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RHI RCC Enhanced II Policy Wording

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Group Hospital & Surgical .....	2
Group Major Medical .....	8
Group Outpatient Clinical .....	11
Group Outpatient Specialist.....	14
Group Dental.....	17
General Conditions (Medical) .....	19
Group Term Life .....	25
Group Personal Accident .....	28
Group Critical Illness (Accelerated) .....	33
Group Critical Illness (Additional) .....	42
General Conditions (Non-medical) .....	51

## RAFFLES CORPORATE CARE ENHANCED GROUP HOSPITAL & SURGICAL INSURANCE (GHS)

Welcome to Your GHS Policy. We, Raffles Health Insurance, are the underwriter of your GHS Policy and are a direct life insurer licensed by the Monetary Authority of Singapore.

We will pay the Benefits of this GHS Policy, subject to its terms and conditions, the General Conditions (Medical), the GHS Policy Schedule and any Endorsements issued by Us. This GHS Policy shall become effective on the date specified in the GHS Policy Schedule and continue for the Period of Insurance specified.

We celebrate the start of a holistic healthcare journey with you and your employees.

Chief Executive  
Raffles Health Insurance Pte Ltd

### **Disclosure Statement**

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

## Section A – Definitions

1. **Annual Limit** Our total aggregate liability for any Insured Person as stated in the GHS Policy Schedule.
2. **Per Disability** Refers to all disabilities arising from the same cause (including any and all complications arising) or concurrent disabilities from different causes during the same period of Hospitalisation. Subsequent disability from the same cause shall be treated as a different disability if at least fourteen (14) days have elapsed since the date of last discharge from Hospital.
3. **Serious Medical Condition** A condition that in the opinion of a Physician appointed by Us, constitutes a serious medical emergency requiring urgent remedial treatment to avoid death or serious impairment to the Insured Person's immediate or long-term health prospects.
4. **International Transferees** Employees who are working in overseas offices or subsidiaries within the same corporate organization as the Policyholder and are transferred for employment with the Policyholder.

## Section B – General Conditions (Medical) Apply

The General Conditions (Medical) apply to this GHS Policy. All terms which are not defined in this GHS Policy will have the same meaning as in the General Conditions (Medical).

## Section C – Description of Benefits

We will pay the Reasonable and Customary Charges for the following Benefits, provided they have been elected and are endorsed on the GHS Policy Schedule, subject always to the applicable limits and conditions specified in the GHS Policy Schedule.

### 1. Hospitalisation Benefits

- a) **Daily Room and Board Benefits** Hospital charges for accommodation, general nursing services and meals for each day of Hospitalisation at the recommendation of a Physician. The total number of days for which the daily room and board charges are payable shall not exceed 120 days per disability.  
  
If the Insured Person is warded in a class of ward different from that entitled to under the GHS Policy, only the actual ward charges or those which would have been incurred in the ward of entitlement would be reimbursed, whichever is lower.
- b) **Intensive Care Unit (ICU)** The daily room and board charges incurred during Hospitalisation in the Intensive Care Unit of a Hospital. The total number of days for which the daily room and board charges are payable shall not exceed 30 days per disability.
- c) **High Dependency Ward (HDW)** The daily room and board charges incurred during Hospitalisation in the High Dependency Ward of a Hospital.
- d) **Hospital Miscellaneous Services** Charges incurred during Hospitalisation:
  - i. prescription drugs and intravenous infusions consumed in the Hospital
  - ii. inpatient diagnostic procedures and physiotherapy that are Medically Necessary
  - iii. ambulance charges, provided the Insured Person was Hospitalised
  - iv. special nursing and Medically Necessary services and consumable items
  - v. operating theatre costs
  - vi. medical report costs
  - vii. anaesthetic fees
  - viii. other Medically Necessary expenses
- e) **Surgical Benefit** Fees for Surgery (including Day Surgery) by one or more Physicians. Surgical Schedule is waived for As Charged Plans and We will reference the guidelines and published fee benchmarks provided by Ministry of Health of Singapore.
- f) **In-Hospital Doctor Consultation** Fees charged for the daily bedside visit made by the attending Physician during the Insured Person's Hospitalisation, limited to 1 visit per Physician per day. This shall be payable up to the maximum daily limit specified in the Schedule of Benefits. The total number of days for which the daily room and board charges are payable shall not exceed 120 days per disability.

**2. Outpatient Benefits**

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| a) <b>Pre-Hospital Confinement/ Surgery Specialist Consultation Fees</b> | Charges incurred up to 120 days before date of admission for consultation with a Physician prior to Hospitalisation or Day Surgery which resulted in the Hospitalisation or Day Surgery, including treatment at the A&E Department of a Hospital that necessitates immediate Hospitalisation. |
| b) <b>Pre-Hospital Diagnostic X-Ray &amp; Laboratory Tests</b>           | Charges incurred up to 120 days before date of admission for diagnostic procedures and laboratory tests, which are recommended in writing by a Physician. This includes treatment at the A&E Department of a Hospital that necessitates immediate Hospitalisation.                            |
| c) <b>Post-Hospitalisation Confinement/ Surgery Follow-up Treatment</b>  | Charges incurred up to 120 days from date of discharge for follow-up treatment after Hospitalisation or Day Surgery as ordered by the same attending Physician. This includes Traditional Chinese Medicine treatment, physiotherapy, and Dietician consultation.                              |
| d) <b>Overseas Hospitalisation for Accident Benefit</b>                  | Charges incurred for Hospitalisation for Injury sustained in an Accident whilst travelling outside of the Country of Residence, within one hundred and eighty (180) days of departure.  |

**3. Emergency Outpatient Treatment (Accident Injury)** Charges incurred for emergency outpatient medical treatment at a clinic or Hospital for Injury sustained in an Accident within thirty (30) days of the Accident, provided treatment was first sought within twenty-four (24) hours of the Accident.

**4. Emergency Outpatient Dental Treatment (Due to Accident)** Charges incurred for outpatient medical treatment in a clinic or Hospital for Injury to sound natural teeth sustained in an Accident within ninety (90) days of the Accident.

**5. Complications from Pregnancy Benefit (including miscarriage and ectopic pregnancy)** This Benefit pays for treatment of an Eligible Medical Condition which occur during the course of pregnancy and/or ninety (90) days after childbirth.

Eligible Medical Conditions are defined as:

- Abruptio Placentae
- Amniotic Fluid Embolism
- Antepartum and Intrapartum Haemorrhage
- Choriocarcinoma and Hydatiform mole
- Disseminated Intravascular Coagulation (DIVC)
- Ectopic Pregnancy
- Fatty Liver of Pregnancy
- HELLP Syndrome (haemolysis, elevated liver enzymes, low platelet count)
- Miscarriage or Termination of Pregnancy due to Life Threatening Condition
- Placenta Increta / Percreta
- Placenta Previa
- Postpartum Haemorrhage requiring Hysterectomy
- Pre-Eclampsia or Eclampsia
- Still Birth (after 28 weeks of gestation)
- Twin-to-Twin Transfusion Syndrome
- Uterine Rupture
- Vasa Previa

Life Threatening Condition shall be defined as a disease or condition which requires immediate surgical or medical attention to avoid death or permanent or irreversible total loss of function.

For the avoidance of doubt, this Benefit does not cover the costs of any childbirth (whether via vagina birth, caesarean-section or by any other assisted means) or any pre-and post-complication arising from elective or non-Medically Necessary caesarean-section birth.

**6. Surgical Implants** Charges incurred for surgical implants and approved medical consumables (as defined below) in relation to Surgical Procedures which are covered under Your Policy. Surgical implants refer to implants that are inserted into the body of the Insured during a Surgical Procedure and remain in the Insured's body after the surgical procedure.

Approved medical consumables include:

- Intravascular electrodes for electrophysiological procedures;
- Percutaneous transluminal coronary angioplasty (PTCA) balloons
- Intra-aortic balloons (or balloon catheters).

- Surgical implants and approved medical consumables used must be Medically Necessary and We will only pay Reasonable and Customary Expenses.
- 7. Inpatient Psychiatric Treatment** Charges incurred for Psychiatric Treatment provided by a psychiatrist to the Insured while admitted to Hospital. For the avoidance of doubt, We do not cover charges incurred pre and post admission into the hospital for Psychiatric Treatment which are otherwise covered under Your policy.
- 8. Outpatient Cancer & Kidney Treatment** Medical expenses incurred for kidney dialysis (including Erythropoietin and Cyclosporin) performed at a legally registered dialysis centre and treatment of cancer (including chemotherapy, radiotherapy and immunotherapy) provided by the outpatient unit of a Hospital or a registered medical centre
- 9. Rehabilitation Benefit** Charges incurred up to maximum of thirty one (31) days at a community or rehabilitation Hospital registered and approved by the Ministry of Health of Singapore as ordered by the attending Physician.
- 10. Death Benefit** A lump sum benefit payable on the death of an Insured Person's death. The Death Benefit payable shall be doubled if the Insured Person dies due to an Accident.
- 11. Hospital Cash Allowance** Payable in the event an Insured Person elected to be Hospitalised in a lower class ward or Hospital type than his/her entitlement. This benefit does not apply to Day Surgery or to employees on Employment Pass, Work Permit and S-Pass. It requires the entire length of the Hospitalisation to be in the same class of ward
- 12. Daily Recovery Benefit** Payable in the event that an Insured Person shall be hospitalised as a result of an Illness or Injury, We shall pay this Benefit for each day that the Insured Person is hospitalised, provided that this Benefit shall be payable after the third (3<sup>rd</sup>) day following the first day of Hospitalisation, and up to the thirtieth (30<sup>th</sup>) day following the first day of Hospitalisation.
- 13. Dread Disease Recuperation Benefit** A lump sum benefit payable if an Insured Person is diagnosed as suffering from any one of the following 4 Critical Illnesses\*: Major Cancer, Multiple Sclerosis, Heart Attack of Specified Severity, Stroke with Permanent Neurological Deficit.

\*The Life Insurance Association Singapore (LIA) has standard definition for 37 severe-stage of Critical Illness (Version 2019)/ You may refer to [www.lia.gov.sg](http://www.lia.gov.sg) for the standard definitions.

We will pay this Benefit provided that such Major Cancer, Multiple Sclerosis, Heart Attack of Specified Severity, Stroke with Permanent Neurological Deficit is contracted or takes place after ninety (90) days following the date on which an Insured Person is first covered under the Policy.

We will pay under this benefit only for the first instance suffered by an Insured Person after the commencement of this Policy and only once during the lifetime of this Policy in respect of each Insured Person.

In respect of Major Cancer, the following are excluded under this Dread Disease Recuperation Benefit:

- All tumours which are histologically classified as any of the following:
  - Pre-malignant;
  - Non-invasive;
  - Carcinoma-in-situ (Tis) or Ta;
  - Having borderline malignancy;
  - Having any degree of malignant potential;
  - Having suspicious malignancy;
  - Neoplasm of uncertain or unknown behaviour; or
  - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;
- Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;

- All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of HIV infection.

**14. Companion Accommodation** The daily cost of an added bed in the same room for either parent or legal guardian staying with the Insured Person, up to a maximum of sixty (60) days. This Benefit is only applicable if the Insured Person is under twelve (12) years of age at the commencement of the confinement in the Hospital as an Inpatient.

**15. Home Nursing** Charges incurred up to a maximum of 26 weeks for the services of a medically qualified and licensed nurse in the Insured Person's home for the continued treatment of a medical condition following Hospitalisation.

Such services must be certified in writing as Medically Necessary by the attending Physician and commence within sixty (60) days of discharge from Hospital or community Hospital. The plan and schedule of the nursing care must further be established and prescribed in writing by the attending Physician. No payment will be made for services provided with respect to custodial care, rest cure, convalescence or personal comfort issues.

**16. Second Opinion (RH only)** All visits to a Physician at Raffles Hospital, for the purpose of a second opinion in the treatment of the same medical condition for which the Insured Person has previously sought a diagnosis or treatment for.

## Section D – Exclusions

No Benefit is payable for treatment related to or complications arising from any of the following, except where coverage is expressly afforded in the Description of Benefits and endorsed in the respective Policy Schedule(s) issued:

1. Any Pre-Existing Conditions which have existed preceding the Effective Date in respect of the Insured Person, whether known or unknown to the Insured Person in so far as the cause and pathology of the conditions have already existed, unless the Insured Person affected by these conditions has already been insured continuously for 12 months under this Policy or any Group medical insurance policy issued in Singapore immediately prior to the commencement of his/ her insurance under this Policy.

All Pre-Existing Conditions for outpatient kidney dialysis and all cancer treatments are permanently excluded.

2. All medications, investigations or treatment that are not Medically Necessary and expenses of a non-medical nature such as house or office calls by Physicians, prescription drugs without consultations, group support treatment, and international calls.
3. Procedures not generally recognised as standard medical practice such as herbal medication, acupuncture, food allergy tests, Ayurveda treatment, osteopathic, podiatry, foot reflexology, hydrotherapy, occupational and speech therapy, and experimental treatment and procedures under investigation including clinical trials.
4. Medical tourism including all planned overseas treatment are specifically excluded.
5. Any treatments, investigations, and services of a preventive nature such as immunisations and vaccinations, preventive medicines (including vitamins, probiotics and supplements not for curative purposes), and services for the primary purpose of diagnosis such as medical check-ups and genetic, health or disease screening;
6. Psychiatric or psychological condition and illness; substance abuse including alcoholism or drug use;
7. Intentional self-inflicted Injuries (while sane or insane) or Injuries sustained as a result of the Insured Person's criminal act;
8. Pregnancy, childbirth, abortion, and treatment, investigations and services related to fertility, sterilisation, and contraception;
9. Any treatments, investigations and services of an aesthetic, cosmetic or plastic nature except Medically Necessary reconstructive surgery;
10. Treatment of or complications arising from xanthelasma, syringoma, acne, alopecia, inguinal hernia, and hydrocele, except where the Insured Person who is under treatment for inguinal hernia and hydrocele is more than Age five (5) years old;
11. Obesity, weight reduction or improvement procedures including bariatric surgery and diet counselling;

12. Circumcision, (except where Medically Necessary), gender re-assignment, organ reconstruction or treatment relating to the same;
13. Congenital anomalies or genetic defects present at or existing from the time of birth regardless of when the abnormalities or defects were discovered or the time of their treatment;
14. All types of developmental, learning or behavioural problems and delays (whether physical or psychological in nature) including the assessment or grading of such problems;
15. Treatment for conditions relating to physiological or natural cause such as aging, menopause, or puberty and which are not due to any underlying Illness or Injury;
16. Acquired Immune Deficiency Syndrome (AIDS), any AIDS related conditions, Human Immune-Deficiency Virus (HIV) infection or any type of sexually transmitted disease;
17. Any dental work or treatment, dental surgery, orthodontics and orthognathic surgery; temporo-mandibular joint disorder except where required to correct damage to sound natural teeth as a result of an Accident. All restoration works are absolutely excluded, whether or not necessitated by an Accident. For avoidance of doubt, any treatment that requires the expertise of a Dental Surgeon, regardless of the disease or condition being treated, will be excluded. This is regardless of the involvement of any Medical Doctor in the treatment or surgery for that condition;
18. Implants (whether homograft, heterograft, or artificial) and prostheses, all forms of home aids such as dialysis machines, nebulizers and other Hospital-type equipment, and appliances such as hearing aids, special braces, pressure garments, wheelchairs, and crutches;
19. Eye examination, surgical procedure for the correction of eye refraction, procurement or use of contact lenses or eye glasses, and surgical procedure for correction of squint or other eye misalignment if Insured Person is above Age eight (8) years old;
20. Rest cure, sanitarium, hospice, respite, or special nursing care;
21. Sleep disorders including sleep apnoea; and
22. Injuries or Illnesses arising from direct participation in insurrection, war or act of war (whether declared or undeclared), strikes, riots, or civil commotion.

## Section E – Claims Procedure

1. Written notice of claim in Our prescribed form must be provided to Us within thirty (30) days of the occurrence of an event giving rise to a claim.
2. We have the right to decline claims received later than thirty (30) days unless You or the Insured Person can show that it was not possible to give Us notice within thirty (30) days and that such notice was given to Us as soon as reasonably possible.
3. Proof of Claim comprising medical reports, receipts, certificates, and other relevant information and documentation required by Us in Our discretion must be provided, with costs borne by the Insured Person or You. We also reserve the right to request original copies of the above documents and seek a physical examination of the Insured Person by Our Physicians, with the physical examination costs to be borne by Us unless the claim was subsequently proven invalid.

Group Major Medical

## RAFFLES CORPORATE CARE ENHANCED GROUP EXTENDED MAJOR MEDICAL POLICY (GEMM)

Welcome to Your GEMM Policy. We, Raffles Health Insurance, are the underwriter of your GEMM Policy and are a direct life insurer licensed by the Monetary Authority of Singapore.

We will pay the Benefits of this GEMM Policy, subject to its terms and conditions, the General Conditions (Medical), the GEMM Policy Schedule and any Endorsements issued by Us. This GEMM Policy shall become effective on the date specified in the GEMM Policy Schedule and continue for the Period of Insurance specified.

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Chief Executive  
Raffles Health Insurance Pte Ltd

### **Disclosure Statement**

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## Section A – Definitions

1. **Deductible** The minimum amount of Hospitalisation benefits that must be incurred under the GHS policy before any Benefits are payable under this GEMM policy.

## Section B – General Conditions (Medical) Apply

The General Conditions (Medical) apply to this GEMM Policy. All terms which are not defined in this GEMM Policy will have the same meaning as in the General Conditions (Medical).

## Section C – Additional Conditions Apply

The GEMM Policy is subject to additional requirements below:

- a) The period of Hospitalisation was more than twenty (20) days; or
- b) The Insured Person has undergone surgical operation for which the maximum Benefit payable is at least 75% as stated in the Schedule of Surgical Fees set out in the Policy, we will reimburse the eligible expenses incurred.

This Benefit will be payable only if the eligible amount exceeds the sum of the Benefit payable under the GHS Policy.

## Section D – Description of Benefits

In the event the Insured Person is Hospitalised as a result of Illness or Injury and the medical expenses incurred are in excess of the limits specified in the GHS Policy Schedule, the Benefits set out below may be utilised to pay for such excess expenses, subject always to the Deductible, Co-insurance and the applicable limits specified in the GEMM Policy Schedule.

1. **Hospitalisation Room and Board Benefit** Daily Room and Board charges incurred in excess of the maximum number of days for Daily Room & Board Benefit payable under the GHS Policy, in accordance to the Insured Person's ward category entitlement.
2. **Other Hospitalisation Benefits** Other eligible Hospitalisation charges in excess of the limit specified in the GHS Policy. The In-Hospital Doctor Consultation Benefit is payable for Hospitalisation in excess of the days allowed under the Daily Room & Board Benefit in the GHS Policy.
3. **Surgical Implants** Charges incurred for surgical implants and approved medical consumables (as defined below) in relation to Surgical Procedures which are covered under Your Policy. Surgical implants refer to implants that are inserted into the body of the Insured during a Surgical Procedure and remain in the Insured's body after the surgical procedure.  
  
Approved medical consumables include:
  - Intravascular electrodes for electrophysiological procedures;
  - Percutaneous transluminal coronary angioplasty (PTCA) balloons
  - Intra-aortic balloons (or balloon catheters).  
Surgical implants and approved medical consumables used must be Medically Necessary and We will only pay Reasonable and Customary Expenses.

## Additional Exclusions Applicable to this Rider

The Exclusions stated in the GHS Policy shall equally apply to this GEMM Policy.

**Schedule of Surgical Fees**

Surgical Code Table	Surgical Percentage
1A	5%
1B	10%
1C	15%
2A	20%
2B	25%
2C	30%
3A	40%
3B	45%
3C	50%
4A	55%
4B	60%
4C	65%
5A	70%
5B	75%
5C	80%
6A	85%
6B	90%
6C	95%
7A	100%
7B	100%
7C	100%

Note: Detailed surgical procedures under each category shown above shall be based on the prevailing "Table of Surgical Procedures" under the Medisave Scheme operated by the Ministry of Health of Singapore, which may be amended from time to time. Any amendments to the above Surgical Codes or Surgical Percentage under the Medisave Scheme operated by the Ministry of Health of Singapore shall automatically apply to the above table.

Group Outpatient Clinical

## RAFFLES CORPORATE CARE ENHANCED GROUP OUTPATIENT CLINICAL INSURANCE (GOC)

Welcome to Your GOC Policy. We, Raffles Health Insurance, are the underwriter of your GOC Policy and are a direct life insurer licensed by the Monetary Authority of Singapore.

This GOC Policy is issued as an extension of the GHS Policy and is valid only if and when the GHS Policy is in full force. We will pay the Benefits of this GOC Policy, subject to its terms and conditions, the General Conditions (Medical), the GOC Policy Schedule and any Endorsements issued by Us. This GOC Policy shall become effective on the date specified in the GOC Policy Schedule and continue for the Period of Insurance specified.

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Chief Executive  
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## Section A – Definitions

1. **General Practitioner (GP)** A medical practitioner who is qualified, and licenced and accredited by the relevant health authorities to practice as a general practitioner in the country in which he/she operates. This excludes (a) the Insured Person or (b) a member of the Insured Person's immediate family.
2. **Teleconsultation** A form of medical consultation using electronic communications, information technology or other means for a Physician to provide real-time visual and audio assessment at a distance.

## Section B – General Conditions (Medical) Apply

The General Conditions - Medical apply to this GOS Policy. All terms which are not defined in this GOS Policy will have the same meaning as in the General Conditions (Medical).

## Section C – Description of Benefits

We will pay the following Benefits, provided they have been elected and are endorsed on the GOS Policy Schedule, subject always to the applicable limits and conditions specified in the GOS Policy Schedule. Where a Co-Payment applies, the Insured Person may be required to pay the amount of the Co-Payment at the clinic on the day of visit.

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| <b>A) Visit to Polyclinic</b>                                 | Charges incurred for in-person care and treatment by a GP at a Government Polyclinic, limited to one visit per Insured Person per day.   |
| <b>B) Visit to Panel GP</b>                                   | Charges incurred for in-person care and treatment by a GP appointed to Our Panel, limited to one visit per Insured Person per day.   |
| <b>C) Visit to Non-Panel GP</b>                               | Charges incurred for in-person care and treatment by a GP not appointed to Our Panel, limited to one visit per Insured Person per day.   |
| <b>D) Teleconsultation (Raffles Connect only)</b>             | Charges incurred for outpatient teleconsultation by a GP via the RafflesConnect App, and is inclusive of medication and delivery charges, limited to one visit per Insured Person per day.   |
| <b>E) Teleconsultation (Other App)</b>                        | Charges incurred for outpatient teleconsultation by a GP not via the RafflesConnect App, and is inclusive of medication and delivery charges, limited to one visit per Insured Person per day.   |
| <b>F) Visit to TCM</b>  | Expenses incurred for care and treatment (including medication) with a TCM Practitioner.   |
| <b>G) Emergency Outpatient A&amp;E Treatment in Singapore</b> | Charges incurred for outpatient medical treatment(s), including but not limited to, Medically Necessary services, treatments, laboratory examinations, basic radiologic procedure, medical expenses or medical supplies provided, which are consistent with the diagnosis for a covered illness or injury in<br>1) An Accident and Emergency (A&E) Department of a Government Restructured or Private Hospital; or<br>2) A 24-hours walk-in Clinic in an Accident and Emergency (A&E) Department of a Government Restructured or Private Hospital. |
| <b>H) Overseas Emergency Outpatient Treatment</b>             | Charges incurred for Emergency outpatient treatment in an A&E Department in a Hospital or clinic outside of Singapore  |

## Section D – Additional Exclusions Applicable

The Exclusions stated in the GHS Policy shall equally apply to this GOC Policy, except for the Exclusion on Pre-Existing Conditions. In addition, the following exclusions shall apply:

1. Any surcharges incurred due to visits outside the normal operating hours of the clinic or House calls by Physicians.
2. Drugs purchased without a doctor's prescription.

## Section E – Claims Procedure

3. Written notice of claim in Our prescribed form must be provided to Us within thirty (30) days of the occurrence of an event giving rise to a claim.
4. We have the right to decline claims received later than thirty (30) days unless You or the Insured Person can show that it was not possible to give Us notice within thirty (30) days and that such notice was given to Us as soon as reasonably possible.
5. Proof of Claim comprising medical reports, receipts, certificates, and other relevant information and documentation required by Us in Our discretion must be provided, with costs borne by the Insured Person or You. We also reserve the right to request original copies of the above documents and seek a physical examination of the Insured Person by Our Physicians, with the physical examination costs to be borne by Us unless the claim was subsequently proven invalid.

Group Outpatient Specialist

## **RAFFLES CORPORATE CARE ENHANCED GROUP OUTPATIENT SPECIALIST INSURANCE (GOS)**

Welcome to Your GOS Policy. We, Raffles Health Insurance, are the underwriter of your GOS Policy and are a direct life insurer licensed by the Monetary Authority of Singapore.

This GOS Policy is issued as an extension of the GHS Policy and is valid only if and when the GHS Policy is in full force. We will pay the Benefits of this GOS Policy, subject to its terms and conditions, the General Conditions (Medical), the GOS Policy Schedule and any Endorsements issued by Us. This GOS Policy shall become effective on the date specified in the GOS Policy Schedule and continue for the Period of Insurance specified.

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## Section A – Definitions

1. **General Practitioner (GP)** A medical practitioner who is qualified, and licenced and accredited by the relevant health authorities to practice as a general practitioner in the country in which he/she operates. This excludes (a) the Insured Person or (b) a member of the Insured Person's immediate family.
2. **Specialist** A medical practitioner who is qualified and specialized in a specific area in a medical field, and is licenced and accredited by the relevant health authorities to practice as such in the country in which he/she operates. This excludes (a) the Insured Person or (b) a member of the Insured Person's immediate family or (c) Allied health professionals including, but not limited to Clinical Psychologists, Occupational Therapist, Physiotherapists, Speech-Language Therapists, Diagnostic Radiographers and Radiation Therapists as specified by MOH.
3. **Teleconsultation** A form of medical consultation using electronic communications, information technology or other means for a Physician to provide real-time visual and audio assessment at a distance.

## Section B – General Conditions (Medical) Apply

The General Conditions - Medical apply to this GOS Policy. All terms which are not defined in this GOS Policy will have the same meaning as in the General Conditions (Medical).

## Section C – Description of Benefits

We will pay the following Benefits, provided they have been elected and are endorsed on the GOS Policy Schedule, subject always to the applicable limits and conditions specified in the GOS Policy Schedule. Where a Co-Payment applies, the Insured Person may be required to pay the amount of the Co-Payment at the clinic on the day of visit.

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| <b>A) GRH Specialist Visits</b>  | Charges incurred for care and treatment with a GRH Specialist, upon referral by a Physician.   |
| <b>B) Panel Specialist Visits</b>  | Charges incurred for care and treatment by a Specialist appointed to Our Panel, upon referral from a Physician.  |
| <b>C) Non-Panel Specialist Visits</b>  | Charges incurred for care and treatment by a Specialist not appointed to Our Panel, upon referral from a Physician, unless such referral is not required under the Schedule of Benefits.   |
| <b>D) All Other Diagnostic Scans</b>   | Charges incurred for Magnetic Resonance Imaging (MRI) scans, Computer Tomography (CT) scans, Positron Emission Tomography (PET) scans, gait scans, X-Ray, Laboratory Tests and other diagnostic scans upon written referral by a Physician.  |
| <b>E) Outpatient Physiotherapy, Dietician, Occupational Therapy, Speech Therapy (with referral letter)</b> | Charges incurred for outpatient treatment by a qualified and registered physiotherapist, dietician, occupational therapist or speech therapist, upon a written referral by a Physician   |
| <b>F) Paediatrician without Referral (for child 5 years and below)</b>                                     | Charges incurred for outpatient care and treatment by a Specialist paediatrician (including X-ray, laboratory tests, and specialized diagnostic scans) without a referral letter from a General Practitioner. This Benefit is applicable if the Insured Person is under five (5) years of age. |
| <b>G) Teleconsultation</b>   | Charges incurred for Teleconsultation by a Specialist, inclusive of medication and delivery charges.   |

## Section D – Additional Exclusions Applicable

The Exclusions stated in the GHS Policy shall equally apply to this GOS Policy, except for the Exclusion on Pre-Existing Conditions, occupational and speech therapy.

## Section E – Claims Procedure

1. Written notice of claim in Our prescribed form must be provided to Us within thirty (30) days of the occurrence of an event giving rise to a claim.
2. We have the right to decline claims received later than thirty (30) days unless You or the Insured Person can show that it was not possible to give Us notice within thirty (30) days and that such notice was given to Us as soon as reasonably possible.
3. Proof of Claim comprising medical reports, receipts, certificates, and other relevant information and documentation required by Us in Our discretion must be provided, with costs borne by the Insured Person or You. We also reserve the right to request original copies of the above documents and seek a physical examination of the Insured Person by Our Physicians, with the physical examination costs to be borne by Us unless the claim was subsequently proven invalid.



Group Dental

## **RAFFLES CORPORATE CARE ENHANCED GROUP DENTAL INSURANCE (GDT)**

Welcome to Your GDT Policy. We, Raffles Health Insurance, are the underwriter of your GDT Policy and are a direct life insurer licensed by the Monetary Authority of Singapore.

This GDT Policy is issued as an extension of the GHS Policy and is valid only if and when the GHS Policy is in full force. We will pay the Benefits of this GDT Policy, subject to its terms and conditions, the General Conditions (Medical), the GDT Policy Schedule and any Endorsements issued by Us. This GDT Policy shall become effective on the date specified in the GDT Policy Schedule and continue for the Period of Insurance specified.

We celebrate the start of a holistic healthcare journey with you and your employees.

Chief Executive  
Raffles Health Insurance Pte Ltd

**Disclosure Statement**

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

## Section A – Definitions

- 1. Dentist** A medical practitioner with a dental degree and is registered or licensed in the country in which he/she operates, and is accredited by the appropriate health authorities as fit to provide the medical services rendered. This excludes (a) the Insured Person or (b) a member of the Insured Person's immediate family.

## Section B – General Conditions (Medical) Apply

The General Conditions (Medical) apply to this GDT Policy. All terms which are not defined in this GDT Policy will have the same meaning as in the General Conditions (Medical).

## Section C – Description of Benefits

We will pay the Benefits endorsed on the GDT Policy Schedule, subject always to the applicable limits and conditions specified there. Where a Co-Payment applies, the Insured Person shall be required to pay the amount of the Co-Payment at the clinic on the day of visit.

## Section D: Additional Exclusions Applicable to this Rider

The Exclusions stated in the GHS Policy shall equally apply to this GDT Policy, except for the Exclusion on Pre-Existing Conditions. Additionally, the following Exclusion shall also apply:

1. Care and treatment for corrective dental purposes (such as bridges) or for the replacement of any lost or stolen dentures.

## Section E – Claims Procedure

1. Written notice of claim in Our prescribed form must be provided to Us within thirty (30) days of the occurrence of an event giving rise to a claim.
2. We have the right to decline claims received later than thirty (30) days unless You or the Insured Person can show that it was not possible to give Us notice within thirty (30) days and that such notice was given to Us as soon as reasonably possible.
3. Proof of Claim comprising medical reports, receipts, certificates, and other relevant information and documentation required by Us in Our discretion must be provided, with costs borne by the Insured Person or You. We also reserve the right to request original copies of the above documents and seek a physical examination of the Insured Person by Our Physicians, with the physical examination costs to be borne by Us unless the claim was subsequently proven invalid.

General Conditions (Medical)

## RAFFLES CORPORATE CARE ENHANCED GENERAL CONDITIONS (MEDICAL)

Welcome to Your Policy. We, Raffles Health Insurance, are the underwriter of Your Policy and are a direct life insurer licensed by the Monetary Authority of Singapore.

The General Conditions (Medical) apply to all Medical Policies issued by Us.

We celebrate the start of a holistic healthcare journey with you and your employees.

Chief Executive  
Raffles Health Insurance Pte Ltd

### **Disclosure Statement**

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

## Section A – How Your Policy Operates

Your Policy with Us is a contract of insurance and comprises the following components:

- a. The Policy(ies) and Policy Schedule(s) corresponding to the coverage that You have chosen
- b. This General Conditions (Medical);
- c. Any Endorsements issued by Us; and
- d. Any information or documentation provided to Us pursuant to this insurance.

Should any information previously provided to us change or new circumstances arise on matters relating to this insurance (such as changes to the Country of Residence, occupation, health or pursuits of the Insured Persons) please inform Us immediately. The obligation for disclosure is continuous and ongoing, and not informing us may prejudice coverage.

This contract may at any time be changed by written agreement between Us and You. Any changes to this contract shall be binding on Insured Persons whether insured under the Policy before or on after the effective date of the change.

We reserve the right to amend the terms and provisions of Your Policy on any Policy Anniversary date by giving You thirty (30) days' written notice of such change. Changes to the Policy will only be valid if approved by You and Us and evidenced in writing by Endorsements signed by Our authorised officers.

A clerical error by Us shall not invalidate coverage under the Policy otherwise validly in force, nor continue coverage otherwise not validly in force.

## Section B – Definitions

Wherever the following words are used in the Policy(ies) and Policy Schedule(s) corresponding to the coverage that You have chosen, this Policy Conditions, or any Endorsements issued by Us, they shall have the same meanings below:

- 1. 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 any illnesses.
- 2. Active Service** Active Service refers to an Employee who reports to work at any place assigned by You and performs in a customary manner all the regular duties of his/her employment with You. This includes an Employee on entitled annual leave for reasons other than on medical grounds and excludes an Employee on no pay leave.
- 3. Age** Shall mean age next birthday.
- 4. Appliances** Devices and equipment when used as an integral part of a surgical procedure administered by a Physician.
- 5. Co-payment** The amount or percentage of an eligible claim that has to be borne by the Insured Person as stated in the Policy Schedule.
- 6. Country of Residence** This means the Republic of Singapore unless otherwise stated.
- 7. Day Surgery** Surgery that is scheduled and performed by a Physician, at a Hospital or Clinic but not on an Inpatient basis.
- 8. Dependants** Any of the following persons related to the Insured Person:
  - (a) legal spouse or domestic partner (including partners of the same gender) aged between Age 16 and 70 at time of first Policy inception, renewable up to Age 75; and
  - (b) an unmarried and unemployed child aged Age 15 days and 25, who is financially dependent on the Insured Member for the necessities of life, but excluding National Service full-time Servicemen (NSF).
- 9. Effective Date** The Policy commencement date or date of Insured Person's first enrolment into the Policy, whichever is later.
- 10. Emergency** A sudden or unexpected onset of a medical condition which, as determined by the attending Physician, could result in serious disability or death if not treated immediately.
- 11. Employee** A person employed on a full-time and permanent basis by the Policyholder.
- 12. Enrolment Date** The date when a new Insured Person is included into the policy.
- 13. Hospital** A registered institution licensed as such by the Ministry of Health, or equivalent authority if not in Singapore, for the care and treatment of persons who are injured or ill and which:
  - (a) provides organised facilities for diagnosis, treatment and major surgery;

## Section A – How Your Policy Operates

- (b) provides 24-hour nursing services by registered or graduate nurses and under the supervision of one or more Physicians at all times; and
- (c) is primarily not a clinic, a mental hospital, a place for alcoholics or drug addicts, a nursing, rest or convalescent home or a home for the aged or primarily for rehabilitation, or similar establishment.
- 14. Hospitalisation / Hospitalised** Confinement for reason of Illness or Injury to a Hospital bed or ward for a continuous period of at least six (6) hours for purposes of treatment and for which the Hospital levies a room and board charge. For the avoidance of doubt, charges incurred for Short Stay Ward are also included in the definition of Hospitalisation.
- 15. Illness** Any sudden and unexpected pathological deviation from the normal healthy state, marked by interruption, cessation or disorder of body functions, systems or organs as confirmed by a Physician.
- 16. Injury** Bodily Injury caused solely and directly by an Accident.
- 17. Insured Person(s)** Person(s) who qualify for and are participating in coverage under the Policy, as described in the Policy Schedule.
- 18. Intensive Care Unit / High Dependency Unit** A section within a Hospital which is designated as such by the Hospital and which is maintained on a 24-hour basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.
- 19. Loss** Permanent, total and irrecoverable loss or loss of use.
- 20. Medically Necessary** A Medical 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; and  
(b) prescribed by a Physician in accordance with standards of good medical practice, consistent with current standard of professional medical care, and proven medical benefits; and  
(c) not for the convenience of the Insured Person or the Physician, and  
(d) not of an experimental, investigation or research nature, preventive or screening nature.
- 21. Period Of Insurance** The period of cover shown in the Policy Schedule for which the appropriate premium has been paid.
- 22. Pre-Existing Condition(s)** Any known or unknown medical condition from which the Insured Person is suffering on or before the Effective Date of coverage under the Policy, including those for which treatment, medication or advice have been received.
- 23. Physician** A medical practitioner with a medical degree and is registered or licensed in the country in which he/she operates, and is accredited by the appropriate health authorities as fit to provide the medical services rendered. This excludes (a) the Insured Person or (b) a member of the Insured Person's immediate family. A reference to "Physician" in this policy shall be construed to mean, whenever appropriate, a General Practitioner and/or a Specialist.
- 24. Reasonable and Customary Charges** Charges and fees for medical care and treatment that does not exceed the general level of charges or fees incurred by other medical providers of similar professional standing in the locality where the charges or fees are incurred, when giving like or comparable treatment, services or supplies to individuals of the same gender and of comparable age for a similar Illness or Injury. We will only pay eligible Reasonable and Customary Charges incurred up to the limit specified in the Policy Schedule. We reserve the right to adjust or limit any charges or fees which in the opinion of Our Physicians is not Reasonable and Customary.
- 25. Surgery** Any invasive surgical intervention performed by a Physician who is qualified and licenced to do so.
- 26. Surgical Implants** Surgical implants refer to devices surgically implanted into the body as part of the treatment (excluding any dental implants), and certified to be Medically Necessary and not implanted for cosmetic reasons.
- 27. Short Stay Ward** Charges incurred in a Short Stay Ward but excluding:  
(a) Pre-hospitalisation treatment which is given before and  
(b) Post-hospitalisation treatment that is given after the stay in Short Stay Ward that does not result in Hospitalisation confinement.

## Section A – How Your Policy Operates

- 28. Traditional Chinese Medicine (TCM) Practitioner** A person who is qualified to provide a prescribed practice of TCM and is registered and issued with a license to practice the TCM by the TCM Practitioners Board of Singapore, and who is other than the Insured Person or a member of his/her immediate family or other relative.
- 29. You, Your** The party named in the Policy Schedule as the Policyholder
- 30. We, Our, Us** Raffles Health Insurance Pte Ltd

## Section C – Policy Conditions

### 1. Entry Requirements

- a. Eligibility** The following persons are eligible for cover under the Policy:  
(a) An Employee Age 16 to 70, renewable up to Age 75; or  
(b) Subject to the Employee being covered, a Dependant who is resident in the same Country of Residence as the Employee.
- b. Commencement of Coverage** Coverage under the Policy commence on the Effective Date unless the Employee was not in Active Service on that date in which case the Employee's and his/hers Dependants' coverage will commence when the Employee returns to Active Service.
- If the Effective Date falls on a weekend or holiday, the Employee must have been in Active Service on the last workday.
- An Employee who is Hospitalised on the Effective Date will have his/hers and any Dependants' coverage activated upon discharge from the Hospital.

### 2. Administration of Insurance

- a. Data Required** You shall furnish to Us at the start and end of the policy year, full valid particulars of all the Insured Persons (including his/her name, NRIC/Passport details, date of birth, medical plan, Effective Date, date of termination of insurance coverage and change in Benefits) that We require to administer the Policy, in the format that We require.
- For administrative purposes, You shall notify Us within thirty (30) days of any addition or deletion of Employees and/or Dependants as Insured Persons under the Policy.
- b. Misstatement of Facts** If any relevant facts of an Insured Person has been misstated, the true facts will be used to assess if insurance is in force under the Policy, the premium payable, and which benefits (if any) are payable.
- c. Policy Plan Upgrading or downgrading** Any request for change of plan or change in occupational class must be in writing at least 30 days prior to the renewal of this Policy and will be required to complete the Personal Health Declaration form for underwriting. The change shall be in effect only upon the next renewal of the Policy. For an Illness or Injury occurring during the period of 12 months after the date of upgrading, We shall not be liable beyond the limits applicable for the previous Policy Year, if such Illness or Injury directly or indirectly arises or results from a condition occurring or sustained during the previous Policy Year.
- d. Policy Administered on a "Name Count" Basis** You will furnish full particulars showing the Insured Person's name, gender, occupation, NRIC or Passport Number, date of birth, nationality, country of residence, email address, effective date, sum insured, date of termination of insurance coverage and change in benefits of all Insured Persons who are covered at Policy Commencement Date and at each Renewal Date or at such times as We may require.
- Any addition of new Insured Member will be charged a pro-rated premium corresponding to the unexpired Period of Insurance. Any termination of new Insured Person will be granted a pro-rated refund of the premium paid in respect of that Insured Person corresponding unexpired Period of Insurance.
- e. Premium Warranty** We have no liability under the Policy unless premium is paid and received by Us in full within sixty (60) days from the Effective Date or sixty (60) days from the date of the premium tax invoice issued by Us, whichever is later.
- If We do not receive the premiums within the above period, this insurance is automatically cancelled from the expiry of the sixty (60) day period and We shall be entitled to charge You the pro-rata premium as set out in Clause 5 below.

## Section A – How Your Policy Operates

### 3. Payment Conditions

- a. Payment of Benefits** We will pay a claim only when the claims have been proven to Our satisfaction. All benefits will be paid in Singapore currency to either You or the Insured Person. The mode of payment shall be by Interbank Giro. If an alternative mode of payment is requested, We are entitled to deduct any bank charges from the amount payable. Any payment made will effectively discharge us from any further liability.
- b. Treatment Overseas** Should Hospitalisation charges be incurred outside of an Insured Person's Country of Residence that is covered under the Policy, Our liability to pay is limited to the actual charges incurred abroad or the Reasonable and Customary charges for like treatment in Singapore, whichever is lower.
- c. Other Insurances** Should the Insured Person hold other medical insurance which makes provision for the payment of medical expenses, You shall advise Us of the details of such other insurance and We shall be liable only for charges in excess of the amount recoverable from such other insurance.
- d. Recovery** You and/or the Insured Person agree that We have the right to proceed in You and/or the Insured Person's name against any third party(ies) who may be responsible for an event giving rise to a claim under this Policy or for any expenses that should be properly paid under another policy. You will be responsible for the recovery from the Insured Person any expenses incurred by Us for benefits or services not covered, including but not limited to any expenses incurred relating to the exclusions, any amounts exceeding the limits specified in the Benefit Schedule and expenses incurred after the date in which the Insured Person's insurance has ceased. For the avoidance of doubt, the Insured Person shall be liable to pay to the Hospital any expenses which are not covered under the Policy.
- e. Limitation of Cover** If the Insured Person received treatment or is admitted to a ward or Hospital type higher than what he is entitled to under the policy, either as an inpatient or for Day Surgery, we will pay up to 60% of the eligible Reasonable and Customary charges (excluding Daily Room and Board and Surgeon Fees) subject to the maximum limit stated in the Policy Schedule.

For Surgeon Fees, We will reimburse the guidelines and published fee benchmarks provided by MOH.

For a upgrade in bed type or hospital type, the Daily Room & Board amount will be capped at the highest amount charged by a Hospital in Singapore for the entitled bed type and Hospital type.

For avoidance of doubt, this is only applicable to Hospitalisation in Singapore

### 4. Renewal Privilege

This Policy is renewable at Our option. Where at renewal a request is made to hold cover, the maximum period that cover can be held is fourteen (14) days. If at the end of this period the Policy is cancelled or lapses for whatever reason, a pro-rata premium in accordance with Clause 5 below is payable.

### 5. Termination of Coverage

- a. Entitlement to Cancel or Terminate Policy** You have the right to cancel the Policy at any time by giving Us thirty (30) days' written notice. If no claims have been made during the Period of Insurance, We will charge You a pro-rata premium based on the following Short Period Premiums:

Period of Cover	Short period rates
1 week or less	1 month
1 month or less	3 months
2 months or less	4 months
3 months or less	6 months
4 months or less	7 months
6 months or less	9 months
8 months or less	10 months
More than 8 months	Full annual Premium

## Section A – How Your Policy Operates

You have the right to terminate cover for any Insured Person at any time by giving Us thirty (30) days' written notice. You will be granted a pro-rata refund of the premium paid in respect of that Insured Person corresponding to the unexpired Period of Insurance.

We have the right to cancel the Policy or any section or part of it by giving You thirty (30) days' written notice. Upon cancellation, You will be granted a pro-rated refund of the total premium paid corresponding to the unexpired Period of Insurance.

- b. Automatic Termination** Insurance under the Policy in respect of each Insured Person shall automatically terminate on the earliest happening of the following events:
- (a) on the date the Policy is terminated; or
  - (b) upon the death of such Insured Person; or
  - (c) on the date of termination of employment of the Employee; or
  - (d) on the date in which the Employee is retired or Pensioned; or
  - (e) the Insured Person no longer meets the eligibility requirements; or
  - (f) non-payment of premiums by the Policyholder after the premium due date.

Cessation of Active Service by an Employee shall constitute the termination of his/hers and any dependant's coverage under the Policy, unless the Employee had ceased Active Service because of Illness or Injury in which case coverage shall continue for up to another six (6) months provided premium continues to be paid.

Where the insurance for the Employee is terminated, coverage for all of his/her dependants shall simultaneously cease.

An Insured's Person's cover will cease automatically if he remains outside of his Country of Residence for a period in excess of one hundred (180) consecutive days, unless notified to Us in advance and Our consent is given to continue the cover.

### 6. Governance

- a. Governing Law** The Policy shall be governed by the laws of the Republic of Singapore.
- b. Sanction Limitation** We shall not be deemed to provide cover or obliged to pay any claim or provide any Benefit to the extent that doing so would contravene any resolutions, trade or economic sanctions applicable under the Governing Law above.
- c. Assignment** The Policy cannot be assigned by You unless we give prior written consent.
- d. Misstatement or Fraud** We shall have no liability to pay any Benefit under the 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) before inception of the Policy and upon each renewal; or
  - (b) fail to properly observe and fulfil the terms and conditions of the Policy; or
  - (c) make any untrue statement; or
  - (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.
- e. Legal Proceedings** No legal proceedings shall be brought to recover on the Policy before the expiration of sixty (60) days after proof of claims has been received according to the Policy. No legal or recovery proceedings may be brought by You or the Insured Person against Us more than two (2) years after the proof of claims was received.
- f. Dispute Resolution** You and Us agree to submit all disputes arising out of the Policy to the Financial Industry Dispute Resolution Centre (FIDREC) or the Singapore Mediation Centre (SMC) for mediation and settlement in accordance with the rules and procedures in force. If FIDREC or SMC fails to resolve the dispute, the dispute shall be referred to arbitration in accordance with the arbitration rules of the Singapore International Arbitration Centre.
- g. Rights of Third Party** 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 2001 to enforce any of its terms.
- h. Compliance with Data Protection and Privacy Laws** You and Us agree to comply with the Personal Data Protection Act 2012 (including any subsequent versions, revisions and amendments) and any related regulations or guidelines.
- You agree to allow Our vendors and associated companies to use data gathered in relation to this Policy to enable services to be rendered to You.



Group Term Life

## RAFFLES CORPORATE CARE ENHANCED GROUP TERM LIFE (GTL)

Welcome to Your Policy. We, Raffles Health Insurance, are the underwriter of Your Policy and a direct life insurer licensed by the Monetary Authority of Singapore.

We will pay the Benefits of this GTL Policy, subject to its terms and conditions, the General Conditions (Non-Medical), the GTL Policy Schedule and any Endorsements issued by Us. This GTL Policy shall become effective on the date specified in the GTL Policy Schedule and continue for the Period of Insurance specified.

We celebrate the start of a holistic healthcare journey with You and Your Employees.

Chief Executive  
Raffles Health Insurance Pte Ltd

### **Disclosure Statement**

This Policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for Your Policy is automatic and no further action is required from You. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Us or visit the 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).)

## Section A – Definitions

1. **Terminal Illness** Terminal illness is an Illness which is expected to result in death within twelve (12) months from the date of the diagnosis, as certified by the Insured Person's Physician and concurred and agreed by Our Physician.
2. **Total and Permanent Disability (TPD)** A state of incapacity of an Insured Person as a result of Injury or Illness such that, in the opinion of Our Physicians, the Insured Person can (neither then nor at any time during his remaining life-time) do or pursue any work, occupation or profession to obtain wages, compensation or profit.
- The following shall constitute TPD:
- a. the total and irrecoverable loss of sight of both eyes as certified by Our Physician; or
  - b. the loss of use of
    - i. both hands at or above the wrists; or
    - ii. both feet at or above the ankles; or
    - iii. one hand at or above the wrist and one foot at or above the ankle; or
    - iv. one limb at or above the wrist or ankle and the loss of sight of one eye.

If the Insured Person has sustained any of the losses described above prior to the Effective Date, TPD will be determined based on any loss sustained after the Effective Date without reference to any previous loss.

## Section B – General Conditions (Non-Medical) Apply

The General Conditions (Non-Medical) apply to this GTL Policy. All terms which are not defined in this GTL Policy will have the same meaning as in the General Conditions (Non-Medical).

## Section C – Additional Conditions Applicable

- Eligibility Requirements**
- To be eligible for coverage under this GTL Policy, the Insured Person must be:
- a) an Employee of Yours between Age 16 to 70, renewable up to Age 75 in respect of the Death Benefit; and
  - b) an Employee of Yours between Age 16 to 70 for all other Benefits (except Death Benefit).

## Section D – Description of Benefits

We will pay the for the following Benefits, provided they have been elected and are endorsed on the GTL Policy Schedule, subject always to the applicable limits and conditions specified in the GTL Policy Schedule.

1. **Death Benefit**
- The Sum Assured specified in the GTL Policy Schedule in one lump sum if the Insured Person dies during the Period of Insurance, subject to the presentation of satisfactory proof as determined by Us of his/her age and death.
- The Death Benefit shall be reduced by any amount paid under the Terminal Illness Benefit.
2. **TPD Benefit**
- If the Insured Person suffers TPD during the Period of Insurance, the Sum Assured specified in the GTL Policy Schedule will be paid up to S\$500,000. The Insured Person must present satisfactory proof as determined by Us of his/her age and the TPD suffered.
- The TPD Benefit shall be deemed identical to the Death Benefit, and only 1 Benefit may be granted. If the TPD Benefit is paid, then no Death Benefit will be payable and vice versa.
3. **Extended Benefits**
- Should an Employee be Medically Boarded-Out during the Period of Insurance, the Death Benefit and TPD Benefit under this GTL Policy (collectively referred to as Extended Benefits) will be extended for a maximum duration of twelve (12) months provided that:
- (i). This GTL Policy continues to be in force for the duration the Extended Benefits, and
  - (ii). The Employee remains continuously unemployed for the duration the Extended Benefits, and
  - (iii). No claim under this GTL Policy was previously made by the Insured Person, and

- (iv). The Insured Person was originally accepted for participation in this GTL Policy as standard life, and
- (v). We received written notification of the intended termination of employment from You prior to such termination.

**4. Terminal Illness Benefit**

The Sum Assured specified in the GTL Policy Schedule in one lump sum, up to S\$500,000 if the Insured Person suffers a Terminal Illness.

**Section E – Exclusions**

1. Any pre-existing conditions for which the Insured Person received medical treatment, diagnosis, consultation, or prescribed drugs within 12 months' period preceding the Effective Date Of Coverage, or a condition for which medical advice and treatment was recommended by a physician within a 12 months period preceding the Effective Date Of Coverage.
2. Suicide or attempted suicide is excluded for the first 12 months.

**Section F – Claims Procedure**

1. Written notice of claim in Our prescribed form must be provided to Us within thirty (30) days of the occurrence of an event giving rise to a claim.
2. We have the right to decline claims received later than thirty (30) days unless You or the Insured Person can show that it was not possible to give Us notice within thirty (30) days and that such notice was given to Us as soon as reasonably possible.
3. Proof of Claim comprising medical reports, receipts, certificates, and other relevant information and documentation required by Us in Our discretion must be provided, with costs borne by the Insured Person or You. We also reserve the right to request original copies of the above documents and seek a physical examination of the Insured Person by Our Physicians, with the physical examination costs to be borne by Us unless the claim was subsequently proven invalid.

Group Personal Accident

## RAFFLES CORPORATE CARE ENHANCED GROUP PERSONAL ACCIDENT (GPA)

Welcome to Your Policy. We, Raffles Health Insurance, are the underwriter of Your GPA Policy and are a direct life insurer licensed by the Monetary Authority of Singapore.

We will pay the Benefits of this GPA Policy, subject to its terms and conditions, the General Conditions (Non-Medical), the GPA Policy Schedule and any Endorsements issued by Us. This GPA Policy shall become effective on the date specified in the GPA Policy Schedule and continue for the Period of Insurance specified.

We celebrate the start of a holistic healthcare journey with you and your employees.

Chief Executive  
Raffles Health Insurance Pte Ltd

**Disclosure Statement**

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**Group Personal Accident**

Schedule of Benefits	
Description of Loss	Benefit Payable (% of Sum Assured)
1 Accidental Death	100
2 Permanent Total Disablement	150
3 Loss of or the permanent total loss of use of two limbs	150
4 Loss of or the permanent total loss of use of one limb	125
5 Permanent total loss of sight of both eyes	150
6 Permanent total loss of sight of one eye	100
7 Loss of or the permanent total loss of use of one limb and loss of sight of one eye	150
8 Loss of speech and hearing	150
9 Permanent and incurable insanity	100
10 Permanent total loss of hearing	
(a) Both ears	100
(b) One ear	30
11 Loss of speech	75
Loss of or the permanent total loss of use of four fingers and thumb of	
12 (a) Right hand	85
(b) Left hand	65
Loss of or the permanent total loss of use of four fingers of	
13 (a) Right hand	55
(b) Left hand	45
Loss of or the permanent total loss of use of one thumb of	
(a) Both right phalanges	40
14 (b) One right phalanx	25
(c) Both left phalanges	30
(d) One left phalanx	20
Loss of or the permanent total loss of use of fingers	
(a) Three right phalanges	20
15 (b) Two right phalanges	15
(c) One right phalanx	10
(d) Three left phalanges	15

	(e) Two left phalanges	10
	(f) One left phalanx	5
	Loss of or the permanent total loss of use of toes	
	(a) All - one foot	25
16	(b) Great toe - two phalanges	10
	(c) Great toe - one phalanx	10
	(d) Other than great toe, each toe	2
17	Fractured leg or patella with established non-union	20
18	Shortening of leg by at least 5cm	10
	Second & Third degree burns :	
	Area: Damage as % of total body surface	
	Head: 3rd degree burn of 20% or more of the total head surface area	100
	Head: 2nd degree burn of 10% or more of the total head surface area	50
	Body: 3rd degree burn of 40% or more of the total body surface area	100
19	Body: 2nd degree burn of 40% or more of the total body surface area	50
	Body: 3rd degree burn of 25% or more of the total body surface area	80
	Body: 2nd degree burn of 25% or more of the total body surface area	40
	Body: 3rd degree burn of 15% or more of the total body surface area	60
	Body: 2nd degree burn of 15% or more of the total body surface area	30

**Notes;**

1. Where the Injury is not specified above (other than loss of sense of taste or smell), We will after consulting Our Physician, adopt a percentage of disablement, which is consistent with the provisions above without reference to Your occupation.
2. If the benefit is payable for loss of or loss of use of a whole member of the body, the benefit for parts of that member is not payable.
3. Benefits will be payable only when the claim has been proved to Our satisfaction.
4. For benefits 12 to 16, 'Left' shall be read as 'Right' and vice versa if the Insured Person is left-handed.

## Section A – Definitions

Wherever the following words are used in the Policy(ies) and Policy Schedule(s) corresponding to the coverage that You have chosen, this Policy Conditions, or any Endorsements issued by Us, they shall have the same meanings below:

- 1. Accidental Bodily Injury**

Bodily injury sustained by the Insured Persons during the Period of Insurance caused solely and directly by Accidental means (excluding any sickness or medical disorder) and within 12 calendar months from the date of the Accident results in the Insured Person's Death or Disablement.
- 2. Emergency**

A sudden or unexpected onset of a medical condition which, as determined by the attending Physician, could result in serious disability or death if not treated immediately.
- 3. Hospital**

A registered institution licensed as such by the Ministry of Health, or equivalent authority if not in Singapore, for the care and treatment of persons who are injured or ill and which:

  - (a) provides organised facilities for diagnosis, treatment and major surgery;
  - (b) provides 24-hour nursing services by registered or graduate nurses and under the supervision of one or more Physicians at all times; and
  - (c) is primarily not a clinic, a mental hospital, a place for alcoholics or drug addicts, a nursing, rest or convalescent home or a home for the aged or primarily for rehabilitation, or similar establishment.
- 4. Hospitalisation / Hospitalised**

Confinement for reason of Illness or Injury to a Hospital bed or ward for a continuous period of at least six (6) hours for purposes of treatment and for which the Hospital levies a room and board charge.
- 5. Loss**

Permanent, total and irrecoverable loss. Loss of use of member shall be treated as Loss of member.
- 6. Loss of Limbs**

Loss by physical severance of a hand at or above the wrist or of a foot at or above the ankle.
- 7. Permanent**

Used in respect to disablement means disability that lasts more than three hundred and sixty-five (365) days following which there is no hope of improvement.
- 8. Pre-Existing Condition(s)**

Any known or unknown medical condition from which the Insured Person is suffering on or before the Effective Date of coverage under the Policy, including those for which treatment, medication or advice have been received.

## Section B- General Conditions (Non-Medical) Apply

The General Conditions (Non-Medical) apply to this GPA Policy. All terms which are not defined in this GPA Policy will have the same meaning as in the General Conditions (Non-Medical).

## Section C- Additional Conditions Applicable

### Eligibility Requirements

To be eligible for coverage under this GPA Policy, the Insured Person must be:

- a) An Employee Age 16 to 65, renewable up to Age 75
- b) Subject to the Employee being covered, a Dependent who is resident in the same Country of Residence as the Employee.

## Section D- Description of Benefits

We will pay the following Benefits, provided they have been elected and are endorsed on the GPA Policy Schedule, subject always to the applicable limits and conditions specified in the GPA Policy Schedule.

- 1. Accidental Death** If, during the Period of Insurance, the Insured Person sustains Bodily Injury which results in his Death within three hundred and sixty-five (365) consecutive days from the date of the Accident, the Company will pay to the Policyholder the Death Benefit amount specified in the Schedule of Benefits read with the Policy Schedule subject to the terms and conditions of this Policy.
- 2. Permanent Total Disablement** If, during the Period of Insurance, the Insured Person sustains Bodily Injury which results in Permanent Disablement of the nature mentioned in the Schedule of Benefits, the Company will pay to the Policyholder the relevant Benefit amount specified in the Schedule of Benefits read with the Policy Schedule subject to the terms and conditions of this Policy.

## Section E – Exclusions

No benefit shall be payable for Accidents and Bodily Injury arising from the following:

1. Any consequence from direct participation in insurrection, war or act of war (whether declared or undeclared), strikes, riots, or civil commotion,
2. Any Act of Terrorism is defined as an act, including but not limited to the use of force or violence and/or the threat thereof, any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put public, or any section of the public in fear.
3. Death or disablement caused by or arising from ionisation, contamination or radiation or from the use, existence or escape of any nuclear fuel, material or waste.
4. Your wilful exposure to needless perils (except in an attempt to save human life).
5. Taking part in flying or other aerial activities except as a fare-paying passenger in a licensed passenger carrying aircraft.
6. Any intentional self-inflicted injuries (while sane or insane), suicide, reckless misconduct or any illegal or criminal act committed by the Policyholder or an Insured Person.
7. Engaging in professional sports or professional racing on wheels.
8. Engaging in rock climbing, mountaineering, parachuting, hang gliding, any underwater activity involving the use of underwater breathing apparatus, racing other than on foot, motor competitions, professional sports, ice or water sports, water skiing, power boating, hunting, polo, show jumping, martial arts and the like and other hazardous activities
9. Any Accident to an Insured Person which arises in the course of his/ her occupation, if his/ her occupation falls within the following categories or involves the following activities: air crew, ship crew, professional sportspersons, diving, oil-rig platform and / or offshore work, fire-fighting, police, naval, military, air force service or operations (other than as an NSF or NSmen undergoing full-time National Service or reservist training) and any hazardous occupations.
10. Kidnapping.

## Section F – Claims Procedures

1. Written notice of claim in Our prescribed form must be provided to Us within thirty (30) days of the occurrence of an event giving rise to a claim.
2. We have the right to decline claims received later than thirty (30) days unless You or the Insured Person can show that it was not possible to give Us notice within thirty (30) days and that such notice was given to Us as soon as reasonably possible.
3. Proof of Claim comprising medical reports, receipts, certificates, and other relevant information and documentation required by Us in Our discretion must be provided, with costs borne by the Insured Person or You. We also reserve the right to request original copies of the above documents and seek a physical examination of the Insured Person by Our Physicians, with the physical examination costs to be borne by Us unless the claim was subsequently proven invalid.



Group Critical Illness (Accelerated)

## RAFFLES CORPORATE CARE ENHANCED GROUP CRITICAL ILLNESS POLICY (GCI) ACCELERATED BASIS

Welcome to Your GCI Policy. We, Raffles Health Insurance, are the underwriter of your GCI Policy and are a direct life insurer licensed by the Monetary Authority of Singapore.

This GCI Policy is issued as an extension to the GTL Policy and is valid only if and when the GTL Policy is in full force. It is subject to all the terms and conditions of the GTL Policy (except where herein modified), the General Conditions (Non-Medical), the GCI Policy Schedule and any Endorsements issued by Us. This GCI Policy shall become effective on the date specified in the GCI Policy Schedule and continue for the Period of Insurance specified.

We celebrate the start of a holistic healthcare journey with You and Your Employees.

Chief Executive  
Raffles Health Insurance Pte Ltd

### **Disclosure Statement**

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

## Section A – Definitions

1. **Major Illness** Illnesses listed in the Appendix diagnosed during the Period of Insurance.

## Section B – General Conditions (Non-Medical) Apply

The General Conditions (Non-Medical) apply to this GCI Policy. All terms which are not defined in this GCI Policy will have the same meaning as in the General Conditions (Non-Medical).

## Section C – Additional Conditions Applicable

- Eligibility Requirements** To be eligible for coverage under this GCI Policy, the Insured Person must be:
- covered under the GTL Policy; and
  - an Employee of Yours Age 16 to 65, renewable up to age 70.

## Section D – Description of Benefits

We will pay for the following Benefits, provided they have been elected and are endorsed on the GCI Policy Schedule, subject always to the applicable limits and conditions specified in the GCI Policy Schedule.

- Major Illness Benefit** The Sum Assured as stipulated in the GCI Policy Schedule in one lump sum upon diagnosis of the Insured Person as suffering from any Major Illness.
- We will pay the Major Illness Benefit only once even if multiple Major Illnesses were diagnosed on an Insured Person. A waiting period of thirty (30) days applies for all Major Illnesses. If the Insured Person is diagnosed with Major illness within 30 days from Effective Date, the Major Illness benefit will not be payable
- The Sum Assured payable under the GTL Policy shall be reduced accordingly by any Major Illness Benefit paid in this GCI Policy.

## Section E – Additional Exclusions Applicable

The Exclusions stated in the GTL Policy shall equally apply to this GCI Policy. Additionally, the following Exclusion shall also apply:

- Pre-existing conditions which have existed at any time prior to the commencement or reinstatement of insurance coverage in respect of the Insured Person whether known or unknown in so far as the cause or pathology of the conditions have already existed;
- Sexually transmitted diseases or viruses, Acquired Immune Deficiency Syndrome (AIDS), AIDS related complexes and all illnesses or diseases associated with the Human Immune Deficiency Virus (HIV), except AIDS due to blood transfusion;
- Suicide or any attempted suicide or self-inflicted injury or illness, whether the Insured Person is sane or insane;
- Over-indulgence in alcohol;
- Drug taking unless taken under the direction of a Physician.

## Section F – Claims Procedure

- Written notice of claim in Our prescribed form must be provided to Us within thirty (30) days of the occurrence of an event giving rise to a claim.
- We have the right to decline claims received later than thirty (30) days unless You or the Insured Person can show that it was not possible to give Us notice within thirty (30) days and that such notice was given to Us as soon as reasonably possible.
- Proof of Claim comprising medical reports, receipts, certificates, and other relevant information and documentation required by Us in Our discretion must be provided, with costs borne by the Insured Person or You. We also reserve the right to request original copies of the above documents and seek a physical examination of the Insured Person by Our Physicians, with the physical examination costs to be borne by Us unless the claim was subsequently proven invalid.

## Appendix- Definition of Critical Illnesses

(In Line with Definitions of The Life Insurance Association of Singapore, whenever the Definitions are Revised)

### 1. Major Cancer

A malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term malignant tumour includes leukaemia, lymphoma, and sarcoma.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
  - Pre-malignant;
  - Non-invasive;
  - Carcinoma-in-situ;
  - Having borderline malignancy;
  - Having any degree of malignant potential;
  - Having suspicious malignancy;
  - Neoplasm of uncertain or unknown behaviour; or
  - Cervical Dysplasia CIN-1, CIN-2 and CIN-3;
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of HIV infection.

### 2. Heart Attack of Specified Severity

Death of heart muscle due to obstruction of blood flow, that is evident by **at least three** of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;
- New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company.

For the above definition, the following are excluded:

- a) Angina;
- b) Heart attack of indeterminate age; and
- c) A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

### 3. Stroke with Permanent Neurological Deficit

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit with persisting clinical symptoms. This diagnosis must be supported by **all** of the following conditions:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;

- Vascular disease affecting the eye or optic nerve;
- Ischaemic disorders of the vestibular system; and
- Secondary haemorrhage within a pre-existing cerebral lesion.

**4. Coronary Artery By-pass Surgery**

The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty and all other intra-arterial, catheter based techniques, 'keyhole' or laser procedures are excluded.

**5. End Stage Kidney Failure**

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

**6. Fulminant Hepatitis**

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by **all** of the following:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

**7. Major Organ / Bone Marrow Transplantation**

The receipt of a transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

**8. Paralysis (Irreversible Loss of Use of Limbs)**

Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

**9. Multiple Sclerosis**

The definite diagnosis occurrence of Multiple Sclerosis, and must be supported by **all** of the following:

- Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and
- Multiple neurological deficits which occurred over a continuous period of at least 6 months; and

Other causes of neurological damage such as SLE and HIV are excluded.

**10. Primary Pulmonary Hypertension**

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterization, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

The NYHA Classification of Cardiac Impairment:

Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.  
Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.  
Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.  
Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

**11. HIV Due to Blood Transfusion and Occupationally Acquired HIV**

(A) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that **all** of the following conditions are met:

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later; and
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.

(B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or date of reinstatement of this Supplementary Contract, whichever is later whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that **all** of the following are proven to the Our satisfaction:

- Proof of the Accident giving rise to the infection must be reported to Us within 30 days of the Accident taking place;
- Proof that the Accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented Accident. This proof must include a negative HIV antibody test conducted within 5 days of the Accident; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit is only payable when the occupation of the Insured Person is a Medical Practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (involved in surgical work at the time of the Accident), dental nurse (involved in surgical work at the time of the Accident) or paramedical worker, working in medical centre or clinic (in Singapore).

This benefit will not apply under either Section (A) or (B) where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

**12. Alzheimer's Disease / Severe Dementia**

Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Insured Person. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by Our appointed doctor.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol-related brain damage

**13. Blindness (Irreversible Lost of Sight)**

Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

The blindness must be correctable by surgical procedure, implants or any other means.

**14. Coma**

A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of **all** of the following:

- No response to external stimuli for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

For the above definition, medically induced Coma and Coma resulting directly from alcohol or drug abuse are excluded.

**15. Deafness (Irreversible Loss of Hearing)**

Total and irreversible loss of hearing in both ears as a result of illness or Accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear,Nose,Throat (ENT) specialist.

Total means “the loss of at least 80 decibels in all frequencies of hearing”.

Irreversible means “cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention.”

**16. Open Chest Heart Valve Surgery**

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

**17. Irreversible Loss of Speech**

Total and irreversible loss of the ability to speak as a result of Injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric related causes are excluded.

**18. Major Burns**

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured Person's Body.

**19. Open Chest Surgery to Aorta**

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

**20. Terminal Illness**

The conclusive diagnosis of an illness that is expected to result in the death of the Insured Person within 12 months. This diagnosis must be supported by a specialist and confirmed by Our appointed doctor.

Terminal illness in the presence of HIV infection is excluded.

**21. Muscular Dystrophy**

The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Insured Person to perform (whether aided or unaided) at least 3 of the following 6 “Activities of Daily Living” for a continuous period of at least 6 months:

For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

**22. End Stage Lung Disease**

End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of **all** of the following:

- FEV<sub>1</sub> test results which are consistently less than 1 litre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO<sub>2</sub> < or = 55mmHg); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

**23. End Stage Liver Failure**

End stage liver failure as evidenced by **all** of the following:

- Permanent jaundice;
- Ascites; and
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

#### 24. Motor Neurone Disease

Motor neurone disease characterized by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

#### 25. Idiopathic Parkinson's Disease

The unequivocal diagnosis of idiopathic Parkinson's disease by a consultant neurologist. This diagnosis must be supported by **all** of the following conditions:

- The disease cannot be controlled with medication; and
- Inability of the Insured Person to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months:

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

#### 26. Irreversible Aplastic Anaemia

Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with **at least one** of the following:

- Blood product transfusion;
- Bone marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow or haematopoietic stem cell transplantation.

The diagnosis must be confirmed by a haematologist.

#### 27. Benign Brain Tumour

Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where **all** of the following conditions are met:

- It is life threatening;
- It has caused damage to the brain;
- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- Cysts;
- Abscess;
- Agnioma;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland, spinal cord and skull base.

#### 28. Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of

violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head injury.

The following are excluded:

- Spinal cord injury; and
- Head injury due to any other causes.

**29. Severe Bacterial Meningitis**

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks.

This diagnosis must be confirmed by:

- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- A consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

**30. Angioplasty and Other Invasive Treatment for Coronary Artery**

The actual undergoing of balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularization must be considered medically necessary by a consultant cardiologist.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Payment under this condition is limited to 10% of the Sum Assured under this policy subject to a S\$25,000 maximum sum payable. This benefit is payable once only and shall be deducted from the amount of this Contract, thereby reducing the amount of the Sum Assured which may be payable herein.

Diagnostic angiography is excluded.

**31. Severe Encephalitis**

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit which must be documented for at least 6 weeks. . This diagnosis must be certified by a consultant neurologist and supported by any confirmatory diagnostic tests.

Encephalitis caused by HIV infection is excluded.

**32. Progressive Sclerodema**

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally confirmed by a consultant rheumatologist and supported by biopsy or equivalent confirmatory test, and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea)
- Eosinophilic fasciitis; and
- CREST syndrome

**33. Persistent Vegetative State (Apallic Syndrome)**

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one month.

**34. Systemic Lupus Erythematosus With Lupus Nephritis**

The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.



The RPS/ISN classification of lupus nephritis:

Class I	Minimal mesangial lupus nephritis
Class II	Mesangial proliferative lupus nephritis
Class III	Focal lupus nephritis (active and chronic; proliferative and sclerosing)
Class IV	Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global)
Class V	Membranous lupus nephritis
Class VI	Advanced sclerosis lupus nephritis

### 35. Other Serious Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by invasive coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed.

Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.

### 36. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.

### 37. Loss of Independent Existence

A condition as a result of a disease, illness or injury whereby the Life Assured is unable to perform (whether aided or unaided) at least 3 of the following 6 "activities of Daily Living", for a continuous period of 6 months.

This condition must be confirmed by the company's approved doctor.

Non-organic diseases such as neurosis and psychiatric illnesses are excluded.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

## Others

### 1. Permanent Neurological Deficit

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

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

### 2. Activities of Daily Living (ADLs)

- Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility - the ability to move indoors from room to room on level surfaces;
- Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding - the ability to feed oneself once food has been prepared and made available.

Group Critical Illness (Additional)

## RAFFLES CORPORATE CARE ENHANCED GROUP CRITICAL ILLNESS POLICY (GCI) ADDITIONAL BASIS

Welcome to Your GCI Policy. We, Raffles Health Insurance, are the underwriter of your GCI Policy and are a direct life insurer licensed by the Monetary Authority of Singapore.

This GCI Policy is issued as an extension to the GTL Policy and is valid only if and when the GTL Policy is in full force. It is subject to all the terms and conditions of the GTL Policy (except where herein modified), the General Conditions (Non-Medical), the GCI Policy Schedule and any Endorsements issued by Us. This GCI Policy shall become effective on the date specified in the GCI Policy Schedule and continue for the Period of Insurance specified.

We celebrate the start of a holistic healthcare journey with You and Your Employees.

Chief Executive  
Raffles Health Insurance Pte Ltd

### **Disclosure Statement**

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

## Section A – Definitions

1. **Major Illness** Illnesses listed in the Appendix diagnosed during the Period of Insurance.

## Section B – General Conditions (Non-Medical) Apply

The General Conditions (Non-Medical) apply to this GCI Policy. All terms which are not defined in this GCI Policy will have the same meaning as in the General Conditions (Non-Medical).

## Section C – Additional Conditions Applicable

- Eligibility Requirements** To be eligible for coverage under this GCI Policy, the Insured Person must be:
- covered under the GTL Policy; and
  - an Employee of Yours Age 16 to 65, renewable up to age 70.

## Section D – Description of Benefits

We will pay for the following Benefits, provided they have been elected and are endorsed on the GCI Policy Schedule, subject always to the applicable limits and conditions specified in the GCI Policy Schedule.

- Major Illness Benefit** The Sum Assured as stipulated in the GCI Policy Schedule in one lump sum upon diagnosis of the Insured Person as suffering from any Major Illness.
- We will pay the Major Illness Benefit only once even if multiple Major Illnesses were diagnosed on an Insured Person. A waiting period and survival period of thirty (30) days applies for all Major Illnesses.
- If the Insured Person is diagnosed with Major illness within 30 days from Effective Date, the Major Illness benefit will not be payable. The Insured Person must survive at least 30 days from the date of diagnosis for the Major Illness Benefit to be payable.

## Section E – Additional Exclusions Applicable

The Exclusions stated in the GTL Policy shall equally apply to this GCI Policy. Additionally, the following Exclusion shall also apply:

- Pre-existing conditions which have existed at any time prior to the commencement or reinstatement of insurance coverage in respect of the Insured Person whether known or unknown in so far as the cause or pathology of the conditions have already existed;
- Sexually transmitted diseases or viruses, Acquired Immune Deficiency Syndrome (AIDS), AIDS related complexes and all illnesses or diseases associated with the Human Immune Deficiency Virus (HIV), except AIDS due to blood transfusion;
- Suicide or any attempted suicide or self-inflicted injury or illness, whether the Insured Person is sane or insane;
- Over-indulgence in alcohol;
- Drug taking unless taken under the direction of a Physician.

## Section F – Claims Procedure

- Written notice of claim in Our prescribed form must be provided to Us within thirty (30) days of the occurrence of an event giving rise to a claim.
- We have the right to decline claims received later than thirty (30) days unless You or the Insured Person can show that it was not possible to give Us notice within thirty (30) days and that such notice was given to Us as soon as reasonably possible.
- Proof of Claim comprising medical reports, receipts, certificates, and other relevant information and documentation required by Us in Our discretion must be provided, with costs borne by the Insured Person or You. We also reserve the right to request original copies of the above documents and seek a physical examination of the Insured Person by Our Physicians, with the physical examination costs to be borne by Us unless the claim was subsequently proven invalid.

## Appendix- Definition of Critical Illnesses

(In Line with Definitions of The Life Insurance Association of Singapore, whenever the Definitions are Revised)

### 1. Major Cancer

A malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term malignant tumour includes leukaemia, lymphoma, and sarcoma.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
  - Pre-malignant;
  - Non-invasive;
  - Carcinoma-in-situ;
  - Having borderline malignancy;
  - Having any degree of malignant potential;
  - Having suspicious malignancy;
  - Neoplasm of uncertain or unknown behaviour; or
  - Cervical Dysplasia CIN-1, CIN-2 and CIN-3;
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of HIV infection.

### 2. Heart Attack of Specified Severity

Death of heart muscle due to obstruction of blood flow, that is evident by **at least three** of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;
- New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company.

For the above definition, the following are excluded:

- a) Angina;
- b) Heart attack of indeterminate age; and
- c) A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

### 3. Stroke with Permanent Neurological Deficit

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit with persisting clinical symptoms. This diagnosis must be supported by **all** of the following conditions:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;

- Vascular disease affecting the eye or optic nerve;
- Ischaemic disorders of the vestibular system; and
- Secondary haemorrhage within a pre-existing cerebral lesion.

**4. Coronary Artery By-pass Surgery**

The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty and all other intra-arterial, catheter based techniques, 'keyhole' or laser procedures are excluded.

**5. End Stage Kidney Failure**

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

**6. Fulminant Hepatitis**

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by **all** of the following:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

**7. Major Organ / Bone Marrow Transplantation**

The receipt of a transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

**8. Paralysis (Irreversible Loss of Use of Limbs)**

Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

**9. Multiple Sclerosis**

The definite diagnosis occurrence of Multiple Sclerosis, and must be supported by **all** of the following:

- Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and
- Multiple neurological deficits which occurred over a continuous period of at least 6 months; and

Other causes of neurological damage such as SLE and HIV are excluded.

**10. Primary Pulmonary Hypertension**

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterization, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

The NYHA Classification of Cardiac Impairment:

Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.  
Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.  
Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.  
Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

**11. HIV Due to Blood Transfusion and Occupationally Acquired HIV**

(A) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that **all** of the following conditions are met:

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later; and
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.

(B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or date of reinstatement of this Supplementary Contract, whichever is later whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that **all** of the following are proven to the Our satisfaction:

- Proof of the Accident giving rise to the infection must be reported to Us within 30 days of the Accident taking place;
- Proof that the Accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented Accident. This proof must include a negative HIV antibody test conducted within 5 days of the Accident; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit is only payable when the occupation of the Insured Person is a Medical Practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (involved in surgical work at the time of the Accident), dental nurse (involved in surgical work at the time of the Accident) or paramedical worker, working in medical centre or clinic (in Singapore).

This benefit will not apply under either Section (A) or (B) where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

**12. Alzheimer's Disease / Severe Dementia**

Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Insured Person. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by Our appointed doctor.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol-related brain damage

**13. Blindness (Irreversible Lost of Sight)**

Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

The blindness must be correctable by surgical procedure, implants or any other means.

**14. Coma**

A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of **all** of the following:

- No response to external stimuli for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

For the above definition, medically induced Coma and Coma resulting directly from alcohol or drug abuse are excluded.

**15. Deafness (Irreversible Loss of Hearing)**

Total and irreversible loss of hearing in both ears as a result of illness or Accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear,Nose,Throat (ENT) specialist.

Total means “the loss of at least 80 decibels in all frequencies of hearing”.

Irreversible means “cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention.”

**16. Open Chest Heart Valve Surgery**

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

**17. Irreversible Loss of Speech**

Total and irreversible loss of the ability to speak as a result of Injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric related causes are excluded.

**18. Major Burns**

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured Person's Body.

**19. Open Chest Surgery to Aorta**

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

**20. Terminal Illness**

The conclusive diagnosis of an illness that is expected to result in the death of the Insured Person within 12 months. This diagnosis must be supported by a specialist and confirmed by Our appointed doctor.

Terminal illness in the presence of HIV infection is excluded.

**21. Muscular Dystrophy**

The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Insured Person to perform (whether aided or unaided) at least 3 of the following 6 “Activities of Daily Living” for a continuous period of at least 6 months:

For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

**22. End Stage Lung Disease**

End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of **all** of the following:

- FEV<sub>1</sub> test results which are consistently less than 1 litre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO<sub>2</sub> < or = 55mmHg); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

**23. End Stage Liver Failure**

End stage liver failure as evidenced by **all** of the following:

- Permanent jaundice;
- Ascites; and
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

#### 24. Motor Neurone Disease

Motor neurone disease characterized by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

#### 25. Idiopathic Parkinson's Disease

The unequivocal diagnosis of idiopathic Parkinson's disease by a consultant neurologist. This diagnosis must be supported by **all** of the following conditions:

- The disease cannot be controlled with medication; and
- Inability of the Insured Person to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months:

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

#### 26. Irreversible Aplastic Anaemia

Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with **at least one** of the following:

- Blood product transfusion;
- Bone marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow or haematopoietic stem cell transplantation.

The diagnosis must be confirmed by a haematologist.

#### 27. Benign Brain Tumour

Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where **all** of the following conditions are met:

- It is life threatening;
- It has caused damage to the brain;
- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- Cysts;
- Abscess;
- Agnioma;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland, spinal cord and skull base.

#### 28. Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of



violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head Injury.

The following are excluded:

- Spinal cord injury; and
- Head injury due to any other causes.

**29. Severe Bacterial Meningitis**

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks.

This diagnosis must be confirmed by:

- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- A consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

**30. Angioplasty and Other Invasive Treatment for Coronary Artery**

The actual undergoing of balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularization must be considered medically necessary by a consultant cardiologist.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Payment under this condition is limited to 10% of the Sum Assured under this policy subject to a S\$25,000 maximum sum payable. This benefit is payable once only and shall be deducted from the amount of this Contract, thereby reducing the amount of the Sum Assured which may be payable herein.

Diagnostic angiography is excluded.

**31. Severe Encephalitis**

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit which must be documented for at least 6 weeks. . This diagnosis must be certified by a consultant neurologist and supported by any confirmatory diagnostic tests.

Encephalitis caused by HIV infection is excluded.

**32. Progressive Sclerodema**

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally confirmed by a consultant rheumatologist and supported by biopsy or equivalent confirmatory test, and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea)
- Eosinophilic fasciitis; and
- CREST syndrome

**33. Persistent Vegetative State (Apallic Syndrome)**

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one month.

**34. Systemic Lupus Erythematosus With Lupus Nephritis**

The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

The RPS/ISN classification of lupus nephritis:

Class I	Minimal mesangial lupus nephritis
Class II	Mesangial proliferative lupus nephritis
Class III	Focal lupus nephritis (active and chronic; proliferative and sclerosing)
Class IV	Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global)
Class V	Membranous lupus nephritis
Class VI	Advanced sclerosis lupus nephritis

### 35. Other Serious Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by invasive coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed.

Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.

### 36. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.

### 37. Loss of Independent Existence

A condition as a result of a disease, illness or injury whereby the Life Assured is unable to perform (whether aided or unaided) at least 3 of the following 6 "activities of Daily Living", for a continuous period of 6 months.

This condition must be confirmed by the company's approved doctor.

Non-organic diseases such as neurosis and psychiatric illnesses are excluded.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

## Others

### 1. Permanent Neurological Deficit

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

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

### 2. Activities of Daily Living (ADLs)

- Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility - the ability to move indoors from room to room on level surfaces;
- Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding - the ability to feed oneself once food has been prepared and made available.

General Conditions (Non-medical)

## RAFFLES CORPORATE CARE ENHANCED GENERAL CONDITIONS (NON-MEDICAL)

Welcome to Your Policy. We, Raffles Health Insurance, are the underwriter of Your Policy and are a direct life insurer licensed by the Monetary Authority of Singapore.

The General Conditions (Non-Medical) apply to all Non-Medical Policies issued by Us.

We celebrate the start of a holistic healthcare journey with you and your employees.

Chief Executive  
Raffles Health Insurance Pte Ltd

**Disclosure Statement**

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

## Section A – How Your Policy Operates

Your Policy with Us is a contract of insurance and comprises the following components:

- a. The Policy(ies) and Policy Schedule(s) corresponding to the coverage that You have chosen
- b. This General Conditions;
- c. Any Endorsements issued by Us; and
- d. Any information or documentation provided to Us pursuant to this insurance.

Should any information previously provided to us change or new circumstances arise on matters relating to this insurance (such as changes to the Country of Residence, occupation, health or pursuits of the Insured Persons) please inform Us immediately. The obligation for disclosure is continuous and ongoing, and not informing us may prejudice coverage.

This contract may at any time be changed by written agreement between Us and You. Any changes to this contract shall be binding on Insured Persons whether insured under the Policy before or on after the effective date of the change.

We reserve the right to amend the terms and provisions of Your Policy on any Policy Anniversary date by giving You thirty (30) days' written notice of such change. Changes to the Policy will only be valid if approved by You and Us and evidenced in writing by Endorsements signed by Our authorised officers.

A clerical error by Us shall not invalidate coverage under the Policy otherwise validly in force, nor continue coverage otherwise not validly in force.

## Section B – Definitions

Wherever the following words are used in the Policy(ies) and Policy Schedule(s) corresponding to the coverage that You have chosen, this Policy Conditions, or any Endorsements issued by Us, they shall have the same meanings below:

- 1. 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 any Illnesses.
- 2. Active Service** Active Service refers to an Employee who reports to work at any place assigned by You and performs in a customary manner all the regular duties of his/her employment with You. This includes an Employee on entitled annual leave for reasons other than on medical grounds and excludes an Employee on no pay leave.
- 3. Age** Shall mean age next birthday.
- 4. Country of Residence** This shall mean the Republic of Singapore unless otherwise stated.
- 5. Effective Date** The Policy commencement date or date of Insured Person's first enrolment into the Policy, whichever is later.
- 6. Employee** A person employed on a full-time and permanent basis by the Policyholder.
- 7. Illness** Any sudden and unexpected pathological deviation from the normal healthy state, marked by interruption, cessation or disorder of body functions, systems or organs as confirmed by a Physician.
- 8. Injury** Bodily Injury caused solely and directly by an Accident.
- 9. Insured Person(s)** Person(s) who qualify for and are participating in coverage under the Policy, as described in the Policy Schedule.
- 10. Medically Boarded-Out** The Insured Person is deemed to be Medically Boarded-Out if You are contractually entitled to terminate the Employee's service on medical grounds and have terminated the Employee's service on these grounds. If the Employee was on No Pay Leave for medical reasons prior to You terminating his/her service, the date on which the Employee commenced his/her No Pay Leave shall be deemed to be the date on which he/she was Medically Boarded-Out.
- 11. Non-Medical Limit** Non-Medical Limit shall mean the maximum Sum Assured, which We will accept without evidence of insurability.
- 12. Period Of Insurance** The period of cover shown in the Policy Schedule for which the appropriate premium has been paid.
- 13. Physician** A medical practitioner with a medical degree and is registered or licensed in the country in which he/she operates, and is accredited by the appropriate health authorities as fit to provide the medical services rendered. This excludes (a) the Insured Person or (b) a member of the Insured Person's immediate family. A

reference to "Physician" in this policy shall be construed to mean, whenever appropriate, a General Practitioner and/ or a Specialist.

- 14. Sum Assured** This is in respect of any Insured Person whose insurance under this Policy has become effective.
- 15. You, Your** The party named in the Policy Schedule as the Policyholder
- 16. We, Our, Us** Raffles Health Insurance Pte Ltd

## Section C – Policy Conditions

### 1. Entry Requirements

- a. Eligibility** Kindly refer to the Group Term Life, Group Critical Illness, Group Personal Accident Policies for the respective Eligibility criteria.
- b. Commencement of Coverage** Coverage under the Policy commence on the Effective Date unless the Employee was not in Active Service on that date in which case the Employee's coverage will commence when the Employee returns to Active Service.
- If the Effective Date falls on a weekend or holiday, the Employee must have been in Active Service on the last workday.
- An Employee who is Hospitalised on the Effective Date will have his/her coverage activated upon discharge from the Hospital.
- c. Increase in Insurance** In the event of a change in sum assured coverage, You must inform Us of any increase in Sum Assured within 60 (sixty) days of the change. The revised Sum Assured coverage is subject to underwriting requirement if Sum Assured exceeds Non-Medical Limit. In the absence of such notification and/or underwriting, the Insured Person will be covered up to the last accepted Sum Assured or Non-Medical Limit, whichever is higher.

### 2. Administration of Insurance

- a. Data Required** You shall furnish to Us at the start and end of the policy year, full valid particulars of the Insured Person (such as his/her name, NRIC/Passport details, date of birth, medical plan, Effective Date, date of termination of insurance coverage and change in benefits) that We require to administer the Policy, in the format that We require.
- For administrative purposes, You shall notify Us within sixty (60) days of any addition or deletion of Employees and/or Dependants as Insured Persons under the Policy.
- b. Misstatement of Facts** If any relevant facts of an Insured Person have been misstated, the true facts will be used to assess if insurance is in force under the Policy, the premium payable, and which benefits (if any) are payable.
- c. Policy Administered on a "Name Count" Basis** You will furnish full particulars showing the Insured Person's name, gender, occupation, NRIC or Passport Number, date of birth, nationality, country of residence, email address, effective date, date of termination of insurance coverage and change in benefits of all Insured Persons who are covered at Policy Commencement Date and at each Renewal Date or at such times as We may require.
- Any addition of new Insured Member will be charged a pro-rated premium corresponding to the unexpired Period of Insurance. Any termination of new Insured Person will be granted a pro-rated refund of the premium paid in respect of that Insured Person corresponding unexpired Period of Insurance.
- Sum Assured in excess of Non-Medical Limit will be underwritten, and once accepted by Us, the approved excess Sum Assured and premium will be prorated based on coverage effective date. In the event of termination of coverage, We shall refund the prorated premium for the period that has no cover.
- d. Premium Warranty** We have no liability under the Policy unless premium is paid and received by Us in full within sixty (60) days from the Effective Date or sixty (60) days from the date of the premium tax invoice issued by Us, whichever is later.
- If We do not receive the premiums within the above period, this insurance is automatically cancelled from the expiry of the sixty (60) day period and We shall be entitled to charge You the pro-rata premium as set out in Clause 5 below.

**3. Payment Conditions**

- a. Payment of Benefits** We will pay a claim only when the claims have been proven to Our satisfaction. All benefits will be paid in Singapore currency to either You or the Insured Person. The mode of payment shall be by Interbank Giro or cheque. If an alternative mode of payment is requested, We are entitled to deduct any bank charges from the amount payable. Any payment made will effectively discharge us from any further liability.
- b. Recovery** You and/or the Insured Person agree that We have the right to proceed in You and/or the Insured Person's name against any third party(ies) who may be responsible for an event giving rise to a claim under this Policy or for any expenses that should be properly paid under another policy.

**4. Renewal Privilege**

This Policy is renewable at Our option. Where at renewal a request is made to hold cover, the maximum period that cover can be held is fourteen (14) days. If at the end of this period the Policy is cancelled or lapses for whatever reason, a pro-rata premium in accordance with Clause 5 below is payable.

**5. Termination of Coverage**

- a. Entitlement to Cancel or Terminate Policy** You have the right to cancel the Policy at any time by giving Us thirty (30) days' written notice. If no claims have been made during the Period of Insurance, We will charge You a pro-rata premium based on the following Short Period Premiums:

Period of Cover	Short period rates
1 week or less	1 month
1 month or less	3 months
2 months or less	4 months
3 months or less	6 months
4 months or less	7 months
6 months or less	9 months
8 months or less	10 months
More than 8 months	Full annual Premium

You have the right to terminate cover for any Insured Person at any time by giving Us thirty (30) days' written notice. You will be granted a pro-rata refund of the premium paid in respect of that Insured Person corresponding to the unexpired Period of Insurance.

We have the right to cancel the Policy or any section or part of it by giving You thirty (30) days' written notice. Upon cancellation, You will be granted a pro-rated refund of the total premium paid corresponding to the unexpired Period of Insurance.

- b. Automatic Termination** Insurance under the Policy in respect of each Insured Person shall automatically terminate on the earliest happening of the following events:

- (a) on the date the Policy is terminated; or
- (b) upon the death of such Insured Person; or
- (c) on the date of termination of employment of the Employee; or
- (d) on the date in which the Employee is retired or Pensioned; or
- (e) the Insured Person no longer meets the eligibility requirements; or
- (f) non-payment of premiums by the Policyholder after the premium due date.

Cessation of Active Service by an Employee shall constitute the termination of his/her coverage under the Policy, unless the Employee had ceased Active Service because of Illness or Injury in which case coverage shall continue for up to another six (6) months provided premium continues to be paid.

An Insured's Person's cover will cease automatically if he remains outside of his/her Country of Residence for a period in excess of one hundred (180) consecutive days, unless notified to Us in advance and Our consent is given to continue the cover.

**6. Governance**

- a. Governing Law** The Policy shall be governed by the laws of the Republic of Singapore.

- b. Sanction Limitation** We shall not be deemed to provide cover or obliged to pay any claim or provide any Benefit to the extent that doing so would contravene any resolutions, trade or economic sanctions applicable under the Governing Law above.
- c. Assignment** The Policy cannot be assigned by You unless we give prior written consent.
- d. Misstatement or Fraud** We shall have no liability to pay any Benefit under the 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) before inception of the Policy and upon each renewal; or
  - (b) fail to properly observe and fulfil the terms and conditions of the Policy; or
  - (c) make any untrue statement; or
  - (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.
- e. Legal Proceedings** No legal proceedings shall be brought to recover on the Policy before the expiration of sixty (60) days after proof of claims has been received according to the Policy. No legal or recovery proceedings may be brought by You or the Insured Person against Us more than two (2) years after the proof of claims was received.
- f. Dispute Resolution** You and Us agree to submit all disputes arising out of the Policy to the Financial Industry Dispute Resolution Centre (FIDREC) or the Singapore Mediation Centre (SMC) for mediation and settlement in accordance with the rules and procedures in force. If FIDREC or SMC fails to resolve the dispute, the dispute shall be referred to arbitration in accordance with the arbitration rules of the Singapore International Arbitration Centre.
- g. Rights of Third Party** 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 2001 to enforce any of its terms.
- h. Compliance with Data Protection and Privacy Laws** You and Us agree to comply with the Personal Data Protection Act 2012 (including any subsequent versions, revisions and amendments) and any related regulations or guidelines.
- You agree to allow Our vendors and associated companies to use data gathered in relation to this Policy to enable services to be rendered to You.