
TM FIVE PLUS POLICY WORDING

Tokio Marine Life Insurance Singapore Ltd.



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Tokio Marine Life Insurance Singapore Ltd.

(Company Reg. No.: 194800055D)

General Provisions

GENERAL PROVISIONS

THE CONTRACT OF INSURANCE

This Policy is a contract of insurance between you and us.

The following documents form part of this Policy -

- (a) the Policy Schedule;
- (b) General Provisions;
- (c) the Group Term Life Insurance Policy;
- (d) all attaching Supplementary Contracts (as shown in the Policy Schedule);
- (e) proposal form(s) for assurance completed by any person insured under this Policy;
- (f) any statement of medical information and other written statements or declarations made by you or any person insured under this Policy; and
- (g) any endorsement to this Policy.

Unless otherwise provided, all assurances included in this Policy (including the Group Term Life Insurance Policy and all Supplementary Contracts attached to the Group Term Life Insurance Policy) are subject to these General Provisions.

In return for your premium, we will provide the coverages shown in the Policy Schedule.

CHANGES

- (1) We have the right to change the terms and provisions of this Policy at any time by giving you one month's written notice.
- (2) This Policy's terms can be changed or waived only by endorsement signed by our authorized officers.

DEFINITIONS AND INTERPRETATIONS

- (1) In this Policy, unless otherwise stated -

"Actively at Work" in relation to the Life Assured, means reporting for work at your usual place of business on a full-time basis. He must be performing every duty of his occupation or employment. If he was on entitled leave (public holiday, regularly scheduled day off or annual leave), he must have been actively at work on the day before he was on entitled leave;

"Commencement Date" refers to the Commencement Date shown in the Policy Schedule; and

"Dependant" means a dependant (of an employee) who is eligible to be insured under the respective assurances included in this Policy;

"Indemnified Party" shall have the meaning set forth in Clause XII.

"Individuals" shall have the meaning set forth in Clause XII.

"PDPA" shall mean the Personal Data Protection Act 2012.

"Personal Data" means data, whether true or not, about an individual who can be identified (a) from that data; or (b) from that data and other information to which we have or are likely to have access. In relation to any assurance included in this Policy -

"Effective Date" means the date from which the assurance on any Life Assured (or any Dependant, as the case may be) is effective;

"Eligible Employee" means an employee -

- (a) who is Actively at Work;
- (b) who is eligible to participate in the assurance as provided in the relevant Basis of Cover Endorsement; and
- (c) whose age as at Effective Date does not exceed the Maximum Entry Age.

"Life Assured" means an Eligible Employee on whom the assurance has been effected;

"Maximum Entry Age", and **"Maximum Expiry Age"** refer to the "Maximum Entry Age", and "Maximum Expiry Age" respectively, shown in the relevant Basis of Cover Endorsement;

"Policy year" means a period of one year from the Commencement Date or from a Renewal Date;

"Renewal Date" means each anniversary of the Commencement Date or such other date as may be agreed in writing between you and us;

"Sum Assured" means the amount of sum assured effected on the Life Assured (or the Dependant, as the case may be) as determined according to the Basis of Sum Assured stated in the relevant Basis of Cover Endorsement or such other amount as you and we may agree;



“We, us, our” refer to Tokio Marine Life Insurance Singapore Ltd.; and
“You, your” refer to the Assured named in the Policy Schedule.

- (2) Unless otherwise stated, –
- (a) If there is any conflict or discrepancy between any of the provisions of this Policy and the Policy Schedule, the provisions contained in the General Provisions, Group Term Life Insurance Policy, Supplementary Contracts, and any Appendices, Annexures or Endorsements will take precedence over the provisions contained in the Policy Schedule; and
 - (b) The headings and sub-headings in this Policy are inserted for convenience only and do not affect the interpretation of any of the provisions in the Policy.

M COVER START DATE

- (1) Once employees become Eligible Employees, we will cover them immediately but in no event will coverage be granted before the Commencement Date. Coverage on employees who are on medical leave for a continuous period exceeding 6 months will be terminated at the end of the 6th month period. Thereafter, if he should return to being Actively at Work, his eligibility and his coverage will be subject to underwriting and evidence of insurability.
- (2) If an employee is not Actively at Work on the date that he would otherwise be eligible, his eligibility and his coverage will be deferred until the day he returns to being Actively at Work.

M YEARLY RENEWABLE

This Policy becomes effective on the Commencement Date. Unless otherwise provided, this Policy is issued for a term of 12 months and terminates on the day before the following Renewal Date. If we agree, the Policy may be renewed yearly by payment of the appropriate premium.

M PREMIUM

The premium or rate of premium payable for each type of assurance included in this Policy are as shown in the Basis of Cover Endorsement for the respective assurances included in this Policy.

M GRACE PERIOD

- (1) Unless otherwise provided, we must receive any premium due in full within the Grace Period. Grace Period means the period of 30 days from –
- (a) the Commencement Date or Renewal Date (whichever is applicable); or
 - (b) the date of our premium tax invoice, whichever is later.
- (2) Where you have confirmed your intention to renew the Policy but have not provided us with complete particulars necessary for the renewal of this Policy by the Renewal Date, we will issue a premium tax invoice for the estimated renewal premium. You must pay the estimated premium under the premium tax invoice within the Grace Period.
- (3) Unless otherwise stated, for any Life Assured or Dependant whose cover does not start on the Commencement Date or a Renewal Date, the Grace Period means a period of 30 Days from the date of our premium tax invoice.
- (4) No claim arising within the Grace Period will be paid until we receive all outstanding premiums due under this Policy in full.

M “NAMED BASIS”

The administration of the assurance for employees and Dependants is on a “named basis”, as shown in the Basis of Cover Endorsement. The type of administration is described below –

(1) **Administration – “Named Basis”**

- (a) You must furnish such information of all employees who are covered under a “named basis” at Commencement Date and at each Renewal Date or at such times as we may require.



- (b) For new employees, you must notify us in writing within 3 months after the new employee is employed and Actively at Work and pay the premium for the new employee's assurance from the Effective Date to the following Renewal Date.

✘ TERMINATION OF POLICY

- (1) This Policy will automatically terminate if the premium for this Policy or estimated premium falling due on a Renewal Date is not paid within the Grace Period.
- (2) Either you or we may terminate this Policy by giving written notice of at least 30 days to the other party.
- (3) If you terminate the Policy, we will charge premium based on the following Short Period Rates and refund any unearned premium –

Period Covered		Short Period Rates	Period Covered		Short Period Rates	
Less than	1 week	1 Month	Less than	4 months	7 Months	
“	“	3 Months	“	“	6 months	9 Months
“	“	4 Months	“	“	8 months	10 Months
“	“	6 Months	8 months and above		Full Annual Premium	

- (4) If we terminate the Policy, we will charge premiums on a pro-rata basis and refund any unearned premium.
- (5) (a) We will not be liable for any claim –
 (i) arising after date of termination of this Policy; and
 (ii) in respect of any Life Assured or Dependant after termination of coverage on such Life Assured or Dependant.
 (b) Benefits in respect of any claim arising before termination will cease on termination, unless otherwise stated in this Policy.
- (6) If premiums are paid for this Policy after it has been terminated, our receipt of any premium will not constitute a continuation of cover. We will be under no liability except to refund the premiums so paid.
- (7) In addition to the foregoing, we reserve the right to terminate the Policy in any event of the following:
 (a) the Assured and/or any of the related party to the Assured is found to be in contravention of any anti-money laundering laws, regulations or sanctions programmes; or
 (b) the Assured and/or any of the related party to the Assured is found to be a person or belong to an entity that is on the List of Specially Designated Nationals and Blocked Persons maintained by OFAC, or any list adopted by the Monetary Authority of Singapore.

✘ TERMINATION OF COVERAGE

- (1) In relation to any assurance included in this Policy, the coverage on any Life Assured will terminate on the earliest of any of the following events ☐
 (a) the date the Life Assured dies;
 (b) the date the Life Assured ceases to be employed by you;
 (c) the date on which the Life Assured enters full-time military service except during National Service reservist duty or training under section 14 of the Enlistment Act, Cap 93;
 (d) the end of the Policy year during which the Life Assured reaches Maximum Expiry Age;
 (e) any other date on which the Life Assured ceases to be eligible for the assurance;
 (f) the date the Policy or the applicable Supplementary Contract is terminated; or
 (g) the end of the period for which the premium for the Life Assured's coverage has been paid, unless otherwise provided.
 Upon termination of the Life Assured's cover, the coverage of the Life Assured's dependant (if any) who is also insured under any assurance attached to this Policy, will also be terminated.
- (2) The coverage on any Dependant will also cease on the earliest of any of the following events ☐
 (a) the date the Dependant dies;
 (b) the date the Dependant enters full-time military service except during National Service reservist duty or training under section 14 of the Enlistment Act, Cap 93;
 (c) the date the Dependant ceases to be eligible;
 (d) the end of the Policy year during which the Dependant reaches the Maximum Expiry Age; or



- (e) the end of the period for which the premium for the Dependant's coverage has been paid, unless otherwise provided.

DUTY TO PROVIDE INFORMATION

- (1) You must furnish to us as and when required such data, information and documents as we require for administration.
- (2) We will not be liable for any errors or omissions arising from incorrect or incomplete data, information or evidence given by you.
- (3) We have the right to inspect any of your records which, in our opinion, have a bearing on the assurance.

PERSONAL DATA

- (1) In order for us to process, administer and/or manage the Policy, we will necessarily need to collect, use, disclose and/or process the Personal Data of your employees and their dependents (collectively referred to as the "Individuals"). Such Personal Data includes information about the Individuals set out in our application forms, claim forms and documents and any other personal information provided by you and/or the Individuals, possessed by us or that we obtain about the Individuals, whether now or in the future. Some examples are the Individuals' names, identification numbers, residential addresses, personal contact details etc.
- (2) You acknowledge that your failure to supply certain of the Individual's Personal Data to us (or if you are not permitted by you / the Individuals to process the Individuals' Personal Data), may/would result in us being unable to process, administer and/or manage the Policy. Depending on the extent by which you / the Individuals do not permit us to process the Individuals' Personal Data or the extent of the Individual's Personal Data which you do not provide to us, it may mean that we will not be able to maintain the Policy.
- (3) You hereby represent, undertake and warrant that:
- (a) for any Individuals' Personal Data that you may be disclosing or disclose to us, that you would have, prior to disclosing such Personal Data to us, informed these Individuals that their Personal Data will be disclosed to, and obtained the consent from these Individuals for their Personal Data to be disclosed to, us for the purposes of:
- (i) considering whether to provide you with the Policy that you applied for;
 - (ii) facilitating processing, dealing with, administering, managing and/or maintaining the Policy, including but not limited to processing and settlement of claims and any necessary investigations relating to the claims, under the Policy;
 - (iii) carrying out your instructions or responding to any enquiry given by (or purported to be given by) you or on your behalf;
 - (iv) contacting you or communicating with you via phone/voice call, text message and/or fax message, email and/or postal mail for the purposes of facilitating, processing, dealing with, administering and/or managing the Policy such as but not limited to sending correspondence, statements, invoices, reports. You acknowledge and agree that such communication by us could be by way of the mailing of correspondence, statements, invoices, reports to you, which could involve disclosure of certain Personal Data about the Individuals to bring about delivery of the same as well as on the external cover of envelopes/mail packages;
 - (v) dealing in any matters relating to the products and services which you and/or the Individuals are entitled to under the Policy;
 - (vi) carrying out due diligence or other screening activities (including anti-money laundering, "know-your-client", credit and background checks) in accordance with legal or regulatory obligations or our risk management procedures that may be required by law or that may have been put in place by us;
 - (vii) to prevent or investigate any fraud, unlawful activity or omission or misconduct, whether relating to the Policy or any other matter arising from the Policy, and whether or not there is any suspicion of the aforementioned;
 - (viii) complying with or as required by any applicable law, governmental or regulatory requirements of any relevant jurisdiction, including meeting the requirements to make disclosure under the requirements of any law binding on us and/or for the purposes of any guidelines issued by regulatory or other authorities, whether in Singapore or elsewhere, with which we are expected to comply;
 - (ix) complying with or as required by any request or direction of any governmental authority; or responding to requests for information from public agencies, ministries, statutory boards or other similar authorities (including but not limited to the Monetary Authority of Singapore and the Ministry of Manpower). For the avoidance of doubt, this means that we may/will disclose the Individuals' Personal Data to the aforementioned parties upon their request or direction;



- (x) conducting research, analysis and development activities (including but not limited to data analytics, surveys and/or profiling) to improve our services and facilities in order to enhance the Policy or for your benefit, or to improve any of our products and services for your benefit; and
 - (xi) storing, hosting, backing up (whether for disaster recovery or otherwise) of the Individuals' Personal Data, whether within or outside Singapore,

(collectively, the "Purposes").
- (b) for any Individuals' Personal Data that you may be disclosing or disclose to us, that you would have, prior to disclosing such Personal Data to us, informed these Individuals that their Personal Data will be, and obtained the consent from these Individuals for their Personal Data to be, disclosed by us to third parties, whether located within or outside Singapore, for one or more of the above Purposes, as such third parties would be processing their Personal Data for one or more of the above Purposes. Without limiting the generality of the foregoing or of clause 2(b), such third parties include:
- (i) any corporation or entity related to us;
 - (ii) any intermediary, agents, contractors or third party service providers that process or will be processing the Individuals' Personal Data on our behalf including but not limited to those which provide administrative or other services to you such as mailing houses, courier companies, telecommunication companies, information technology companies and data centres;
 - (iii) any government or regulatory authorities in Singapore (including but not limited to the Monetary Authority of Singapore and the Ministry of Manpower) and elsewhere where disclosure is required by the applicable laws; and
 - (iv) reinsurers, other insurers, financial institutions, credit reference agencies and debt collection agencies; and
 - (v) our auditors and legal advisors,

(collectively, the "Permitted Parties").
- (a) any Personal Data of Individuals that you may be disclosing or disclose to us is true, complete and accurate. Further, you shall give us notice in writing as soon as reasonably practicable should you become aware that any such Personal Data has been updated and/or changed after such disclosure;
- (d) for any Personal Data of Individuals that you may be disclosing or disclose to us, that you are validly acting on behalf of such Individuals and that you have the authority and consent of such Individuals to provide their Personal Data to us and for us to collect, use, disclose and process such Personal Data for the Purposes; and
- (e) you shall, at our request, assist us to comply with the PDPA. In this regard and without limiting the generality of the foregoing, this includes but is not limited to you executing such further documents as we may require and/or you making arrangements for additional form(s) and consent(s) to be completed and signed by Individuals whose Personal Data you may be disclosing or disclose to us.
- (4) You hereby further acknowledge that we may/will also be collecting from sources other than yourselves, Personal Data about the Individuals, for one or more of the above Purposes, and thereafter, using, disclosing and/or processing such Personal Data for one or more of the above Purposes.
- (5) Notwithstanding anything to the contrary, you undertake to indemnify and at all times hereafter to keep us and our related entities and corporations (together with their respective officers, employees and agents) (each an "Indemnified Party") indemnified against any and all losses, damages, actions, proceedings, costs, claims, demands, liabilities (including full legal costs on a solicitor and own client basis) which may be suffered or incurred by the Indemnified Party or asserted against the Indemnified Party by any person or entity (including yourselves and your agents) whatsoever, in respect of any matter or event whatsoever arising out of, in the course of, by reason of or in respect of:
- (a) any breach of any of the provision in this clause; and/or
 - (b) any action or omission by you, that causes us and/or our related entities and corporations to be in breach of the PDPA.



M GEOGRAPHICAL LIMITS

- (1) You must tell us immediately in writing of any change of residence of any Eligible Employee or Dependant who is insured under this Policy. No benefit will be payable in respect of any Eligible Employee or Dependant who has resided outside the geographical limits, as shown in the Policy Schedule, for a continuous period exceeding or intended to exceed 90 days.
- (2) In addition to the foregoing, You shall ensure that this Policy complies with the applicable laws, regulations and legal requirements of the respective areas in the geographical limits. Where certain laws, regulations and legal requirements may prohibit or impede the performance of this Policy, payment of claims or benefits to specific persons or entities, You shall work with us to find an equitable solution for the affected parties, and assist us and/or our affiliates in clarifying with the relevant authorities when required. In the event such equitable solution is not possible, the insurance coverage for such person or entity shall cease with immediate effect and any unearned premiums paid in respect of such person or entity shall be refunded by us. Any damages, costs, charges or expenses which You and/or We may suffer or incur in connection with or arising out of any breach of this Clause (XIII) shall be settled by mutual agreement, failing which this matter shall be referred to dispute resolution as set out in Clause (XVII) herein.

M PAYMENT OF BENEFITS

- (1) We will pay a claim only when the claim had been proven to our satisfaction and the total amount of compensation has been agreed upon by you and us.
- (2) All benefits will be paid in Singapore currency and will be paid to the person entitled to receive the benefits under any written law or to you or to any other person as you and we may agree. Any payment will be by cheque or by electronic fund transfer but if at your request we agree to pay by any other method, then we will be entitled to deduct any bank charges from the amount payable.
- (3) We will be entitled to deduct all unpaid premiums due before making payment.
- (4) Before we pay any claim, you must give us satisfactory evidence of the age of the insured person in respect of whom the claim is made. If the wrong date of birth had been given to us, the benefits payable will be adjusted as we deem fit having regard to the true age. If we would not have issued the coverage because the correct age did not meet our minimum and maximum age rules, we can declare the coverage void.

M REQUIREMENTS FOR SETTLEMENT

Before any proceeds are paid under this Policy, we will require the following –

- (a) completion of any relevant forms provided by us;
- (b) proof of the happening of the event insured under this Policy; and
- (c) any other document or information necessary to determine the amount of the Sum Assured or as required by us.

M TRANSFER OF INTEREST

If your business is assigned or transferred to any person(s) or corporation, then subject to our consent, such person(s) or corporation may continue the payment of premiums under this Policy. In such a case, from the date of such assignment, “you, your” wherever they appear in the Policy including these General Provisions and all supplementary contracts attaching to this Policy will refer to such person(s) or corporation.

M ARBITRATION

- (1) If there is any disagreement under this Policy, it must be referred for arbitration in Singapore according to the prevailing Arbitration Rules of Singapore International Arbitration Centre. Such rules are deemed to be incorporated by reference into this clause.
- (2) The language of the arbitration will be English.
- (3) If we disclaim liability for any claim and the claim is not referred for arbitration within 12 calendar months from the date of disclaimer, then the claim will be deemed to have been abandoned and we will not be liable for such claim.



CONDITION PRECEDENT TO LIABILITY

We will not be liable under this Policy if there is any failure by you or a Life Assured (or a Dependant, as the case may be) to comply with the terms and conditions of this Policy except where the circumstances of any claim are unconnected with such failure and no fraud is involved.

FULL DISCLOSURE

Except where we do not require evidence of insurability, all *material facts and circumstances up to the Effective Date concerning any Life Assured (or any Dependant, as the case may be) under this Policy must be fully disclosed to us. Any non-disclosure or misrepresentation or fraud will entitle us to void all liability and take any action which we deem proper.

* “material facts and circumstances” are facts and circumstances which we would regard as likely to influence the assessment and acceptance of an application for insurance.

GOVERNING LAW

This Policy will be governed by Singapore Law.

CURRENCY

All references to currency in this Policy refer to the Singapore currency.

SURRENDER VALUE

This Policy does not have any surrender value.

NO THIRD PARTY RIGHTS

A person who is not a party to this contract has no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any term of this contract.

SANCTION LIMITATION AND EXCLUSION CLAUSE

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim, provide any benefit hereunder or be required to process any request made to the extent that the provision of such cover, payment of such claim, provision of such benefit or processing of such request would expose that (re)insurer (or its parent company or holding company (in both instances, whether direct or indirect) or the subsidiaries of its parent or holding company) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the applicable jurisdiction, the European Union, United Kingdom, United States of America or Singapore.

POLICY OWNERS' PROTECTION

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



Tokio Marine Life Insurance Singapore Ltd.

(Company Reg. No.: 194800055D)

Group Inpatient

Group Policy No.

Assured :

GROUP DELUXE MEDICAL INSURANCE SUPPLEMENTARY CONTRACT

(I) DEFINITIONS

In this Group Deluxe Medical Insurance Supplementary Contract (“GDM”) unless otherwise stated -

“**Accident**” means an unexpected, unintended, unforeseeable event causing Injury. The Accident must happen while the Insured Member is covered under this GDM;

“**Any one Disability**” or “**per Disability**” means all disabilities including all complications arising from the same cause except that -

(a) in relation to a Life Assured, after 14 days; and

(b) in relation to an Insured Dependant, after 30 days,

following the latest discharge from hospital, any subsequent disability, including a recurrence or relapse from the same cause will be considered a new disability;

“**Basis of Cover Endorsement**” means the Basis of Cover Endorsement applicable to GDM;

“**Benefits Schedule**” means the Benefits Schedule for GDM;

“**Co-Insurance**” means the percentage of the Eligible Expenses covered under clause (IV)(4)(h) which is to be borne by you; the percentage is as shown in item 8 of the Benefits Schedule;

“**Effective Date**” means the date from which the assurance under this GDM on the Insured Member is effective;

“**Eligible Dependants**” means an employee’s -

(a) first spouse below Maximum Entry Age; and

i) where the parties to the marriage are not divorced or judicially separated; and/or
ii) there are no proceedings for divorce or judicial separation pending.

(b) unmarried and unemployed children who are between the ages of 15 days and 25 years old;

(If an Eligible Dependant is confined in a hospital on the date that the assurance for the Eligible Dependant would otherwise have become effective, such assurance will not become effective until he is no longer confined.)

“**Eligible Expenses**” means expenses incurred for medically necessary treatment provided to an Insured Member for injury, illness or disease during a period of insurance and are actual, necessary and reasonable. It will exclude Goods and Services Tax and any other government tax which may be levied on such expenses;

“**Emergency**” means a serious situation that arises suddenly and threatens the life of the Insured Member, which requires immediate attention caused by a medical crisis or an Accident;

“**Hospital**” means any lawfully-operating institution, which has 24 hours a day nursing services by registered graduate nurses, one or more physicians available at all times and organized facilities for diagnosis and major surgery and must not primarily be a clinic, a place for alcoholics or drug addicts, a nursing, rest or convalescent home or home for the aged or similar establishment;

“**Hospital Confinement**” means confinement in a Hospital -

(a) for at least 6 consecutive hours; or

(b) for any duration as long as a room and board charge is charged for the confinement; or

(c) for any duration for the purpose of surgery and any preparation(s) and procedure(s) in connection with the surgery;

“**Illness**” or “**Disease**” means a physical condition marked by a pathological deviation from the normal healthy state;

“**Injury**” means bodily injury caused by an Accident and resulting directly and independently of all other causes through external, violent and accidental means of which, except in the case of drowning or of internal injury revealed by autopsy, there is evidence of visible contusion or wound on the exterior of the body;

“**Insured Dependant**” means an Eligible Dependant on whom an assurance under this GDM has been effected;

“**Insured Member**” means a Life Assured or an Insured Dependant;

“**Life Assured**” means an Eligible Employee on whom an assurance under this GDM has been effected;

“**Policy year**” means a period of one year from the Commencement Date shown in the Policy Schedule or from a Renewal Date;



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“Pre-existing Condition” means a condition for which prior to the Effective Date -

- (a) the Insured Member had symptoms of an illness which would have caused any ordinary prudent person to seek treatment, diagnosis or care; or
- (b) medical advice or treatment was recommended by or received from a Registered Medical Practitioner / Specialist; or
- (c) the Insured Member had undergone medical tests or investigations; or
- (d) the cause and pathology of the condition have already existed, whether known or unknown to the Insured Member.

“Registered Medical Practitioner” means a physician qualified by degree in western medicine who is legally licensed and authorized in the geographical area of his practice to render medical or surgical services and who is other than the Insured Member or the spouse or child or parent of the Insured Member.

“Schedule of Operations” refers to the Schedule of Surgical Operations attached to this GDM; and

“Specialist” means a Registered Medical Practitioner who -

- (a) possesses a basic medical degree from a recognised university; and
- (b) possesses a specialist qualification recognised by the Singapore Medical Council; and
- (c) is a member of the Academy of Medicine; and
- (d) is registered with the Singapore Medical Council.

“Waiting Period” refers to the period during which benefits are not payable to the Insured Member.

GENERAL PROVISIONS APPLY

The General Provisions apply to this GDM unless inconsistent with any express provision contained in this GDM Supplementary Contract. All terms which are not defined in this GDM will have the same meanings as set out in the General Provisions.

DEPENDANT’S ELIGIBILITY AND TERMINATION

An employee’s Eligible Dependant(s) can be insured under this GDM only if the employee is also insured at the same time under this GDM. The assurance on the employee’s Eligible Dependant(s) will cease if the employee ceases to be employed by you.

BENEFITS

(1) While this GDM is in force, and subject to the terms, exceptions and conditions contained in this GDM, we will pay the benefits set out in subclause (4) up to the limits set out in the Benefits Schedule.

(2) All references to benefits and limits in the Benefits Schedule will refer to the benefits and limits for the Plan applicable to the Insured Member, as shown in the Basis of Cover Endorsement.

(3) The coverage under this GDM is worldwide.

(4) Description of Benefits

(a) Daily Room and Board Benefit

- (i) We will reimburse the Eligible Expenses for daily room and board charges during the Insured Member’s Hospital Confinement up to either -
 - the maximum per day; or
 - the room and board charges per day for the class of ward,as stated in the Benefits Schedule, subject to a maximum of 120 days for each Disability. If the Insured Member is warded in a class of ward higher than what he is eligible for under the applicable Plan, we will only be liable for the amount which would have been payable had the Insured Member been hospitalized in a class of ward for which he is eligible.
- (ii) We will reimburse Eligible Expenses for daily room and board charges if the Insured Member is warded in the Intensive Care Ward, subject to a maximum of \$10,000 per Disability. [For the avoidance of doubt, should the Insured Member continue to incur room and board charges beyond the \$10,000 limit, we will reimburse Eligible Expenses for room and board based on rates under subparagraph (i), subject to subparagraph (iii)].
- (iii) We will not pay more than a total of 120 days per Disability under subparagraphs (i) and (ii).



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(b) Other Inpatient Benefits

We will reimburse the following Eligible Expenses (i) to (iii) but the total amount payable will not exceed the amount set out opposite Other Inpatient Benefits in the Benefits Schedule for any one Disability -

(i) Hospital Miscellaneous Services

Eligible Expenses incurred by the Insured Member while in Hospital Confinement, for the following -

- (A) use of operating room;
- (B) anaesthetist fee, anaesthesia, oxygen and other gases and their administration;
- (C) blood transfusion including the cost of blood;
- (D) drugs and medicine consumed as an inpatient;
- (E) X-ray examination, microscopic and laboratory tests, electrocardiogram;
- (F) ambulance fee to and/or from the hospital;
- (G) X-ray therapy, radio therapy, physical therapy, basal metabolism tests, radio and isotopes;
- (H) dressing, ordinary splints and plaster casts; and

(ii) Surgical Fees

Eligible Expenses incurred by the Insured Member for surgical fees and in-hospital attendant visits reasonably required while the Insured Member is in Hospital Confinement following the surgery, subject to the following -

- (A) The benefit payable will be computed according to the following formula -

Operation Percentage \times Maximum In-patient Benefits

Where -

“Operation Percentage” refers to the percentage applicable to that *operation, depending on its Table classification, as set out in the Schedule of Surgical Operations; and

“Maximum Inpatient Benefits” refers to the amount set opposite Inpatient Benefits in the Benefits Schedule for the Plan applicable to the Insured Member.

* If the operation is not listed in the Schedule of Surgical Operations, we will decide on the amount based on an operation of comparable severity and complexity as determined by us.

- (B) The computation of the benefit as described in subclause (ii)(A) will not apply to -

• surgical fees of S\$1,000/- and below; or

• surgical fees incurred at all hospitals in Singapore.

Such surgical fees will be reimbursed in full subject to the maximum per Disability for Inpatient Benefits Fees shown in the Benefits Schedule.

- (C) If two or more surgical procedures are performed through a single incision, we will pay only the expenses incurred for the surgical procedure for which the highest fee is charged. Where surgery for any one Disability is performed in various stages over a period of time, all surgical fees incurred will be added together and regarded as for one Disability.

(iii) In-hospital Doctor's Visits

- (A) Where no surgery is performed, we will reimburse Eligible Expenses incurred by the Insured Member for charges made by the Registered Medical Practitioner or Specialist for consultation during Hospital Confinement of the Insured Member subject to a maximum of one visit per day.
- (B) Where surgery is performed, the charges made by the surgeon for such in-hospital visits will be added to the amount payable for Surgical Fees.

(c) Outpatient Benefits

We will reimburse the following Eligible Expenses (i) to (iii) incurred by the Insured Member but the total amount payable will not exceed the amount set out opposite Outpatient Benefits in the Benefits Schedule for any one Disability -

(i) Diagnostic X-rays and Laboratory Expenses

Eligible Expenses incurred for outpatient diagnostic X-rays and laboratory examinations recommended by a Registered Medical Practitioner.

(We will not be liable if no hospitalization or surgical treatment is required within 90 days of the diagnostic X-rays and laboratory examinations.)



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- (ii) **Specialists' Consultations**
Eligible Expenses incurred for outpatient Specialists' consultations recommended by a Registered Medical Practitioner.
(We will not be liable if no hospitalization or surgical treatment is required within 90 days of the Specialists' consultations.)
- (iii) **Post Hospitalization Benefit**
Eligible Expenses incurred for follow-up treatment for the same Disability by the same Registered Medical Practitioner treating the Insured Member during Hospital Confinement within 90 days of discharge from Hospital.
- (d) **Emergency Accidental Outpatient Benefit**
Eligible Expenses incurred by the Insured Member as an outpatient in a Hospital or clinic for emergency treatment of an Injury arising from an Accident within 24 hours from the time of Accident and any follow-up treatment up to 31 days from date of Accident.
- (e) **Overseas Hospitalisation due to Accident (applicable to Other Inpatient Benefits and Outpatient Benefits only)**
We will reimburse Eligible Expenses incurred by the Insured Member when hospitalized overseas due to Accident subject to the maximum of 150% of the Other Inpatient Benefits and Outpatient Benefits.
- (f) **Parental Accommodation Benefit**
We will reimburse accommodation charges incurred for the daily cost of an added bed in the same room for either parent or legal guardian staying with an Insured Dependant child under 12 years of age, upon the recommendation of a Registered Medical Practitioner, where the latter is admitted into a Hospital for which benefits are payable under this GDM, subject to a maximum of 60 days per policy year. This benefit is applicable to Plan 1, Plan 6 and Plan 7 only.
- (g) **Home Nursing Benefit**
If an Insured Member has been admitted into a Hospital for which benefits are payable under this GDM, and upon discharge from the Hospital, requires nursing services in the Insured Member's home provided by a medically qualified and licensed nurse, we will pay the cost of such nursing services, subject to -
(i) a maximum of twenty-six (26) weeks after hospitalization or surgery; and
(ii) a maximum per policy year limit for Home Nursing Benefit as shown in the Benefit Schedule.
The home nursing services must be deemed medically necessary by the attending Registered Medical Practitioner. The plan and schedule of the nursing care must be established and prescribed in writing by the attending Registered Medical Practitioner for the continued treatment of the specific medical condition for which the Insured Member had been hospitalized for. No payment will be made for services provided with respect to custodial care, meals preparation, general housekeeping services, companionship, rest cure, convalescence or personal comfort issues. This benefit is applicable to Plan 1, Plan 6 and Plan 7 only.
- (h) **Rehabilitation Benefit**
We will reimburse Eligible Expenses incurred by the Insured Members for rehabilitation recommended by the attending Registered Medical Practitioner to recuperate in a community Hospital registered and approved by the Ministry of Health of Singapore, subject to -
(iii) a maximum of thirty (30) days after hospitalization or surgery
(iv) a maximum per Disability for Rehabilitation Benefit as shown in the Benefit Schedule.
- (i) **Miscarriage Benefit**
We will reimburse Eligible Expenses incurred by the Insured Member for miscarriage and ectopic pregnancy subject to the maximum per Disability for Miscarriage Benefits as specified in the Benefits Schedule. However, no benefit will be payable for expenses incurred; as a result of termination of pregnancy requested by the Insured Member and which is not medically required.
- (j) **Death Benefit**
If the Insured Member dies, we will pay the Death Benefit shown in the Benefits Schedule.



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(k) Hospital Cash Benefit

We will pay the Hospital Cash Benefit per day shown in the Benefits Schedule, up to 120 days per Disability, if the following conditions are met -

- (i) We are liable to pay daily Room & Board Benefit under this Supplementary Contract;
- (ii) The Insured Member is confined in a Singapore Government or Singapore Government Restructured Hospital; and
- (iii) The Insured Member is confined in a class of ward listed under Hospital Cash Benefit in the Benefits Schedule and remains in the same or lower class of ward throughout his entire confinement.
- (iv) Hospital Cash Benefit is applicable for Singaporeans and PRs only.

(l) Wellness Benefits

We will reimburse Eligible Expenses incurred by the Insured Member for Dental Consultation, Oral Examination, Scaling and Polishing, Flu Vaccination and Health Screening, subject to the maximum per Policy Year for Wellness Benefits as stated in the Benefits Schedule

(m) Major Medical Benefit

Subject to *Co-Insurance, we will reimburse the Eligible Expenses for

- (i) daily room and board charges during the Insured Member's Hospital Confinement from the 121st day of hospitalization onwards, up to the maximum per Policy Year for each Disability, as stated in the Benefit Schedule; and
- (ii) Other Inpatient Benefits, during the Insured Member's Hospital Confinement up to a maximum per Policy year for Major Medical Benefit as stated in the Benefits Schedule.

The covered Eligible Expenses under (i) and (ii) will be apportioned between you and us. You will be responsible for the Co-Insurance and we will pay the balance of the covered Eligible Expenses.

If the Insured Member is warded in a class of ward higher than what he is eligible for under the applicable Plan, this benefit will not be payable.

(n) Outpatient Kidney Dialysis and Outpatient Cancer Treatment

We will reimburse Eligible Expenses incurred by the Insured Member in respect of outpatient kidney dialysis and / or chemotherapy and radium therapy treatment for cancer as an outpatient, subject to the maximum per Policy year for Kidney Dialysis and Cancer Treatment shown in the Benefits Schedule.

M WAITING PERIOD FOR PRE-EXISTING CONDITION

- (1) During the Waiting Period as described in subclause (2) and (3), we will not be liable for any claim resulting from any Pre-Existing Condition, unless such Pre-Existing Condition has been declared to Us and accepted by Us.
- (2) We will not be liable for any claim resulting from any Pre-Existing Condition in respect of any Insured Member for benefits set out in clause (IV)(4)(a) to (4)(m), unless the Insured Member has been covered for a continuous period of 18 months under this GDM.
- (3) We will not be liable for any claim resulting from any Pre-existing Condition in respect of any Insured Member for benefits set out in clause (IV)(4)(n).



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M **EXCLUSIONS**

We will not be liable for expenses incurred for -

- (1) Treatment for psychological or psychiatric condition and illness, or alcoholism or drug addiction;
- (2) Birth control measures, infertility or impotency or their treatment, pregnancy including normal delivery, Caesarean operation, abortion, miscarriage and all complications arising from them, subject to clause (IV)(4)(i).
- (3) Any dental treatment or services not specified in the Benefits Schedule, oral surgery, orthodontics or orthognathic surgery, or Temporomandibular Joint Disorder except for the cost of surgery required as a result of an Injury;
- (4) Eye examination, surgical procedure for correction of eye refraction, procurement or use of contact lenses or eye glasses;
- (5) Study and treatment of sleep apnoea;
- (6) Cosmetic or plastic surgery except to the extent that such surgery is necessary for the repair of damage caused solely by an Accident, treatment of xanthelasma, syringoma, acne and alopecia;
- (7) Procurement or use of wheel-chair, crutches, dialysis machine and any other hospital-type equipment, use of special braces, any appliances, any medical equipment or prosthetic devices, or any implants. (However, expenses incurred in connection with implants which are necessary to preserve the health or life of the Insured Member and recommended by a Registered Medical Practitioner are not excluded);
- (8) Services (irrespective of whether there is Hospital Confinement) for the primary purpose of diagnosis, medical check-up, genetic or health screening;
- (9) Any treatment or surgical procedure for congenital anomalies or genetic defects existing from the time of birth regardless of the time of discovery of such anomalies or defects and the time of such treatment or surgical procedure;
- (10) Rest cures, sanatoria care, special nursing care;
- (11) Venereal disease and any disability or condition or complication due directly or indirectly to the human immuno-deficiency virus (AIDS);
- (12) Treatment for obesity, weight reduction or weight improvement, even if caused directly or indirectly by a medical condition covered under this GDM;
- (13) Circumcision (except where it is medically necessary) or treatment relating to it;
- (14) Treatment of injuries or conditions resulting from direct participation in a strike, riot or civil commotion, insurrection or any act of war (whether declared or undeclared);
- (15) Intentional self-inflicted injuries, while sane or insane;
- (16) Services of a non-medical nature, such as the use of telephone, radio and the like, medical sundries (e.g. tissue paper, denture cup) and administrative or other charges (of a non-medical nature) in connection with the provision and/or performance of medical supplies and/or services (e.g. non-resident bill surcharge);
- (17) Services or treatment which are paid for by any other party or which are claimable under workmen's compensation insurance or other form of medical reimbursement insurance plan;
Where the Insured Member is entitled to benefits payable under other group or individual insurance, the benefits payable under this GDM will be limited to the balance of charges not covered under other insurances;
- (18) Hospital Confinement occurring or treatment provided after the Insured Member ceases to be insured under this GDM;
- (19) Treatment or services that are not necessary or reasonably required for the illness or injury;
- (20) Treatment for varicocele; or
- (21) Treatment or services provided after termination of the Insured Member's coverage.



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M CONDITIONS

- (1) Written notice must be given to us within 30 days of any Hospital Confinement or treatment or surgery for which a claim may be made. Such notice may be given on behalf of the claimant but must be given with particulars sufficient to identify the Insured Member.
- (2) All certificates, medical reports, information and evidence required by us must be furnished at your expense and must be in such form and of such nature as we may require.
- (3) The Insured Member, in respect of whom a claim has been submitted, must undergo medical examinations by Registered Medical Practitioners appointed by us, at our expense, whenever reasonably required to do so.
- (4) We will not be liable if there is a failure to comply with any of the above conditions. However failure to give notice within the time specified in this GDM will not invalidate any claim if it can be shown that notice was given as soon as was reasonably possible and provided it was given within 6 months of the event for which the claim is made.

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Group Policy No.
Assured :

Tokio Marine Life Insurance Singapore Ltd.
(Company Reg. No.: 194800055D)

Group Policy No.
Assured :

SCHEDULE OF SURGICAL OPERATIONS

If this Schedule is attached to Group Hospital and Surgical Insurance Policy

The benefit payable for any operation is computed by multiplying the *percentage applicable to that operation by the amount set opposite “Surgical Fees” in the Benefits Schedule for the Plan applicable to the Insured Member.

If this Schedule is attached to Group Deluxe Medical Insurance Policy

The benefit payable for any operation is computed by multiplying the *percentage applicable to that operation by the amount set opposite “Other Inpatient Benefits” in the Benefits Schedule for the Plan applicable to the Insured Member.

* the percentage applicable to any operation depends on its Table classification as set out in this Schedule.

If the operation is not listed in this Schedule, Tokio Marine Life Insurance Singapore Ltd. (“the Company”) will decide on the amount based on an operation of comparable severity and complexity as determined by the Company.

Classification of Operations	Applicable Percentage
Table 1	10%
Table 2	30%
Table 3	50%
Table 4	70%
Table 5	100%

Table of Contents

(I) THE ALIMENTARY SYSTEM

TABLE 2

- (1) Esophagoscopy
- (2) Gastroscopy (or Fiberoptic esophagogastroduodenoscopy)
- (3) Percutaneous liver biopsy
- (4) Proctoscopy and rubber band ligation/injection of haemorrhoids
- (5) Sigmoidoscopy
- (6) Colonoscopy with or without biopsy
- (7) Insertion of celestin tube
- (8) Oesophageal sclerotherapy for oesophageal varices
- (9) Saucerisation of perianal abscess

TABLE 3

- (1) Closure of any perforation

TABLE 4

- (1) Cholecystectomy
- (2) Cholecystojejunostomy
- (3) Exploratory laparotomy
- (4) Repair of perforated peptic ulcer
- (5) Choledochojejunostomy
- (6) Gastrectomy, partial
- (7) Selective vagotomy/parietal cell vagotomy
- (8) Wedge resection of liver

- (2) Colonoscopic polypectomy
- (3) Colostomy
- (4) Excision of fistula-in-ano



- Group Policy No. _____
Assured _____
- (5) Excision of fissure-in-ano
 - (6) Hernia operation (inguinal, femoral)
 - (7) Suture of simple lacerations of liver
 - (8) Appendicectomy
 - (9) Drainage of intra-abdominal abscess
 - (10) Haemorrhoidectomy

TABLE 5

- (1) Colon resection with or without colostomy
- (2) High anterior resection of rectum
- (3) Low anterior resection of rectum
- (4) Splenectomy
- (5) Subtotal gastrectomy
- (6) Andomino-perineal excision of rectum
- (7) All porto-systemic shunts
- (8) Gastrectomy, total, quasi-total
- (9) Pelvic exenteration
- (10) Pull through operation for rectum (adult)
- (11) Total oesophagectomy or oesophageal bypass
- (12) Whipple's operation

(II) THE CARDIOVASCULAR SYSTEM

TABLE 2

- (1) Implantation of permanent pacing system
- (2) Paracentesis
- (3) Varicose veins operation (one leg)

TABLE 4

- (1) Arteriovenous fistula surgery
- (2) Closed valvotomy
- (3) Coronary angioplasty

TABLE 3

- (1) Artery thrombosis, endarterectomy
- (2) Artery embolism, embolectomy
- (3) Coronary angiography
- (4) Pericardiectomy

TABLE 5

- (1) Coronary artery bypass graft
- (2) Graft repairs of dissecting aneurysm
- (3) Heart transplantation
- (4) Open heart surgery for valvular disease

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Group Policy No.

Assured :

(III) EAR, NOSE & THROAT

TABLE 1

- (1) Antral lavage or wash-out
- (2) Cautery of nose
- (3) Excision of sebaceous cyst (ENT)
- (4) Excision of oral cyst
- (5) Excision of cervical lymph node
- (6) Aural polypectomy
- (7) Direct laryngoscopy and biopsy
- (8) Examination of ENT under anaesthesia (including biopsy)
- (9) Meatotomy
- (10) PNS biopsies
- (11) Removal of foreign bodies in ear/nose
- (12) Sinus lavage
- (13) Toilet and suture in ENT region
- (14) Tracheotomy
- (15) Tracheoscopy

TABLE 2

- (1) Adenoidectomy alone including PNS curettage
- (2) Excision of simple preauricular sinus
- (3) Manipulation of simple fracture in nose
- (4) Myringotomy with insertion of grommet tube
- (5) Nasal turbinectomy
- (6) Stalolithotomy (superficial)
- (7) Simple nasal polypectomy
- (8) Excision of submandibular salivary gland
- (9) Tonsillectomy with or without adenoidectomy

TABLE 3

- (1) Cortical mastoidectomy
- (2) Partial excision of parotid gland (superficial parotidectomy)
- (3) Myringoplasty
- (4) Nasal system, submucous resection

TABLE 4

- (1) Nasal sinuses, antrostomy
- (2) Nose, various lesions, rhinoplasty
- (3) Glossectomy (semi or total)
- (4) Stapedectomy

TABLE 5

- (1) Myringoplasty with mastoidectomy
- (2) Partial excision of larynx, pharynx and maxilla
- (3) Staged tympanoplasty
- (4) Total parotidectomy
- (5) Complete excision of larynx/pharynx/cervical oesophagus/maxilla tongue with block excision
- (6) Major head and neck cancer surgery with block dissection and reconstruction
- (7) Total rhinoplasty, including correction of all bony and cartilaginous elements

(IV) THE ENDOCRINE SYSTEM

TABLE 1

- (1) Needle biopsy thyroid gland

TABLE 2

- (1) Open biopsy of thyroid gland

TABLE 3

- (1) Excision of thyroglossal cyst
- (2) Excision of thyroid tumour

TABLE 4

- (1) Excision of parathyroid tumours
- (2) Hemi-thyroidectomy
- (3) Partial-thyroidectomy (lobectomy)

TABLE 5

- (1) Parathyroid lesions re-exploration
- (2) Thymectomy
- (3) Thyroidectomy (total, sub-total, without block excision)
- (4) Adrenalectomy
- (5) Pituitary gland lesions, transsphenoidal hypophysectomy with resection of nasal septum and grafting
- (6) Thyroidectomy with block excision of lymph nodes of neck



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(V) THE EYE

TABLE 1

- (1) Excision of chalazion
- (2) Incision and drainage of style
- (3) Removal of foreign body from surface of eye
- (4) Excision of pinguecula
- (5) Excision of pterygium
- (6) Lacrimal gland, obstruction, probing of ducts
- (7) Removal of wart/cyst of eyelid
- (8) Repair of minor laceration of eyelid
- (9) Tarsorrhaphy

TABLE 2

- (1) Fundal fluorescein angiography
- (2) Iridectomy
- (3) Light coagulation of retina
- (4) Paracentesis (evacuation of blood from eye)
- (5) Repair of simple corneal and iris wounds
- (6) Repair of major laceration of eyelid
- (7) Eyelids, ectropion or entropion correction
- (8) Intraocular foreign body removal

TABLE 3

- (1) Glaucoma, cyclodiathermy / cyclocryotherapy, filtering and allied operation etc
- (2) Retina tears, diathermy, cryotherapy, laser photocoagulation

TABLE 4

- (1) Cataract operation with/without implant
- (2) Ptosis correction
- (3) Squint operation (other than congenital defect)

TABLE 5

- (1) Retina detachment operation
- (2) Orbit reconstruction
- (3) Vitrectomy

(VI) THE FEMALE REPRODUCTIVE SYSTEM

TABLE 1

- (1) Examination under anaesthesia
- (2) Evacuation of vulval haematoma
- (3) Diathermy, cryosurgery, laser therapy of cervix
- (4) Dilatation and insufflation of tubes with or without curettage
- (5) Excision/avulsion of cysts and polypi of cervix, placenta or endometrical polypi and septa of vagina
- (6) Incision of external genitalia abscess
- (7) Marsupialisation of bartholin cyst (including use of laser)

TABLE 2

- (1) Dilatation and curettage of uterus
- (2) Gynaecological colposcopy with/without biopsy
- (3) Punch biopsy of cervix
- (4) Cervix, cone biopsy (including use of laser)
- (5) Cystectomy, simple
- (6) Laparoscopy - diagnostic/exploratory/therapeutic

TABLE 3

- (1) Ovaries, wedge resection
- (2) Repair of incisional hernia
- (3) Repair of perforated or ruptured uterus
- (4) Tubo-ovarian abscess, drainage
- (5) Cystectomy and salpingo - oophorectomy
- (6) Oophorectomy/salpingo - oophorectomy
- (7) Uterus fibroid, myomectomy

TABLE 4

- (1) Hysterectomy
- (2) Pelvic adhesion lysis
- (3) Hysterectomy, total with or without bilateral salpingo - oophorectomy
- (4) Vaginal hysterectomy with or without pelvic floor repair
- (5) Vaginal, fistula repair
- (6) Vaginal, colporrhaphy with amputation of cervix

TABLE 5

- (1) Pelvic exenteration
- (2) Radical vulvectomy
- (3) Werthiem operation



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(VII) INTEGUMENTS INCLUDING THE LYMPHATIC SYSTEM AND MAMMARY GLANDS

TABLE 1

- (1) Excision of simple warts, epidermal cysts, corns, etc of the skin
- (2) Incision and drainage of superficial abscesses
- (3) Simple desloughing
- (4) Simple wound debridement
- (5) Toilet and suture of wounds or lacerations

TABLE 2

- (1) Excision of small haemangioma
- (2) Lymph nodes biopsy
- (3) Excision biopsy of breast lumps

TABLE 4

- (1) Simple mastectomy

TABLE 5

- (1) Radical mastectomy
- (2) Simple mastectomy with axillary clearance
- (3) Modified radical mastectomy

(VIII) THE MUSCULO-SKELETAL SYSTEM

TABLE 1

- (1) Application of full plasters
- (2) Aspiration of joints
- (3) Avulsion, excision of nail
- (4) Application of skull calipers
- (5) Incision and drainage of abscess
- (6) Removal of superficial implant

TABLE 2

- (1) Amputation of single digit (upper and lower limbs)
- (2) Decompression of tendon sheath and synovial biopsies (eg trigger finger)
- (3) Manipulation and reduction under anaesthesia for greenstick fractures and simple dislocations
- (4) Minor skin grafts
- (5) Arthrodesis of small joints
- (6) Excision of ganglion and small lumps

TABLE 3

- (1) Arthroscopy (diagnostic)
- (2) Arthotomy of the joints (knee, hip)
- (3) Decompression of nerve entrapment syndromes (carpal tunnel, cubital)
- (4) Local skin flaps
- (5) Major desloughing and wound debridement
- (6) Manipulation and reduction under anaesthesia for fracture and dislocation of upper limb
- (7) Simple drainage procedures for osteomyelitis and septic arthritis
- (8) Primary repair of tendons
- (9) Repair of single peripheral nerve
- (10) Removal of loose bodies in the joints

TABLE 4

- (1) Amputation of arm, forearm or hand
- (2) Meniscectomy with or without arthroscopy
- (3) Open reduction and internal fixation of simple fracture and dislocation of upper limb
- (4) Open reduction and internal fixation of fracture and dislocation of lower limb
- (5) Secondary repair of tendons
- (6) Synovectomies of large joints

TABLE 5

- (1) Amputation of foot, knee
- (2) Arthrodesis of large joints
- (3) Corrective surgery for bone and joint deformities and contractures - osteotomy and fixation
- (4) Decompression laminectomy for spinal stenosis and secondary tumours
- (5) Disectomy of spines
- (6) Open reduction and wound debridement of compound fracture and dislocations
- (7) Combination of various procedures, eg in major crush injuries of lower limbs requiring fixation of bones, arterila, neural and tendon repairs
- (8) Forequarter amputation
- (9) Hindquarter amputation
- (10) Laminectomy and fusion
- (11) Major microsurgical reconstruction
- (12) Major replantation surgery of limbs
- (13) Open reduction and fixation of the spine, including fusion
- (14) Total joint replacement eg hip, shoulder



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(IX) THE NERVOUS SYSTEM

TABLE 1

- (1) Lumbar puncture (diagnostic)

TABLE 3

- (1) Burrhole biopsy
- (2) Elevation of small depressed fracture without dural tear

TABLE 4

- (1) Elevation of depressed fracture with dural tear
- (2) Evacuation of intracranial haemorrhage from head injuries
- (3) Shunt operations for hydrocephalus
- (4) Small cranioplasty

TABLE 5

- (1) Large cranioplasty
- (2) Sympathectomy, cervical/thoracic/lumbar
- (3) Craniectomy
- (4) External carotid - internal carotid bypass operation
- (5) Hypophysectomy
- (6) Intracranial and cervical operations for cerebrovascular disease
- (7) Laminectomy
- (8) Operations on all intracranial and spinal tumours

(X) THE RESPIRATORY SYSTEM

TABLE 1

- (1) Aspiration of pleural effusion and pleural biopsy
- (2) Intercostal drainage of pus or fluid
- (3) Bronchoscopy
- (4) Pericardial aspiration

TABLE 2

- (1) Bronchoscopy with transbronchial lung biopsy
- (2) Drainage of mediastinal abscess
- (3) Excision of lung cysts
- (4) Lung biopsy
- (5) Mediastinoscopy
- (6) Wedge resection of the lung

TABLE 3

- (1) Repair of diaphragmatic hernia
- (2) Repair of hiatus hernia
- (3) Thoracoplasty

TABLE 4

- (1) Resection of chest wall tumours and reconstruction
- (2) Resection of mediastinal tumours and reconstruction

TABLE 5

- (1) Lung resection: segmental resection, lobectomy
- (2) Lung resection covering thoracoplasty
- (3) Lobectomy with sleeve resection and bronchial anastomosis
- (4) Repair of transected bronchus
- (5) Total pneumonectomy



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(XI) THE URO-GENITAL SYSTEM

TABLE 1

- (1) Circumcision
- (2) Cystostomy
- (3) Percutaneous needle renal biopsy
- (4) Urethra dilatation, meatotomy
- (5) Cystoscopy with or without biopsy
- (6) Incision and drainage of infected hydrocele

TABLE 2

- (1) Cystodiathermy of small bladder tumours
- (2) Orchidoplasty
- (3) Orchidectomy
- (4) Operation for secondary hydrocele
- (5) Transurethral bladder neck resection

TABLE 3

- (1) Hernia operation (inguinal, femoral)
- (2) Kidney cyst operation
- (3) Perinephric abscess drainage
- (4) Percutaneous nephrolithotomy
- (5) Pyeloplasty
- (6) Transurethral resection of bladder tumours
- (7) Transurethral resection of prostate

TABLE 4

- (1) Bladder stone, litholapaxy / ultrasonic / lithotripsy / electrohydraulic lithotripsy / laser
- (2) Open surgery for calculus (stone), nephrolithotomy or phylolithotomy or ureterolithotomy
- (3) Ureter stone, ultrasound lithotripsy / electrohydraulic & laser lithotripsy
- (4) Open prostatectomy
- (5) Penis, trauma (amputation), microvascular reattachment

Table 5

- (1) Bladder lesions, total cystectomy
- (2) Kidney stone, extra-corporeal shockwave lithotripsy / ultrasound lithotripsy
- (3) Nephrectomy
- (4) Radical prostatectomy
- (5) Kidney transplant
- (6) Urinary conduit with total cystectomy (bladder)

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Tokio Marine Life Insurance Singapore Ltd.

(Company Reg. No.: 194800055D)

Group Outpatient GP

Group Policy No.
Assured :

GROUP OUTPATIENT CLINICAL BENEFITS SUPPLEMENTARY CONTRACT

DEFINITIONS

In this Group Outpatient Clinical Benefits Supplementary Contract (“**GOP**”) attached to the Group Deluxe Medical Insurance Supplementary Contract (“**GDM**”), unless otherwise stated

“**Basis of Cover Endorsement**” means the Basis of Cover Endorsement applicable to Group Outpatient Clinical Benefits Supplementary Contract;

“**Benefits Schedule**” means the Benefits Schedule for Group Outpatient Clinical Benefits Supplementary Contract;

“**Effective Date**” means the Effective Date shown in the Benefits Schedule;

“**Eligible Expenses**” means expenses incurred for medically necessary treatment provided to an Insured Member for injury, illness or disease during a period of insurance and are actual, necessary and reasonable. It will exclude Goods and Services Tax and any other government tax which may be levied on such expenses;

“**General Practitioner**” means a physician qualified by degree in western medicine who is legally licensed and authorized in the geographical area of his practice to render medical services who is other than the Insured Member or the spouse or child or parent of the Insured Member;

“**Panel General Practitioner**” means a General Practitioner who has been appointed by Tokio Marine Life Insurance Singapore Ltd. to treat Insured Members;

“**Non-panel General Practitioner**” means any General Practitioner other than a Panel General Practitioner;

“**Premium**” means the premium payable for this GOP shown in the Basis of Cover Endorsement; and

All terms which are not defined in this GOP, will have the same meanings as set out in the GDM.

BENEFITS

- (1) Even if we state differently elsewhere in the Policy, in return for your premium we agree to extend the GDM to cover the benefits referred to in subclause (2) from the Effective Date.
- (2) While the Insured Member is covered under the GDM and this GOP, and subject to the terms, exceptions and conditions of this GOP, we will reimburse the Eligible Expenses, subject to the limits and co-payment shown in the Benefits Schedule, for the following -
 - (a) **Consultation and treatment (including medicine and basic diagnostic x-ray and laboratory tests) provided by a Panel General Practitioner** in his clinic or government polyclinic;
 - (b) **Consultation and treatment (including medicine) provided by a Non-panel General Practitioner** in his clinic (if applicable);
 - (c) **Outpatient treatment at A&E Department** subject to the Maximum Amount Per Visit and Maximum Visit Per Policy Year, as shown in the Benefit Schedule
 - (d) **Overseas Outpatient Treatment** namely, consultation and treatment provided by a General Practitioner in his clinic while the Insured Member is overseas.
- (3) All references to benefits and limits in the Benefits Schedule will refer to the benefits and limits for the Plan applicable to the Insured Member, as shown in the Basis of Cover Endorsement.



Group Policy No.

Assured :

INDIVIDUAL IDENTIFICATION CARD

- (1) We will issue an individual Identification Card (“ID Card”) to each Insured Member which must be produced when the Insured Member visits a Panel General Practitioner. You will ensure that the ID Card is given only to an Insured Member.
- (2) You must ensure that the ID Cards are safely kept and shall account for each ID Card given out.
- (3) You must return to us any ID Card which is mutilated or damaged.
- (4) You must not make any amendment to the ID Card without our prior written consent.
- (5) If we make payment to a Panel General Practitioner or a Hospital for which we are not liable, you must fully indemnify and reimburse us such amount within 30 days from the date of our notice to you requesting reimbursement.
- (6) We reserve the right to terminate this GOP by giving you 30 days’ written notice and to discontinue at any time and for any reason whatsoever the issuance of the ID Cards.
- (7) You must return the ID Cards to us on or before the date of termination of the cover under this GOP, otherwise termination will be deemed to take effect on the Policy anniversary following the date of termination.
- (8) We will charge an administrative fee of \$10.00 for the replacement of each individual ID Card which has been lost or misplaced.
- (9) By using the ID Card issued to the Insured Members, the Insured Members agree to allow any hospitals, clinics, and/or any of Our service providers to disclose their Personal Data (including but not limited to the medical information of the Insured Members) to Us.

EXCLUSIONS

- (1) We will not be liable for expenses incurred for –
 - (a) Treatment that requires specialist care;
 - (b) Treatment of congenital abnormalities or physical defects;
 - (c) Treatment of self-inflicted injuries while sane or insane;
 - (d) Treatment for sleep disorder and psychiatric and psychological conditions, including but not limited to sleep disorders, mental or emotional well being;
 - (e) Treatment and investigations arising from pregnancy, miscarriage, childbirth, sub-fertility and infertility, abortion and contraception, fertility drugs, contraceptive pills and antenatal vitamins;
 - (f) Treatment for obesity, weight reduction or weight improvement;
 - (g) Treatment for alcoholism and drug addiction;
 - (h) Treatment of cancer and chronic renal failure, including but not limited to kidney dialysis;
 - (i) Medications requested by an employee which were prescribed by a non panel doctor;
 - (j) Requests for medicines for traveling overseas and travel vaccinations and any requests for nutritional supplements;
 - (k) Illness, disability, injury or any condition or complication arising from or due to the human immune-deficiency virus, venereal disease and any sexually transmitted diseases and any illness caused by the misconduct or negligence;
 - (l) Any treatment arising from communicable diseases requiring isolation; rest care or sanitary care;
 - (m) Special tests, e.g. CT scan, MRI and Barium tests and any examinations requested by the patients;
 - (n) Injuries or sickness arising from direct participation in strike, riot and civil commotion and any other unlawful acts;
 - (o) Cosmetic surgery, office procedures or medicines prescribed for the purpose of beautification and sex change operation;
 - (p) Procurement or use of medical, dental, optical, special braces, appliances or equipment (including but not limited to spectacles, contact lenses and artificial limbs);
 - (q) Dental treatment;
 - (r) Vocational licence check up, pre-employment and work permit check up;
 - (s) Circumcision;
 - (t) Viagra;



Group Policy No.

Assured :

- (u) Any expenses, including investigations, incurred in relation to illness and disablement during or in the course of employment which constitutes a valid claim under the Workmen's Compensation Act, Singapore;
- (v) Any surcharge incurred due to visits outside the normal operating hours of the clinic;
- (w) Any treatment that is not ordinarily regarded as outpatient treatment expected from general practitioners.

M **CONDITIONS**

- (1) Written notice must be given to us within 30 days of any event for which a claim may be made. Such notice may be given on behalf of the claimant but must be given with particulars sufficient to identify the Insured Member.
- (2) All certificates, medical reports, information and evidence required by us must be furnished at your expense and must be in such form and of such nature as we may require.
- (3) We will not be liable if there is a failure to comply with any of the above conditions. However failure to give notice within the time specified in this GOP will not invalidate any claim if it can be shown that notice was given as soon as was reasonably possible and provided it was given within 6 months of the event for which the claim is made.
- (4) This GOP will be cancelled if the GDM is terminated due to any reason.

All other terms and conditions of GDM remain the same.



Tokio Marine Life Insurance Singapore Ltd.

(Company Reg. No.: 194800055D)

Group Outpatient SP

Group Policy No.
Assured :

GROUP OUTPATIENT SPECIALIST BENEFITS SUPPLEMENTARY CONTRACT

(I) DEFINITIONS

In this Group Outpatient Specialist Benefits Supplementary Contract (“GOS”) attached to the Group Deluxe Medical Insurance Supplementary Contract (“GDM”), unless otherwise stated -

“**Basis of Cover Endorsement**” means the Basis of Cover Endorsement applicable to Group Outpatient Specialist Benefits Supplementary Contract;

“**Benefits Schedule**” means the Benefits Schedule for Group Outpatient Specialist Benefits Supplementary Contract;

“**Effective Date**” means the Effective Date shown in the Benefits Schedule;

“**Eligible Expenses**” means expenses incurred for medically necessary treatment provided to an Insured Member for injury, illness or disease during a period of insurance and are actual, necessary and reasonable. It will exclude Goods and Services Tax and any other government tax which may be levied on such expenses;

“**General Practitioner**” means a physician qualified by degree in western medicine who is legally licensed and authorized in the geographical area of his practice to render medical services who is other than the Insured Member or the spouse or child or parent of the Insured Member;

“**Panel General Practitioner**” means a General Practitioner who has been appointed by Tokio Marine Life Insurance Singapore Ltd. to treat Insured Members;

“**Physiotherapist**” means a person who is qualified by a duly accredited degree in physiotherapy and who is duly licensed or registered to practice as a physiotherapist or is employed in a Hospital and who is practicing within the scope of his/her licensing and training in the geographical area of practice who is other than Insured Member or the spouse or child or parent of the Insured Member; “**Premium**” means the premium payable for this GOS shown in the Basis of Cover Endorsement; and

“**Specialist**” means a General Practitioner who -

- (a) possesses a basic medical degree from a recognised university; and
- (b) possesses a specialist qualification recognised by the Singapore Medical Council; and
- (c) is a member of the Academy of Medicine; and
- (d) is registered with the Singapore Medical Council.

All terms which are not defined in this GOS, will have the same meanings as set out in the GDM.

BENEFITS

- (1) Even if we state differently elsewhere in the Policy, in return for your premium we agree to extend the GDM to cover the benefits referred to in subclause (2) from the Effective Date.
- (2) While the Insured Member is covered under the GDM and this GOS, and subject to the terms, exceptions and conditions of this GOS, we will reimburse the Eligible Expenses, subject to the limits and co-payment shown in the Benefits Schedule, for the following -
 - (a) **Consultation and treatment (including medicine) provided by a Specialist** in his clinic to whom the Insured Member was referred by a General Practitioner. (The first consultation must take place within 30 days from the date of the referral letter and follow-up consultations with the same specialist must take place within 12 months from the first consultation. A fresh referral letter is required for consultations beyond the time periods specified, otherwise we will not be liable);
 - (b) **Outpatient diagnostic X-ray and Laboratory test(s)** recommended by a General Practitioner, or a Specialist referred to by a General Practitioner for the purpose of diagnosis;
 - (c) **MRI and CT Scan** recommended by a General Practitioner or a Specialist for the purpose of diagnosis
 - (d) **Outpatient Physiotherapy** carried out by a Physiotherapist which is recommended by a Specialist in writing
- (3) All references to benefits and limits in the Benefits Schedule will refer to the benefits and limits for the Plan applicable to the Insured Member, as shown in the Basis of Cover Endorsement.



Group Policy No.

Assured :

● EXCLUSIONS

- (1) We will not be liable for expenses incurred for -
- (a) Treatment for psychological or psychiatric condition and illness, or alcoholism or drug addiction;
 - (b) Birth control measures, infertility or impotency or their treatment, pregnancy including normal delivery, Caesarean operation, abortion, miscarriage and all complications arising from them;
 - (c) Study and treatment of sleep apnoea;
 - (d) Treatment of xanthelesema, syringoma, acne and alopecia;
 - (e) Cosmetic surgery;
 - (f) Medical, surgical, dental, optical and other appliances (eg. Spectacles, contact lenses and artificial limbs);
 - (g) Special nursing care, general physical or medical check-up or tests not incidental to the treatment or diagnosis of an actual injury or illness or any treatment which is not medically necessary;
 - (h) Venereal disease and any disability or condition or complication due directly or indirectly to the human immuno-deficiency virus (AIDS);
 - (i) Preventive check-up, pap-smear tests for ladies and vaccinations (e.g. Hepatitis vaccinations, vaccinations for children such as DPT);
 - (j) Any type of therapy (e.g. Chiropractic therapy) or dialysis;
 - (k) Treatment or services which are paid for by any other party or which are claimable under workmen's compensation insurance or other form of medical reimbursement insurance plan; and
 - (l) Any treatment provided before the Effective Date of or after the termination of the Insured Member's coverage under this GOS.

(V) CONDITIONS

- (1) Written notice must be given to us within 30 days of any event for which a claim may be made. Such notice may be given on behalf of the claimant but must be given with particulars sufficient to identify the Insured Member.
- (2) All certificates, medical reports, information and evidence required by us must be furnished at your expense and must be in such form and of such nature as we may require.
- (3) We will not be liable if there is a failure to comply with any of the above conditions. However failure to give notice within the time specified in this GOS will not invalidate any claim if it can be shown that notice was given as soon as was reasonably possible and provided it was given within 6 months of the event for which the claim is made.
- (4) This GOS will be cancelled if the GDM is terminated due to any reason.

All other terms and conditions of GDM remain the same.



Tokio Marine Life Insurance Singapore Ltd.

(Company Reg. No.: 194800055D)

Group Personal Accident

Group Policy No.
Assured :

GROUP PERSONAL ACCIDENT INSURANCE SUPPLEMENTARY CONTRACT

(I) DEFINITIONS

In this Group Personal Accident Insurance Supplementary Contract (“GPA”) unless otherwise stated -

“**Accident**” means an unexpected, unintended, unforeseeable event causing Injury. The Accident must happen while the Life Assured is covered under this GPA;

“**Basis of Cover Endorsement**” means the Basis of Cover Endorsement applicable to GPA;

“**Benefits Schedule**” means the Benefits Schedule for GPA;

“**Injury**” means bodily injury caused by an Accident and resulting directly and independently of all other causes;

“**Life Assured**” means an Eligible Employee on whom an assurance under the GPA has been effected;

“**Registered Medical Practitioner**” means a physician qualified by degree in western medicine who is legally licensed and authorized in the geographical area of his practice to render medical or surgical services and who is other than the Life Assured or the spouse or child or parent of the Life Assured;

“**Policy year**” means a period of one year from the Commencement Date shown in the Policy Schedule or from a Renewal Date; and

“**Sum Assured**” means the amount of sum assured effected on the Life Assured as determined according to the Basis of Sum Assured stated in the Basis of Cover Endorsement or such other amount as you and we may agree.

● GENERAL PROVISIONS APPLY

The General Provisions apply to this GPA unless inconsistent with any express provision contained in this GPA. All terms which are not defined in this GPA will have the same meanings as set out in the General Provisions.

● BENEFITS

While this GPA is in force, and subject to the terms, exceptions and conditions of this GPA, we will provide the following benefits -

(1) Death, Dismemberment and Other Losses

(a) Subject to subclause (b), if the Life Assured sustains an Injury resulting in any of the events described in the Benefits Schedule, we will pay a benefit computed according to the following formula -

Applicable Percentage X Sum Assured

Where **Applicable Percentage** refers to the percentage applicable to that event as set out in the Benefits Schedule.

(b) The event as described in the Benefits Schedule must occur within 365 days of the Life Assured sustaining such Injury.

(c) Injury sustained by the Life Assured as a result of drowning and accidental poisoning provided that such Injury was not a result of the Life Assured’s willful and intentional act will also be covered.

(d) If the Life Assured disappears as a result of the sinking or wrecking of the conveyance in which he was travelling at the time of the Accident, and is not found within one year, and considering all available evidence, we may presume the Life Assured dead and pay the benefit for loss of life as stated in the Benefits Schedule. The person(s) to whom the payment is made must give an undertaking that if at any time after we pay the claim the Life Assured is found alive, the payment must be refunded to us.



Group Policy No.

Assured :

M **EXCLUSIONS**

We will not be liable for any death, bodily injury, loss or disability of the Life Assured due directly or indirectly to -

- (a) Suicide or attempted suicide or intentional self-inflicted injuries, while sane or insane;
- (b) War (declared or undeclared), invasion, act of foreign enemy, hostilities, civil war, rebellion, insurrection, revolution or any war-like operations, military or usurped power, military, naval or air force service in time of declared or undeclared war or while under orders for warlike operations or restoration of public order;
- (c) Participation in riots;
- (d) Any violation of the law whatsoever caused by any act or omission of the Life Assured, whether intentionally or unintentionally, or negligently or otherwise;
- (e) Participation in competitive racing of any kind other than on foot;
- (f) Malaria, dengue fever and all parasitic infections; or
- (g) The Life Assured being under the influence of alcohol or drugs, excluding medication prescribed by a Registered Medical Practitioner.

M **LIMITATIONS**

- (1) In this clause, "Other Events" means events 10, 11, 12, 13, 14, 15, 16, 17, 18 and 19 described in the Benefits Schedule.
- (2) For any one Policy year or any period of insurance less than one Policy year, in respect of any Life Assured, we will not be liable for -
 - (a) more than one of the events 1, 2, 3, 4, 5, 6, 7, 8, 9 and 20 described in the Benefits Schedule; or
 - (b) more than 100% of the Sum Assured under Other Events.Any benefit payable under paragraph (a) will be reduced by any benefit paid for any Other Events if they occur in the same Policy year or period of insurance.
- (3) No benefit will be payable for any specific injury or disability if such injury or disability forms part of another event for which a greater percentage is payable under the Benefits Schedule.
- (4) If the consequences of an accident are aggravated by any condition or physical disability which existed before the accident occurred, we will only pay an amount which we consider reasonably payable had there been no such aggravating condition or disability.

M **CHANGE OF OCCUPATION**

If the Life Assured engages in any additional occupation or changes his occupation you must inform us in writing. We will then have the right to change the premium or cancel the benefit. If you do not inform us, we may not pay the claim or we may reduce the benefits payable.

M **CONDITIONS**

- (1) Written notice of any event which may result in a claim being made must be given to us within 30 days of such occurrence. In the event of death caused by an Accident, immediate notice must be given to us with particulars sufficient to identify the Life Assured.
- (2) All certificates, medical reports, information and evidence required by us must be furnished at your expense and must be in such form and of such nature as we may require.
- (3) The Life Assured, in respect of whom a claim has been submitted, must undergo medical examinations by Registered Medical Practitioners appointed by us, at our expense, whenever reasonably required to do so.
- (4) We will have the right to require an autopsy to be performed in the event of death provided such autopsy is not forbidden by law.

We will not be liable if there is a failure to comply with any of the above conditions. However failure to give notice within the time specified in subclause (1) will not invalidate any claim if it can be shown that notice was given as soon as was reasonably possible and provided it was given within 6 months of the event for which the claim is made.



Group Policy No.
Assured :

**BENEFITS SCHEDULE
FOR PERSONAL ACCIDENT INSURANCE SUPPLEMENTARY CONTRACT**

Event	Amount Payable as a Percentage of Sum Assured	Event	Amount Payable as a Percentage of Sum Assured
1. Loss of Life	100%	14. Total loss of or the permanent total loss of use of four fingers of	
2. *Permanent Total Disability	150%	☐ right hand	40%
3. Loss of or the permanent total loss of use of two limbs	150%	☐ left hand	30%
4. Loss of or the permanent total loss of use of one limb	125%	15. Loss of or the permanent total loss of use of one thumb	
5. Permanent total loss of sight of both eyes	150%	☐ both right phalanges	30%
6. Permanent total loss of sight of one eye	100%	☐ one right phalanx	15%
7. Loss of or the permanent total loss of use of one limb and loss of sight of one eye	150%	☐ both left phalanges	20%
8. Loss of speech and hearing	150%	☐ one left phalanx	10%
9. Permanent and incurable insanity	100%	16. Loss of or the permanent total loss of use of fingers	
10. Permanent total loss of hearing in		☐ three right phalanges	10%
☐ both ears	75%	☐ two right phalanges	7.5%
☐ one ear	25%	☐ one right phalanx	5%
11. Loss of speech	50%	☐ three left phalanges	7.5%
12. Permanent total loss of the lens of one eye	50%	☐ two left phalanges	5%
13. Loss of or the permanent total loss of use of four fingers and thumb of		☐ one left phalanx	2%
☐ right hand	70%	17. Loss of or the permanent total loss of use of toes	
☐ left hand	50%	☐ all-one-foot	15%
		☐ Great toe-two phalanges	5%
		☐ Great toe-one phalanx	3%
		☐ Other than great toe, each toe	1%
		18. Fractured leg or patella with established non-union	10%
		19. Shortening of leg by at least 5cm	7.5%
		20. Third Degree Burns Covering at least 25% of the body surface	100%

* **“Permanent Total Disability”** means disability that is total and permanent and such that there is neither then nor at any time thereafter any work, occupation or profession that the Life Assured can ever sufficiently do or follow to earn or obtain any wages, compensation or profit. If death occurs within 6 months from the commencement of such disability, then no benefit will be payable for Permanent Total Disability. Unless specifically provided in any endorsement, the maximum benefit for Permanent Total Disability under this GPA will not be more than \$2 million for any one Life Assured, if similar benefits are provided under any other assurance covering permanent total disability due to injuries only.

Notes -

- (a) We will have absolute discretion to determine the percentage of Sum Assured payable for any permanent disability not listed in this Benefits Schedule. For the purpose of this note, **“permanent disability”** means disability occurring within 365 days from the date of Injury and is expected to be permanent and beyond hope of recovery.
- (b) If the Life Assured is left-handed, the percentage of Sum Assured payable for the various disabilities of right hand and left hand will be transposed.
- (c) For the purpose of this Benefits Schedule, **“loss”** means complete loss by physical severance.



TOKIO MARINE
INSURANCE GROUP

Tokio Marine Life Insurance Singapore Ltd.

(Company Reg. No.: 194800055D)

Group Term Life

Group Policy No.

Assured :

GROUP TERM LIFE INSURANCE POLICY

DEFINITIONS

In this Group Term Life Insurance Policy, unless otherwise stated -

“**Basis of Cover Endorsement**” means the Basis of Cover Endorsement applicable to Group Term Life Insurance Policy;

“**Life Assured**” means an Eligible Employee on whom an assurance under the Group Term Life Insurance Policy has been effected;

“**Pre-existing Condition**” means a condition for which prior to the Effective Date -

- (a) the Insured Member had symptoms which would have caused any ordinary prudent person to seek treatment, diagnosis or care; or
- (b) medical advice or treatment was recommended by or received from a Registered Medical Practitioner / Specialist; or
- (c) the Insured Member had undergone medical tests or investigations; or
- (d) the cause and pathology of the condition have already existed, whether known or unknown to the Insured Member.

“**Sum Assured**” means the amount of sum assured effected on the Life Assured as determined according to the Basis of Sum Assured stated in the Basis of Cover Endorsement or such other amount as you and we may agree;

“**Total and Permanent Disability**” means disability that is total and permanent and such that there is neither then nor at any time thereafter any work, occupation or profession that the Life Assured can ever sufficiently do or follow to earn or obtain any wages, compensation or profit. Any one of the following conditions will also constitute a state of total and permanent disability -

- (a) total and irrecoverable loss of the sight of both eyes;
- (b) loss by severance of both hands at or above the wrist;
- (c) loss by severance of both feet at or above the ankle;
- (d) loss by severance of one hand at or above the wrist and one foot at or above the ankle; or
- (e) total and irrecoverable loss of sight of one eye and loss by severance of one hand at or above the wrist or one foot at or above the ankle; and

“**Totally and permanently disabled**” has a corresponding meaning to Total and Permanent Disability.

GENERAL PROVISIONS APPLY

The General Provisions apply to this Group Term Life Insurance Policy unless inconsistent with any express provision contained in this Group Term Life Insurance Policy document. All terms which are not defined in this document will have the same meanings as set out in the General Provisions.

BENEFITS

While this Policy is in force, and subject to the terms and conditions of this Group Term Life Insurance Policy, we will provide the following benefits -

(1) **Death Benefit**

- (a) On the death of a Life Assured, we will pay the Sum Assured.
- (b) In the event of death, immediate notice must be given to us with particulars sufficient to identify the Life Assured. Failure to give notice within the time provided in this Policy will not invalidate any claim if it is shown that it was given as soon as reasonably practicable.
- (c) The Death Benefit payable under this subclause will be reduced by the amount (if any) paid under subclause (4).



**Group Policy No.
Assured :**

- (d) No Death Benefit will be payable if the Life Assured's death is due directly or indirectly to suicide, attempted suicide or self-inflicted injury (while sane or insane) if such suicide, attempted suicide or self-inflicted injury occurs within the twelve months from the effective date of cover of the Life Assured.

(2) Total and Permanent Disability Benefit

- (a) If a Life Assured becomes totally and permanently disabled, we will pay the Sum Assured in one lump sum.
- (b) No Total and Permanent Disability Benefit will be payable if the Life Assured becomes totally and permanently disabled on or after his 65th birthday.
- (c) We must be notified in writing of any claim as soon as it is practicable. In any case, satisfactory proof of the Total and Permanent Disability must be submitted to us within 120 days from the date such disability began. After the first payment, you must give us similar proof of continuing disability, if requested by us, before we make the subsequent annual payment(s).
- (d) No Total and Permanent Disability Benefit will be payable if the Life Assured becomes totally and permanently disabled due directly or indirectly to self-inflicted injury (while sane or insane) if such self-inflicted injury occurs within twelve months from the effective date of cover of the Life Assured.

(3) Terminal Illness Benefit

- (a) If a Life Assured suffers from a condition, which in the opinion of the medical specialist involved and subject to the acceptance of our medical consultant, is highly likely to lead to death within 12 months, we will pay an advance of the Sum Assured up to \$100,000 and any remaining Sum Assured will continue in force.
- (b) If the full Sum Assured is paid under paragraph (a) the coverage provided under this Group Term Policy will terminate but we will continue to cover the Life Assured under any supplementary contracts.
- (c) The coverage of the Life Assured under paragraphs (a) and (b) will continue (subject to payment of premiums) unless otherwise terminated as provided under the General Provisions or the supplementary contracts.

(4) Extended Benefit

If a Life Assured's employment with you is terminated by you on medical grounds, the coverage of the Life Assured under this Policy (but excluding any supplementary contracts attached to this Policy) will be extended for a period of 12 months provided that -

- (a) the termination takes place within six months from the date that the Life Assured ceases to be Actively at Work;
- (b) No claim has been made earlier for Total and Permanent Disability Benefit;
- (c) the Life Assured remains continuously unemployed from the date he leaves your employment;
- (d) we did not impose special terms or conditions applicable to a substandard risk when accepting the Life Assured's proposal for insurance;
- (e) notice in writing of such termination of employment is given by you to us within 14 days from the date of termination of employment; and
- (f) premiums are paid during the extended 12-month period.

When the extended benefit comes into effect, all other supplementary contracts attached to the Policy in respect of the Life Assured will automatically terminate.

This extended benefit will cease if this Policy is terminated.

M WAITING PERIOD FOR PRE-EXISTING CONDITION

- (1) During the Waiting Period as described in subclause (2), we will not be liable for any claim resulting from any Pre-Existing Condition, unless such Pre-Existing Condition has been declared to Us and accepted by Us.
- (2) The Waiting Period is 18 months, starting from the Effective Date.



Tokio Marine Life Insurance Singapore Ltd.

(Company Reg. No.: 194800055D)

Group Critical Illness

Group Policy No.
Assured :

GROUP CRITICAL ILLNESS INSURANCE SUPPLEMENTARY CONTRACT

(I) DEFINITIONS

In this Group Critical Illness Insurance Supplementary Contract (“GCI”) unless otherwise stated -

“Basis of Cover Endorsement” means the Basis of Cover Endorsement applicable to GCI;

“Critical Illness” refers to any of the critical illnesses as set out and defined in the Critical Illness Annexure;

“Group Term Life Insurance Policy” means the Group Term Life Insurance Policy which forms part of the policy to which this Supplementary Contract is attached;

“Life Assured” means an Eligible Employee on whom an assurance under the GCI has been effected;

“Registered Medical Practitioner” means a physician qualified by degree in western medicine who is legally licensed and authorized in the geographical area of his practice to render medical or surgical services and who is other than the Life Assured or the spouse or child or parent of the Life Assured; and

“Sum Assured” means the amount of sum assured effected on the Life Assured as determined according to the Basis of Sum Assured stated in the Basis of Cover Endorsement or such other amount as you and we may agree.

● GENERAL PROVISIONS APPLY

The General Provisions apply to this GCI unless inconsistent with any express provision contained in this GCI. All terms which are not defined in this GCI will have the same meanings as set out in the General Provisions.

● BENEFITS

While this GCI is in force, and subject to the terms, exceptions and conditions of this GCI, if the Life Assured is diagnosed as suffering from a Critical Illness, we will pay the Sum Assured, subject to the following -

- (a) The Life Assured has not made any claim under the Group Term Life Insurance Policy;
- (b) The sum assured for the Life Assured under the Group Term Life Insurance Policy will be reduced by the amount of Sum Assured payable under this GCI;
- (c) If the Critical Illness or its symptoms occur within 30 days from the date of increase of the Sum Assured, we will pay only the amount of sum assured before the increase;
- (d) The sum assured payable for Critical Illness under this GCI for any Life Assured will not exceed S\$500,000 or the sum assured effected on the same life under the Group Term Life Insurance Policy, whichever is lower;
- (e) This benefit for Critical Illness will be reduced so that total sum assured payable by us for the same life will not be more than \$500,000, if similar benefits for critical illness are provided under any other group policy or supplementary contract issued by us; and
- (f) The Critical Illness Benefit is payable only once even if the Life Assured is diagnosed to be suffering from more than one Critical Illness.

M EXCLUSIONS

(1) We will not be liable for any Critical Illness for which prior to the Effective Date or date of any reinstatement of the Life Assured’s insurance -

- (a) symptoms of the Critical Illness existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
- (b) medical advice or treatment was recommended by or received from a legally qualified physician,



Group Policy No.

Assured :

- (2) We will not be liable if the Life Assured is diagnosed to be-
- (a) suffering from a Major Cancer, Heart Attack of Specific Severity or Other Serious Coronary Artery Disease as defined in the Critical Illness Annexure within 90 days from the Effective Date in respect of the Life Assured or date of any reinstatement of the GCI; or
 - (b) requiring a Coronary Artery By-pass Surgery or Angioplasty & Other Invasive Treatments for Coronary Artery as defined in the Critical Illness Annexure within 90 days from the Effective Date in respect of the Life Assured or date of any reinstatement of the GCI.
- (3) No benefit will be payable for any Critical Illness directly or indirectly due to -
- (a) self-inflicted injuries, while sane or insane; or
 - (b) willful misuse of drugs and alcohol.

M WAITING PERIOD FOR PRE-EXISTING CONDITION

- (1) During the Waiting Period as described in subclause (2), we will not be liable for any claim resulting from any Pre-Existing Condition, unless such Pre-Existing Condition has been declared to Us and accepted by Us.
- (2) The Waiting Period is 18 months, starting from the Effective Date or date of any reinstatement of the GCI.

M CONDITIONS

- (1) Written notice must be given to us within 30 days of any illness or injury for which a claim for any Critical Illness may be made.
- (2) When we receive the notice of claim, we will give you the claim forms for filing proof of Critical Illness. The form must be completed and supported by clinical, radiological, histological and laboratory evidence acceptable to us. All such evidence must be furnished at your expense. The Critical Illness must be diagnosed or confirmed by a Registered Medical Practitioner.
- (3) If you make a claim under this GCI, the Life Assured must allow our medical advisers to examine him or her, whenever reasonably required to do so. If the Life Assured is residing in a country outside Singapore, we may at our discretion require the Life Assured to come to Singapore to be examined by our medical advisers.
- (4) We will not be liable if there is a failure to comply with any of the above conditions. However failure to give notice within the time specified in this GCI will not invalidate any claim if it can be shown that notice was given as soon as was reasonably possible.

M TERMINATION

This GCI will automatically terminate upon the admission of a claim under clause (III).



Tokio Marine Life Insurance Singapore Ltd.

(Company Reg. No.: 194800055D)

Group Policy No.
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CRITICAL ILLNESS ANNEXURE

** If this is attached to the Group Critical Illness Insurance Policy, then this Annexure will apply to the Group Critical Illness Insurance Policy. Otherwise it will apply to the Group Critical Illness Insurance Supplementary Contract)*

(1) Major Cancer

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

The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.

Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- ② 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;
- ② Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- ② Malignant melanoma that has not caused invasion beyond the epidermis;
- ② All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- ② All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- ② All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
- ② All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- ② 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;
- ② Chronic Lymphocytic Leukaemia less than Rai Stage 3;
- ② 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
- ② All tumours in the presence of HIV infection.

(2) Heart Attack of Specified Severity

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

- ② History of typical chest pain;
- ② 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;
- ② 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;
- ② 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:

- ② Angina;
- ② Heart attack of indeterminate age; and



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- ▣ 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. 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, Computerised 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) 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.

(7) End Stage Lung Disease

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

- ▣ FEV₁ 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 (PaO₂ ≤ 55mmHg); and
- ▣ Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.



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(8) 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.

(9) 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.

(10) 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.”

(11) 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.

(12) 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.

(13) Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assured's body.

(14) 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.



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(15) Multiple Sclerosis

The definite diagnosis 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.

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

(16) Muscular Dystrophy

The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least 3 of the 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.

(17) 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 Life Assured to perform (whether aided or unaided) at least 3 of the 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.

(18) 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.

(19) 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 life assured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor.

The following are excluded:

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

(20) 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.



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(21) Motor Neurone Disease

Motor neurone disease characterised 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.

(22) Primary Pulmonary Hypertension

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, 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. |

(23) 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 the 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 Company's satisfaction:

- ☐ 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 is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) 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.

(24) Benign Brain Tumor

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 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.



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The following are excluded:

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

(25) Severe Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) 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.

(26) 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.

(27) Angioplasty & 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 revascularisation 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.

(28) Blindness (Irreversible Loss 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 6/60 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 not be correctable by surgical procedures, implants or any other means.

(29) 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.



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(30) 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.

(31) Terminal Illness

The conclusive diagnosis of an illness that is expected to result in the death of the Life Assured within 12 months. This diagnosis must be supported by a specialist and confirmed by the Company's appointed doctor.

Terminal illness in the presence of HIV infection is excluded.

(32) Progressive Scleroderma

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.



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(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 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

The following two terms can be found in some of the above definitions, and their meanings are as follows:

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)

- (i) 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;
- (ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- (iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- (iv) Mobility - the ability to move indoors from room to room on level surfaces;
- (v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (vi) Feeding - the ability to feed oneself once food has been prepared and made available.