

PROHealth

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PART 1: INTRODUCTION

Welcome to the policy terms and conditions of PROHealth – a medical insurance product of AIG Asia Pacific Insurance Pte. Ltd.

This document contains the **Benefit Schedule**, details of coverage, benefits, exclusions and general conditions. It is important to read and understand this Policy wording carefully and keep the Policy wording and **Benefit Schedule** in a safe place for easy reference.

Important Contact Details:

We are on standby, ready to serve **You**. **You** can reach us through these contact details:

24 hours phone number: +65 6751 5271
Fax: +65 6751 5047
Email: aig.apac@henner.com
Website: www.henner.com/aig/apac

All of the above contact details are presented on **Your** membership card. Please have **Your** membership card with **You** when **You** contact **Our** service team or visit the **Hospitals/clinics**.

Eligibility of the Insured Person:

Insured Person

The **Insured Person** is one who has completed or whose name is included in an application form for this Policy and in respect of whom coverage has been confirmed in writing by **Us**. The term “**Insured Person**” is more specifically defined in Part 3 of this Policy.

Age

- a) To be eligible for cover under this Policy, **You** and **Your** spouse must be aged between eighteen (18) and sixty-five (65) years old.
- b) The eligible age for a **Dependant Child** is from sixteen (16) days to eighteen (18) years, or twenty-three (23) years if he/she is enrolled fulltime in a recognized institution of higher learning.

Residency

Singapore must be the **Usual Country of Residence** of all **Insured Persons** unless otherwise agreed by **Us** in writing.

Product Disclosure:

This Policy forms a legally enforceable contract between **You** and **Us**. **We** will insure **You** and pay the benefits of this Policy in return for the premiums **You** pay.

We insure **You** based on the information that **You** have provided to **Us** in the application form and/or through any other means.

You are to ensure that all information that **You** have provided are accurate and that **You** fully and faithfully disclose to **Us** all important facts which **You** know or ought to know in respect of this insurance. Failing this, **Your** Policy may be void and **You** may not receive any benefits under this Policy.

Data Privacy

You and/or the **Policyholder** has/have agreed and consented that **We** may collect, use and process **Your** and/or **Policyholder's** personal information (whether obtained in the application form or otherwise obtained) and disclose such information to the following, whether in or outside of Singapore: (i) **Our** group companies; (ii) **Our** company or **Our** group companies' service providers, reinsurers, agents, distributors, or business partners, or **Our** service providers' service providers; (iii) brokers, **Your** and/or **Policyholder's** authorized agents or representatives, legal process participants and their advisors, other financial institutions; (iv) governmental / regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in **Our** Data Privacy policy which include: (a) Processing, underwriting, administering and managing **Your** and/or the **Policyholder's** relationship with **Us**; (b) Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries; (c) Compliance with legal or regulatory obligations, risk management procedures and **Our** internal policies; (d) Managing **Our** infrastructure and business operations; and (e) Carrying out market research and analysis and satisfaction surveys.

Note:

Please refer to the full version of **Our** Data Privacy Policy found at http://www.aig.com.sg/sg-privacy_1030_237853.html.

If **You** have any questions about **Our** collection, use and disclosure of personal information, **You** may contact **Our** Data Protection Officer at singaporedataprotectionofficer@aig.com.

Important Notice

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 AIG Asia Pacific Insurance Pte. Ltd. or visit the AIG, GIA or SDIC web-sites (www.AIG.com.sg or www.gia.org.sg or www.sdic.org.sg).

This insurance policy is issued by:

AIG Asia Pacific Insurance Pte. Ltd
78 Shenton Way #07-16
Singapore 079120

PART 2: BENEFIT SCHEDULE (All currencies indicated in this Schedule are in Singapore Dollar).

Benefits	Inpatient Only Plan		Comprehensive Plan		
	Prestige A	Prestige B	Prestige Plus A	Prestige Plus B	Prestige Plus C
	Basic	Advanced	Basic	Advanced	Advanced incl. Maternity Benefit
Overall Maximum Policy Limit (SGD)	\$300,000 / Policy Year	\$3,800,000 / Policy Year	\$300,000 / Policy Year	\$3,800,000 / Policy Year	\$3,800,000 / Policy Year
I Outpatient^{1,2}					
GP and Specialist Consultation	N/A	N/A	Sublimit up to \$6,000 / Policy Year applicable for the Outpatient benefits	Full Coverage	Full Coverage
Laboratory and Diagnostic Tests	N/A	N/A		Full Coverage	Full Coverage
Physiotherapy as prescribed by Physician	N/A	N/A		Full Coverage	Full Coverage
Prescription Medicine and Drugs	N/A	N/A		Full Coverage	Full Coverage
II Hospitalization including Outpatient Surgery^{1,2}					
Hospital Room	\$350 per day	Full Coverage	\$350 per day	Full Coverage	Full Coverage
Intensive Care or Critical Care Services	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage
Prescription Medicine and Drugs	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage
Parental Accommodation	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage
Surgical Implants and Medical Appliances	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage
Physician and other Medical Specialists Fees	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage
Surgeon's Professional Fees	\$25,000 / Policy Year	Full Coverage	\$25,000 / Policy Year	Full Coverage	Full Coverage
Anesthesiologist's Professional Fees	30% Surgeon's Fee	Full Coverage	30% Surgeon's Fee	Full Coverage	Full Coverage
Laboratory and Diagnostic Tests	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage
III Pre-Hospitalization²					
Medical services incurred within 30 days prior to a covered confinement in a Hospital	\$1,300 / Policy Year	Full Coverage	\$1,300 / Policy Year	Full Coverage	Full Coverage
IV Post-Hospitalization²					
Follow-up treatment, including Physician visit	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage
Laboratory and Diagnostic Tests	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage
Prescription Medicine and Drugs	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage
Private Nursing	N/A	Up to 28 weeks / Policy Year	N/A	Up to 28 weeks / Policy Year	Up to 28 weeks / Policy Year
V Additional Benefits^{1,2}					
a Human Organ Transplantation	\$300,000 lifetime limit*	\$925,000 lifetime limit*	\$300,000 lifetime limit*	\$925,000 lifetime limit*	\$925,000 lifetime limit*
b Oncology (Radiotherapy and Chemotherapy)	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage
c Kidney Dialysis	\$20,000 lifetime limit*	Full Coverage	\$20,000 lifetime limit*	Full Coverage	Full Coverage
d Complementary or Alternative Medicine (Acupuncturists, bone setters and TCM up to \$60 per visit applicable for all plan types)	N/A	N/A	N/A	Up to \$780 / Policy Year	Up to \$780 / Policy Year
e Hospice / Palliative Care	N/A	\$12,500 lifetime limit*	N/A	\$12,500 lifetime limit*	\$12,500 lifetime limit*
f AIDS / HIV	\$30,000 lifetime limit*	\$125,000 lifetime limit*	\$30,000 lifetime limit*	\$125,000 lifetime limit*	\$125,000 lifetime limit*
g Dental Treatment for up to 14 days following an Accident	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage
h Mental Disorder	N/A	\$6,000 / Policy Year & \$12,500 / lifetime*	N/A	\$6,000 / Policy Year & \$12,500 / lifetime*	\$6,000 / Policy Year & \$12,500 / lifetime*
i Road Ambulance to local Hospital	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage

Benefits		Inpatient Only Plan		Comprehensive Plan		
		Prestige A	Prestige B	Prestige Plus A	Prestige Plus B	Prestige Plus C
		Basic	Advanced	Basic	Advanced	Advanced incl. Maternity Benefit
VI	Chronic Condition ²					
	Hospitalization treatment	Applicable Sublimit: Section II – Hospitalization including Outpatient Surgery	Full Coverage	Applicable Sublimit: Section II – Hospitalization including Outpatient Surgery	Full Coverage	Full Coverage
	GP and Specialist Consultation	N/A	N/A	As per Outpatient benefit sublimit	Full Coverage	Full Coverage
	Prescription drugs	N/A	N/A	As per Outpatient benefit sublimit	Full Coverage	Full Coverage
VII	Maternity					
a	Maternity Benefit					
	Pre & Post-natal services, miscarriage, delivery cost including Newborn related services	N/A	N/A	N/A	N/A	\$12,500 / Pregnancy
b	Congenital Conditions of the Newborn					
	Congenital Conditions during the first 90 days from birth	N/A	N/A	N/A	N/A	\$12,500 / Pregnancy
c	Free Cover for the Child					
	Free cover for the child during the remaining period of the mother's policy (We need to be notified in writing within 15 days from birth for the child to be eligible for this benefit)	N/A	N/A	N/A	N/A	As per either parent's coverage whichever is lower
VIII	Complications of Pregnancy					
	Complications of Pregnancy requiring Hospitalization	Applicable Sublimit: Section II - Hospitalization including Outpatient Surgery	Full Coverage	Applicable Sublimit: Section II - Hospitalization including Outpatient Surgery	Full Coverage	Full Coverage
IX	Medical Second Opinion Services					
	Second Opinion for diagnosed cases	N/A	Full Coverage	N/A	Full Coverage	Full Coverage
X	Travel & Emergency Assistance Service					
	Medical Assistance Benefit					
	Emergency Medical Evacuation & Repatriation	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Full Coverage
a	Return of Dependant Child / Children	One Way Economy Air Fare	One Way Economy Air Fare	One Way Economy Air Fare	One Way Economy Air Fare	One Way Economy Air Fare
	Compassionate Visit (for 1 Immediate Family Member)	Return Economy Air Fare	Return Economy Air Fare	Return Economy Air Fare	Return Economy Air Fare	Return Economy Air Fare
	Repatriation of Mortal Remains	\$18,000 / Policy Year	\$18,000 / Policy Year	\$18,000 / Policy Year	\$18,000 / Policy Year	\$18,000 / Policy Year
	Travel Assistance Services					
b	Legal Referral	Eligible	Eligible	Eligible	Eligible	Eligible
	Travel Information	Eligible	Eligible	Eligible	Eligible	Eligible
	Global Currency and ATM Information	Eligible	Eligible	Eligible	Eligible	Eligible
	Global Weather Information	Eligible	Eligible	Eligible	Eligible	Eligible
	Lost Luggage / Personal Effects Assistance	Eligible	Eligible	Eligible	Eligible	Eligible
XI	Optional Benefit ³					
a	Dental					
	Routine Dental Services	Up to \$800 / Policy Year	Up to \$800 / Policy Year	Up to \$800 / Policy Year	Up to \$800 / Policy Year	Up to \$800 / Policy Year
	Major Dental Restoration Services	Up to \$1,800 / Policy Year	Up to \$1,800 / Policy Year	Up to \$1,800 / Policy Year	Up to \$1,800 / Policy Year	Up to \$1,800 / Policy Year

Premium Options: ^{4,5}			
Territory	Annual Deductible Per Policy Year ¹	Outpatient Coinsurance ²	Dental Coinsurance ³
North America & the Caribbean Exclusion (NAE) ⁶	None	None	None
Worldwide ⁷	\$1,200 \$3,600 \$6,000	10% 20%	20%

Note:

1. Annual Deductible Option if chosen will be for both Inpatient and Outpatient benefits EXCLUDING Maternity Benefits and shall apply to each Insured person.
2. Outpatient Coinsurance Option if chosen will be for Outpatient benefits only and shall apply to each Outpatient claim.
3. Dental Coinsurance Option if chosen shall apply to Major Dental Restoration Benefit only.
4. For Group Policies, the same Plan and Premium Option shall apply to all Insured Persons under the same category.
5. For Individual Policies, the same Premium Option shall apply to all Insured Persons under the same policy.
6. Except where the country is affected by embargo or sanctions, coverage will be Worldwide excluding North America. Coverage in North America will be limited to sudden Illnesses and Accidental Bodily Injury while travelling in North America and the Caribbean for a maximum of 30 days per Policy Year.
7. Except where the country is affected by embargo or sanctions, coverage will be anywhere in the world. Coverage under Prestige A and Prestige Plus A is always Worldwide.

*Lifetime Limit means that in the event a benefit is paid by Us which is subject to a lifetime limit, the amount paid will be accumulated towards and deducted from the specific limit. Renewals of the Policy will be subject to the accumulated deductions against the lifetime policy limit. In the event the lifetime limit of any benefit has been reached, cover under the benefit shall be terminated.

Version 8.0

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PART 3: DEFINITION OF CERTAIN TERMS

We use certain words in this Policy which have a specific meaning as stated below. These words appear in the Policy, **Benefit Schedule** or any endorsements and are shown in bold letters.

Accident or Accidental

Means a sudden, violent external event which results directly and immediately in **Bodily Injury** to the **Insured Person**, and which may or may not result in death, provided that the nature and location of the **Bodily Injury** or the cause of death can be medically established.

Accident shall also be taken to mean:

- a. Health disorders that are directly and solely due to an **Accident**;
- b. **Bodily Injury** resulting from lawful self-defense, or rescue or attempted rescue of endangered persons or goods;
- c. Acute and unintentional ingestion of solid, liquid and/or gaseous substances that are injurious to a person's health;
- d. Dislocations, sprains, muscle strains or ruptures caused by a sudden exertion;
- e. Disorders as a result of extreme weather conditions;
- f. Drowning;
- g. Rabies or tetanus as a result of an **Accident**;
- h. Death of the **Insured Person** due to cardiac arrest, myocardial infarct or cardiac artery rupture of the **Insured Person** as a result of a traffic **Accident**,

AIDS/HIV

Means **Illnesses** associated with Human Immunodeficiency Virus ("HIV") which may include Acquired Immune Deficiency Syndrome ("AIDS"), **AIDS** Related Complex and/or any derivation, variation or mutation of AIDS which occurs during the **Period of Insurance** of this Policy or any subsequent renewal of this Policy and which **Illnesses** manifests itself at any time after five (5) years of continuous coverage with **Us** from the **Initial Effective Date** of this Policy.

AIG Travel Asia Pacific Pte. Ltd or ATAP

Refers to **Our** travel assistance company which comprises of a worldwide team of medical professionals and insurance specialists who are available twenty-four (24) hours a day for advice and assistance during medical emergencies and any associated problems faced by **You** outside **Your Usual Country of Residence**.

Assisted Conception

Refers to the use of medical technology to increase the number of eggs during ovulation or to bring a human sperm and an egg, or eggs, close together, thereby increasing the chance of conception. This includes but is not limited to Intra-uterine insemination (IUI), In vitro fertilization (IVF), Intracytoplasmic sperm injection (ICSI) or the use of any form of treatment to induce or increase ovulation.

Benefit Schedule(s)

Means the schedule(s) which sets out the different benefits available to **You**, and the sum insured in respect of these benefits.

Bodily Injury

Means a physical injury caused solely, independently and directly by an **Accident** and independently of any other causes, and sustained by **You** within twelve (12) consecutive months of that **Accident**.

Chemotherapy

Means the cancer treatment that uses drugs to destroy cancer cells, stop cancer cells from spreading or slow the growth of cancer cells. For the purpose of this definition, drug classification system in the latest version of guidelines for ATC (anatomical therapeutic chemical) Classification and DDD (Defined Daily Doses) assignment published by the World Health Organization (WHO) is used.

Chronic Conditions

Means a disease, **Illness** or **Bodily Injury** which has at least one (1) of the following characteristics:

- i. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, **Prescription Medicine and Drugs** and/or tests;

- ii. It needs ongoing or long-term control or relief of symptoms;
- iii. It requires rehabilitation or for **You** to be specially trained to cope with it;
- iv. It continues indefinitely;
- v. It has no known cure; or
- vi. It comes back or is likely to come back.

Coinsurance

Means the share of the **Covered Charges** that **You** will pay, after application of **Deductible**, if any. This is usually expressed as a percentage.

Complications of Pregnancy

Means the conditions with the diagnoses which are distinct from pregnancy but are adversely affected or caused by pregnancy, such as acute nephritis, cardiac decompensation, eclampsia, toxemia, missed abortion, ectopic pregnancy, puerperal infection and similar medical and surgical conditions of comparable severity which require **Hospitalization** recommended by an attending **Physician**. They do not include complications or illness from IVF induced pregnancies, caesarean section, false labor, occasional spotting, **Physician** prescribed rest during pregnancy, morning sickness and similar conditions associated with the management of a difficult pregnancy but which are not medically distinct conditions.

Congenital Condition

Means any hereditary condition, birth defects, physical anomaly and/or any other deviation from normal development present at the time of birth, which may not be apparent at that time. These deviations, either physical or mental, include but are not limited to genetic and non-genetic conditions or inborn errors of metabolism.

Cosmetic Treatment

Means any treatment performed to reshape normal structures of the body in order to improve the physical appearance.

Covered Charge

Means a **Reasonable** and **Customary Charge** for a **Medically Necessary** service prescribed by a **Physician** or a medical **Specialist**.

Custodial or Maintenance Care

Means care that does not require continued administration by a trained medical personnel with specialized skills and includes services that are not meant to cure or improve physical and mental state, but to maintain functions during periods when **Your** medical condition is not changing.

Date of Service

Means the date on which a medical service is rendered.

Deductible

Means an amount stipulated in the **Benefit Schedule** which shall be deducted from any **Covered Charges**, before application of **Coinsurance**, if any.

Dentist

Means a person who is licensed or registered to practice dentistry in the geographical area in which a service is provided, but excluding a **Physician**.

Dependant

Means an **Insured Person** who is **Your** spouse, or **Dependent Child**, and who is residing with **You** in **Your Usual Country of Residence**.

Dependant Child/Children

Means **Your** legal unmarried child/children including adopted and step child/children aged between sixteen (16) days and eighteen (18) years, or up to twenty-three (23) years if he/she attends an educational institution of higher learning as a fulltime student.

Developmental Abnormality

Means manifestations or symptoms relating to nutritional metabolism and development as classified under the International Classification of Diseases (ICD).

Disability

Means any **Illness** or **Bodily Injury** including any of its symptoms, sequelae or any of its complications, that requires treatment from a **Physician**. For **Bodily Injury**, it will mean all injuries that arise from the same event or series of contiguous events.

Due Date

Means the date **Your** coverage starts or renews as shown on the **Policy Schedule**, or the date on which any subsequent instalments of premium becomes due.

Effective Date

Means the date specified on the **Name List** or the **Policy Schedule**, as the case may be, as the date on which the **Period of Insurance** commences under this Policy for **You**.

Emergency

Means a sudden change in **Your** health which requires urgent medical or surgical intervention to avoid permanent damage to life or health.

Home Country

Means the country from which **You** hold a passport and whose passport number was included in the application form. If **You** have a valid passport from more than one (1) country, **We** will consider the **Home Country** to be the country whose passport number was included in the application form and which was designated as the **Home Country** at the time of application. For a **Dependant Child** holding more than one passport, the **Home Country** will be **Your Home Country** as listed on the application form.

Hospice/Palliative Treatment

Means services provided by a team of multiple disciplines which may include services prescribed by a **Physician**, nurse, social worker or clergy instituting a program of palliative care and supportive services to dying persons in the form of physical, psychological, social and spiritual care. This benefit is applicable based on the plan selected by **You**, for **You** and/or **Your Dependants**.

Hospital

Means an establishment duly constituted and registered as a facility for the care and treatment of sick and injured persons as paying bed patients and which:

- i. has organized diagnostic and surgical facilities;
- ii. provides twenty-four (24) hours a day nursing services by registered nurses;
- iii. is supervised by a staff of **Physicians**; and
- iv. is not a nursing home, rest home, or convalescent home, a home for the aged, institution for Mental or Behavioral Disorders, sanitarium, or a place for the treatment of alcoholics or drug addicts; even if located at the same place.

Hospitalization or Hospitalized

Means admission in a **Hospital** as a registered bed patient for an overnight stay upon written advice from the **Physician** and for which the **Hospital** imposes a room and board charge to **You** or **Your Dependant**.

Illness

Means a physical condition marked by a pathological deviation from the normal healthy state and which is not due to a **Bodily Injury**.

Immediate Family Member

Means **Your** spouse, parents, parents-in-law, grandparents, sons, daughters, brothers or sisters, grandchildren, brothers-in-law, sisters-in-law, daughters-in-law, sons-in-law, grandparents-in-law, fiancée, fiancé, aunts, uncles, nieces or nephews.

Initial Effective Date

Means the first date **You** are covered by a benefit plan under this Policy and under any consecutive renewals thereof.

Insured Person(s)

Means every person designated as such in the Policy Schedule, who has applied for cover by this Policy and for whom coverage has been confirmed in writing by **Us**.

Laboratory and Diagnostic Tests

Means echocardiograph, ultrasound, CAT scan, MRI or PET scan, endoscopy, X ray, blood chemistry tests, pathological tests and other laboratory tests, as prescribed by the **Physician**.

Medically Necessary

Means:

- i) for therapeutic services, that the **Insured Person** has a covered **Illness** or **Bodily Injury**, and that the services are requested by the attending **Physician** to prevent permanent damage to life or health; and
- ii) for diagnostic services, that the **Insured Person** has active symptoms of an unknown cause and which are suggestive of a covered **Illness** or **Bodily Injury**, and that the services are requested by the attending **Physician** to determine whether therapeutic services are required.

Medical Second Opinion

Means the medical second opinion services offered and administered by MediGuide International. **We** have collaborated with MediGuide International for the provision of this service to **You**.

Mental Disorder

Means a psychiatric, psychological, affective, mental or behavioral disorder, irrespective of whether a physiologic cause is known or suspected. It includes any condition listed as Mental and Behavioral Disorder in the International Classification of Diseases by the World Health Organization.

Medical Appliance

Means a device that is prescribed by the **Physician** and is designed to perform a specific medical function or have a specific therapeutic or corrective function or effect.

Name List

The document identifying the **Insured Person(s)** covered under this Policy, the **Period of Insurance**, the benefit plan type and the required premium for the **Insured Person(s)** depending on whether territory coverage is Worldwide or NAE (North America & the Caribbean Exclusion).

Newborn

Means a baby who is within the first fifteen (15) days of its life following delivery.

Newborn Accommodation

Means standard nursery accommodation costs for a **Newborn** to accompany his/her mother who must be an **Insured Person** when the mother is confined to a **Hospital** as a result of **Complications of Pregnancy** or after delivering the **Newborn** if Maternity Benefit is applicable.

North America and the Caribbean

Means Canada, Mexico, United States (including its territories and possessions), Anguilla, Antigua & Barbuda, Aruba, Bahamas, Belize, Bermuda, Bonaire, Cayman Islands, Costa Rica, Cuba, Curacao, Dominica, Dominican Republic, El Salvador, Grenada, Guadeloupe, Guatemala, Haiti, Honduras, Jamaica, Martinique, Nicaragua, Panama, Puerto Rico, St. Lucia, St. Vincent, Trinidad & Tobago, Venezuela, and the Virgin Islands.

Organ Transplantation

Means the transplantation of kidney, heart, liver, lung, cornea or bone marrow from a cadaver human donor or living human donor.

Outpatient Surgery

Means procedures or treatments by incisions, shockwaves or lasers, including endoscopic procedures requiring the professional services of a **Physician** or surgeon and which does not require an overnight **Hospital** stay.

Outpatient Treatment

Means treatments received in a **Hospital** or day-care facility that does not medically require **You** to stay overnight at the **Hospital** or occupy a registered **Hospital** bed.

Period of Insurance

The period of time shown on the **Policy Schedule** during which cover applies.

Physician

Means a medical practitioner who has graduated from a recognized medical school listed in the Directory of Medical Schools by the World Health Organization, who is licensed by the competent medical authorities of the country in which treatment is provided, and who is practicing within the scope of his/her licensing and graduation. The attending **Physician** should not be the **Insured Person** or **Your Immediate Family Member**, business partner, or employee of the **Insured Person**.

Policy Schedule(s)

Means the schedule(s) which provides **Your** details and sets out the **Period of Insurance** and the benefits extended to **You** under this Policy, together with the selected plan, whether upon initial inception of this Policy or subsequent renewals thereof.

Policy Year

Means the time between 12:00 a.m. on the first day of the **Period of Insurance** shown on the **Policy Schedule** (or renewal endorsement if any) and 11:59 p.m. on the last day of the **Period of Insurance**. All times are calculated according to standard time in the country where this Policy is issued.

Policyholder

Means the person, corporation, partnership or other organization who has taken up this Policy with **Us** and who is named as such in the **Policy Schedule**.

Preceding Policy

Means a health or medical insurance policy covering **Your Disability** which terminates no earlier than the day prior to the **Effective Date** of this Policy, and a copy (if so requested) of which has been provided to **Us** upon application. This does not include a travel policy which covers **Disability** arising only during the journey, and which is subject to limitation on the length of a journey.

Pre-existing Condition

Means any **Disability** suffered by **You**:

- i. Which existed before the **Initial Effective Date** of this Policy, where the **Pre-existing Condition** presented with signs or symptoms of which **You** were aware or any prudent person should reasonably have been aware; or
- ii. For which treatment, medication, advice, investigation or diagnosis has been sought prior to the **Initial Effective Date** of this Policy; or
- iii. Which was already known by **You** to exist prior to the **Initial Effective Date** of this Policy whether or not treatment, medication, advice, investigation or diagnosis was sought or received.

Prescription Medicine and Drugs

Means the medicines or drugs for which a **Physician's** prescription is required for treatment of a covered **Disability** and have been dispensed by a **Physician's** office or by a licensed pharmacist.

Professional Sport

Means a sport, used as a means of livelihood or which provides an **Insured Person** with more than fifty percent (50%) of his/her annual income.

Radiotherapy

Means the cancer treatment that uses high-energy radiation to shrink tumors and kill cancer cells, including pre-planning session and consumables specified for the purpose of such radiotherapy treatment. Such treatment may be delivered by a machine outside the body or it may come from radioactive material placed in the body near cancer cells, or uses radioactive substances that travel in the blood to kill cancer cells. The radiotherapy treatment must be conducted in a registered **Hospital** or clinic.

Routine Dental Treatment

Means dental examinations, tooth extractions, tooth cleaning, normal compound filling, root canal treatment, paradental treatment, paradontosis treatment, gum treatment, and X-ray examinations.

Reasonable and Customary Charges

Mean insured medical expenses which do not exceed the general level of fees for comparable services by similar healthcare providers in the same locality for a similar **Illness** or **Bodily Injury**, irrespective of availability of insurance. In case of an unusual nature of service or supply, **We**, in our sole discretion, will determine to what extent the charge is reasonable and customary, taking into account the complexity involved, the degree of professional skills required and other pertinent factors.

Reconstructive Surgery

Means any treatment performed on abnormal structures of the body, whether caused by **Congenital Condition**, **Developmental Abnormality**, **Bodily Injury** or **Illness**, in order to improve function or approximate a normal appearance.

Specialists

Means a surgeon, anesthetist or **Physician** who has attained primary degrees in medicine or surgery following attendance at a WHO recognized medical school and who is licensed to practice medicine by the relevant authority in the country where the treatment is given, and is recognized as having a specialized qualification in the field of, or expertise in, the treatment of the disease, **Illness** or **Bodily Injury** being treated. Recognized medical school means a medical school which is listed in the current World Directory of Medical Schools published by the WHO.

Surgical Implant

Means any artificial substitute that is transplanted or fitted into **Your** body during surgery, for the purpose of repairing or as a replacement of a body part.

Terrorist Act

Any act or acts by any person or group of persons, whether acting alone or on behalf or in connection with any organization or government, undertaken for economic, political, religious, ideological or similar purposes with the intention to influence any government and/or put the public, or any section of the public, in fear.

Traditional Chinese Medicine

Means treatment or medicine prescribed by a Chinese medicine practitioner.

Usual Country of Residence

Means any country to which **You** are a resident either as a citizen or registered as a permanent resident or granted permanent work permit by the respective government authorities.

Venereal Disease

Means an **Illness** which has been transmitted by sexual contact, or any of the following **Illnesses** whether sexually transmitted or not: syphilis, gonorrhoea, venereal warts including genital HPV (human papillomavirus), genital herpes, granuloma inguinale, chancroid, trichomona, pubic lice (phthirus pubis) infestation, and chlamydia.

War

Means any activity arising out of military force or an attempt to participate in military force by a nation, and will include civil war, revolution and invasion.

We/Our/Us means AIG Asia Pacific Insurance Pte. Ltd.

You/Your means the person named as the **Insured Person** in the **Policy Schedule**.

PART 4: BENEFITS UNDER THIS POLICY

This section provides a detailed explanation of the benefits under this Policy. **We** will indemnify **You** for the **Covered Charges** incurred during the **Period of Insurance** up to the overall maximum Policy limit and benefit sublimits stated in the **Benefit Schedule**.

I. Outpatient Benefit

Scope of Cover:

This Policy covers **You** for **Covered Charges** incurred for **Outpatient Treatment** subject to the sublimit in the **Benefit Schedule** if applicable.

Covered Charges:

- i. Outpatient **Physician** visit: **Medically Necessary** visits to a **Physician** in his/her office.
- ii. **Laboratory and Diagnostic Tests**.
- iii. **Prescription Medicine and Drugs**: If **You** are covered under the **Prestige Plus Plans**, all prescription drugs must be for use outside the **Hospital** and should be for a maximum of one (1) month use. Prescribed drugs related to Human **Organ Transplantation**, **Chronic Conditions** and/or oncology treatment including their subsequent treatment are governed by the benefits and sublimits listed under "Outpatient benefits" (Section I) of the **Benefits Schedule** section.
- iv. **Emergency Medical Services**: Treatment for **Emergency** and life threatening conditions.
- v. **Emergency Medical Room**: Room and nursing expenses as charged by the **Hospital** for **Emergency** medical services.
- vi. Physiotherapy prescribed by an attending **Physician**.

II. Hospitalization including Outpatient Surgery Benefits

Scope of Cover:

This Policy covers **You** for **Covered Charges** incurred for **Hospitalization** including **Outpatient Surgery**, subject to the sublimit in the **Benefit Schedule** if applicable.

Covered Charges:

- i. **Hospital** room occupied by **You** during **Your Hospitalisation**, inclusive of meals, special diets and general nursing care.
- ii. Intensive Care Unit: Coverage is provided for **Medically Necessary** Intensive Care Unit and cardiac or coronary care unit.
- iii. Inpatient and **Outpatient Surgery**: Surgical and related surgical procedures and dressings, use of operating room, recovery room and related facilities which include anesthesia and oxygen services.

- iv. Medical treatment including but not limited to **Laboratory and Diagnostic Tests**, **Radiotherapy**, inhalation therapy, respiration therapy and physiotherapy prescribed by an attending **Physician**.
- v. Surgeon Fees: the services of the operating surgeon in respect of the covered surgeries and other related surgical procedures.
- vi. Anesthesiologist Fees: the services of an anesthesiologist, other than the operating surgeon or his/her assistant, who administers anesthesia for a covered surgical or obstetrical procedure.
- vii. Blood transfusion, blood plasma expanders and all related blood products including testing components and equipment.
- viii. **Prescription Medicine and Drugs** including dressing and other pharmacy charges.
- ix. **Physician** and other **Specialists** fees.
- x. Parental Accommodation: Covers the cost of an additional bed in the same room for a parent or legal guardian staying with **You** if **You** are under eighteen (18) years and are **Hospitalized** for treatment of a covered **Disability**.
- xi. **Surgical Implants** and **Medical Appliances**, which meet **Your** basic medical needs including stents, pacemakers, prosthetic devices, orthopedic braces, breast prosthesis for post mastectomy cancer patients. However, this does not include charges for repairs or replacement of artificial devices, prosthetics or other durable medical equipment.

III. Pre-Hospitalization Benefit

Scope of Cover:

This Policy covers **You** for **Covered Charges** related to the diagnosis leading to a covered **Hospitalization**, within thirty (30) days prior to the covered **Hospitalization**, subject to the sublimit in the **Benefit Schedule** if applicable.

Covered Charges

Outpatient Treatment or **Outpatient Surgery**, which are prescribed by the **Physician** as a direct consequence of the **Disability** which necessitated such covered **Hospitalization**.

IV. Post-Hospitalization Benefit

Scope of Cover:

This Policy covers **You** for post **Hospitalization** charges incurred, within ninety (90) days following a covered **Hospitalization**, for continuing medical care which are prescribed by the **Physician** as a direct consequence of the **Disability** which necessitated such covered **Hospitalization**.

Covered Charges

- i. Follow up **Outpatient Treatment**.
- ii. Outpatient **Physician** visit: **Medically Necessary** visits to a **Physician** in his/her office.
- iii. **Laboratory and Diagnostic Tests**.
- iv. **Prescription Medicine and Drugs**: All prescription drugs must be for use outside the **Hospital** and each prescription must be for a maximum of one (1) month use.
- v. Private nursing charges: Covered up to a maximum of twenty-eight (28) weeks from the date of discharge after being **Hospitalized** for a continuous period of more than seven (7) days. The nursing service should be rendered by a registered nurse who is not **Your Immediate Family Member**, business partner, employer or employee.

V. Additional Benefits

a. Human Organ Transplantation Benefit

Scope of Cover:

This Policy covers **You** for **Covered Charges** incurred as a direct consequence of transplantation of any of the following organs subject to the sublimit per lifetime in the **Benefit Schedule**.

- i. Kidney
- ii. Heart
- iii. Lung
- iv. Liver
- v. Cornea
- vi. Bone Marrow transplants (only for covered medical conditions, including but not limited to Aplastic Anemia and Severe Immune Deficiency; Hodgkin's Disease; Acute and Chronic Myelogenous Leukemia, Granulocytic Leukemia; Multiple Myeloma).

Covered Charges

- i. Any **Outpatient Treatment** or **Outpatient Surgery**.
- ii. Any **Hospitalization** and surgery costs and all related charges.
- iii. Any post **Hospitalization** services.
- iv. Approved storage and transportation costs which are incurred and directly related to the donation of a human organ used in a covered transplant procedure.

Special Conditions applicable to this benefit:

- i. **Organ Transplantation** costs may only be claimed under this section of this Policy if the benefit is included in the plan selected on the **Policy Schedule**. No other type of benefit under this Policy provides coverage in connection with **Organ Transplantation**.
- ii. This benefit is limited to a lifetime limit per **Insured Person** as specified in the **Benefit Schedule** under this Policy.
- iii. The **Covered Charges** must be incurred as a direct result of the **Organ Transplantation**.
- iv. **We** shall not be liable for any continuing medical care or treatment in connection with or in respect of any **Organ Transplantation** occurring before the **Initial Effective Date** of this Policy.
- v. **Our** prior approval before incurring the **Covered Charges** in connection with **Organ Transplantation** is mandatory.
- vi. Direct cost of surgery to remove the organ for transplantation is limited to thirty percent (30%) of the total treatment cost incurred by **You**.

Specific Exclusions applicable to this section, in addition to the General Exclusions under Part 5 below:

This Policy will not cover:

- i. Cost of acquisition of the organ; and
- ii. Subsequent transplants if the initial transplant was not covered under this Policy for any reason.

b. Oncology Benefit (Radiotherapy and Chemotherapy)

Scope of Cover:

This Policy covers **You** for **Covered Charges** incurred for **Chemotherapy** and **Radiotherapy**.

Covered Charges

- i. The following groups and sub-groups of drugs in the Anatomic Therapeutic Chemical (ATC) classification system are covered:
 1. Antineoplastic Agents (including targeted therapy)
 2. Endocrine therapy
 3. Interferon
 4. Interleukins
- ii. Radiation and Medical Oncologist

Specific Exclusions applicable to this section, in addition to the General Exclusions under Part 5 below:

This Policy will not cover:

- i. Drugs still in trial stage or drugs not approved by US Food and Drug Administration (US FDA);
- ii. Drugs which are not consistent with commonly accepted clinical guidelines; and
- iii. Blood irradiation.

c. Kidney Dialysis Benefit

Scope of Cover:

This Policy covers **You** for **Covered Charges** relating to kidney dialysis subject to the sublimit per lifetime in the **Benefit Schedule** if applicable.

Covered Charges

- i. Charges for peritoneal or hemodialysis related procedures including use of hemodialysis machines.
- ii. Nephrologist or kidney **Specialist**.

Special Conditions applicable to this benefit:

- i. Kidney dialysis costs may only be claimed under this section of this Policy if the benefit is included in the plan selected on the **Policy Schedule**. No other type of benefit under this Policy provides coverage in connection with kidney dialysis.
- ii. This benefit is limited to a lifetime limit per **Insured Person** if specified in the **Benefit Schedule** under this Policy.
- iii. Except when **You** are already **Hospitalized**, all dialysis services must be rendered on an outpatient basis and should be provided by a qualified nephrologist or kidney **Specialist**.

d. Complementary or Alternative Medicine Benefit

Scope of Cover:

This Policy covers **You** for **Covered Charges** for complementary or alternative medicines and treatments, subject to the sublimit in the **Benefit Schedule** if applicable.

Covered Charges

- i. Services provided by a physiotherapist not requiring attending **Physician's** prescription.
- ii. Services provided by chiropractor, clinical dietician, speech therapist, osteopath, podiatrist, or homoeopath, who is fully trained, legally qualified and licensed to practice under the applicable local law.
- iii. Services provided by acupuncturist, bonesetter, or Chinese medicine practitioner rendering **Traditional Chinese Medicine** who is fully trained, legally qualified, registered and licensed to practice under the applicable local law. The charges cannot exceed the per visit limit specified in the **Benefit Schedule**.

Special Conditions applicable to this benefit:

The attending therapist or alternative medicine practitioner should not be **You** or **Your Immediate Family Member**, business partner, employer or employee.

e. Hospice/Palliative Treatment Benefit

Scope of Cover:

This Policy covers **You** for **Covered Charges** for **Hospice/Palliative Treatment** subject to the sublimit per lifetime in the **Benefit Schedule**.

Covered Charges:

Services provided by hospice team members that are aimed at relieving symptoms through programs based in hospice facilities, hospitals, nursing homes or rendered at home.

f. AIDS/HIV Benefit

Scope of Cover:

This Policy covers **You** for **Covered Charges** incurred for treatment relating to **AIDS/HIV** subject to the sublimit per lifetime in the **Benefit Schedule**.

Covered Charges:

- i. **Outpatient Treatment**.
- ii. **Hospitalization** and surgery costs and all related charges.
- iii. Post-**Hospitalization** services.

Special Conditions applicable to this benefit:

- i. Coverage will be applicable only if signs and symptoms manifest for the first time after five (5) years of uninterrupted coverage under this Policy including any renewal thereof.
- ii. **AIDS/HIV** treatment costs may only be claimed under this section of this Policy if the benefit is included in the plan selected on the **Policy Schedule**. No other type of benefit under this Policy provides coverage in connection with **AIDS/HIV**.
- iii. This benefit is limited to a lifetime limit per **Insured Person** as specified in the **Benefit Schedule** under this Policy.

g. Dental Treatment (Due to Accident) Benefit

Scope of Cover:

This Policy covers **You** for **Covered Charges** incurred for dental treatment arising from an Accident.

Covered Charges:

Dental treatments resulting from damage to sound natural teeth that are sustained due to an **Accident** are covered regardless if **You** are eligible for the optional Dental Benefits or not provided that such treatments and corresponding charges are incurred within fourteen (14) days following the **Accident**.

h. Mental Disorder Benefit

Scope of Cover:

This Policy covers **You** for **Covered Charges** incurred for treatment of **Mental Disorder** subject to the sublimit per lifetime and per **Policy Year** in the **Benefit Schedule**.

Covered Charges:

Inpatient psychotherapeutic and/or psychiatric treatment.

Special Conditions applicable to this benefit:

All mental health care services must be based on the advice of and carried out by a registered psychiatrist and must be rendered in a **Hospital** on an inpatient basis.

Specific Exclusions applicable to this section, in addition to the General Exclusions under Part 5 below:

This Policy will not cover:

- i. Psychological, educational and emotional developmental disorders including but not limited to Attention Deficit/Hyperactivity Disorder (ADD/ADHD); and
- ii. Any expense related to the outpatient treatment performed for mental and behavioral disorders.

i. Road Ambulance Benefit

Scope of Cover:

This Policy covers **You** for **Covered Charges** incurred for road ambulance conduction.

Covered Charges:

Road ambulance conduction charges incurred during an **Emergency** situation to bring the **Insured Person** to the nearest **Hospital** that is able to provide the required level of care.

VI. Chronic Conditions Benefit

Scope of Cover:

This Policy covers **You** for **Covered Charges** incurred for **Chronic Conditions** subject to the sublimit in the **Benefit Schedule** if applicable.

Covered Charges:

- i. **Hospitalization** including **Outpatient** Surgery
- ii. Outpatient **Physician** visit and **Prescription Medicine** and **Drugs** if outpatient benefit is covered by this Policy.

VII. Maternity Benefit

PART A:

(Only applicable to Prestige Plus C Plan members for whom coverage has been provided)

Scope of Cover:

This Policy covers **You** for **Covered Charges** incurred for Maternity Benefits, subject to the limit as shown in Section VII of the **Benefit Schedule** and following the Waiting Period relating to Maternity Benefits as described in the Special Conditions below.

Covered Charges:

- i. Pre-natal and post-natal services.
- ii. Cost of delivery including all **Hospital** charges and professional fees.
- iii. **Newborn Accommodation** and **Hospital** charges (other than for **Congenital Conditions**) for the **Newborn** up to fifteen (15) days old.
- iv. Subject to receipt of written notification by **Us** of a request to add the **Newborn** to this Policy as a **Dependant Child** within fifteen (15) days of birth, coverage for the **Dependant Child** will continue under this Policy as per the Special Conditions related to Maternity Benefits.
- v. Miscarriage or therapeutic abortion.

Special Conditions applicable to this benefit:

- i. Waiting Period for Maternity Benefit is as follows:
 - (1) If only one (1) **Insured Person** over the age of nineteen (19) is enrolled in the plan containing Maternity Benefits, the Maternity Benefits shall be limited to **Covered Charges** incurred twenty-four (24) months after the **Initial Effective Date**.
 - (2) If two (2) or more **Insured Persons** over the age of nineteen (19) are enrolled in the plan containing Maternity Benefits, the Maternity Benefit shall be limited to **Covered Charges** incurred twelve (12) months after the **Initial Effective Date**.
- ii. If written notification to add a **Newborn** to this Policy is received by **Us** within fifteen (15) days of the birth of the **Newborn**, the coverage will continue under this Policy from the sixteenth (16th) day of life as a **Dependant Child**. The level of benefits for the **Dependant Child** shall be the same as that of the **Insured Person** excluding any optional benefits selected and **Congenital Conditions**, except as described below in Section VII – Part B: **Congenital Conditions** of the **Newborn**.

Special Exclusions applicable to Section VII – Part A: Maternity Benefit, in addition to the General Exclusions under Part 5 below:

This Policy will not cover:

- i. Midwifery services.

PART B:

Extension of Maternity Benefits for Congenital Conditions of the Newborn (Only Applicable to Prestige Plus C Plan members for whom coverage for maternity benefit has been provided)

Covered Charges

- i. This Policy covers the **Newborn** for **Covered Charges** incurred for diagnosis or treatment of **Congenital Conditions** incurred within the first fifteen (15) days following birth, subject to the limit as shown in Section VII of the **Benefit Schedule**.
- ii. If written notification to add a **Newborn** to this Policy is received by **Us** within fifteen (15) days of the birth of the **Newborn**, the coverage will continue under this Policy from the sixteenth (16th) day of life as a **Dependant Child** for **Covered Charges** incurred for diagnosis or treatment of **Congenital Conditions** incurred from the sixteenth (16th) day following birth up to a maximum of ninety (90) days from the date of birth.

VIII. Complications of Pregnancy

Scope of Cover

This Policy covers **You** for **Covered Charges** incurred for **Complications of Pregnancy**, subject to the sublimit as shown in Section VIII of the **Benefit Schedule** and subject to the Special Conditions below related to **Complications of Pregnancy**.

Covered Charges

- i. Inpatient treatment as a direct result of **Complications of Pregnancy**.
- ii. **Newborn Accommodation** charges if the **Complications of Pregnancy** results in the delivery of the **Newborn**.

Special Conditions applicable to this benefit:

Complications of Pregnancy that require **Hospitalization** (including **Newborn Accommodation**) are covered regardless of whether or not coverage is provided under Section VII – Part A: **Maternity Benefit**.

Special Exclusion applicable to this section, in addition to the General Exclusions under Part 5 below:

- i. **Congenital Conditions** of the **Newborn(s)** – (Section VII Part B) are not covered under **Complications of Pregnancy** if **Maternity Benefit** is not selected and there is no coverage under Section VII – Part A: **Maternity Benefit**.

IX. Medical Second Opinion Services

Scope of Cover

If **You** are diagnosed with major and serious medical conditions, **You** may directly arrange with MediGuide International for the provision of independent **Medical Second Opinion** services from world leading medical centers. For more information about the MediGuide International **Medical Second Opinion** Program, please refer to www.henner.com/aig/apac.

X. Travel and Emergency Service (provided by AIG Travel Asia Pacific Pte. Ltd.)

a. Medical Assistance Benefit:

Scope of Cover

This Policy covers **You** for charges incurred for the following benefits and services, while **You** are traveling outside of **Your Usual Country of Residence**:

- i. **Emergency Medical Evacuation and Repatriation:** **AIG Travel Asia Pacific Pte. Ltd.** will arrange for the medically appropriate and **Medically Necessary** evacuation if **You** are seriously injured or have become seriously ill in a location where facilities are not adequate to treat the **Bodily Injury or Illness**. **AIG Travel Asia Pacific Pte. Ltd.** will oversee and direct all such evacuations, irrespective of **Your** location. Based on **Our** sole discretion and the discretion of **AIG Travel Asia Pacific Pte. Ltd.** as to whether the situation warrants **You** returning to **Your Usual Country of Residence** for medical treatment, **AIG Travel Asia Pacific Pte. Ltd.** will make arrangements for **Your** evacuation such that **You** return to **Your Usual Country of Residence**. In all evacuations, **We** and **AIG Travel Asia Pacific Pte. Ltd.** will have the sole discretion to decide on the method of transport based solely on medical necessity. **AIG Travel Asia Pacific Pte. Ltd.** will arrange for all accompanying medical and non-medical escorts and equipment necessary for **Your** safe evacuation.

- ii. **Return of Dependant Child/Children:** **AIG Travel Asia Pacific Pte. Ltd.** will make arrangements to return the **Dependant Child/Children** to the **Usual Country of Residence** if the **Dependant Child/Children** are left with no accompanying adults as a result of **Your Disability**. **We** will reimburse economy class one (1) way airfare to **You** in relation to such return of the **Dependant Child/Children** to the **Usual Country of Residence**.

- iii. **Compassionate Visit:** **AIG Travel Asia Pacific Pte. Ltd.** will arrange for one (1) **Immediate Family Member** to travel to **Your** bedside when **You** are **Hospitalized** outside of the **Usual Country of Residence** because of the covered **Disability** while traveling, and the **Physician** recommends the personal attendance of an **Immediate Family Member**. **We** will reimburse one (1) economy class return airfare of one (1) **Immediate Family Member**.

- iv. **Repatriation of Mortal Remains:** If **You** suffer from a **Disability** and as a result, die while traveling, **AIG Travel Asia Pacific Pte. Ltd.** will arrange for repatriation of **Your** remains back to the **Home Country** or **Usual Country of Residence**. **We** will reimburse the **Reasonable** and **Customary Charges** incurred for such repatriation, including but not limited to the cost of a basic casket, embalment and cremation if so elected. This will not include expenses related to religious ceremony or rites.

b. Travel Assistance Services

Scope of Cover

We, through **AIG Travel Asia Pacific Pte. Ltd.**, will provide **You** with the following services, while **You** are traveling outside of the **Usual Country of Residence**:

- i. **Legal Referral Assistance:** **AIG Travel Asia Pacific Pte. Ltd.** will provide **You** with local contact information for embassies, consulates and attorneys worldwide.
- ii. **Travel Information:** **AIG Travel Asia Pacific Pte. Ltd.** will provide advice by phone on passport/visa/immunization requirements, customs entry/exit restrictions and regulations as well as current information on environmental and political situations.
- iii. **Global Currency and ATM Information Assistance:** **AIG Travel Asia Pacific Pte. Ltd.** will provide information relating to currency exchange rates and the location of ATM outlets worldwide.

iv. Global Weather Information Assistance:

AIG Travel Asia Pacific Pte. Ltd. will provide climate conditions as well as current weather reports for worldwide destinations.

v. Lost/Stolen Luggage/Personal Effects Assistance:

Experienced coordinators of **AIG Travel Asia Pacific Pte. Ltd.** will guide **You** through inquiries with commercial carriers, local authorities and agencies in the event **You** have lost **Your** luggage or if it is stolen whilst travelling. In the event **Your** luggage is lost, **AIG Travel Asia Pacific Pte. Ltd.** will assist in the search for the lost luggage, coordinate getting the luggage (once found) to the current destination and/or assist in **Your** purchase of any replacement items. **AIG Travel Asia Pacific Pte. Ltd.** will also assist in the cancellation of missing personal documents (credit cards, etc.) and in any arrangements for replacement travel documents (passports, tickets, etc.).

Specific Exclusions applicable to this section, in addition to the General Exclusions under Part 5 below:

This Policy will not cover:

- i. More than one (1) **Emergency** evacuation and/or repatriation for any single medical condition of an **Insured Person** during the term of this Policy.
- ii. Any cost or expense not expressly covered by this section and not approved in advance and in writing by **AIG Travel Asia Pacific Pte. Ltd.** and/or not arranged by **AIG Travel Asia Pacific Pte. Ltd.** This exception shall not apply to **Emergency** medical evacuation from remote or primitive areas when **AIG Travel Asia Pacific Pte. Ltd.** cannot be contacted in advance and delay might reasonably be expected to result in loss of life or harm to the **Insured Person**.
- iii. Any expenses incurred in respect of **You** travelling outside the **Usual Country of Residence** contrary to the advice of a **Physician** or **AIG Travel Asia Pacific Pte. Ltd.** or **Our** advice, or for the purpose of obtaining medical treatment or medical advice or for the purpose of rest and recuperation following any prior **Accident, Illness** or **Pre-existing Condition**.
- iv. Any expenses for medical evacuation or repatriation not approved by **AIG Travel Asia Pacific Pte. Ltd.** but incurred by **You** where **You** are not suffering from a serious **Bodily Injury** or **Illness** and/or in the opinion of an **AIG Travel Asia Pacific Pte. Ltd. Physician, You** can be adequately treated locally, or treatment can be reasonably delayed until **You** return to **Your Usual Country of Residence**.
- v. Any expenses for medical evacuation or repatriation where, in the opinion of an **AIG Travel Asia Pacific Pte. Ltd. Physician, You** can travel as an ordinary passenger without a medical escort.
- vi. Any expenses incurred for services that are not covered under this Policy.

We shall not be held responsible for the failure to provide services and/or delays caused by acts of God, strikes, or conditions beyond **Our** and **AIG Travel Asia Pacific Pte. Ltd.**'s control, including but not limited to, flight conditions or situations where the rendering of services is prohibited or delayed by local laws, regulations or regulatory agencies. In such an event, **AIG Travel Asia Pacific Pte. Ltd.** shall notify **You** of any circumstance likely to cause such failure or delay as soon as reasonably practicable.

XI. Dental Benefit – Optional Benefit

Only applicable if this benefit is opted for and included in the Policy Schedule as a covered benefit

Scope of Cover:

This Policy covers **You** for **Covered Charges** incurred for treatment and procedures relating to dental conditions, subject to the sublimit per year indicated in the **Benefit Schedule** and the Waiting Period as described in the Special Conditions stated below under this section.

Covered Charges

i. **Routine Dental Treatments**

- (1) Tooth cleaning and examination.
- (2) Normal composite fillings, inlay, onlay, dental extractions and sealants.

ii. Major restorative dental work

- (1) Removal of impacted, buried or un-erupted teeth, removal of roots, root canal treatments, removal of solid odontoma, apicectomy, new or repair of bridge work, new or repair of dental crowns and implants, including new or repair of upper or lower dentures.

iii. **Laboratory and Diagnostic Tests** and services including prescription drugs and medicines.

Special Conditions applicable to this benefit:

- i. A **Coinsurance** of twenty percent (20%) shall apply to all major dental restoration services under this benefit if this option is selected and stated in the **Policy Schedule**.
- ii. Waiting period for:
 - a) **Routine Dental Treatment** – shall be limited to **Covered Charges** incurred ninety (90) days after the **Initial Effective Date**, except for tooth cleaning and examination where there is no waiting period; and
 - b) Major restorative dental work – shall be limited to **Covered Charges** incurred one hundred eighty (180) days after the **Initial Effective Date**.

Specific Exclusions applicable to this section, in addition to the General Exclusions under Part 5 below:

This Policy will not cover

- i. Gold dental inlays and onlays; and
- ii. Charges for repairs of dental crowns, implants and dentures not originally obtained under this Policy.

PART 5: GENERAL EXCLUSIONS

The following treatments, items, conditions, activities and their related, associated or consequential expenses are excluded from this Policy and **We** shall not be liable for the same:

1. **Pre-existing Conditions** or any related, associated or consequential **Disabilities**, unless disclosed to and accepted in writing by **Us** and explicitly stated in the **Policy Schedule** as being covered by this Policy.
2. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering **You** including legislation or insurance coverage relating to occupational death, **Bodily Injury** or **Illness**.
3. Routine medical examinations or check-ups, examinations for employment or travel, routine eye or ear examinations, vitamins, nutritional supplements, personal care items, vaccinations, medical certificates/attestations, hearing aids, chelation therapy (except for heavy metal poisoning), hydro colon therapy, growth hormones or hair restoration drugs, counselling, **Custodial** or **Maintenance Care**, rest cures, and services or treatment at home or while a bed patient at any facility that is not a **Hospital** unless explicitly stated in the **Policy Schedule** as being covered by this Policy.

4. Treatment of obesity (including morbid obesity), and any other weight control programs, photodynamic therapy, ozone therapy, chelation therapy, services or supplies, or treatment received at health spa, hydro clinic, nature care clinics or similar establishments, including rest cures and **Hospitalisation** for the purpose of physiotherapy and occupational therapy, convalescence (convalescent home, convalescent **Hospital**), unless explicitly stated in the **Policy Schedule** as being covered by this Policy.
5. Dental treatments (except that which is explicitly stated in the optional Dental benefits section of the **Policy Schedule** as being covered by this Policy), including orthodontics, periodontics, endodontics, preventive dentistry, and general dental care including fillings, regardless who carries out the treatments. In the case of **Bodily Injury** to teeth, the teeth repaired must have been sound and natural, the **Bodily Injury** must occur while the person is an **Insured Person** and the **Bodily Injury** must not be directly or indirectly caused by biting or chewing.
6. **Cosmetic Treatment**, and **Reconstructive Surgery** except for charges incurred for the prompt treatment of a **Bodily Injury**.
7. **Illness**, tests or treatment related to fertility, **Assisted Conception**, impotence or erectile dysfunction, sex change or contraception.
8. **Congenital Conditions**, unless the claim meets the criteria to be eligible for coverage under Part 4 Section VII - Maternity Benefit.
9. **Developmental Abnormality** or any voluntary termination of pregnancy or abortion performed due to psychological or social reasons, and consequences thereof.
10. Pregnancy or childbirth including pre-natal and post-natal care, unless explicitly stated under the Maternity Benefits section of the **Policy Schedule** as being covered by this Policy.
11. Treatment that is either not part of Western (allopathic) medicine, except where Complementary and Alternative Medicine Benefit under Part 4 Section Vd above is included in the plan selected on the **Policy Schedule** as being covered by this Policy, or treatment which is not **Medically Necessary**, or complications or **Disabilities** consequential thereupon.
12. All costs relating to human cornea, bone marrow, muscular, skeletal, or tissue transplant from a donor to a recipient and all expenses directly or indirectly related to **Organ Transplantation** (including conditions requiring or likely to require transplantation and post transplantation conditions) unless such expenses are explicitly stated under the Human **Organ Transplantation** Benefit under Part 4 Section Va above as being covered by this Policy.
13. Self-inflicted **Bodily Injury**, suicide or attempted suicide, deliberate exposure to exceptional danger except in an effort to save human life.
14. Smoking cessation treatments, excessive consumption of alcohol or narcotics or similar drugs or agents.
15. Sleep disorders, learning difficulties, or behavioral disorders.
16. Any treatment or test in connection with **Venereal Disease**, Human Immunodeficiency Virus (HIV) related Illness including Acquired Immune Deficiency Syndrome (**AIDS**), **AIDS** Related Complex (ARC) and/or any mutation, derivation, or variation thereof unless explicitly stated under the **AIDS/HIV** Benefit under Part 4 Section Vf as being covered by this Policy.
17. Experimental or pioneering medical and surgery techniques except with **Our** prior approval in writing.
18. Services which are not recommended and prescribed by the **Insured Person's** attending **Physician** except for i) a **Medical Second Opinion** prior to surgery; and ii) fees incurred from consultation with a **Physician** who referred **You** to **Your** current attending **Physician** or **Specialist**.
19. Refractive defects of the eye, such as nearsightedness and astigmatism including any laser treatments, spectacles, monacles or contact lenses.
20. Charges, or portions of charges, which are not **Reasonable and Customary Charges**. In the case of costs arising under any legislation which seeks to increase the cost of medical treatment and services actually received, such costs which would be considered **Reasonable and Customary Charges** in the absence of such legislation, are included.
21. Any costs incurred for treatment outside of the **Policy Year** or for any period for which the premium due has not been paid.
22. Any expenses related to treatment performed or ordered by a non-registered practitioner and not in accordance with the standard medical practice as defined in the country of treatment.
23. **Disabilities** as a result of participation in any **Professional Sport**, or aviation or aeronautics other than as a fare paying passenger on a duly licensed commercial passenger aircraft unless such participation has been prior disclosed to and accepted by **Us**.
24. **Disabilities** while serving in any branch of the military or armed forces of any country, or international authority while on duty, or participation in **War**, civil war, invasion, insurrection, revolution, use of military power, usurpation of government or military power, or participation in an actual or attempted riot or any loss directly or indirectly caused by or attributable to any criminal or intentional illegal act or **You** breaking any government laws and regulations or any known or suspected **Terrorist Act**.
25. **Disabilities** arising from **War** in **Your Home Country**, **Usual Country of Residence**, Afghanistan, Chechnya, Iraq, North Korea and Somalia, unless otherwise accepted in writing by the Company.
27. The use, release, dispersal, escape or application of pathogenic or poisonous biological or chemical materials; or nuclear materials that directly or indirectly result in nuclear reaction or radiation or radioactive contamination.
28. Any expenses related to **Disability** occurring while **You** are engaged in caving, mountaineering or rock climbing, potholing, skydiving, parachuting, bungee-jumping, ballooning, hang gliding, deep sea diving, rallying, racing of any kind in or on any motor powered device or vehicle, and any organized sports undertaken on a professional or sponsored basis, or as a result of any activity required from or on a ship or oil-rig platform, or at a similar off-shore location.
29. **Hospital** inpatient treatment which in the of **Our** medical adviser(s) can be properly treated as an outpatient.
30. Any expenses related to relieving symptoms caused by ageing, puberty or other natural physiological cause.
31. Expenses incurred where an **Insured Person** has not followed the medical advice of the attending **Physician**.
32. Products that can be obtained without a **Physician's** prescription.
33. Complications or Illness from IVF induced pregnancy, elective cesarean, or termination of pregnancy that is not **Medically Necessary**.
34. Batteries, electricity, maintenance expenses and recharging of **Medical Appliance** or medical aids (including hearing and visual aids).
35. Transfer, transport or travel expenses (except those covered under the Travel and Emergency Service Benefit under Part 4 Section Xb).
35. Sanctions exclusion:
If, by virtue of any law or regulation which is applicable to **Us**, **Our** parent company or **Our** ultimate controlling entity, at the inception of this Policy or at any time thereafter, providing coverage to the **Insured Person** is or would be unlawful because it breaches an applicable embargo or sanction, **We** shall provide no coverage and have no liability whatsoever nor provide any defense to the **Insured Person** or make any payment of defense costs or other costs and expenses or provide any form of security on behalf of the **Insured Person** to the extent that it would be in breach of such embargo or sanction.

PART 6: GENERAL CONDITIONS

A. POLICY, SCHEDULE, APPLICATION, AND ENDORSEMENTS AS ONE (1) CONTRACT

The **Benefit Schedule**, these terms and conditions, the application forms, and all schedules including the **Policy Schedules** and endorsements attached thereto form the whole contract. Any change in this Policy must be approved by **Our** authorized signatory and no change will be effective except by endorsement to this Policy. If a special meaning is attached to any word or expression in this terms and conditions, it will continue to bear such meaning throughout this Policy.

B. PERIOD OF INSURANCE

Premium must be received by **Us** before this Policy is in force.

1. Cancellation and Short Period Rates

You may cancel this Policy at any time by notifying **Us** of such intent in the form of a registered letter addressed to **Us** at the address shown on the **Policy Schedule**, provided that no claims have been paid or are payable under this Policy. **You** shall be entitled to a refund of premium, less the amount due to **Us**, computed at the following table of short-period rates for the period prior to cancellation:

Period of cover prior to the cancellation (after the Thirty (30) Day Free Look Privilege)	Amount due to Us
Not exceeding one (1) month	Twenty percent (20%) of the annual Premium paid
Each succeeding month up to eight (8) months	Twenty percent (20%) of the annual Premium paid plus ten percent (10%) of annual premium for each month
From eight (8 th) month onwards	Full annual premium

We may cancel this Policy, at **Our** sole discretion, by providing **You** with thirty (30) days written notice sent to the address shown on the **Policy Schedule**.

2. Termination of Benefits

The benefits under this Policy shall terminate at such time as the benefits endorsed on the **Benefit Schedule** shall have been exhausted or at midnight on the last day of the **Period of Insurance** or the next annual policy renewal date following the 80th birthday of the **Insured Person**.

3. Premium subject to change

Premiums for each **Period of Insurance** are based on **Your** age on the first day of the **Period of Insurance**, the table of rates then in effect, and other factors which may materially affect the risks insured. **We** have the right to change the table of rates on a class basis for all similar policies. Any changes made to the existing premium rate are to take effect during the next renewal.

4. Thirty (30) Day Free Look Privilege

You have thirty (30) days from **Initial Effective Date** to examine the terms and conditions of this Policy and may cancel this Policy within such thirty (30) day period by written request to **Us** in which case premiums paid will be refunded. If this Policy is sent by post, it is deemed to have been delivered in the ordinary course of post. Where this Policy is so cancelled, **We** shall have no liability whatsoever under the cancelled policy and **We** will be entitled to recover from **You** any expense incurred by **Us** in underwriting this Policy. The thirty (30) day free look privilege is only applicable when no claim is incurred during such thirty (30) day period.

5. Payment before Cover Warranty (for Individual/Family Policy)

- It is hereby agreed and declared that the total premium due must be paid and actually received in full by **Us** (or the intermediary through whom this Policy was effected) on or before the **Effective Date** of this Policy, renewal certificate or cover note.
- In the event that the total premium due is neither paid nor actually received in full by **Us** (or the intermediary through whom this Policy was effected) on or before the **Effective Date**, this Policy, renewal certificate or cover note shall not attach and no benefits whatsoever shall be payable by **Us**. Any payment received thereafter shall be of no effect whatsoever as cover never attached on this Policy, renewal certificate or cover note.

6. Premium Warranty Clause (for Group Policy)

- Notwithstanding anything herein contained but subject to sub-clause ii below, it is hereby agreed and declared that if the **Period of Insurance** is sixty (60) days or more, any premium due must be paid and actually received in full by **Us** (or the intermediary through whom this Policy was effected) within sixty (60) days of the **Effective Date** of this Policy, renewal certificate or cover note.
- In the event that any premium due is neither paid nor actually received in full by **Us** (or the intermediary through whom this Policy was effected) within the sixty (60) day period referred to above, 1) the cover under this Policy, renewal certificate or cover note will be automatically terminated immediately after the expiry of the said sixty (60) day period; 2) the automatic termination of the cover shall be without prejudice to any liability incurred within the said sixty (60) day period; and 3) **We** shall be entitled to pro-rated premium subject to a minimum of thirty five Singapore Dollars (SG\$35.00).
- If the **Period of Insurance** is less than sixty (60) days, any premium due must be paid and actually received in full by **Us** (or the intermediary through whom this Policy was effected) within the **Period of Insurance**.

7. Commencement and Renewal

This Policy may be renewed by mutual agreement. The Payment before Cover Warranty or Premium Warranty Clause is applicable upon any such renewal.

Premium rates are not guaranteed. **We** reserve the right to revise the premium or any terms and conditions of this Policy at the time of renewal based on the portfolio claim experience. Changes made if any, will be on the entire plan and will be applicable to all **Insured Persons** under the plan irrespective of the individual **Insured Persons** claim experience. A thirty (30) days written notice will be provided to **You** prior to the change. **We** have the right to terminate this Policy as of the end of any **Period of Insurance**.

C. CLAIM PROCESS

1. Notification of Claim

All claims must be submitted to **Us** within ninety (90) days of the **Date of Service**, failing which **We** have the right to treat the claim as inadmissible unless **You** can provide evidence that it was not reasonably possible to submit the claim and give proof within such time. In any event, all claims must be submitted not more than one hundred eighty (180) days after the **Date of Service**. All certificates, information and evidence required by **Us** shall be furnished in English at **Your** expense. **You** shall, at **Our** request and expense, submit to a medical examination whenever deemed necessary. In addition, **We** shall have the right to require a post mortem, where this is not forbidden by law.

2. Proof of Claim

Original documentation and receipts together with a fully completed claim form signed by the treating **Physician** must be submitted to **Us** within the time limits defined above. Photocopies are not acceptable. **We** will provide **You** with **Our** usual forms for filing proof of claim. Upon receipt of notice of claim, **We** will advise **You** of any additional information or forms as may be required. If such additional information or forms are not received by **Us** within thirty (30) days after **You** have been advised of such additional requirements, the claim will be deemed by **Us** as incomplete. Claims that are deemed by **Us** as incomplete or not **Medically Necessary** are not payable unless (in the case of incomplete claims) all bills, certificates, information, and evidence as may reasonably be required by **Us** in respect of such claims have been submitted and agreed upon by **Us** within the time specified. Only actual costs incurred shall be considered for reimbursement.

3. Assessment of Liability

The assessment of claims will be on the following basis:

Deductible:

An amount during the **Period of Insurance** that **You** have to pay first before **We** start to pay for **Covered Charges**, subject to **Coinsurance**. This amount shall be an aggregate of inpatient and outpatient **Covered Charges** and shall be applied first before the **Covered Charges** becomes subject to the **Coinsurance**. The applicable **Deductible** is as listed in the **Benefits Schedule**.

Coinsurance:

The claim amount admissible under this Policy after applying the **Deductible** shall be subject to the **Coinsurance** as mentioned in the **Policy Schedule** under this Policy and this amount of **Coinsurance** shall be paid by **You**. After applying the **Deductible and Coinsurance**, the remaining admissible claim amount shall be fully borne by **Us** subject to the applicable limits under the respective benefits and the overall maximum Policy limit per year as set out in the **Benefits Schedule**.

4. Cooperation

As a condition precedent to **Our** liability, **You** or **Your** representatives shall cooperate fully with **Us** and **Our** medical advisers and must fully and faithfully disclose all material facts and matters of which **You** are aware and will upon request, execute any document to empower **Us** to obtain relevant information, at **Your** expense, from any **Physician** or **Hospital** or other source.

5. Fraud, Misstatement or Non-disclosure

Any fraud, misstatement or concealment in respect of this insurance or of any claim will render this Policy null and void and **You** may not receive any benefits under this Policy. In such event, any prior claim paid on this Policy is recoverable by **Us**.

D. CLAIM PAYMENT

1. Payment of Benefits

If **You** incur **Covered Charges** during the **Period of Insurance**, **We** will pay a benefit in accordance with the **Benefit Schedule** under this **Policy**. For benefits providing for **Coinsurance** or **Deductible** amounts, **We** will pay **Covered Charges** in excess of any stipulated **Coinsurance** percentage or amount that may apply, after application of any **Deductible**. Benefits are payable to the **Policyholder** or to the Estate of the **Policyholder**. We may at **Our** sole discretion pay benefits to an **Insured** other than the **Policyholder** or provider of services unless **You** request otherwise in writing. We may appoint independent administrators to settle claims on **Our** behalf. All benefit payments shall be by either in Singapore Dollar (SGD) or United States Dollar (USD).

In case of any claims having denominations other than Singapore Dollar (SGD) or United States Dollar (USD), it shall be converted into equivalent Singapore Dollar (SGD) or United States Dollar (USD), based on the exchange rate applicable as on the date the **Covered Charges** are processed. The applicable exchange rate is the AIG Treasury rate provided monthly by AIG Global Treasury.

2. Right of Recovery

In the event authorization of payment and/or payment is made by **Us** for a claim which is not covered under this Policy or when the overall maximum Policy limit per year of this Policy is exceeded, **We** reserve the right to recover the said sum or excess from **You**.

3. Other Insurance and Third Party Liability

All **Insured Persons** insured by any other medical or **Accident** insurance policy shall inform **Us** and provide **Us** with a copy of the policy including the policy schedules of such other policy. In the event of **Bodily Injury** involving the actions or negligence of a third party, **You** and all other **Insureds** shall use best endeavors to claim from such third party for the full amount of the loss. **We** shall not pay any claim involving a third party or third party insurer until all reasonable steps have been taken to obtain reimbursement. **You** shall not negotiate, settle, compromise, release, or otherwise discharge any claim against such a party without **Our** express written consent. **We** have full rights of subrogation and may take proceedings in **Your** name, but at **Our** expense, to recover for **Our** benefit the amount of any payment made under this Policy including but not limited to the cost of such proceedings.

E. OTHER TERMS AND CONDITIONS

1. Additions

A child born while either parent is an **Insured Person** and while the mother, as an **Insured Person**, is covered under the Maternity Benefit under Part 4 Section VII Part A, will become an eligible **Dependant Child** sixteen (16) days after date of birth. Such child shall be covered free of charge until the next policy renewal date, for **Disabilities** which commence after the date **We** approve **Your** written request to add the child to this Policy. Coverage for the child upon renewal of this Policy (if renewed) shall be subject to the payment of the appropriate premium. Any other eligible person will become an **Insured Person** when **We** accept **Your** written request in accordance with **Our** then current underwriting rules and once the additional premium is duly paid.

2. Change of Residence

As a condition precedent to liability under this Policy, **We** must be informed immediately in writing of any change in **Your Usual Country of Residence**. A change in the **Usual Country of Residence** shall be deemed to mean that **You** cease to maintain a residence in **Your** current **Usual Country of Residence**, or establish or intend to establish a residence in another country for a period in excess of three (3) consecutive months. **We** must be informed of the location of any **Dependants** whose **Usual Country of Residence** is different from that declared by **You** in the application form, and **We** reserve the right to decline to cover such **Dependants** under this Policy. **We** reserve the right to decline to offer renewal to any member whose **Usual Country of Residence** has changed during the **Policy Year**.

3. Reasonable Precautions and Material Change

You shall take all reasonable precautions to prevent and minimize any **Accident, Bodily Injury, Illness** or expense and **We** must be informed immediately in writing of any material information or change of circumstances whether relating to job occupation, avocation, sporting activity or otherwise which may increase the possibility or likely magnitude of a claim under this Policy. **We** shall have the right to continue coverage on terms and conditions **We** consider appropriate to such changes in material information or circumstances or to decline to continue coverage under this Policy by terminating this Policy and retaining the premium for the period this Policy has been in force. No claim arising from or related to such change shall be met until and unless **We** have been advised of such change and have agreed to continue coverage.

4. Successor Policyholder

For Individual Policies, if **You** die, **Your** spouse, if already an **Insured** under this Policy, will become the **Policyholder**.

5. Contracts (Rights of Third Party)

A person who is not a party to this contract will have no rights under the Contracts (Rights of Third Parties) Act 2001 (Cap. 53 B) to enforce any of its terms.

6. Entire Contract

This Policy, **Policy Schedule**, and where applicable Endorsements, application form, declaration and any other statements in writing will be read together as one contract. In the event of a conflict, the terms, conditions or provisions of this Policy will prevail.

7. Alterations and Non-Waiver

No agent has the authority to change or waive any provisions of this Policy. No alterations in the terms of this Policy, its attachments or endorsements shall be considered valid unless these are approved by **Us** and such approval is endorsed onto this Policy.

8. Absolute Ownership

We shall unless otherwise expressly provided by endorsement on this Policy be entitled to treat the **Policyholder** as the absolute owner of this Policy and shall not be bound to recognize any equitable or other claim to or interest in this Policy. **Your** receipt (or the receipt by **Your** legal personal representative) alone shall be an effectual discharge of **Our** liability under this Policy.

9. Assignment

No assignment of interest under this Policy will be binding upon **Us**. **We** do not assume any responsibility for the validity of any assignment.

10. Duties of the Insured on occurrence of loss

On the occurrence of any loss, within the scope of cover under this Policy, **You** shall:

- i. File or submit a claim form in accordance with the Claim Process under Part 6 - Section C: Claim Process, as provided under this Policy.
- ii. Assist and not hinder or prevent **Us** or any of **Our** agents from taking any reasonable steps in pursuance of their duties for ascertaining the admissibility of the claim under this Policy.

If **You** do not comply with the provisions of this Section or **Your** other obligations under this Policy, whether set out in this Policy terms and conditions or in any other Policy documents, all benefits under this Policy shall be forfeited, at **Our** option.

11. Conditions Precedent to any Liability

Our liability to **You** under this Policy shall be wholly dependent upon:

- i. **You** furnishing **Us** with all the required statements and declarations to be provided by **You** or any **Insured** (parent or duly appointed guardian if the **Insured** is a minor) on an application or enrolment form provided by **Us** and the complete truth of all such statements and declarations;
- ii. The complete truth of all statements and declarations made in respect of any claim submitted by **You** or any **Insured** under the provisions of this Policy; and
- iii. The due observance and fulfilment of the terms, conditions, and provisions of this Policy and endorsements insofar as they relate to anything to be done or complied with by the **You** or any **Insured**.

12. Conditions Precedent

(applicable to Corporate Policies)

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

- i. **You** have never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or
- ii. if **You** have declared that **You** have breached any premium payment condition in respect of a previous Policy taken up with another insurer in the last twelve (12) months:
 - a. **You** have fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous Policy; and
 - b. A copy of the written confirmation from the previous insurer to this effect is first provided by **You** to **Us** before cover incepts.

13. Other Conditions:

- i. Any notice or declaration for **Your** attention shall be deemed served if sent by **Us** to **You** at **Your** address given in the **Policy Schedule**.
- ii. Any payment due to any **Insured Person** under this Policy shall be paid by **Us** to the **Policyholder** and the receipt by the **Policyholder** shall be complete discharge of **Our** liability against the claim.
- iii. It is **Your** responsibility to keep records of amounts paid as claim under each Section. **We** do not undertake to give notification regarding the utilization of Policy limits. Claims submitted after the maximum limit of indemnity has been reached will be rejected.
- iv. **We** are not responsible for the quality of care received from any institution or individual. This Policy does not give **You** any claim, right or cause of action against **Us**, in respect of an act of omission or commission of a **Hospital, Physician** or other provider of care or service or of any other third party or in respect of **Your** use of the MediGuide **Medical Second Opinion** program and/or any reliance upon an opinion or advice provided thereunder.

14. Legal Proceedings

This Policy is governed by the laws of Singapore.

15. Arbitration and Dispute Resolution Clause

Any disputes arising out of this Policy shall first be referred to the Financial Industry Disputes Resolution Center Ltd (FIDREC), where it falls within FIDREC's jurisdiction. If the dispute cannot be referred to or resolved by FIDREC, it shall be referred to and finally resolved by arbitration in Singapore in accordance with the Arbitration Rules of the Singapore International Arbitration Center ("SIAC Rules") for the time being in force, which rules are deemed to be incorporated by reference in this clause. The Tribunal shall consist of one (1) arbitrator.

16. Medical Second Opinion

No party is licensed to practice medicine and is not, by performing the **Medical Second Opinion** service set forth in this Policy, providing professional services, rendering professional advice or practicing medicine. By using the **Medical Second Opinion** service, **You** acknowledge that: (i) the services provided by MediGuide International and its panel of service providers are not to be regarded as independent treatment or diagnosis and should not be solely relied upon as such by **You**; and (ii) those **Physicians** who provide a second opinion under the **Medical Second Opinion** program do not have the benefit of information that would be obtained by examining **You** in person and observing **Your** physical condition. Therefore, such **Physicians** may not be aware of facts or information that would affect his or her opinion of the diagnosis or treatment alternatives or options. **You** further understand that no warranty or guarantee has been made concerning any particular result or cure of the disease, medical condition, or incapacity.

17. Insurance Act (Cap. 142)

This Policy is issued in Singapore and is subject to the Insurance Act (Cap.142).

When **You** applied for this Policy, a declaration made by **You** at that time that **You** are ordinarily resident in Singapore must satisfy any of the following descriptions of being treated as "ordinarily resident in Singapore":

- i. **You** are a citizen of Singapore, unless **You** have resided outside Singapore continuously for five (5) or more years before the application date of the Policy and are currently residing in Singapore.
- ii. **You** are a permanent resident, unless **You** have resided in Singapore for less than a total of 183 days in the 12 months before the application date of the Policy.
- iii. **You** have a work pass or permit required under the Employment of Foreign Manpower Act (Cap. 91A), unless **You** have resided in Singapore for less than a total of 183 days in the 12 months before the application date of the Policy; or
- iv. **You** have a pass or permit required under the Immigration Act (Cap.133) that has duration longer than 90 days and **You** have resided in Singapore continuously for at least 90 days in the 12 months before the application date of the Policy.

If **You** do not satisfy any one of the above definitions of being "ordinarily resident in Singapore", **You** must notify **Us** immediately.

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