax or filing of returns or other required documentation relating to the payment of all relevant taxes) and other payment obligations in accordance with the applicable laws in all jurisdictions in which those obligations arise and relating to the opening and use of account(s) and/or Services provided by Us and/or members of the HSBC Group. Certain countries may have tax legislation with extra-territorial effect regardless of Your place of domicile, residence, citizenship or incorporation. We and/or any member of the HSBC Group do not provide tax advice. You are advised to seek independent legal and/or tax advice. We and/or any member of the HSBC Group have no responsibility in respect of Your tax obligations in any jurisdiction which they may arise including, without limitation, any that may relate specifically to the opening and use of account(s) and/or Services provided by Us and/or members of the HSBC Group.

With regard to Your obligation to pay any tax deduction or withholding tax under any applicable law at any time with respect to Your payment of premium or other amounts made to Us, then You are liable (i) to pay Us the premium and/or such other amounts as if no such deduction or withholding have been

made; (ii) to pay the full amount of such deduction or withholding to the relevant taxation authority or other authority in accordance with applicable law; and (iii) to provide Us with the evidence of such payment. Your payment of premium and other amounts made to Us hereunder shall be made without any deduction or withholding and free of any set off or counterclaim.

## 29. Financial Crime Risk Management Activity

We, and members of the HSBC Group, are required, and may take any action considered appropriate, to meet Compliance Obligations in connection with the detection, investigation and prevention of Financial Crime (“**Financial Crime Risk Management Activity**”). Such action may include, but is not limited to:

- (a) screening, intercepting and investigating any instruction or communication by You or a Connected Person, or on Your or a Connected Person’s behalf;
- (b) investigating the source of or intended recipient of funds;
- (c) combining Customer Information with other related information in the possession of the HSBC Group; and/or
- (d) making further enquiries as to the status of a person or entity, whether they are subject to a sanctions regime, or confirming Your or Connected Person’s identity and status.

To the extent permissible by law, neither We nor any other member of HSBC Group shall be liable to You or any third party in respect of any loss whether incurred by You or a third party in connection with the delaying, blocking or refusing of any payment or the provision of all or part of the Services or otherwise as a result of Financial Crime Risk Management Activity.

### **For the purpose of the above clauses 28 and 29, the following additional definitions shall apply:**

<b>Term</b>	<b>Meaning</b>
Authorities	Any judicial, administrative or regulatory body, any government, or public or government agency, instrumentality or authority, any Tax Authority, securities or futures exchange, self-regulatory organization, trade repositories, court, central bank or law enforcement body, or any agents thereof, having jurisdiction over any part of the HSBC Group.
Beneficiary	The person or entity entitled to receive the Benefits as they become due.
HSBC Group	HSBC Holdings plc, and/or any of its affiliates, subsidiaries, associated entities and any of their branches and offices, and any member of the HSBC Group has the same meaning.
Compliance Obligations	Obligations of any member of the HSBC Group to comply with: (i) any applicable local or foreign statute, law, regulation, ordinance, rule judgement, decree, voluntary code, directive, guidelines, administrative requirements, sanctions regime, court order, agreement between any member of the HSBC Group and an Authority, or agreement or treaty between Authorities and applicable to HSBC or a member of the HSBC Group (“ <b>Laws</b> ”), or international guidance and internal policies or procedures, (ii) any demand from Authorities or reporting, regulatory trade reporting, disclosure or other obligations under Laws, and (iii) Laws requiring HSBC to verify the identity of our customers.
Connected Person	A person or entity other than You whose information (including Personal Data or Tax Information) is provided by, or on behalf of, You to any member of the HSBC Group or otherwise received by any member of the HSBC Group in connection with the provision of the Services. A Connected Person may include, but is not limited to, any person identified as a Beneficiary under the Policy, any person who is, or may be entitled to receive a payment under the Policy, a director or officer of a company, partners or members of a partnership, any Substantial Owner, Controlling Person, or beneficial owner, director, trustee, settlor or protector of a trust holding or controlling (directly or indirectly) the Policy, any of Your representatives, agents or nominees, or any other persons or entities having a relationship to You that is relevant to Your relationship with HSBC Group.

Controlling Person	Individuals who exercise control over an entity (for a trust, these are the settlor, the trustees, the protector, the Beneficiaries or class of Beneficiaries, and any other individual who exercises ultimate effective control over the trust and in the case of a legal entity other than a trust, such term means persons in equivalent or similar positions of control).
Customer Information	Either your Personal Data, confidential information, and/or Tax Information or that of Your Connected Person.
Financial Crime	Money laundering, terrorist financing, bribery, corruption, tax evasion, fraud, evasion of economic or trade sanctions, and/or violations, or attempts to circumvent or violate any Laws or regulations relating to these matters.
Financial Crime Risk Management Activity	As defined in Clause 29 above.
Personal Data	Any data relating to an individual, whether true or not, from which the individual can be identified, whether with other data or other information We are likely to have access to or otherwise, including, without limitation, sensitive personal data.
Services	(Without limitation) (i) the sale, underwriting, acceptance and maintaining of the Policy, (ii) the provision of services relating to the Policy and its termination or expiry, and (iii) the maintenance of Our overall relationship with You, including reinsurance, insurance, audit and administrative purposes.
Substantial Owner	Any individual entitled to more than 10% of the profits of or with an interest of more than 10% in an entity either directly or indirectly.
Tax Authorities	Domestic or foreign tax, revenue, fiscal or monetary authorities or agencies.
Tax Certification Forms	Any forms or other documentation as may be issued or required by a Tax Authority or by Us from time to time to confirm Your, or a Connected Person's, tax status.
Tax Information	Any documentation or information (and accompanying statements, waivers and consents) relating, directly or indirectly, to Your, or a Connected Person's tax status (regardless of whether You or such Connected Person is an individual or a business, non-profit or other corporate entity) and any owner, Controlling Person, Substantial Owner or beneficial owner of You or a Connected Person, that We consider, acting reasonably, is needed to comply (or demonstrate compliance, or avoid non-compliance) with any HSBC Group member's obligations to any Tax Authority. Tax Information includes, but is not limited to, information about: tax residence and/or place of organisation (as applicable), tax domicile, tax identification number, Tax Certification Forms, certain Personal Data (including name(s), residential address(es), age, date of birth, place of birth, nationality, citizenship).

## Pro-ratio Table

We will pay up to a percentage of the Covered Expenses as per the following Pro-ratio Table if You are treated and/or stay in a different type of:

- ward; and/or
- Hospital (i.e. Private Hospital or Public Hospital)

from that stated on the Schedule or Endorsement.

<b>My Plan is</b>	<b>I am warranted/treated in the Standard Room of the Hospital/Clinic</b>	<b>I will receive _____% of the Covered Expenses</b>
A	Private or Public Hospital : 1, 2, 4 or 6-bedded	100%
B	Private Hospital : 1-bedded	60%
	Private Hospital : 4-bedded	100%
	Public Hospital : 1, 4 or 6-bedded	100%
C	Private Hospital : 1-bedded	50%
	Private Hospital : 2-bedded	60%
	Public Hospital : 1-bedded	60%
	Public Hospital : 4 or 6-bedded	100%
D	Private Hospital : 1-bedded	50%
	Private Hospital : 2 or 4-bedded	60%
	Private Hospital/Clinic: Day Surgery	60%
	Public Hospital : 4 or 6-bedded	100%
E	Private Hospital : 1, 2, or 4-bedded	50%
	Private Hospital/Clinic: Day Surgery	50%
	Public Hospital : 1-bedded	60%
	Public Hospital : 6-bedded	100%
F	Private Hospital : 1, 2, or 4-bedded	50%
	Private Hospital/Clinic: Day Surgery	50%
	Public Hospital : 1 or 4-bedded	60%



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 web-sites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).