

GROUP PERSONAL ACCIDENT

Plan 1 - BASIS OF COVERAGE

ALL STUDENTS

Plan 1 - INSURED RULES

INSURED TYPE	UNDERWRITING
Employee	No

Plan 1 - BENEFITS

BENEFITS NAME	LIMIT
Accidental Death	S\$10,000.00
Permanent Disablement	150% TPD with Third Degree Burns
Accidental Hospital Recuperation	S\$250.00
Accidental Death Due To Natural Catastrophe	10% of SA or S\$50,000 per Insured Person whichever is lower
Ambulance Cost	S\$500.00
Child Education Fund	\$\$5,000.00
Comatose State Lump Sum Benefit	10% of SA or S\$50,000 per Insured Person whichever is lower
Burial Expenses	S\$2,000.00
Accidental Medical Expenses Reimbursement	S\$1,000.00
Scarring Of The Face	\$\$5,000.00
Physiotherapy Benefit	\$\$2,000.00
Major Head Trauma	10% of SA or S\$10,000 per Insured Person whichever is lower
Trauma Counselling Benefit	S\$2,000.00
Simple or Other Fractures	S\$3,000.00
Second Degree Burns	Covered
Non-Elective Surgery	S\$5,000.00



Conditions for Group Personal Accident policy

Your policy

This is **your** Group Personal Accident policy. It contains:

- (i) These conditions for Group Personal Accident policy;
- (ii) The schedule;
- (iii) The table of insured benefits (if any);
- (iv) The schedule of lives/insured interest (if any);
- (v) The endorsements (if any).

In addition to item (i) to (v) above, the full agreement between **us** and **you** is made up of these documents:

- (a) The information declared in the Group Insurance Fact Finding Form (if any);
- (b) All statements made by the insured members (if any); and
- (c) Declarations and questionnaires relating to the **insured members**' occupational or medical conditions which **you** or the **insured members** provided to **us** for **our** underwriting purposes (if any).

We refer to item (i) to (v) and (a) to (c) above collectively as 'your policy' or 'this policy'. Please examine them to make sure the insured members have the protection needed. It is important that you read them together to avoid any misunderstanding.

Words **we** have defined in these conditions have the meanings given to them in the definitions section and the same definitions apply if the defined words are used in any of the documents in **your policy** or any correspondence between **you** and **us**.

This policy covers the insured members for death, disablement or charges associated with treatment of injury, due to an accident which occur while his/her coverage is in-force. You will find details of what we cover in your policy.

This policy may be void if any information you provided to us is incomplete or in accurate or if you do not comply with the conditions of this policy.

Who is eligible?

This policy shall cover the following insured members:

- (a) Your employees whose age is 69 years old and below. Cover is renewable up to age 75 years old;
- (b) Person(s) as agreed and endorsed in your policy.

All full-time employees of the **policyholder** who are not **actively at work** on the dates they would otherwise become eligible for insurance coverage under **your policy** shall not be eligible until they return to active service at work.

You shall provide us with the particulars of the persons to be insured and particulars of persons who ceased to be insured under your policy within 30 days in writing from the date they are eligible or ceased to be insured.



Definitions

Accident/Accidental

Accident or Accidental means a sudden, unexpected physical event, which happens during the **period of insurance** and which must be the only and direct cause of **injury**.

Act of terrorism

Act of terrorism means an act (which may include using or threatening force or violence) by any person or group, committed for political, religious, ideological or similar purposes, with the aim of influencing any government or to put the public, or any section of the public, in fear.

Actively at work

Actively at work means reporting for work at the place assigned by you and can perform expected regular duties of his/her employment with you. This includes periods when he/she is on annual leave but not on medical grounds.

Activities of daily living

Activities of daily living means dressing, feeding, mobility, toileting, transferring and washing as described below:

- Dressing means the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical or medical appliances.
- Feeding means the ability to feed oneself food after its preparation and being made available.
- Mobility means the ability to move indoors from room to room on level surfaces.
- Toileting means the ability to use lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate.
- Transferring means the ability to move from a bed to an upright chair or wheelchair, and vice versa.
- Washing means the ability to wash in the bath, or wash by other means.

Age

Age means the age on the last birthday of the person at the time his/her cover under this policy commences or upon renewal

Benefit(s)

Benefits means the benefits set out in the table of insured benefits or schedule page, and your policy.

Child(ren)

Child(ren) means the unmarried dependent child(ren), including step or legally adopted child(ren), of the **insured member** who is unemployed, as long as they are **age** 24 years old and below.

Chinese physician

Chinese physician means a registered practitioner who is licensed to practice traditional Chinese medicine, including herbalist, acupuncturist or bone-setter, in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the **insured member** or the **insured member's family member**, or his/her business associates including any business partner, employees or employees.

Chiropractor

Chiropractor means a registered practitioner who is licensed to practice chiropractic medicine in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the **insured member** or the **insured member's family member**, or his/her business associates including any business partner, employees or employees.

Comatose state

Comatose state means a state of profound unconsciousness, characterised by the absence of spontaneous eye openings, response to painful stimuli, and vocalisation. The diagnosis must be supported by evidence of all of the following:

- No response to external stimuli for at least 30 days;
- Life support measures are necessary to sustain life;



- Brain damage resulting in **permanent** neurological deficit which must be assessed at least 30 days after the onset of the coma; and
- The comatose state must be confirmed by our registered medical practitioner.

Commencement date

Commencement date means the date from which the cover under your policy begins.

Dental treatment

Dental treatment means treatment to restore sound and natural teeth and which is necessary due to an accident.

Effective date

Effective date means the date from which the insurance coverage of the insured member has become effective.

Endorsement

Endorsement means any written statement or notice issued by **us** to confirm and record changes to the terms and conditions of the policy as agreed between **you** and **us**.

Excess

Excess means the amount that the insured member is required to pay before we will pay any benefit to such insured member.

Family member

Family member means the **insured member's** husband or wife, children, parents, siblings, parents-in-law, brothers-in-law, sistersin-law, grandparents, grandparent-in-law, daughters-in-law, sons-in-law or grandchildren.

Home country

Home Country means the country of which the insured member holds a passport. If the insured member holds more than one (1) passport, the home country means the country declared to us.

Hospital

Hospital means an establishment which is registered under the relevant national laws and regulations to care for and treat sick and injured people as bed-paying patients and which:

- (a) Has organised facilities for diagnosis, treatment and major surgery;
- (b) Provides nursing services by registered nurses 24 hours a day;
- (c) Is under the supervision of one or more registered medical practitioners; and
- (d) Is not mainly a clinic, a secure place to care for alcoholics or drug addicts, a nursing or rest or community hospital, a palliative care centre, or a home for the elderly or similar establishment.

Injury

Injury means damage or harm caused to the body by an external force suffered during the **period of insurance** and which is caused only and directly by an **accident**. This does not include all medical conditions, diseases, sickness, bacterial infections or viral infections, even if these conditions resulted from, or are connected with, the **accident**.

Insured member/insured person

Insured member/member/insured person means the individual (or individuals) named in the **schedule of lives** as the person (or people) insured under **this policy.**

Loss of fingers or toes

Loss of fingers or toes means loss by complete physical severance through or above a metacarpophalangeal or metatarsophalangeal joint.

Loss of hearing

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

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Loss of limb

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

Loss of sight

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

Loss of speech

Loss of speech means total loss of the ability to speak and is beyond remedy by surgical or other treatment.

Medically necessary

Medically necessary means that a medical service or supply is necessary and appropriate for the diagnosis or treatment of an **injury** of the **insured member** based on generally accepted western medical practice in Singapore. A medical service or supply will not be considered medically necessary if:

- (a) It is provided only as a convenience to the insured member or medical provider;
- (b) It is not appropriate treatment for the insured member's diagnosis or symptoms;
- (c) It exceeds (in scope, duration or intensity) the level of care that is necessary to provide safe, adequate and appropriate diagnosis or treatment;
- (d) It is experimental;
- (e) It is for social or domestic reasons or for reasons which are not directly connected with treatment; or
- (f) It is a matter of personal choice.

Medical expenses

Medical expense means **reasonable expenses** incurred for treatment as a result of an **injury** for medical, surgical, **hospital** and nursing fee prescribed by a **registered medical practitioner**.

Mobility Expenses

Mobility expenses means charges incurred for renovation to the **insured member's** principal home for the purpose of coping with the disablement or purchases of any of the following mobility aids prescribed by a registered medical practitioner

- (a) self-powered climbing wheelchair;
- (b) motor vehicle with the controls suitably adjustedlifts, ramps, railings and holds at usual place of residence.

Natural Catastrophe

Natural Catastrophe means any event or force of nature such as earthquake, tsunami, volcanic eruption, flood, typhoon or hurricane that has catastrophic consequences in terms of financial, environmental or human losses. Bad weather conditions that cause little or no effect on financial, environmental or human losses will not be considered as **natural catastrophe**.

Other fracture

Other fracture means any fracture other than a simple fracture.

Period of insurance

Period of insurance means the period of cover as shown in the schedule.

Permanent

Permanent means having lasted 12 consecutive months and at the expiry of that period, being beyond hope of improvement.

Permanent disablement

Permanent disablement means disablement that results solely, directly and independently of all other causes from the **injury** and which occurs within 12 months of the **accident** in which **injury** was sustained, and:

- (a) Falls into one of the categories listed in the Table of Compensation; or
- (b) Is a disablement which, having lasted for a continuous and uninterrupted period of at least 12 months, is at the expiry of that period, beyond hope of improvement.

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Permanent total disablement

Permanent total disablement means disablement that results solely, directly and independently of all other causes from the **injury** and which occurs within 12 months of the **accident** in which **injury** was sustained which, having lasted for a continuous and uninterrupted period of at least 12 months, will in all probability entirely prevent the **insured member** from engaging in employment or take part in any paid work of any and every kind for the remainder of his/her life and from which there is no hope of improvement.

Physiotherapist

Physiotherapist means a registered practitioner who is licensed to practice physiotherapy in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the **insured member** or the **insured member's family member**, or his/her business associates including any business partner, employers or employees.

Policyholder

Policyholder means the owner of this policy named in the schedule.

Pre-existing conditions

Pre-existing condition means any **injury** which the **insured member** has had symptoms; has been diagnosed; known or unknown; regardless of whether treatment or medical advice was actually received, prior to the commencement of his/her insurance cover under **this policy**.

Prohibited person

Prohibited person means a person or entity who is, or who is related to a person or entity:

- subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict us from providing insurance or carrying out any transaction under this policy, or
- who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.

Reasonable expenses

Reasonable expenses means expenses paid for medical services or treatment which are appropriate and consistent with the diagnosis and according to accepted medical standards, and which could not have reasonably been avoided without negatively affecting the **insured member's** condition. These expenses must not be more than the general level of charges made by other medical service suppliers of similar standing in Singapore for the services and supplies.

Registered Medical Practitioner

Registered Medical Practitioner means a doctor qualified in western medicine who is licensed and authorised in the geographical area they are practicing in to provide medical or surgical services. They cannot be the **insured member** or the **insured member**'s **family member** or his/her business associates including any business partner, employers or employees.

Related

Related includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.

Relevant person

Relevant person includes persons and entities such as the policyholder, **insured member**, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of the application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.

Renewal date

Renewal date means the date on which your policy is to be renewed for a further period of insurance.

Schedule

Schedule means the document which proves that **you** have the insurance cover, listing among other things, the **policyholder**, **commencement date**, and policy **endorsement**.

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Schedule of lives

Schedule of lives means a listing attached to **this policy** stating the names, particulars and coverage of the **insured members** under **this policy**.

Second degree burns

Second degree burns means a burn which both the epidermis and the underlying dermis are damaged. **We** will not pay if the **second degree burns** is caused directly or indirectly by:

a) any pre-existing conditions; or

b) sunburn, in-door tanning, cosmetic tanning, or anaesthetic procedure.

Simple fracture

Simple fracture means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a registered medical practitioner requires minimal and uncomplicated medical treatment.

Sum assured/sum insured

Sum assured/sum insured means the benefit amount payable by **us** as stated in **your policy**.

Table of insured benefits

Table of insured benefits means the **benefits** attached to these conditions (or any revised **table of insured benefits** which **we** may issue in an **endorsement** to **your policy**, or when renewing **your policy**).

Temporary partial disablement/ temporary partial disability

Temporary partial disablement means where, in the opinion of a **registered medical practitioner**, the **insured member** is temporarily unable to engage in a substantial part of his/her usual occupation or business duties, while he/she is under the regular care of and acting in accordance with the instructions or advice of a **registered medical practitioner**.

Temporary Total Disablement/ temporary total disability

Temporary total disablement/ temporary total disability means where, in the opinion of a registered medical practitioner, the **insured member** is temporarily unable to engage in his/her usual occupation or business duties, while he/she is under the regular care of and acting in accordance with the instructions or advice of a registered medical practitioner.

We/us/our

We/us/ our means Income Insurance Limited.

You/Your

You and your means the **policyholder** referred to in the **schedule**.



What your policy covers

I. Basic Benefits

1) Accidental Death

We shall pay the sum assured as specified in the schedule in the event of death of the insured member as a direct result of an accident. Death must occur within 12 months from the date of such accident.

2) Permanent Disablement

We shall pay the corresponding sum assured, as specified in the table of compensation below, in the event if injury is sustained.

Item	Description		Percentage of sum assured as shown in the schedule
1	Permanent Total Disablement		150%
2	Loss of two limbs		150%
3	Loss of sight of both eyes		150%
4	Loss of sight of one eye, except perception of light		100%
5	Loss of one limb		125%
6	Loss of speech		75%
7	Loss of hearing in both ears		100%
8	Loss of four fingers and thumb of one hand		85%
9	Loss of four fingers		55%
10	Loss of hearing in one ear		30%
11	Loss of thumb	- both phalanges	40%
		- one phalanx	25%
12	Loss of index finger	- three phalanges	20%
		- two phalanges	15%
		- one phalanx	10%
13	Loss of any one other finger	- three phalanges	20%
		- two phalanges	15%
		- one phalanx	10%
14	Loss of metacarpals	- first or second	5%
		- third, fourth or fifth	3%
15	Loss of all toes of one foot		25%
16	Loss of great toes	- two phalanges	10%
		- one phalanx	5%
17	Loss of any other toe		5%

Table of Compensation for Permanent Disablement

	Third Degree Burns	
18a	Head - Damage as a percentage of total body surface area:	
	equals to or greater than 8%	100%
	equals to or greater than 5% but less than 8%	75%
	equals to or greater than 2% but less than 5%	50%
18b	Body - Damage as a percentage of total body surface area:	
	equals to or greater than 20%	100%
	equals to or greater than 15% but less than 20%	75%
	equals to or greater than 10% but less than 15%	50%
The a	ggregate of all percentages payable in respect of any one accident shall not	exceed 150% of the Sum Assured.

II. Additional Benefits, where applicable

All **benefits** will be applied on per **accident** basis, unless otherwise stated and the **benefits** shall subject to the maximum benefits limits of each item as specified in the **table of insured benefits** or **schedule** page, and any **excess**, if applicable.

In any event, we shall only pay the benefits specified in your table of insured benefits or schedule page.

1) Accidental Medical Expenses Reimbursement

- a) We shall pay the medical expenses incurred and charges incurred for dental treatment in the event that the insured member sustained an injury, up to limit shown in the schedule or up to 12 months from the date of the accident, whichever comes first.
- b) We shall pay the charges incurred for treatment by a Chinese Physician, Chiropractor or Physiotherapist, whichever is lower, and up to the limit for this benefit or S\$1,000 in the event that the insured member seeks such treatment for an injury sustained.

The total amount payable under (a) and (b) shall not exceed the limit shown in the schedule.

2) Temporary Total Disablement

We shall pay the weekly cash benefit as shown in the schedule, up to 104 weeks, in the event that the insured member sustained an injury resulting in his/her temporary total disability, and provided he/she is still covered under this policy.

In the event that the **temporary total disability** results in **permanent disablement**, no further payment will be payable under this **benefit**.

3) Temporary Partial Disablement

We shall pay the weekly cash benefit as shown in the schedule, up to 104 weeks, in the event that the insured member sustained an injury resulting in his/her temporary partial disability, and provided he/she is still covered under this policy.

In the event that the **temporary partial disability** results in **permanent disablement**, no further payment will be payable under this **benefit**.

III. Standard Extensions

All the extensions of **benefits** will be applied on per **accident** basis, unless otherwise stated and the **benefits** shall be subject to the maximum benefits limits of each item as specified in the **table of insured benefits** or **schedule** page, and any **excess**, if applicable.



1) Accidental Death due to Natural Catastrophe

We shall pay an additional 10% of the sum assured under Accidental Death benefit or the maximum sum assured as shown in the schedule, whichever is lower, in the event of death of the insured member as a result of a natural catastrophe.

2) Ambulance Cost

We shall pay the actual ground ambulance cost, up to the **sum assured** as specified in the **schedule**, in the event that the **insured member** sustained an **injury**, requiring an ambulance for transportation to the **hospital**.

3) Accidental Hospital Recuperation

We shall pay the **sum assured** as specified in the **schedule** in the event if the **insured member** sustained an **injury**, and within 30 days from the date of the **accident**, was confined in a **hospital** for at least 24 hours.

Subsequent hospitalisation resulting from the same injury will not be payable.

4) Burial Expenses

We shall pay the sum assured as specified in the schedule in the event of death of the insured member as a direct result of an accident.

5) Comatose State Lump Sum Benefit

We shall pay an additional 10% of the sum assured under Accidental Death benefit or the maximum sum assured shown in the schedule, whichever is lower, in the event that the insured member sustained an injury, and within 30 days from the date of the accident, was confined in a hospital, in a comatose state.

In the case of successive **comatose state** by the same **accident** which takes place less than 10 days from one to the other, the **comatose state** will be deemed as one.

We will not pay if the comatose state results directly from alcohol or drug abuse.

6) Child Education Fund

We shall pay the sum assured as specified in the schedule in the event of death of the insured member as a direct result of an accident, for the provision of continuous education for each child of the insured member, provided that on the date of the accidental death, such child(ren) was enrolled in a kindergarten, primary or secondary school, institution for vocational or tertiary education licensed by the local government.

7) Automatic increase in benefit

We shall pay an additional 5% of the sum assured under Accidental Death and Permanent Disablement benefit, in the event of death or permanent total disablement of the insured member as a direct result of an accident, up to a maximum of 25% of the original sum assured or S\$500,000 for each insured member, whichever is lower, subject to the table below and provided that no claim has been made under this policy during the previous preceding period of insurance as indicated in the table below.

Condition	Automatic Increase
If no claims have been made during the previous period of insurance	5% increase of original sum insured
If no claims have been made during the previous 2 period of insurance	10% increase of original sum insured
If no claims have been made during the previous 3 period of insurance	15% increase of original sum insured
If no claims have been made during the previous 4 period of insurance	20% increase of original sum insured
If no claims have been made during the previous 5 or more period of	25% increase of original sum insured
insurance	

8) Disappearance

We shall pay the sum assured for the relevant benefit shown in the schedule in the event that the insured member disappears and after 12 months, it is reasonable to believe that the insured member has suffered death as a result of an accident.

This **benefit** is subject to the **policyholder** giving **us** a signed undertaking that if the **insured member** is subsequently found to be alive, any amount paid to the **policyholder** will be repaid to **us**.

9) Exposure

We shall pay the sum assured for the relevant benefit shown in the schedule in the event of death or injury of the insured member as a result of him/her being unavoidably exposed to the elements due to an accident.

10) Food poisoning

We shall pay the sum assured for the relevant benefit shown in the schedule in the event of death or injury of the insured member as a result of accidental food poisoning.

11) Miscarriage due to an accident

We shall pay the sum assured for the relevant benefit shown in the schedule in the event that the insured member sustained an injury and as a result, suffered an accidental miscarriage.

12) Motorcycling

We shall pay the sum assured for the relevant benefit shown in the schedule in the event of death or injury of the insured member sustained while riding a motorcycle (whether as rider or pillion-rider).

This **benefit** is payable only if at the time of the **accident**, the **insured member** was wearing a safety helmet, has a valid motorcycle license (unless riding as a pillion rider), and not engaging in or practicing for racing and hill climbing contests and reliability trials and speed or duration testing.

13) Riot, strike, civil commotion, hijack, murder, assault and act of terrorism

We shall pay the sum assured for the relevant benefit shown in the schedule in the event of death or injury of the insured member as a result of riot, strike, civil commotion, hijack, murder, assault or act of terrorism.

This **benefit** is payable only if it did not arise as a result of or in connection with the **insured member's** collaboration or provocation of such act, and death or **injury** as a consequence of such act could not reasonably have been avoided by the **insured member**.

14) Suffocation by smoke, poisonous fumes, gas and drowning

We shall pay the sum assured for the relevant benefit shown in the schedule in the event of death or injury of the insured member as a result of suffocation by smoke, poisonous fumes, gas or drowning.

This **benefit** is payable only if it did not arise as a result of the **insured member's** wilful and intentional act and death or **injury** as a consequence of such event could not reasonably have been avoided by the **insured member**.

15) Unscheduled Flights

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event of death or **injury** if the **insured member** travelling as a fare-paying passenger in any properly licensed private aircraft and/or helicopter.

IV. Additional Extensions of Benefits, where applicable

All the extensions of **benefits** will be applied on per **accident** basis, unless otherwise stated and the **benefits** shall subject to the maximum benefits limits of each item as specified in the **table of insured benefits** or **schedule** page, and any **excess**, if applicable.

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In any event, we shall only pay the additional extensions of **benefits** specified in **your table of insured benefits** or **schedule** page.

1) Critical Income

We shall pay an additional 0.5% of the sum assured under Accidental Death benefit or the maximum sum assured shown in the schedule, whichever is lower, for a maximum of 12 consecutive months, in the event of death of the insured member as a direct result of an accident, provided the insured member is survived by a spouse or parent.

2) Mobility Expense and Home Renovation Expenses

We shall pay the **mobility expenses**, up to 10% of the **sum assured** under Accidental Death **benefit** or the maximum **sum assured** shown in the **schedule**, whichever is lower, in the event that the **insured member** sustained an **injury**, resulting in **permanent disablement** of 50% and above as specified in the table of compensation for **permanent disablement**.

3) Emergency Evacuation and Repatriation

We shall pay the expenses incurred in the event if the **insured member** sustained an **injury** while outside Singapore, and in our opinion, it is necessary to move him or her to the nearest medical facility for treatment (whether overseas or in Singapore).

In the event that the **insured member** is moved to a medical facility outside Singapore, **we** shall also pay for the expenses incurred for moving him or her back to Singapore.

Expenses payable under this **benefit** refers to cost of transportation by any suitable means to the nearest medical facility for treatment, whether overseas or in Singapore, medical services and medical supplies necessarily incurred as a result of such evacuation.

4) Repatriation of Mortal Remains

We shall pay the expenses incurred to return the mortal remains of the **insured member** to Singapore or to his/her **home country** in the event of death as a direct result of an **accident** while outside Singapore.

5) Scarring of the Face

We shall pay the **sum assured** as specified in the **schedule** in the event if the **insured member** sustained an **injury** resulting in **permanent** disfigurement or **permanent** scarring of his/her face of at least one square centimeter or two centimeters in length.

6) Visitors Benefit

We shall pay the **sum assured** as specified in the **schedule** in the event of death of an third party, as a direct result of an **accident**, while visiting the **policyholder's** premises in a business capacity.

7) Replacement Staff and Recruitment Expenses

We shall pay the charges incurred by the **policyholder**, up to the **sum assured** specified in the **schedule**, for recruitment of replacement of the deceased **insured member**, in the event of death of the **insured member** as a direct result of an **accident**. Charges must be incurred within 45 days from the date of the **accident** and be necessary for the continuation of the **policyholder's** business.

This **benefit** is subject to the **policyholder** giving **us** a signed undertaking that any amount paid to the **policyholder** will be repaid to **us**, if it is later found that a valid claim did not or will not eventuate.

8) Physiotherapy benefit

We shall pay for the expenses incurred for any physiotherapy treatment by a **physiotherapist**, up to a maximum of S\$2,000.00 per **accident**, in the event if the **insured member** sustained an **injury**, resulting in **permanent disablement** of 100% and above as specified in the table of compensation for **permanent disablement**.



9) HIV due to Blood Transfusion

We shall pay an additional 10% of the sum assured under Accidental Death benefit or the maximum sum assured shown in the schedule, whichever is lower, in the event that the insured member sustained an injury, requiring a blood transfusion, and as a result of the transfusion, he/she was infected with the Human Immunodeficiency Virus (HIV) within 30 days from the date of the accident.

We shall pay this benefit provided:

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore during the **period of insurance** that the **insured member** is covered under this **policy**;
- The source of the infection is established to be from the institution that provided the blood transfusion and the institution is able to trace the origin of the HIV tainted blood;
- The insured member does not suffer from Thalassaemia Major or Haemophilia;
- Proof of the accident is reported to us within 30 days of the accident taking place;
- Proof that the accident giving rise to the need for a blood transfusion which is the source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented **accident**. This proof must include a negative HIV antibody test conducted within 5 days of the **accident**; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This **benefit** will not apply where a treatment has rendered the HIV inactive or non-infectious.

10) Major Head Trauma

We shall pay up to 10% of the **sum assured** under Accidental Death **benefit** or the maximum **sum assured** shown in the **schedule**, whichever is lower, in the event if the **insured member** sustained a major head **injury** resulting in **permanent** neurological deficit within 30 days from the date of the **accident**.

The major head **injury** resulting in **permanent** neurological deficit must be assessed no later than 6 weeks from the date of the **accident**. This diagnosis must be confirmed by a consultant neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

This **benefit** will not be payable if the major head **injury** is caused by any spinal cord **injury** and head **injury** due to any other causes.

11) Trauma counselling benefit

We shall pay for the expenses incurred by the spouse or **child(ren)** of an **insured member** to undergo trauma counselling by a certified counsellor, up to a maximum of S\$1,000.00 per **accident**, in the event of death or **permanent total disablement** of the **insured member** as a direct result of an **accident**.

12) Terrorism Benefit

We shall pay an additional 15% of the sum assured under Accidental Death benefit or S\$75,000, whichever is lower, in the event of death of the insured member resulting from an act of terrorism

13) Simple or Other Fractures

We shall pay the corresponding sum assured, as specified in the table of compensation below, in the event that the insured member sustained an injury, resulting in a simple fracture or other fracture, provided:

- a) The **insured member** has not been diagnosed as having osteoporosis prior to the date on which he/she was first covered under **this policy**; and
- b) If the insured member is diagnosed as having osteoporosis after the date on which he/she was first covered under this policy, we shall only pay this benefit for the first simple fracture or other fracture sustained, and no further payments will be made under this benefit.



Table of Compensation for Simple or Other Fractures

ltem	Description	Percentage of sum assured as shown in the schedule
а	Neck, skull or spine (complete fracture)	100%
b	Нір	75%
с	Jaw, pelvis, leg, ankle or knee (other fracture)	50%
d	Cheekbone, shoulder or hairline fracture of skull or spine	30%
е	Arm, elbow, wrist or ribs (other fracture)	25%
f	Jaw, pelvis, leg, ankle or knee (simple fracture)	20%
g	Nose or collar bone	20%
h	Arm, elbow, wrist or ribs (simple fracture)	10%
i	Finger, thumb, foot, hand or toe	7.5%
The ag	gregate of all percentages payable in respect of any one accident s	hall not exceed 100% of the Simple or Other
Fractu	res' sum assured .	

14) Second Degree Burns

We shall pay the corresponding sum assured, as specified in the table of compensation below, in the event that the insured member sustained an injury, resulting in second degree burns.

Table of Compensation for Second Degree Burns

ltem	Description	Percentage of sum assured as shown in the schedule
а	Head - Damage as a percentage of total body surface area:	
	- equals to or greater than 8%	100%
	- equals to or greater than 5% but less than 8%	75%
	- equals to or greater than 2% but less than 5%	50%
b	Body - Damage as a percentage of total body surface area:	
	- equals to or greater than 20%	100%
	- equals to or greater than 15% but less than 20%	75%
	- equals to or greater than 10% but less than 15%	50%
The ag	gregate of all percentages payable in respect of any one accident	shall not exceed 100% of the second degree
burns'	sum assured.	

15) Credit card indemnity

We shall pay the **insured member's** outstanding credit card expenses, up to a maximum of S\$1,000.00 per **accident**, in the event of death or **permanent total disablement** of the **insured member** as a direct result of an **accident**.

16) Domestic assistance benefit

We shall pay the cost of hiring a caregiver, up to a maximum of S\$1,000.00 per accident, in the event if the insured member sustained an injury, and is unable to perform at least 3 out of the 6 activities of daily living.

17) Emergency travel expenses

We shall pay the emergency travel expenses, up to a maximum of S\$2,500.00 per accident, in the event that the insured member sustained an injury, and is confined in a hospital.

- a. Up to a maximum of \$\$250.00 per **accident** if the **insured member** is hospitalised for more than 3 consecutive days in Singapore; or
- b. Up to a maximum of S\$2,500.00 per **accident** if the **insured member** is hospitalised for more than 5 consecutive days while overseas.

Emergency travel expenses means the additional transport and accommodation expenses incurred by an **insured member** and any person who needs to travel to remain with, or escort the injured **insured member**.

Income Insurance Limited | UEN: 202135698W



18) Non-elective surgery

We shall pay for the expenses incurred for any non-elective surgery, up to a maximum of S\$5,000.00 per accident, in the event if the **insured member** sustained an **injury**, resulting in **permanent disablement** of 100% and above as specified in the table of compensation for **permanent disablement**.



What you need to be aware of

A. Liability

- We will not pay any benefits under this policy if you or any insured member:
- (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 member**, 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 state any material information affecting the risk; or
- (e) Make any claim that is fraudulent or exaggerated, or make any false declaration or statement in support of a claim.

To avoid doubt, **you** or the **insured member** must fully and truthfully disclose to **us** all material information even if such information has been disclosed previously to **us** in other records. If it is discovered later that material information is not disclosed, **you** will not be entitled to rely on the defence that the information was disclosed for or in other records.

We shall have the discretion to terminate your policy, to refuse the renewal of your policy, to void cover for the insured member, or to impose terms and conditions as we may require and/or to take any action as we think necessary. You will have to repay to us all amounts we have paid out under the policy and we will refund all premiums to you.

B. Misstatement

If the date of birth or other relevant facts relating to any **insured member** are found to have been misstated and if such misstatement affects the **benefits** entitlement or any provisions of **your policy**, the true **age** and facts shall be used to determine whether cover would have been in force under the provisions of **your policy** and whether the **benefits** are payable. Any excess premium paid for current policy period shall be refunded to the **policyholder** and any shortfall in the premium for current policy period shall be paid by the **policyholder**.

C. Policy renewal

Your policy may be renewed on the anniversary of the policy commencement date or such other dates as may be agreed in writing between **you** and **us**, subject to **our** consent and the payment of the renewal premium.

Terms, conditions and premium rates are not guaranteed and will be reviewed by **us** at each renewal.

D. Expenses covered by other sources

- In the event an **insured member** is covered under:
- a) Any occupational insurance including any insurance effected pursuant to the Work Injury Compensation Act (Cap.354) and any revisions thereof;
- b) Any insurance coverage under the government legislation; or
- c) Other group or individual insurance excluding Integrated Shield Plan and its rider,

the **benefits** payable under **this policy** shall be limited to the balance of the **medical expenses** incurred which are not covered or payable by any of the above listed policy under (a) to (c), subject to the benefit limits computed in accordance to the **table of insured benefits** or **schedule** page, and terms and conditions of **this policy**.

E. Subrogation

We can take over any rights to defend or settle any claim and to take proceedings in your name or any insured member's to enforce your or any insured member's rights, or our rights against any other person. You and the insured member shall cooperate fully with us in this respect and shall not do anything to prejudice our rights.

F. Right of recovery

We may recover any amount we paid for charges that are not covered under **this policy** or exceeded the maximum benefits limit as specified in the **table of insured benefits** or **schedule** page. The **policyholder** and/or the **insured member** shall fully indemnify and reimburse **us** for such amount within 30 days from the date of notice given by **us** requesting for reimbursement.



G. Change of terms and conditions

We may vary the premiums, **benefits** and/or cover or amend the terms and conditions of **your policy** by giving **you** 30 days' prior written notice at **your** last known address.

H. Ownership of policy

We shall treat the **policyholder** as the absolute owner of **this policy** and shall not be bound to recognise any equitable or other claim or interest in **this policy**.

I. Governing law

This policy is governed by and interpreted according to the laws of the Republic of Singapore.

J. Exclusion of third party rights

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

K. Difference in opinions

In the event of any differences in opinions between **our Registered Medical Practitioner** and **your Registered Medical Practitioner**, **our Registered Medical Practitioner's** opinion shall prevail.

L. Legal proceedings

No action in law or in equity shall be brought to recover **this policy** prior to the expiration of 60 days after proof of claim has been filed in accordance with the requirements of **this policy**, nor shall such action be brought at all unless brought within 2 years from the expiration of time within which such proof of claim is required by **this policy**.

M. Geographical limit

This **policy** provides the **insured member** with 24-hour worldwide coverage whether such **insured member** is in Singapore or outside Singapore.

N. Aggregate limit of liability

The maximum aggregate limit payable under this **policy** for all of the sections arising out of 1 single event shall not be more than \$\$5,000,000, unless otherwise endorsed in this **policy**.

In the event if the claims from all the **insured members** arising out of 1 such event exceed the aggregate limit, the amount shall be pro-rated among the **insured members**, subject to the maximum limit as shown in the **schedule** for each of the **insured member**.

What is not covered

This **policy** does not cover claims directly or indirectly caused by or arising from:

- (a) Self-inflicted injuries or any attempt thereat, while sane or insane.
- (b) Insurrection, declared or undeclared war or any warlike operations, military or naval service in time of declared or undeclared war or while under orders for warlike operations or restoration of public order.
- (c) Participating in riot, committing an assault or felony.
- (d) Participation in competitive racing on wheels.



Our responsibilities to you

A. Claims conditions

Before any **benefits** are payable under **your policy**, the **insured member** has to ensure that the following requirements are being met.

- (a) It shall be a condition precedent to **our** liability under **this policy** that all claims shall be notified to us within 60 days from the date of **accident**. All claims shall be made on **our** prescribed forms and submitted to **us** together with the original copies of receipts and itemised bills
- (b) Any information required by **us** for assessing the claim shall be furnished by the **policyholder** at the **policyholder's** expense.
- (c) Any **benefits** payable under **this policy** shall be paid to **you** or the **insured member** (or legal representative). Any payment to **you** or the **insured member** (or legal representative), and the **insured member** or **your** receipt of any **benefit** payable under **your policy** shall in all cases be deemed final and complete discharge of **our** liability under this **policy**.

Failure to furnish notice within the time provided in **this policy** shall invalidate the claim unless claimant shows that it was not reasonably possible to give such notice within such required time and that notice was subsequently given as soon as reasonably possible.

B. Currency

We will pay all claims in Singapore dollars. If the insured member suffers a loss which is in a foreign currency, we will convert the amount into Singapore dollars based on the exchange rate on the date of the loss.

Your responsibilities

A. Premium

The premium is not guaranteed and may be reviewed and varied by **us** upon next renewal. Once the premium is varied, the new premium shall apply in respect of all **insured members** under **your policy**.

Short period extensions of the policy (less than 12 months) computed from the expiry date, if agreed by **us**, shall be based on the renewal premium and terms.

B. Cancellation of policy

You and/or us may cancel this policy by giving the other party 30 days' written notice. Once the notice period has expired, all cover under this policy shall terminate. We may also cancel the cover on any insured member for failing to comply with the terms and conditions of this policy.

If this **policy** is cancelled by **us**, there shall be a pro-rated refund of premiums to **you** for the unexpired part of the **period of insurance** under **your policy**.

If the policy is cancelled by **you**, the following short period rates are applicable:

Period of cover not exceeding	Short period rates
1 week	1 month
1 month	3 months
2 months	4 months
3 months	6 months
4 months	7 months
6 months	9 months
8 months	10 months
> 8 months	12 months



C. Premium Warranty Clause

- (a) If the **period of insurance** is 60 days or more, **we** shall receive the full premium within 60 days of the **commencement date**, the **renewal date** or effective date of each **endorsement** issued under the **policy**, failing which, the **policy** shall be terminated automatically at the end of the 60-day period.
- (b) Termination of the **policy** shall not affect **your** right to claim for an event covered by the **policy** that happens during the 60-day period. We shall be entitled to a pro-rata premium for the 60-day period where the risk is insured under the **policy**, subject to a minimum premium of \$\$50 + GST.
- (c) If the **period of insurance** is less than 60 days, **we** shall receive the full premium within the **period of insurance**, failing which, the **policy** will not be valid.

D. Condition Precedent

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

- (a) for the same risk insured, **you** have 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 **you** have declared that **you** have breached any premium payment condition in respect of a previous **policy** taken up with another insurer in the last twelve (12) months:
 - (i) You have have 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 **you** to **us** before cover incepts under this **policy**.

E. Prohibited persons

If you are or any relevant person is found to be a prohibited person:

- (a) we are entitled not to accept the application; and
- (b) if any **policy** or cover of any **insured member** is issued, **we** are entitled to end the **policy** or cover of any **insured member**, not pay any benefit or not allow any transaction to be carried out under the **policy**. **We** will not refund any unutilised premium when the **policy** is ended.

You will need to inform us immediately if there is any change in your or any relevant person's identity, status or identity documents.

Our decision in every respect of the above will be final.

F. Termination of cover of insured member

The cover for an **insured member** under **this policy** shall terminate and all **benefits** shall cease for that **insured member** if any of the following occurs:

- (a) The date on which the policy is terminated;
- (b) At the end of the policy year during which the **insured member** reaches the maximum **age** of coverage as stated in the **policy schedule**;
- (c) When the insured member ceases to be eligible as an insured member;
- (d) At the expiry of the period for which the last premium payment is made on account of the insured member's cover;
- (e) The date the **insured member** enters full-time military, naval, air or police service except any period of National Service reservist duty or training;
- (f) On the death of the **insured member**;
- (g) Non-payment of the premium after the grace period; or
- (h) Any condition under Clause A of What you need to be aware- arises.



G. 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 Income or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

H. Dealing With disputes

Any dispute arising out of or in connection with this **policy** shall be referred to and finally resolved by arbitration administered by the Singapore International Arbitration Centre ("SIAC") in accordance with the Arbitration Rules of the Singapore International Arbitration Centre ("SIAC Rules") for the time being in force, which rules are deemed to be incorporated by reference in this clause. **You** must refer any dispute under **this policy** to arbitration within two (2) years from the date an event giving rise to the claim in dispute arises.

The seat of the arbitration shall be Singapore. The language of the arbitration shall be English. The Tribunal shall consist of one (1) arbitrator. Either party may propose to the other the name or names of one or more persons to be an arbitrator and if no agreement is reached within thirty (30) days after receipt by one party of such a proposal from the other, the arbitrator shall be appointed by the Chairman of the Singapore International Arbitration Centre. **We** will not be legally responsible under **this policy** unless **you** have first received an award under arbitration.