



CORPORATE EDGE

Business Travel Accident Policy

This policy is a contract between the Policyholder and the Company, **AIG Asia Pacific Insurance Pte. Ltd.**

The Company agrees to give the insurance cover set out in this policy under the sections (and subsections) of cover that are shown as being included on the Policy Schedule. This policy, the Policy Schedule and all attached memoranda and endorsements detail the entire cover provided and the terms and conditions applying to it.

The Company will only provide cover for those people who are shown as being insured on the Policy Schedule or any attached memoranda or endorsement for the Period of Insurance provided the required premium has been paid by the Policyholder and accepted by the Company.

The Policyholder should read this policy to make sure that it understands the cover provided and the applicable limitations. If any elements of the cover require clarification or do not meet the needs of the Policyholder, the Policyholder should in the first instance raise these with their insurance intermediary, where applicable.

All terms in this document capitalised are defined terms and/or have a special meaning. Please refer to each section's definitions (*if applicable*) and the General Policy Definitions section.

This insurance is underwritten by **AIG Asia Pacific Insurance Pte. Ltd.**, AIG Building, 78 Shenton Way, #09-16, Singapore 079120.



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Assistance Services

AIG Travel Asia Pacific (ATAP) Emergency Assistance

Twenty-four (24) hour worldwide pre-trip and emergency assistance is provided by **AIG Travel Asia Pacific Pte. Ltd. (ATAP)**.

Important contact information

AIG General Enquiries: +65 6419 3000 (9.00am to 5pm on weekdays, excluding public holidays)

ATAP: +65 6419 3002 (available 24 hours worldwide for emergency travel related calls)

AIG Travel Customer Service Centre: +65 6224 3698 (9.00am to 5pm on week days, excluding public holidays) or email us at <https://www.aig.sg/customer-form>.

AIG Crisis Response Contact: +1 817 826 7000 (available 24 hours worldwide for emergency relating to events mentioned in sections 12 to 16)

AIG Claims: +65 6224 3698 (9:00am to 5pm week days, excluding public holidays) or email us at <https://www.aig.sg/customer-form>.

ATAP

ATAP operates a network of service centres that will provide 24/7 access to appropriate medical facilities and emergency transportation services.

When ATAP is contacted for assistance, the following information should be provided:

- 1) The Insured Person's name, Policyholder name and Policy number;
- 2) The telephone number at which the Insured Person can be reached; and
- 3) The nature of the assistance.

Assistance is available for medical emergencies or requests as well as travel advice before, during and after Business Trips in addition to other non-travel related assistance services while on a Business Trip. The valuable services ATAP can provide include the following:

Medical Assistance Services	Description
24-Hour Phone Assistance	Access to assistance 24 hours a day, 365 days a year by multi-lingual assistance coordinators, experienced in the procedures of hospitals and clinics worldwide.
Medical Expertise	On hand at any time to ensure that the most appropriate medical treatment is provided, or give medical advice.
Local Hospital Payment	Arranging for hospitals or clinics to bill the Company directly where available and appropriate.
Emergency Transportation	Arrangement of emergency medical repatriation including the use of air ambulance or scheduled airline depending on the circumstances of the case and if necessary, with a fully equipped medical team in attendance for the Insured Person. On return, suitable transportation will be provided to

	bring an Insured Person to a hospital or home address whenever necessary.
Travel Advice Services	Description
Pre-Travel Advice	Helpful and relevant information to the Insured Person providing valuable help in preparation for the journey, including currency and banking regulations, visa details, health requirements and reciprocal health agreements.
SMS or E-Mail Travel Alerts	Regular alerts sent directly to Insured Persons' mobile phones or by email enabling them to stay ahead of changing political situations or severe weather conditions which might otherwise disrupt important travel.
Other Assistance Services	Description
Medical Referral	To a suitable hospital, clinic or dentist for treatment.
Legal Referral	To an embassy, consulate or other source if legal consultation is needed, including an English speaking lawyer.
Emergency Medical Supplies	To help locate and send prescribed drugs, if unavailable locally.
Emergency Message Relay	To pass on messages to family and business associates in an emergency.
Emergency Travel Service	Provides emergency travel arrangements in liaison with an Insured Person's Medical Practitioner, hospital or relatives to make all arrangements for people to visit an Insured Person who is hospitalised or ill abroad. Refer to section 3 - Repatriation & Other Emergency Travel Expenses for details of who is covered and the expenses that can be claimed.
Lost Ticket & Baggage Location	To help with replacement of lost or stolen tickets, passport or travel documents and help with locating lost baggage. If required, ATAP will help dispatch contact lenses and glasses.
Emergency Cash Advance	To help obtain cash advances in local or US currency for medical emergencies or other travel needs.
Funeral arrangements	Organising the repatriation of human remains and arranging the necessary import/export documentation.
Replacement travel documents	Assistance in arranging replacement passports and visas if lost or stolen while on a Business Trip plus travel and accommodation alterations in connection with a claim under section 2 - Personal Property.
Security Awareness Training	Access to an e-learning security and situation awareness program that can help the Policyholder to comply with their duty of care to Insured Persons who travel on business. It provides practical advice about personal security, preparation and arrival, travel health risks, getting around, street crime, robbery, kidnapping, Terrorism and unrest and

	provides a verifiable audit trail that allows the Policyholder to benchmark awareness levels.
Other Assistance Services	Description
Other non-insured services*	The provision of interpreters at business meetings or the translation of documents and forwarding essential business documents and urgent messages.

**** Important Notes ****

- "Other non-insured services" are available at the Policyholder's/Insured Person's own expense.
- If an Insured Person requires hospitalisation as an Inpatient, Emergency Transportation services or to return to Permanent Country of Residence for any reason covered by this policy, ATAP must be contacted and its advice or instruction followed. Failure to do so may prejudice a claim under this Policy.

Web Information Services

Additional web information services can also be accessed via www.aig.com/sea/travelguardassistance ("Website").

Valuable medical, travel advice and safety information including advice on changing security situations about travel destinations can be obtained via country reports on the Website.

To access these internet services please register on the Website. The Policyholder's policy number is required.

Claims Procedure

Written notice of a claim must be given to the Company as soon as practicable and in any case within 30 days after the happening of any circumstances giving rise to a claim. Notice may be provided by preparing the relevant basic supporting documents according to the nature of claim as specified below:

- <https://www.aig.sg/personal-claims/pa-health-claim> <https://www.aig.sg/groupclaimsportal>;
- Complete the claim form which can be downloaded from the Company's website www.aig.sg; or
- via the options listed under "How to Report a Claim" and mail it to: AIG Asia Pacific Insurance Pte Ltd, AIG Building, 78 Shenton Way, #09-16, Singapore 079120. Relevant documents to support the claim are to be given to the Company within this 30 days but if the supporting documents cannot be submitted in time due to reasonable cause, the documents must be submitted as soon as possible but no later than 1 year from the date of incident happening.

How to Report a Claim

The phone number to call will depend on the type of claim and coverage. For claims in emergency situations such as Medical or other Emergency Travel Expenses, Kidnap and Hostage or Political and Natural Disaster Evacuation, the Policyholder or Insured Person should contact the 24-hour, 7 days-a-week emergency number shown below immediately. Notice for other claims is to be given by submitting a claim form as stated below.

Policy Section	Contact
1. Personal Accident	+65 6419 3002
2. Medical Expenses	
3. Repatriation and other Emergency Travel Expenses	
8. Personal Property	
9. Personal Monetary Loss Benefit	
Policy Section	Contact

12. Hijack	+ 1 817 826 7000.
13. Kidnap and Hostage	
14. Crisis Containment Management	
15. Search and Rescue	
16. Political and Natural Disaster Evacuation	<p>You may download the 'claim form' from the Company's website www.aig.sg and mail it to: AIG Insurance Asia Pacific Pte. Ltd. AIG Building 78 Shenton Way #09-16 Singapore 079120</p>
All other sections of the policy not listed above.	

Failure to comply with the above will automatically invalidate the claim.

If Policyholder or Insured Person has an existing claim with the Company and would like to submit additional documents, please submit via <https://www.aig.sg/customer-form> or Policyholder or Insured Person may mail them to the Company at the above given address.

Requirements for Claim Notice

Depending on the nature of the claim, the following evidence may be required and should be provided to the Company.

Note: The Company may require other evidence to support a Valid Claim depending on the circumstances, in which case the Company will contact the Insured Person or the Policyholder.

- For claims of a medical nature (including cancellation for medical reasons): medical and associated reports, and an official letter from the treating Medical Consultant or Medical Practitioner to confirm Insured Person's inability to commence or continue the scheduled Business Trip (where applicable).
- For claims relating to additional expenses: invoices and receipts for the additional costs incurred.
- For claims relating to baggage: proof of value and proof of ownership (such as receipts or such other evidence the Company deems satisfactory); and
 - For loss or theft: a police report.
 - For loss, theft, damage by an airline: a property irregularity report, flight tickets and baggage check tags.
- For delay by airline: written confirmation letter by the airline stating the length of delay and the reason of the delay, along with flight tickets/boarding pass and baggage check tags.
- For all claims: proof of travel (confirmation invoice, travel tickets and Insured Person's travel itinerary).

Specific conditions applicable to Claims Notice

1 The Company may ask the Insured Person to undergo one or more medical examinations. If this is required, the Company will pay for the cost of the examination(s) and any medical reports and records. In addition, the Company will pay the reasonable costs of any person required to travel with the Insured Person, provided these expenses are agreed with the Company in advance. If the Insured Person fails to attend without reasonable cause, the Company may reject the claim. If an Insured Person dies, the Company has the right to ask for an autopsy, where permissible by law, at the Company's expense. If this is refused, the Company may not pay the claim.

2 The Insured Person must give the Company permission to obtain any medical report or other record needed from any Medical Practitioner who has treated the Insured Person otherwise the Company may not pay the claim.

3 Once claims are reported, the Company will ask for the completion of a claim form and for the claimant to provide, at his/her



own expense, all supporting reports and documentation such as police reports, Medical Practitioner's reports, Hospital records, airline or other carrier records, valuations or any other evidence as required by the Company to support a claim. If the information supplied is insufficient, the Company will advise if additional information is required.

4 Any information required due to any subsequent request for information by the Company must be provided within 60 days of the information request date. If the Company does not receive the required information within this stipulated time set, the Company at its sole discretion may reject the claim or withhold the payment.

5 The Company may also contact third parties who have or who were to provide services to the Policyholder or Insured Person (e.g. a Hospital, an airline, travel company or hotel) to verify the information provided to support a claim.

6 If the Policyholder, the Insured Person or the claimant does not comply with any reasonable request by the Company made under this section, the Company may not pay the claim.

7 The receipt of the full claim payment will be a full discharge of all liability by the Company for the Valid Claim.

8 Valid Claim payments under this policy will be made to the following parties as indicated below:

Section	Claim payable to
Section 1	Insured Person or Estate of Insured Person (except for Sections 1.1, 1.2.2.2 and 1.2.3)
Section 3.1 - Repatriation Expenses & Section 3.2 - Funeral Expenses (a)	ATAP on behalf of Insured Person
Section 3.1 - Emergency Travel Expenses	Policyholder, Insured Person or Insured Person's Immediate Relative
Section 3.2 - Funeral Expenses (b)	Insured Person's traveling companion
Sections 1.1, 1.2.2.2 and 1.2.3 Section 6 - Travel Replacement Section 10.2 - Termination of Employment Sections 12, 13, 14, 15 and 20	Policyholder
Section 3.2 - Family Visit	Insured Person's Immediate Relatives
Section 2 Section 3.2 - Pet Care Sections 4, 5, 6 - Travel Curtailment & Rearrangement , 7, 8, 9, 10.1, 10.2 – Overbooked flight, 11, 16, 17, 18, 19, 21 and 22	Insured Person or Estate of Insured Person

Operative Times of Cover

An Insured Person is only covered for the period of time shown on the Policy Schedule. The Operative Time of Cover as shown on the Policy Schedule is as described below.

OT1 - Business Travel (excluding Domestic Business Trips)

While an Insured Person is on a Business Trip outside their Permanent Country of Residence, cover starts from the time of leaving his/her usual place of residence or usual place of work, whichever occurs last, until return to his/her Permanent Country of Residence or usual place of work, whichever occurs first. No cover is provided for commutation between Insured Person's usual place of residence and usual place of work.

Extensions

1) Policy Cover for Directors' Leisure Travel

It is agreed by the Company that cover under this policy will be extended to include leisure travel undertaken during a Period of

Insurance by Directors and their Partner and/or Dependant Child(ren) while accompanying the Director on a leisure trip. The maximum duration for a covered leisure trip is 60 consecutive days.

For the purpose of this extension, the term Business Trip wherever used in the policy shall be replaced by leisure trip.

2) Policy Cover for Accompanying Partner and Dependant Child(ren) for Business and applicable leisure Trips

The accompanying Partner and each Dependant Child will automatically be covered for 10% of the Sum Insured applicable to the relevant Director, Employee or Business Partner for Accidental death, Permanent Total Disablement and Medical Expenses not exceeding S\$50,000 and 100% of the Sum Insured applicable to the relevant Director, Employee or Business Partner for emergency evacuation expenses. However, cover under the rest of the benefits in the Policy is not extended to the accompanying Partner and Dependant Child(ren).

Core Coverage Module

This module of the policy forms the core of the Corporate Edge Business Travel Accident policy, and details the coverage for:

Section 1	- Personal Accident Benefits
Section 2	- Medical Expenses
Section 3	- Repatriation and other Emergency Travel Expenses
Section 4	- Personal Liability
Section 5	- Trip Cancellation
Section 6	- Travel Curtailment, Rearrangement or Replacement

Section 1. Business Travel Accident – Personal Accident Benefits

Description of Coverage

If, during the Period of Insurance and the Operative Time shown on the Policy Schedule, the Insured Person has an Accident that results in Bodily Injury which within one year of the date of the Accident solely and independently of any other causes results in death or Disablement as listed in the Schedule of Events shown below, the Company will pay the applicable percentage of the Sum Insured as shown on the Policy Schedule to the Policyholder.

Exposure

If an Insured Person suffers Bodily Injury as a direct result of exposure to the elements arising from an Accident, the Company will pay the applicable percentage of the Sum Insured shown in the Schedule of Events to the Policyholder.

Disappearance

If an Insured Person disappears due to an Accident and after 12 consecutive months it is reasonable for the Company to believe he/she has died due to a Bodily Injury, the Company will pay the amount shown on the Schedule of Events below for Item 1.0 - Accidental Death, subject to receipt of a written agreement from the Policyholder that any such payment shall be refunded to the Company if it is later determined that the Insured Person did not die as a result of a Bodily Injury.

1.1 Schedule of Events

Item	Event	Percentage Payable per Event
1.0	Accidental Death (see Note 1 below)	100%
1.1	Permanent Total Disablement	100%
1.2	Permanent Total Disablement due to Paraplegia or Quadriplegia	100%
1.3	Permanent Total Disablement due to Hemiplegia or Triplegia	100%

1.3	Permanent Total Disablement due to Hemiplegia or Triplegia	100%
1.4	Permanent Total Loss of sight of both eyes	100%
Item	Event	Percentage Payable per Event
1.5	Permanent Total Loss of sight of one eye	100%
1.6	Permanent Total Loss of two Limbs	100%
1.7	Permanent Total Loss of use of two Limbs	100%
1.8	Permanent Total Loss of one Limbs	100%
1.9	Permanent Total Loss of The Use of one Limbs	100%
1.10	Permanent Total Loss of the lenses of both eyes	100%
1.11	Permanent Total Loss of the lens of one eye	50%
1.12	Permanent Total Loss of hearing in both ears	75%
1.13	Permanent Total Loss of hearing in one ear	15%
1.14	Third degree burns and/or resultant disfigurement which extend to cover more than 40% of the entire external body	50%
1.15	Permanent Total Loss of use of four Fingers and Thumb of either Hand	70%
1.16	Permanent Total Loss of use of four Fingers of either Hand	40%
1.17	Permanent Total Loss of use of one Thumb of either Hand – both joints	30%
1.18	Permanent Total Loss of use of one Thumb of either Hand – one joint	15%
1.19	Permanent Total Loss of use of Fingers of either Hand – three joints	10%
1.20	Permanent Total Loss of use of Fingers of either Hand – two joints	7%
1.21	Permanent Total Loss of use of Fingers of either Hand – one joint	5%

1.22	Permanent Total Loss of use of Toes of either Foot – all Toes	15%
1.23	Permanent Total Loss of use of Toes of either Foot – both joints of big Toe	5%
1.24	Permanent Total Loss of use of Toes of either Foot – one joint of big Toe	3%
1.25	Permanent Total Loss of use of Toes of either Foot – any Toes other than big Toe	1%
1.26	Loss of at least 50% of sound and natural teeth and capped or crowned teeth but excluding first teeth and dentures	\$250 per tooth, up to a maximum of \$8,000
1.27	Permanent shortening of the leg by at least 5 cm	10%
1.28	Permanent Partial Disablement not otherwise provided for under Items 1.9 to 1.27 inclusive.	Such percentage of the sum insured which corresponds to the percentage reduction in whole bodily function. The maximum sum insured for Item 1.28 will be 75% of the sum insured shown on the Policy Schedule.

Business Travel Accident – Personal Accident Benefits Conditions

1 The Sum Insured for death for an Insured Person who is aged under 18 years is limited to S\$50,000 except when an Insured Person is between 16 and 18 years of age and is employed as a Business Partner, Director or Employee of the Policyholder on the date of the Accident causing Bodily Injury in which case the full Sum Insured as shown on the Policy Schedule shall apply.

2 Once an Insured Person attains the age of 75, the Sum Insured for death or Disablement will be the lesser of the Sum Insured or S\$200,000 and no claim will be payable under Item 1.1 of the Schedule of Events.

3 If an Insured Person has an existing physical impairment or existing medical condition prior to the date of the Accident the calculation of the benefit payable for Items 1.1-1.28 of the Schedule of Events will be based on the difference between the Insured Person's physical impairment or medical condition before and after the covered Accident.

4 Any assessment required for the purpose of adjudicating a claim under this section will be made, at the Company's sole discretion, by either the Insured Person's Medical Practitioner or Medical Consultant or an Independent Medical Consultant as determined and appointed by the Company. The Company may decide to use more than one medical assessor and shall use the medical reports they provide to determine the percentage to be applied to the Sum Insured shown on the Policy Schedule.

5 Limitation on multiple benefits: If an Insured Person suffers one or more Bodily Injuries from the same Accident for which amounts are payable under more than one of the benefits as listed on the Schedule of Events, the maximum amount payable under all of the benefits combined will not exceed 100% of the Sum Insured as shown on the Policy Schedule.



6 If a claim or series of claims from one Event exceeds the Non-Scheduled Aircraft Aggregate Limit or the Any One Conveyance Limit shown on the Policy Schedule, the Company will pay the limit shown on the Policy Schedule or reduce each payable claim proportionately until the combined total does not exceed the applicable limit shown on the Policy Schedule.

7 The degree of disability under Item 1.28 of the Schedule of Events shall be as certified by not less than three (3) legally qualified Medical Practitioners, one of whom shall be the Insured Person's treating doctor and the other two (2) independent Medical Practitioners as nominated and selected by the Company. In the event of a disagreement between them the percentage awarded shall be in the average of the three (3) opinions.

1.2 Business Travel Accident – Additional Benefits & Extensions

1.2.1 Accident Survivor Living Benefits

1.2.1.1 Cosmetic Surgery, Prosthesis, Psychological Assistance and Wheelchair Benefits

In the event of a Bodily Injury sustained by an Insured Person which results in a Valid Claim under the Schedule of Events and treatment includes any of the following as prescribed by a Medical Practitioner, the Company will pay additional benefit(s) to the Insured Person as follows:

Benefit	Description of Benefit	Maximum Amount Payable per Person per Accident
Cosmetic Surgery	Costs for cosmetic reconstructive treatment for Bodily Injury (<i>excluding Bodily Injury as a result of a surgical procedure</i>) incurred within 12 months of an Accident for Valid Claims under any of Items 1.1 to 1.6 or 1.8 of the Schedule of Events.	Up to S\$7,500
Prosthesis	Costs for providing prosthesis incurred within 12 months of an Accident for Valid Claims for lost limbs under any of Items 1.6 or 1.8 of the Schedule of Events.	Up to S\$10,000
Psychological Assistance	Cost of Professional Psychological Counselling treatment (including medication prescribed by a Medical Consultant) incurred within 12 months of an Accident for Valid Claims where the benefit payable is more than 50% of the Sum Insured shown on the Policy Schedule.	Up to S\$5,000
Wheelchair Benefit	Reimbursement of costs for a wheelchair incurred within 12 months of an Accident for Valid Claims as a result of an event under any of Items 1.1 to 1.3 or Items 1.6 or 1.7 of the Schedule of Events. Loss of mobility must be solely and directly caused by an Accident and wheelchair benefit is not payable if the Insured Person required usage of a wheelchair prior to Accident.	Up to S\$1,500

1.2.1.2 Domestic Help and Home and Car Alteration Benefits

In the event Bodily Injury sustained by an Insured Person results in a Valid Claim under the Schedule of Events, the Company will pay additional benefit(s) to the Insured Person as follows:

Benefit	Description of Benefit	Maximum Amount Payable per Person per Accident
Domestic Help Benefit	If an Insured Person makes a Valid Claim under any of Items 1.1- 1.28 of the Schedule of Events, the Company will pay the reasonable and necessary expenses incurred: a. to hire an external service for in-home domestic services while recovery is in progress; and/or b. to hire a chauffeur service to and from the Insured Person's usual place of work if the Insured Person is medically certified as being unable to drive a vehicle or travel on public transport, provided expenses are incurred within 12 months from the date of the Accident.	Combined limit for (a) & (b) Up to the Sum Insured as shown on the Policy Schedule
Home and Car Alteration Benefit	If an Insured Person makes a Valid Claim under any of Items 1.2-1.9 of the Schedule of Events, the Company will pay the expenses reasonably and necessarily incurred for the physical alterations required to be done at the Insured Person's usual residence and/or private car because of his/her disability. The Company must provide written approval and consent to reasonable expenses prior to claim being paid, and the request for alteration must be received by the Company within 12 months from the date of Accident.	Up to a maximum of S\$7,000 for all expenses incurred.

1.2.1.3 Hospitalisation, Hospital Visitor Expense and Coma Benefits

In the event of Bodily Injury sustained by an Insured Person that results in a Valid Claim under the Schedule of Events and the Insured Person being admitted to a Hospital, the Company will pay the Insured Person as follows:

Benefit	Description of Cover	Maximum Amount Payable Per Insured Person	Maximum Period Payable per Insured Person per Accident
Hospitalisation Benefit	Daily benefit payable for each day (or partial day) an Insured Person is admitted to a Hospital as an Inpatient.	S\$200 per day, up to a maximum of S\$10,000	Payable in the 12 months period immediately following the date of Accident.
Hospital Visitor	Reimbursement of	S\$200 per visit per	One admission

Expense Benefit	transportation costs of a visitor to the Hospital if an Insured Person is admitted as an Inpatient in a Hospital that is more than 16 kilometres from the Insured Person's usual place of residence in his/her Permanent Country of Residence.	day up to a maximum of S\$10,000 for all visitors for any one Hospital admission	period only per claim event and must be incurred during the 12 months period immediately following the date of Accident.
Coma Benefit	<p>If the Insured Person is in a continuous unconscious state for a minimum period of 3 days as an Inpatient, the Company will pay a daily benefit for the period the Insured Person remains in this state up to the maximum amount payable as shown on the Policy Schedule.</p> <p>Any claim the Company pays under this benefit is in addition to any amount paid under section 2. Medical Expenses of the extension under 'Hospitalisation Benefit'.</p> <p>Coma resulting directly from alcohol or drug abuse is excluded.</p>	S\$100 per day, up to a maximum of S\$30,000	Payable in the 12 months period immediately following the date of Accident

1.2.1.4 Burns, Facial Scarring and Fracture Benefits

If an Insured Person sustains one of the specified Bodily Injuries listed below during the Period of Insurance and the Operative Time as shown in the Policy Schedule, as confirmed by a Medical Practitioner, the Company will pay the benefit amount shown for that Bodily Injury and the extent of such injury to the Insured Person:

Schedule of Specific Bodily Injuries

Third Degree Burns Benefit	Maximum Amount Payable per Person per Accident
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Third Degree Burns covering more than 27% but less than 40% of the body surface	S\$20,000
Third Degree Burns covering between 18% and up to 27% of the body surface	S\$10,000
Third Degree Burns covering between 9% and up to 18% of the body surface	S\$5,000
Facial Scarring Benefit	Amount Payable
Permanent Facial Scar that is 2.5 to 5 centimetres in length or square centimetres in area	S\$5,000
Permanent Facial Scar that is over 5 centimetres in length or square centimetres in area	S\$10,000
Fracture Benefit	Amount Payable
Fracture of neck or spine	S\$5,000
Fracture of hip or pelvis	S\$4,000
Fracture of skull (excluding jaw or nose) or shoulder blade	S\$1,500
Fracture of collar bone or upper or lower leg	S\$1,500
Fracture of upper arm, kneecap, forearm or elbow	S\$750
Fracture of jaw, wrist (excluding Colles' fracture), cheek, ankle, Hand or Foot	S\$500
Fracture of ribs (per rib)	S\$500
Fracture of Finger, Thumb, Toe (per Finger, Thumb, Toe)	S\$150
Maximum Compensation for Fracture Benefits with any one Accident limit	S\$5,000

Conditions applicable to the above Schedule of Specific Bodily Injuries:

- For those Insured Persons who were diagnosed with osteoporosis prior to the date of the Accident or as the result of the Accident, the Fracture Benefit will only be payable once during the lifetime of this policy.
- The maximum amount payable for all claims from any one Accident under the Burns, Facial Scarring and/or Fracture Benefits will be S\$25,000.
- In no event will a claim be payable for Third Degree Burns, Facial Scarring or Fracture Benefits if a Valid Claim has been made for death arising as a result of Bodily Injury.

1.2.1.5 Sexual Assault and Felonious Assault Benefits

In the event that during a Business Trip an Insured Person suffers psychological trauma as a result of being a victim of Sexual Assault or Felonious Assault or witness to a murder, violent armed robbery or an act of Terrorism, the Company will pay the Insured Person as follows:

Benefit	Description of Cover	Maximum Amount Payable Per Insured Person	Maximum Amount Payable per Insured Person per Assault or Witnessing
Psychological Therapy Benefit	Reimbursement of Psychological Therapy Expenses (including medication) incurred within 12 months of the reported incident of Sexual or Felonious Assault or being a witness to murder, violent armed robbery or an act of Terrorism.	S\$200 per session	S\$5,000
Hospital Visitor Benefit	If, due to Sexual or Felonious Assault, an Insured Person is confined to a Hospital or medical facility more than 50 kilometres from Insured Person's usual place of residence, the Company will pay the reasonable expenses incurred to bring one person, as chosen by the Insured Person, to the area where the Hospital or medical facility is located. Reasonable expenses for the purpose of this benefit shall include transportation costs to and from the area and lodging and meals costs for up to 7 days.	S\$500 per day	S\$3,500
Infectious Disease or Virus Testing Benefit	Reimbursement of test costs incurred by an Insured Person to undergo Infectious Disease or Virus Testing within 60 days after the date of a Sexual or Felonious Assault.	S\$500 per test	S\$1,500

Benefit	Description of Cover	Maximum Amount Payable Per Insured Person	Maximum Cumulative Amount
Funeral Expenses	Reasonable and necessary expenses for transportation of the deceased from the place of death to the funeral service site. Cover extends to include a container or casket for the deceased's remains to be placed in and basic services of the funeral home and staff including but not limited to embalming, burial or cremation.	Reimbursement of actual expenses up to S\$5,000 per Insured Person.	
Dependant Child Additional Payment	An additional amount will be payable for each Dependant Child of the Business Partner, Director or Employee subject to a maximum cumulative amount.	S\$5,000 for each Dependant Child.	S\$25,000 for all Dependant Children.
Common Disaster Additional Payment	In the event that the Director, Employee or Business Partner and his/her Partner die in the same Accident and there are Dependant Children, an additional amount will be payable for each Dependant Child subject to a maximum cumulative amount.	S\$10,000 for each Dependant Child.	S\$50,000 for all Dependant Children.
Childcare Expenses	Reasonable and necessary expenses incurred by the Legal Guardian, for each Dependant Child under the age of five years who resides with the Legal Guardian to attend an accredited childcare facility.	S\$5,000 per Dependant Child. Must be incurred in the 12 months period immediately following the date of Accident.	S\$50,000 for all Dependant Children.

1.2.2 Family Care Benefits

1.2.2.1 Funeral Expenses, Dependant Child Additional Payment, Common Disaster Additional Payment, Childcare Expenses, Tuition Benefit (Child), Elder Survivor Benefit, Tuition Benefit (Partner) and Executor Expenses

In the event of Bodily Injury to an Insured Person that results in a Valid Claim for Accidental death, the Company will pay additional benefit(s) to the estate of the Insured Person as follows:

Tuition Benefit – Child	An additional amount will be payable for each Dependant Child enrolled in a full-time institution for learning to cover the education costs.	Reasonable, actual expenses up to S\$5,000 per Dependant Child. Must be incurred in the 12 months period immediately following the date of Accident.	
Elder Survivor Benefit	An additional amount will be payable for each Elder Dependant of the Insured Person.	S\$3,000 per Elder Dependant, up to a maximum of 4 Elder Dependents Must be incurred in the 12 months period immediately following the date of Accident.	S\$12,000 for all Elder Dependents
Tuition Benefit – Partner	The costs of education incurred if the Partner is already enrolled in an institution of higher education, or professional or trade training, or enrolls within four months of the date of the Accidental death of an Insured Person.	Reimbursement of reasonable, actual expenses up to S\$4,000 per year.	For up to 2 years in total per Event.
Executor Expenses	The reasonable and necessary administrative costs incurred by the executor of the estate of the Insured Person whilst the administration of the estate including policy payment is being carried out.	Reimbursement of actual expenses up to S\$1,000. Must be incurred in the 12 months period immediately following the date of Accident.	

Additional Condition applicable to Dependant Child and Common Disaster Additional Payment Benefits:

- A Valid Claim can only be made either under the 'Dependant Child Additional Payment' benefit or the 'Common Disaster Additional Payment' benefit, but not both.

Additional Condition applicable to Common Disaster Additional Payment Benefits:

- In order for Common Disaster to be payable, both the Insured Person and the Partner must be the legal parents of the Dependant Child.

1.2.2.2 Partner and/or Dependant Child Paralysis, Independent Financial Advice and Retraining Expenses (Partners)

If an Insured Person sustains Bodily Injury during the Period of Insurance and the Operative Time as shown on the Policy Schedule that results in a Valid Claim for an event specified below, the Company will pay additional benefit(s) to the Policyholder as follows:

Benefit	Description of Cover	Maximum Amount Payable per Insured Person
Partner and/or Dependant Child Paralysis	Automatic extension of coverage for Partners and Dependant Children who suffer a Bodily Injury resulting in Paraplegia, Hemiplegia, Triplegia or Quadriplegia if Accident occurs while accompanying the Insured Person who is either a Business Partner, Director or Employee) on a Business Trip.	Paraplegia/ Hemiplegia: S\$50,000 Triplegia: S\$75,000 Quadriplegia: S\$100,000
Independent Financial Advice	In the event of a Valid Claim being paid under any of Items 1.0 to 1.10 of the Schedule of Events, the Company will pay an additional amount for reasonable and necessary expenses incurred for the professional, financial, taxation and/or investment advice provided by a licensed and registered independent financial advisor in respect of the benefit paid by the Company.	Reimbursement of actual expenses incurred within 12 months period from the date of Accident up to S\$2,000 per Event.
Retraining Expenses - Partners	In the event of a claim being paid for any of Item 1.1 to 1.3 of the Schedule of Events for an Insured Person, who is either a Business Partner, Director or Employee, the Company will pay at the request of the Policyholder, the reasonable expenses incurred in training or retraining the Insured Person's Partner for gainful employment or to improve his/her employment prospects or to enable him/her to improve the quality of care he/she can provide for the Insured Person.	Reimbursement of actual expenses incurred within 12 months period from the date of Accident up to S\$7,500 per Event.

Additional Condition applicable to Independent Financial Advice:

In order for this benefit to be payable, the Independent Financial Advisor cannot be a Business Partner, Director or Employee of the Policyholder or a Relative of the Insured Person.

1.2.3 Workplace Changes or Alteration Costs

Temporary Personnel Replacement Costs, Recruitment Costs, Re-Training Costs and Workplace Alteration Costs

In the event of Bodily Injury being sustained by an Insured Person, the Company will pay additional benefit(s) to the Policyholder as follows:

Benefit	Description of Cover	Maximum Amount Payable Per Insured Person	Maximum Period Payable
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Temporary Personnel Replacement Costs	Reasonable costs incurred by Policyholder in the employment of a person on a temporary basis to directly replace a Business Partner, Director or Employee who suffered a Bodily Injury and for whom a Valid Claim has been paid under any of Items 1.0 or 1.1 – 1.3 of the Schedule of Events.	Reimbursement of actual expenses up to S\$3,000 for all expenses incurred for one Event.	Within the 3 months immediately following date of Bodily Injury
Recruitment Costs	Recruitment costs incurred by Policyholder in the engagement of a replacement on a permanent basis of a Business Partner, Director or Employee for whom a Valid Claim has been paid under any of Items 1.0 or 1.1 – 1.3 inclusive of the Schedule of Events.	Reimbursement of actual expenses up to S\$10,000 for all expenses incurred for one Event.	6 months immediately following date of claim payment
Re-Training Costs	Re-Training Costs incurred by Policyholder for the reasonable and necessary expenses incurred in re-training a Business Partner, Director or Employee for an alternative occupation and for whom a Valid Claim	Reimbursement of actual expenses up to S\$7,500 for all expenses incurred for one Event	Costs must be incurred within 12 months immediately following date claim is paid.

	has been paid under any of Items 1.4 through 1.13 of the Schedule of Events.		
Workplace Alteration Costs	Workplace Alteration Costs incurred by the Policyholder for the reasonable and necessary expenses incurred to make alterations to the Insured Person's normal place of business/work to accommodate for the physical changes necessarily required in living with the permanent disablement for which a Valid Claim was paid under any of Items 1.4 through 1.28 of the Schedule of Events.	Reimbursement of actual expenses up to S\$10,000 for all expenses incurred for one Event	Costs must be incurred within 12 months immediately following date claim is paid.

Conditions applicable to Recruitment Costs:

- 1 Costs must be reasonable, necessary, documented and agreed to in writing by the Company.
- 2 Recruitment costs are not payable in addition to any 'Re-Training costs'.

Conditions applicable to Re-Training and Workplace Alteration Costs:

- 1 Costs must be reasonable, necessary, documented and agreed in writing by the Company before they are incurred.

Definitions - In addition to the General Policy Definitions applying to all sections

Annual Salary

The total gross basic annual salary (not including payments for overtime, commission, dividend or bonus unless declared to and agreed by the Company) payable by the Policyholder to the Insured Person on the date the Bodily Injury was sustained. For weekly paid Insured Persons, annual salary will be calculated by taking the average gross basic weekly salary of the Insured Person for the thirteen weeks prior to sustaining Bodily Injury and multiplying this amount by fifty-two. If the Policyholder includes Employees paid in dividends as Insured Persons under this policy, such dividends will be treated as Annual Salary provided that such dividend payments are made instead of wages or salary, they are declared and included in Policyholder accounting statements and are consistent and reasonable with the Policyholder's trading position on a continuing basis.



Any One Conveyance Limit

The maximum benefit the Company will pay in aggregate under Items 1.0 - 1.28 of the Schedule of Events, including any extensions to it and any other policy of personal accident insurance issued by the Company in the Policyholder's name for all Insured Persons, who travelled and suffered Bodily Injury in the same conveyance Accident or series of conveyance Accidents contributed to or caused by the same original cause, event or circumstance. For the purpose of this definition only, conveyance means any land vehicle, sea vessel or aircraft not referenced under Non-Scheduled Aircraft Aggregate Limit definition.

Disablement

Loss of Limb, Loss of Sight, Loss of Speech, Loss of Hearing, Permanent Partial Disablement, Permanent Total Disablement, Paraplegia, Quadriplegia, Hemiplegia, Triplegia, Third Degree Burns, Fractures, Temporary Partial Disablement and Temporary Total Disablement.

Elder Dependant

An Insured's parent, parent-in-law, grandparent, grandparent-in-law, great grandparent or great grandparent-in-law (whether natural, step or adoptive) if that person is primarily dependent on the Insured Person for maintenance and support.

Facial Scar

A Permanent scar on the face, which is the area bordered by the natural hairline surrounding the forehead, the front of the ears and the lower jaw, which was sustained due to an Accident.

Finger

The digit of a hand.

Felonious Assault

Any wilful or unlawful use of force upon the Insured Person: (1) with the intent to cause Bodily Injury to the Insured Person; and (2) that results in bodily harm to the Insured Person; and (3) is a criminal offence in the jurisdiction in which it occurs.

Foot

The entire foot below the ankle.

Fracture

A break completely across a bone, or a compound fracture where the bone breaks the skin.

Hand

The entire hand below the wrist.

Hemiplegia

The Permanent, total and irrecoverable paralysis of one leg below the hip and one arm below the shoulder on the same side of the body.

Infectious Disease or Virus Testing

Expenses for a test or tests given to an Insured Person to detect the presence of antibodies, antigens or other indicators of the presence of an Infectious Disease or Virus that (1) are ordered and provided under the care or supervision of a Medical Consultant and carried out by a licensed medical facility; (2) do not exceed the usual level of charges for similar testing expense in the locality where the expense was incurred; (3) meet generally accepted standards of medical practice and (4) does not include charges that would not have been incurred if no insurance existed.

Legal Guardian

An individual who is given legal guardianship over a Dependant Child and is the primary caregiver until he/she reaches the age of 18. The Legal Guardian is either appointed by the court or by the Dependent Child's biological parents.

Limb

The entire limb between the shoulder and the wrist or the entire limb between the hip and the ankle.

Non-Scheduled Aircraft Aggregate Limit

The maximum amount the Company will pay in the aggregate under Items 1.0-1.28 including any extensions to it and any other policy of personal accident insurance issued by the Company in the Policyholder's name for all Insured Persons suffering Bodily Injury in

the same aircraft Accident (this not being an accident involving a Scheduled Aircraft) or series of aircraft Accidents contributed to or caused by the same original cause, event or circumstance.

Paraplegia

The Permanent and entire paralysis of both legs and part or whole of the lower half of the body.

Permanent

Permanent means lasting 12 consecutive months and at the end of that time is certified by a Medical Consultant as being beyond hope of recovery and will in all probability continue for the remainder of the Insured Person's natural life.

Permanent Partial Disablement

A Permanent disability that is described under item 1.28 on the Schedule of Events.

Permanent Total Disablement – applicable to Employees, Directors or Business Partners of the Policyholder

A Permanent, total and irrecoverable disablement which totally prevents an Insured Person from working in his/her usual occupation which in all probability will continue for the remainder of his/her natural life as determined by a Medical Consultant.

Permanent Total Disablement – applicable to Insured Persons who are not Employees, Directors or Business Partners of the Policyholder

A Permanent, total and irrecoverable disablement which totally prevents an Insured Person from working in paid employment for which he/she is suited by training, education or employment which in all probability will continue for the remainder of his/her natural life as determined by a Medical Consultant.

Psychological Therapy Expenses

Expenses charged for any individual, joint or family mental health counselling session that is ordered and provided under the care or supervision of a Medical Consultant; and (1) do not exceed the usual level of charges for similar expenses in the locality where the expenses were incurred; (2) meet generally accepted standards of medical practice and (3) do not include charges that would not have been made if no insurance existed.

Quadriplegia

The Permanent and entire paralysis of both legs and both arms.

Scheduled Aircraft

An aircraft that holds a valid certification from the civil aviation authority to carry passengers and that flies on a regular published schedule.

Sexual Assault

Any involuntary *sexual* act in which a person is coerced or physically forced to engage against his/her will. Verification of Sexual Assault requires: (1) a police report or (2) Hospital documentation.

Third Degree Burns

Burns which result in the destruction of both the epidermis (the outer layers of the skin) and dermis (the layers of the skin that contain hair follicles, nerve endings, sweat and sebaceous glands), and which require surgery or a skin grafting to treat.

Thumb

The first digit of the hand.

Toe

The digit of the foot.

Total Loss

Total Loss means

- a) In the case of a loss of a leg or lower limb
 - i) Loss by Permanent physical severance at or above the ankle; or
 - ii) Permanent, total and irrecoverable loss of use of a complete leg or foot.
- b) In the case of a loss of an arm or upper limb
 - i) Loss by Permanent physical severance of the four fingers at or above the metacarpophalangeal joints (where the fingers

- join the palm of the hand); or
- ii) Permanent, total and irrecoverable loss of use of a complete arm or hand.
- c) In the case of a loss of Finger or Toe
- i) Loss by Permanent physical severance of the entire Finger or Toe; or Permanent, total and irrecoverable loss of use of a complete Finger or Toe.
- d) In the case of loss of sight
- i) Permanent, total and irrecoverable physical loss of one or both eyes or the permanent, total and irrecoverable loss of a substantial part (e.g. lens) of the sight of one or both eyes. The Company will consider that there has been a loss of sight in one or both eyes or a loss of a substantial part of sight in one or both eyes, if such loss has been confirmed by a certified ophthalmologist, who is also a Medical Consultant.
- e) In the case of loss of speech
- i) The Permanent, total and irrecoverable loss of the ability to speak.
- f) In the case of loss of hearing
- i) Permanent, total and irrecoverable loss of hearing resulting in inability of the Insured Person to hear sounds quieter than 90 decibels across frequencies between 500 Hz and 3,000 Hz when tested by a qualified audiologist.

Triplegia

The Permanent, total and irrecoverable paralysis of:

- i) both legs below the hip and one arm below the shoulder; or
- ii) both arms below the shoulder and one leg below the hip.

Section 2. Medical Expenses

2.1 Medical Expenses

If an Insured Person is injured or suffers sickness during the Period of Insurance and the Operative Time as shown on the Policy Schedule, the Company will pay directly or reimburse the Insured Person, up to the Sum Insured shown on the Policy Schedule, for any Medical Expenses reasonably and necessarily incurred as a direct result of the injury or sickness for up to 12 months from the date of the injury or first treatment of sickness sustained during the Business Trip. In the event the Policyholder or an Insured Person becomes entitled to a refund or reimbursement of all or part of Medical Expenses from any other source, including but not limited to any other insurance, the Company will only pay for the amount not recoverable from such other source or insurance.

2.2 Medical Expenses Extensions

In the event of a Valid Claim under section 2.1 of the policy, the Company will pay additional benefits to the Insured Person as follows:

Benefit	Description of Cover	Maximum Amount Payable per Insured Person	Maximum Benefit Period
Hospitalisation Benefit	In the event of the hospitalisation of an Insured Person as an Inpatient outside his/her Country of Permanent Residence as a result of an injury or sickness as ordered by a Medical Practitioner, the Company will pay a daily benefit up to	As shown on the Policy Schedule under the selected plan <i>(Additional S\$50 per day if Insured Person is an Inpatient on a public holiday in the country of the hospitalisation)</i>	Payable in the 12 months period immediately following the date of injury or sickness

	the maximum benefit period.		
Post-Hospitalisation Convalescence	If, following a period of stay as an Inpatient at a Hospital, an Insured Person is advised by a Medical Practitioner to further convalesce prior to continuing the Business Trip.	As shown on the Policy Schedule under the selected plan	As shown in the Policy Schedule under the selected plan
Return Treatment in Permanent Country of Residence	<p>(a) If prior treatment had already been sought overseas during a Business Trip, the Company will pay for the necessary cost of medical charges or emergency dental treatment charges directly related to the injury or sickness in the Insured Person's Permanent Country of Residence.</p> <p>(b) If prior treatment has not been sought overseas during the Business Trip, the Insured Person must seek treatment within 7 days immediately following the date of return to the Insured Person's Permanent Country of Residence.</p> <p>In the event the Policyholder or an Insured Person becomes entitled to a refund or reimbursement of all or part of Medical Expenses from any other</p>	As shown on the Policy Schedule under the selected plan within the Maximum Benefit Period, whichever comes first.	<p>(a) 3 consecutive months from date of return to Permanent Country of Residence.</p> <p>(b) 2 consecutive months from date of return to Permanent Country of Residence.</p>

	source, including but not limited to any other insurance, the Company will only pay for the amount not recoverable from such other source or insurance.		
Infectious Disease Recuperation Benefit	If an Insured Person is hospitalised as an Inpatient, whilst overseas for at least 14 consecutive days due to contracting an Infectious Disease, the Company will pay an additional amount to assist the Insured Person financially with household bills.	As shown on the Policy Schedule under the selected plan	
Psychological Support due to Contraction of Infectious Disease	If an Insured Person is hospitalized as an Inpatient whilst overseas, for at least 14 consecutive days due to the contraction of an Infectious Disease and suffers from psychological trauma directly contributed by their Hospitalisation, the Company will reimburse the actual Psychological Therapy Expenses (including medication) incurred to attend mental health or psychological counselling sessions provided that the first counselling session must commence within 6 months from date of	As shown on the Policy Schedule under the selected plan	Payable in the 6 months period immediately following the date of first session of Psychological Therapy treatment

	discharge from Hospital.		
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****** ATAP can help in locating a private dental practice and issue payment guarantees to the dental practice, if required. Please call the emergency helpline listed below to access this service.

Definitions - In addition to the General Policy Definitions applying to all sections

Medical Expenses

The reasonable and necessary costs incurred outside an Insured Person's Permanent Country of Residence for medical, surgical or other remedial attention or treatment given or prescribed by a Medical Practitioner and all Hospital, nursing home and ambulance charges. Medical Expenses include optical and pregnancy/childbirth expenses and dental expenses if incurred as a result of an Accident and/or Bodily Injury.

Conditions - In addition to the General Policy Conditions applying to all sections

- 1 The Company will only pay for one claim, either under section 1.2.1.3 or section 2.2 for the same Event.
- 2 The Policyholder or an Insured Person must contact ATAP as soon as possible in respect of injury or sickness that results in the need for Inpatient Hospital treatment.

Emergency Helpline: +65 6419 3002 (24 Hours)

Exclusions - In addition to the General Exclusions applying to all sections

- 1 Routine medical, optical or dental treatment or consultation, or any dental treatment due to normal wear and tear or the normal maintenance of dental health or lack thereof.
- 2 Any injuries to unsound and/or unnatural teeth.
- 3 Any injuries to teeth occurring during eating activities (e.g. biting and chewing).

Section 3. Repatriation and other Emergency Travel Expenses

3.1 Repatriation and other Emergency Travel Expenses

If an Insured Person is injured or suffers sickness during the Period of Insurance and the Operative Time as shown on the Policy Schedule, the Company will reimburse ATAP on behalf of the Insured Person for any Repatriation Expenses and reimburse the Policyholder, Insured Person and/or an Insured Person's Immediate Relative for any Emergency Travel Expenses reasonably and necessarily incurred as a direct result of the injury or sickness for up to one year from the date of the injury or first treatment of sickness during the Business Trip.

3.2 Repatriation and other Emergency Travel Expenses Extensions

In the event of a Valid Claim made under section 3.1 of the policy while an Insured Person is on a Business Trip, the Company will pay additional benefits to the Insured Person, the Insured Person's Immediate Relative, the Insured Person's travelling companions or to ATAP on behalf of the Insured Person as follows:

Benefit	Description of Cover	Maximum Amount Payable per Insured Person
Funeral Expense**	In the event an Insured Person suffers death, the reasonable Funeral or Cremation Expenses incurred will be reimbursed along with: a) the reasonable additional costs to repatriate the Insured Person's remains and personal effects to the Insured Person's Permanent Country of Residence, if applicable; and/or b) The reasonable costs of travel (i.e. economy airfare, rail or	Reimbursement of actual expenses up to S\$10,000 for all costs per Insured Person per Event.

	sea transport fare) and accommodation incurred by the Insured Person's travelling companions to accompany the remains to the Insured Person's Permanent Country of Residence, if applicable.	
Benefit	Description of Cover	Maximum Amount Payable per Insured Person
Family Visit	<p>In the event an Insured Person is confined to a Hospital for more than 5 days, the Company will pay. Emergency Travel Expenses incurred by either:</p> <ul style="list-style-type: none"> (i) the Insured Person's Partner and up to 3 Dependant Children, or (ii) 2 other persons who are the Insured Person's Immediate Relatives, to visit the Insured Person. <p>In the event that only the Insured Person's Partner travels, the Company will pay for the necessary additional cost incurred to engage the services of a childcare provider for their Dependant Children during the period of the visit.</p>	Reimbursement of actual expenses up to S\$15,000 for travel and child care.
Pet Care	If an Insured Person is hospitalised as an Inpatient and this results in the return trip being delayed for more than 24 consecutive hours at the end of the original pre-booked Business Trip, the Company will pay a benefit for the reasonable additional costs necessarily incurred by the Insured Person for additional domestic cattery or kennel fees for pets owned by the Insured Person.	Reimbursement of actual expenses up to a maximum of S\$300

**** ATAP can arrange the funeral/cremation and transportation of the Insured Person's body.**

Definitions- In addition to the General Policy Definitions applying to all sections

Emergency Travel Expenses

The reasonable additional travel (i.e. economy air, rail or sea fare), transport and accommodation expenses and telephone charges (less any possible refund received or saving made) incurred by the Policyholder, an Insured Person or an Immediate Relative who needs to travel to, remain with, or escort an Insured Person.

Funeral or Cremation Expense

Reasonable and necessary expenses related to the preparation of a corpse for cremation or burial, coffin or urn expenses, hearse leasing or cemetery expenses and overseas services and supplies provided by the mortician or undertaker, 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.

Repatriation Expenses

The cost of transportation of the Insured Person by any suitable means (including medical transport) to an appropriate medical facility and/or to an Insured Person's home in Permanent Country of Residence as

recommended by the Company's appointed medical advisor who shall and where necessary consult the local attending or treating Medical Practitioner.

Conditions - In addition to the General Policy Conditions applying to all sections

- The Company will only pay for one claim, either under section 1.2.2.1 or section 3.2 for the same Event.
- The Company will at its sole discretion, decide how and where to move the injured or sick Insured Person depending on the medical advice the Company receives from ATAP who in turn will consult the local attending or treating Medical Practitioner.
- The Policyholder or Insured Person must:
 - contact ATAP as soon as possible if injury or sickness suffered results in the need for Inpatient Hospital treatment or the possible need of either medical repatriation or repatriation of mortal remains back to the Insured Person's Permanent Country of Residence; and
 - at all times must follow the Company or ATAP's instructions or advice, or else the costs may not be reimbursed.

Emergency Helpline: +65 6419 3002 (24 Hours)

Section 4. Personal Liability

4.1 Personal Liability

The Company will reimburse the Insured Person up to the Sum Insured shown in the Policy Schedule for any legal liability to pay damages incurred by the Insured Person during the Period of Insurance and the Operative Time as shown on the Policy Schedule as a result of:

- Bodily Injury of any person, and/or
- Accidental loss of or damage to the property of any person.

In addition and subject to the Sum Insured shown in the Policy Schedule, the Company will pay all costs and expenses incurred with its prior written consent in connection with the defence of claims against an Insured Person that are covered under this section of the Policy.

4.2 Personal Liability Extensions

Benefit	Description of Cover	Maximum Amount Payable per Insured Person
Court Attendance Benefit	In the event that a court requires an Insured Person to attend in connection with an event that resulted in a Valid Claim under this section of the policy, the Company will reimburse the Insured Person up to the maximum amount payable for additional travel and accommodation expenses reasonably and necessarily incurred to attend court.	Actual expenses up to a maximum of S\$5,000 per Event.

Conditions - In addition to the General Policy Conditions applying to all sections

- No admission of liability, offer, promise or payment may be made without the Company's written consent.
- The Company will, if the Company considers it necessary, take over and conduct the defence or settlement of any claim against the Insured Person and for that purpose may use the Insured Person's name. The Company may conduct the defence however it sees fit. In the course of conducting the defence, the Company may also pursue, at its own expense and for its own benefit, any claim against the other person(s).



- 3 The Policyholder and the Insured Person must give the Company full assistance in defending or prosecuting any claim and agree to provide the Company with any needed information and documents available.
- 4 The maximum amount the Company will reimburse is as shown on the Policy Schedule and is the highest limit of the Company's liability for an individual insurance event, even if it results in more than one Bodily Injury loss or incident or damage or if more than one Insured Person could be held liable.

Exclusions - In addition to the General Exclusions applying to all sections

This section of the policy does not cover any liability which is the result of:

- 1 Bodily Injury or accidental loss or damage claims of any Employees of the Policyholder arising out of or in the course of employment;
- 2 Bodily Injury or accidental loss or damage claims of a co-worker or traveling companion of the Insured Person on the same trip;
- 3 Liability arising directly or indirectly, by or through, or in connection with any mechanically or electrically propelled vehicle, aircraft, hovercraft or watercraft;
- 4 Liability arising directly or indirectly, by or through, or in connection with any of the following:
 - i. the ownership, possession or occupation of land, buildings, immobile property or caravans other than occupying a Temporary Residence;
 - ii. any wilful, malicious or criminal act;
 - iii. the Insured Persons' business or trade, or out of professional advice given by the Insured Person;
 - iv. racing;
 - v. the use of firearms (other than sporting guns being used for sport);
- 5 Accidental loss or damage to property belonging to, held in trust by, or in the custody or control of the Policyholder or an Insured Person or any of their Employees including domestic staff, or any member of the Insured Person's family or household;
- 6 Liability attaching to the Policyholder or an Insured Person under an express term of any contract, unless liability would have been attached to the Policyholder or Insured Person irrespective of the express term;
- 7 Liability for which payment should be more specifically claimed under any other insurance policy in the name of the Policyholder or the Insured Person;
- 8 Any claim where the Insured Person is suffering from a psychological condition or which results from him or her being under the influence of or affected by drugs (other than drugs taken under and at the direction of a Medical Practitioner) or alcohol;
- 9 Any claim resulting from or as a consequence of the Insured Person having transmitted a disease to another person via infection or otherwise;
- 10 Loss or damage to property owned by or in control of the Insured Person or any member of their family ordinarily residing with the Insured Person or loss or damage caused by the Insured Person's domestic animals;
- 11 Bodily Injury to the Insured Person or Immediate Relatives ordinarily residing with the Insured Person;
- 12 Any claim for exemplary, punitive or aggravated damages;
- 13 Judgements which are not in the first instance either delivered by or obtained from a court of competent jurisdiction within the Insured Person's place of residence or Policyholder's place of

residence or the country in which the event occurred giving rise to the Policyholder's or the Insured Person's Liability.

Definitions - In addition to the General Policy Definitions applying to all sections

Please also refer to General Policy Definitions for definitions that apply to the policy as a whole.

Temporary Residence

Is a temporary place of abode the Insured Person is temporarily residing at, while on a Business Trip.

Section 5. Trip Cancellation

5.1 Trip Cancellation

If an Insured Person has to cancel a Business Trip prior to the date of departure the Company will reimburse the Insured Person or estate of the Insured Person for non-recoverable, non-refundable deposits and advanced payments for the Travel Arrangements up to the Trip Cancellation maximum Sum Insured shown on the Policy Schedule which have been paid, or are payable under contract, and cannot be recovered elsewhere if the cancellation is due to:

- 1 Injury or sickness of the Insured Person or Insured Person's Relative if a Medical Practitioner has recommended in writing that a Trip Cancellation is necessary due to the severity of the condition;
- 2 Death of the Insured Person or Insured Person's Relative if the death has been certified by a Medical Practitioner or other person legally qualified to certify a person's death. Death of the Insured Person's Relative must occur within 30 days prior to scheduled Departure of the Insured Person's Business Trip and where required by the Company, a death certificate is to be provided.
- 3 Any other unforeseen circumstance that necessitates Trip Cancellation and which occurred outside the control of the Policyholder or the Insured Person, other than injury or sickness or death or other events specifically described elsewhere or excluded under this policy.

Conditions - In addition to the General Policy Conditions applying to all sections

- 1 The Policyholder or Insured Person must notify the Company as soon as reasonably possible in the event of a claim. The Company will not be liable for any additional penalty charges incurred that would not have been imposed had notice been provided as soon as reasonably possible.
- 2 In the event of a claim, the Policyholder or Insured Person must surrender to the Company any unused tickets, vouchers, coupons, credit statements, refund statements or travel privileges upon the Company's request.
- 3 The Insured Person or Policyholder must provide evidence of receipts and confirmation of the cancellation and/or changes to the itinerary from the Conveyance operator(s) and /or service provider who made the Travel Arrangements, otherwise the claim may not be paid in part or in full.

Exclusions - In addition to the General Exclusions applying to all sections

This section of the policy does not cover any claim as a result of:

- 1 The government of the Insured Person's Permanent Country of Residence issuing a warning or advisory against all but essential travel (or similar or higher level advice) to a destination and such advice or warning was issued prior to the booking and payment for the Business Trip.
- 2 Redundancy of an Insured Person or the termination of an Insured Person's contract of employment within 30 days prior to scheduled Departure.
- 3 The Policyholder's or an Insured Person's business, contractual or financial circumstances.
- 4 The default of any provider of transport or accommodation (or their agent) acting for the Policyholder or an Insured Person.



- 5 A claim that is recoverable under any other section of this Policy.
- 6 Disinclination of the Insured Person or any other travelling companion to travel.
- 7 Regulations made by any public authority or government or persons with authority under legislation or license to make regulations.

Section 6. Travel Curtailment, Rearrangements or Replacement

6.1 Travel Curtailment, Rearrangements or Replacement

(a) Travel Curtailment or Rearrangements

If an Insured Person has to be cut short or change pre-booked Travel Arrangements while on a Business Trip, the Company will reimburse the Insured Person or estate of the Insured Person for the irrecoverable deposits, advanced payments and/or additional costs of travel and accommodation that are reasonably and necessarily incurred up to the Curtailment or Rearrangement maximum Sum Insured shown in the Policy Schedule to enable the Insured Person to return to his/her Permanent Country of Residence or continue on the Business Trip if the curtailment or rearrangement is due to:

- 1 Injury or sickness of the Insured Person or Insured Person's Relative if a Medical Practitioner has recommended in writing that a trip curtailment or rearrangement is necessary due to the severity of the condition of the Insured Person or the Insured Person's Relative;
- 2 Death of the Insured Person or Insured Person's Relative if the death has been certified by a Medical Practitioner or other person legally qualified to certify a person's death. Death of the Insured Person's Relative must occur whilst the Insured Person is on a Business Trip and where required by the Company, a death certificate is to be provided.
- 3 Any other unforeseen circumstance that necessitates travel curtailment or rearrangement and occurring outside the control of the Policyholder or the Insured Person, other than injury or sickness or death or other events specifically described elsewhere or excluded under this policy.

(b) Travel Replacement

If an Insured Person has to curtail/cut short a Business Trip to return to his/her Permanent Country of Residence and the Policyholder has to send a replacement Employee on a Business Trip to assume the duties of that Insured Person, the Company will reimburse the Policyholder for any reasonable and necessary additional costs incurred to send the replacement Employee up to Sum Insured as shown in the Policy Schedule less any refunds or credits from previous paid amounts or amounts recoverable elsewhere.

Conditions - In addition to the General Policy Conditions applying to all sections

- 1 The Policyholder or Insured Person must notify the Company as soon as reasonably possible in the event of a claim. The Company will not be liable for any additional penalty charges incurred that would not have been imposed had notice been provided as soon as reasonably possible.
- 2 In the event of a claim, the Policyholder or Insured Person must surrender to the Company any unused tickets, vouchers, coupons, credit statements, refund statements or travel privileges upon the Company's request.
- 3 If Insured Person does not hold a return ticket, the Company will deduct from the reimbursement an amount equal to Insured Person's original carrier's published one-way airfare (based on the same class of travel as that paid for Insured Person's outward trip out from Insured Person's Permanent Country of Residence) for the route used for Insured Person's return trip back to Permanent Country of Residence. The cost of this ticket is calculated at the time the Insured Person is required to be repatriated back to Permanent Country of Residence.
- 4 The Company will only pay once for the same period of time and reason. For example, if a Valid Claim includes reimbursement of both forfeited accommodation and additional accommodation charges for the same nights, the Company will deduct from the

additional charges what is claimed for the forfeited nights. Likewise, in relation to additional covered transport charges, the Company will deduct claimed forfeited transportation costs for the return journey.

- 5 The Insured Person or Policyholder must provide evidence of receipts and/or confirmation of the changes to itinerary from the Conveyance operator(s) and/or the service provider who made the Travel Arrangements; otherwise the claim may not be paid in part or in full.

Exclusions - In addition to the General Exclusions applying to all sections

This section of the policy does not cover any claim as the result of:

1. The Policyholder's or an Insured Person's business, financial or contractual circumstances;
2. The government of the Insured Person's Permanent Country of Residence issuing a warning or advisory against all but essential travel (or similar or higher level advice) to a destination and such advice or warning was issued:
 - a) prior to the booking or payment of the Business Trip, or
 - b) after a Business Trip was booked and paid for and where alternative arrangements could have been reasonably made to avoid a claim;
3. The default of any provider of transport or accommodation (or their agent) acting for the Policyholder or an Insured Person;
4. Regulations made by any public authority or government or persons with authority under legislation or license to make regulations;
5. A claim that is recoverable under any other section of this policy;
6. Curtailment, rearrangement or replacement arising from the delayed departure of a Conveyance due to strike or industrial action which existed or for which warning was issued:
 - a) prior to the booking or payment of the Business Trip, or
 - b) after a Business Trip was booked and paid for and where alternative arrangements could have been reasonably made to avoid a claim;
7. Disinclination of the Insured Person to continue traveling on a Business Trip;
8. Curtailment or rearrangements necessary due to the missed departure of a connecting flight if the Insured Person's original ticketed connection time was either less than the official minimum connection time or at least three consecutive hours, whichever is lesser.
9. The Insured Person declining an alternative service provided by the transportation provider.
10. Any rearrangement due to actions within the control of the Insured Person or Policyholder that resulted in missing a Conveyance connection or departure.

Plus Coverage Module

This section of the policy only applies if it has been selected by the Policyholder and the appropriate premium paid. The Plus coverage consists of

- | | | |
|-------------------|---|---|
| Section 7 | - | Legal Expenses |
| Section 8 | - | Personal Property |
| Section 9 | - | Personal Monetary Loss |
| Section 10 | - | Travel Inconvenience Benefits |
| Section 11 | - | Rental Vehicle Deductible Expenses |

Section 7. Legal Expenses

7.1 Legal Expenses

The Company will reimburse the Insured Person or estate of the Insured Person up to the Sum Insured as shown on the Policy Schedule for Legal Expenses incurred by or on behalf of an Insured Person in pursuit of a claim for damages or compensation against a third party who has caused physical injury, or death or sickness to the Insured Person during an incident that occurred while on a Business Trip.

In the event that the legal opinion (which determines whether the Company gives its consent to the commencement of legal proceedings) is that there is a reasonable prospect of success but the cost of pursuing a claim is likely to be more than the amount of damages or compensation that the Insured Person is likely to receive, the Company will pay the lesser of the anticipated amount of damages or compensation or the Sum Insured stated on the Policy Schedule.

Additional conditions applicable to this section:

- 1 The decision to grant consent will take into account the opinion of the Policyholder's appointed Legal Representative as well as that of the Company's own advisers. The Company may request, at an Insured Person's expense, an opinion from the Company's Preferred Law Firm as to the merits of the claim or legal proceedings. If the claim is admitted, an Insured Person's costs in obtaining this opinion will be covered by this insurance.
- 2 Consent will be given if:
 - i) In the opinion of the Policyholder's appointed Legal Representative as well as that of the Company's own advisers, the claim has a reasonable prospect of success; and
 - ii) the cost in pursuing a claim is likely to be less than the amount of damages or compensation that the Insured Person is likely to receive.
- 3 If the Company does not give its consent, then the Company will only pay for the reasonable costs in obtaining the initial opinion of the Company's Preferred Law Firm upon the merits of pursuing a claim for damages or compensation.
- 4 All claims including any appeal against a judgment resulting from the same original cause, event, or circumstances, will be regarded as one claim.
- 5 If following any successful claim or legal proceedings an award of costs is made in favour of the Insured Person or those acting on behalf of the Insured Person, any Legal Expenses paid by the Company will be reimbursed by the Insured Person or those acting on behalf of the Insured Person to the Company from the full amount of such costs awarded.
- 6 The Policyholder must consent for an Insured Person to make a claim under this section.
- 7 For Legal Expenses, the Company will not pay more under this policy than that it would have paid to a Preferred Law Firm.

7.2 Legal Expenses Extensions

Benefit	Description of Cover	Maximum Amount Payable per Insured Person
Bail Bond	In the event that an Insured Person is placed or is threatened to be placed in detention by a government or local civil authority while on a Business Trip, the Company will provide the required bail bond. The Policyholder must repay the amount loaned by the Company within 3 months of the date of payment, or immediately upon repayment by the local authorities or if the bail bond is	The cost of the Bail Bond up to a maximum of S\$25,000 per Event

	forfeited by failure of the Insured Person to appear in court. The Company will require a satisfactory financial guarantee from the Policyholder to repay it. This extension will not be provided if the bail bond is obtainable under another insurance program. To access this service the Policyholder must contact ATAP as per section 4 of this policy.	
Court Attendance	The Company will reimburse the Insured Person for additional travel and accommodation expenses reasonably and necessarily incurred if a court requires an Insured Person to attend in connection with an Event that has resulted in a Valid Claim under this section of the policy.	Actual expenses up to a maximum of S\$1,000 per Event.
Legal Detention	The Company will at the request of the Policyholder pay the costs for a local Legal Representative** to defend the Insured Person in the event that an Insured Person is placed or is threatened to be placed in detention by a government or local civil authority while on a Business Trip.	Actual expenses up to a maximum of S\$5,000 per Event.

** ATAP can help with obtaining local legal representation. Please refer to section 4 for details.

Exclusions - In addition to the General Exclusions applying to all sections

This section of the policy does not cover any claim for:

- 1 Legal Expenses incurred in the defending of any civil claim or legal proceedings made or brought against the Insured Person;
- 2 Fines or other penalties imposed by a court of criminal jurisdiction;
- 3 Legal Expenses incurred in connection with any criminal act committed by the Insured Person;
- 4 Legal Expenses incurred in pursuing any claim against any travel agent, tour operator, insurer or their agents;
- 5 any claim or circumstance notified more than one year after the incident from which the cause of action arose or where the Policyholder or Insured Person has failed to notify the Company of the incident giving rise to a claim within a reasonable time and the Company believes this failure has prejudiced its position;
- 6 Legal Expenses incurred by an Insured Person making a claim against the Policyholder, the Company or any organisation or person involved in arranging this policy; and/or
- 7 Legal Expenses incurred before the Company had given its prior written consent;

Legal Expenses Additional Definitions

Please also refer to General Policy Definitions for definitions that apply to the policy as a whole.

Legal Expenses

The costs, fees, expenses and other amounts reasonably incurred by the Policyholder and/or Insured Person in connection with any claim or legal proceedings.

Legal Representative

A lawyer or other qualified person who is designated and authorized to act on behalf of and for the account of the Insured Person in accordance with the conditions of this policy.



Preferred Law Firm

A law firm chosen by the Company to provide legal services. These legal specialists are chosen as they have the proven expertise to deal with the claim and they should comply with the Company's agreed service standard levels.

Section 8. Personal Property

8.1 Personal Property

The Company will reimburse the Insured Person for the cost of replacement or repair of Personal Property or Business Equipment that is lost, stolen or accidentally damaged up to the maximum Sum Insured as shown in the Policy Schedule. The Personal Property or Business Equipment must be accompanying and in the care and custody of the Insured Person while he/she is on a Business Trip. At the request of the Policyholder, the Company may reimburse the Insured Person directly for Personal Property that has been lost, stolen or accidentally damaged.

8.2 Personal Property Additional Benefits

Benefit	Description of Cover	Maximum Amount Payable per Insured Person
Lost Keys	If, while on a Business Trip, the keys to the primary residence of an Insured Person are lost or stolen, the Company will pay for the replacement keys or cost of replacing the locks.	As shown on the Policy Schedule under the selected plan
Replacement Travel Documents	If, while on a Business Trip, the passport, required visa or other essential travel documents of the Insured Person are lost, stolen or damaged, the Company will pay for the non-recoverable, reasonable and necessary costs of replacement items for the trip to continue. **	Actual expenses up to S\$3,000 per event.
Baggage Delay	If the Insured Person's checked-in baggage is delayed, misdirected or temporarily misplaced for more than 6 consecutive hours during a Business Trip, the Company will pay S\$200 for every full 6 hours of delay. If the Personal Property which has been temporarily lost becomes permanently lost and this results in a claim under section 8.1, the Company will deduct the amount already paid for temporary loss from the payment.	S\$200 for every full 6 hours of delay, up to a maximum of S\$3,000
Loss of Personal Property following Bodily Injury	When an unprovoked assault results in the Insured Person sustaining Bodily Injury and also results in loss of or damage to the Insured Person's Personal Property, or where the Insured Person is hospitalised as an Inpatient as a result of Bodily Injury and the Insured Person's Personal Property is lost by the Hospital or ambulance, the Company will reimburse the Policyholder for the reasonable and necessary expenses incurred in the replacement or repair of the Personal Property.	Actual expenses up to S\$1,500 per event.

** ATAP can also help with replacement passports, visas or travel and accommodation alterations.

Conditions - In addition to the General Policy Conditions applying to all sections

- 1 The Company will not pay more than S\$1000 for any one article or pair or set of articles.
- 2 The Insured Person shall exercise all reasonable care for the safety, security and supervision of all Personal Property and Business Equipment at all times and must not leave property unattended in a public place or in any unlocked vehicle, room or building.
- 3 All loss or damages attributable to theft, vandalism, or loss or damage by carriers must be reported to the local police or appropriate authority within 48 hours after the discovery of the loss and a written acknowledgement of the report obtained and provided to the Company.
- 4 The basis of settlement will be the replacement value of items and at the Company's sole discretion, the Company may choose to replace, repair, or pay for the loss in cash. For the purpose of clarity, replacement value shall mean the value of an item of like kind and quality to that being replaced.

Personal Property Additional Definitions

Business Equipment

Any property (other than money, vehicles, vehicle parts or accessories) owned by the Policyholder.

Personal Property

Property and baggage owned by and in the custody or control of an Insured Person during the Business Trip (other than money, vehicles, vehicle parts, vehicle accessories or Business Equipment).

Exclusions - In addition to the General Exclusions applying to all sections

No benefits will be paid for:

- 1 Any loss due to chipping, scratching, or breakage of glass, china or other fragile articles, unless due to fire, theft, or accident to the transport in which they were being carried;
- 2 Loss or damage due to:
 - i. Moth, vermin, wear and tear, atmospheric or climatic conditions or gradual deterioration;
 - ii. Mechanical or electrical failure or breakdown; and/or
 - iii. Any process of cleaning, dying, restoring, repairing or alteration;
- 3 Loss or damage caused by delay, detention or confiscation by order of any government or public authority; and/or
- 4 Loss due to theft or destruction by an Insured Person's family member, friend or travelling companion.

Property Excluded

No benefits will be paid for:

- 1 Loss of Money (as described under the Personal Monetary Loss Benefit), bonds, negotiable instruments and/or securities of any kind; or
- 2 Loss of or damage to Personal Property sent as freight or under any airway-bill or bill of lading.

Section 9. Personal Monetary Loss Benefit

9.1 Personal Monetary Loss

The Company will reimburse the Insured Person up to S\$1,000 for the loss or losses as shown below, occurring while on a Business Trip, and subject to the loss(es) being reported to the police or appropriate authorities within 24 hours of the incident and a written copy of the report being obtained.



Covered losses

- 1 Physical loss or theft of Money which is in the possession of the Insured Person at the time of loss or secured in a hotel safety deposit or locked safe; and/or
- 2 Financial loss suffered as the result of fraudulent use of credit, debit or charge cards;
- 3 Fraudulent use of Mobile Payment Technology on a mobile phone which is the property of the Policyholder or the Insured Person; and/or
- 4 Fraudulent use of a mobile phone owned by the Policyholder or Insured Person that incurs voice and/or data charges.

9.2 Personal Monetary Loss Extension

Benefit	Description of Cover	Maximum Amount Payable per Insured Person
Theft of Foreign Currency	<p>Foreign currency purchased for a Business Trip is covered:</p> <ol style="list-style-type: none"> a) from the time of collection or 120 hours prior to Departure of the Business Trip, whichever occurs last; and b) up to 120 hours upon arrival back at Permanent Country of Residence after a Business Trip, <p>subject to loss being reported to the police within 24 hours and a written copy of the report being obtained.</p>	S\$1,000

Conditions - In addition to the General Policy Conditions applying to all Sections

- 1 Any loss attributable to fraudulent use of a credit, debit or charge card must also be reported to the issuing company within 24 hours of loss and appropriate cancellation measures taken.
- 2 Any loss attributable to fraudulent mobile phone use must also be reported to the mobile phone provider and/or Mobile Payment Technology provider within 24 hours of loss and appropriate cancellation measures taken.
- 3 The Policyholder or Insured Person must provide, at its/his/her own expense, supporting documents from its/his/her bank, credit card issuer, mobile phone provider or Mobile Payment technology provider as evidence of any loss being claimed under this policy.

Additional Definitions applicable to this section

(Please also refer to General Policy Definitions for definitions that apply to the policy as a whole)

App

An application or self-contained program or piece of software downloaded by a user to a mobile device for the purpose of making payments.

Money

Cash, bank or currency notes, cheques, postal or money orders or other negotiable instruments with cash value.

Mobile Payment Technology

Mobile payment platform and/or technology made available via an App, browser or through a contactless terminal (e.g. Apple or Android Pay).

Exclusions - In addition to the General Exclusions applying to all sections

No benefits will be payable for:

- 1 Shortages of money arising from any financial transaction;
- 2 Confiscation or detention of Money by customs or other government officials;
- 3 Any fraudulent use for which charges are removed from the Insured Person's or Policyholder's account;
- 4 Loss due to devaluation of currency or shortages due to errors or omissions during monetary transactions;
- 5 Fraudulent use of a credit, debit or charge card where the Insured Person had not complied with all the terms and conditions for use under which the card was issued; and/or
- 6 Fraudulent use of a mobile phone where the Insured Person had not complied with all the terms and conditions for use under which the functionality was issued.

Section 10. Travel Inconvenience Benefits

10.1 Travel Delay

If the departure of the Conveyance on which an Insured Person is scheduled to travel in order to get to his/her planned destination at the beginning, during or completion of a Business Trip is delayed for more than 4 hours due to:

- 1 mechanical breakdown or delay caused by a Conveyance or transportation provider; or
- 2 strike or industrial action; or
- 3 adverse weather conditions; or
- 4 Natural Catastrophes that cause a complete cessation of travel services at the point of Departure or destination; or
- 5 the Insured Person being delayed due to a traffic accident while en route to a Departure as substantiated by a police report; or
- 6 breakdown of an owned or rented vehicle in which the Insured Person is travelling in while en route to the Insured Person's Departure; or
- 7 flight delays resulting from the temporary closures of airports from which flights were scheduled to depart due to documented security breaches or threats; or
- 8 civil disorder within 80 kilometres of the Departure point,

the Company will pay the Insured Person S\$200 for every full 4 consecutive hours of delay up to a maximum amount of S\$3,000 per delay.

Conditions- In addition to the General Policy Conditions applying to all sections

- 1 The Policyholder or Insured Person must notify the Company as soon as reasonably possible in the event of a claim.
- 2 (Where applicable) The Insured Person is required to provide the Company with a letter from the Travel Supplier and/or Conveyance operator confirming the number of hours of travel delay, the cause for the stated travel delay and to show evidence that the Insured Person was affected by the stated travel delay in the same letter.

Travel Delay Additional Definitions

(Please also refer to General Policy Definitions for definitions that apply to the policy as a whole)



Natural Catastrophe

Volcanic eruption, flood, tsunami, earthquake, landslide, hurricane, tornado, wildfire and other naturally occurring phenomenon that result in large scale weather, atmospheric or ground issues that impact travel.

Travel Itinerary

The outline of the Insured Person's intended Business Trip arrangements.

Travel Supplier

Any entity that provides Travel Arrangements for the Insured Person's Business Trip.

Exclusions - In addition to the General Exclusions applying to all sections

This section of the policy does not cover any claim as the result of:

- 1 The Policyholder's or an Insured Person's business, contractual or financial circumstances;
- 2 The default of any provider of transport or accommodation (or their agent) acting for the Policyholder or an Insured Person;
- 3 Regulations made by any public authority or government or persons with the authority under legislation or licence to make regulations;
- 4 The delayed departure of the Conveyance due to strike or industrial action which existed or for which advance warning had been given before the booking and payment of the Business Trip;
- 5 Disinclination of the Insured Person or any other person to travel or continuing to travel;
- 6 The Insured Person failing to check in according to the Travel Itinerary unless failure to check in was due to any covered event listed above under section 10.1;
- 7 The temporary or permanent withdrawal from service of any Conveyance on the orders of any port authority, rail authority or the Civil Aviation Authority or any similar body in any country;
- 8 Actions within the control of the Insured Person that resulted in missing a Conveyance or Conveyance connection.

10.2 Travel Inconvenience Extensions

Benefit	Description of Cover	Maximum Amount Payable
Overbooked Flight	The Company will reimburse the Insured Person for travel, accommodation and meal expenses reasonably and necessarily incurred (less any compensation provided by the carrier) as a result of an Insured Person being denied boarding on a scheduled flight due to overbooking. This benefit only applies if the carrier does not provide alternative transportation scheduled to depart within eight hours of the original scheduled departure time, provided the Insured Person held a confirmed seat on the original flight. This benefit shall not apply to any stand-by, companion or airline staff travel arrangement where a seat had not been guaranteed.	Up to a maximum of S\$200
Termination of Employment	If a Director or Employee of the Policyholder confirmed to go on a Business Trip resigns within 30 days prior to the commencement of the pre-booked Business Trip, the Company will reimburse the	Up to a maximum of S\$12,000

	Policyholder for all deposits and advance payments for transport and accommodation costs incurred due to the cancellation of the Business Trip, less any expenses recoverable elsewhere.	
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Section 11. Rental Vehicle Deductible Expenses

11.1 Rental Vehicle Deductible Expenses

The Company will reimburse the Insured Person up to S\$1,500 per claim for any excess or deductible which the Policyholder or the Insured Person becomes legally liable to pay under a rental agreement in respect of loss or damage to a rental vehicle during the rental period while on a Business Trip.

Return of Rental Vehicle

The Company will reimburse Insured Person the reasonable and necessary expenses up to \$200 to return a rental vehicle to the rental organisation's nearest depot if an Insured Person is certified by a Medical Practitioner as being unfit to drive as a result of an injury or sickness and is unable to fulfil his/her contractual obligations in returning a rental vehicle.

Conditions - In addition to the General Policy Conditions applying to all sections

- 1 As part of the rental or hire arrangement the Insured Person must purchase comprehensive insurance cover (not third party cover) as provided by the rental agency to protect against loss or damage to the rental vehicle during the rental period.
- 2 The Insured Person must comply with all requirements of the rental organisation under the rental agreement and of the rental insurer under such rental insurance.

Exclusions - In addition to the General Exclusions applying to all sections

The Company will not be liable for any claim, expense or loss caused by or resulting either directly or indirectly from or involving:

- 1 Operation of the rental vehicle in violation of the terms of the rental agreement.
- 2 Wear and tear, gradual deterioration, damage from insects or vermin, inherent vice or damage.
- 3 The rental vehicle being used beyond the limits of any public roadway or on any roadway inaccessible to two wheel drive cars.

Assured Coverage Module

This section of the policy only applies if it has been selected by the Policyholder, and the appropriate premium paid. The Plus coverage module consists of

- | | |
|-------------------|---|
| Section 12 | - Hijacking |
| Section 13 | - Kidnap & Hostage |
| Section 14 | - Crisis Containment Management |
| Section 15 | - Search and Rescue |
| Section 16 | - Political Risk and Natural Disaster Evacuation |

Section 12. Hijacking

12.1 Hijacking

The Company will pay the Policyholder S\$600 for each period of 24 consecutive hours that an Insured Person is forcibly or illegally detained as the result of a Hijack which occurs during a Business Trip, up to the maximum amount specified on the Policy Schedule. The Company will also pay for reasonable expenses of the Insured Person's Partner for return travel to and accommodation in the area where the Insured Person is released, up to S\$12,000 in total.

As part of this special arrangement, the Company has a dedicated 24-hour crisis response contact telephone number which Insured Person



or Insured Person's family and friends may contact in the event of a Hijack. Details of the crisis hotline is as follows:

Emergency Helpline: + 1 817 826 7000

This number is a dedicated crisis response contact hotline and should only be used for notification of an incident, situation or occurrence which may give rise to an event under section 12. Please provide the Insured Person's name, the Policyholder's name, this Policy number, the telephone number at which the Insured Person can be reached at and the nature of the assistance required upon contacting the crisis response team.

Hijacking Additional Definitions

(Please also refer to General Policy Definitions for definitions that apply to the policy as a whole)

Hijack

The unlawful seizure of, or wrongful taking control of the Conveyance in which the Insured Person is travelling.

Section 13. Kidnap & Hostage

If an Insured Person is kidnapped or taken hostage during the Period of Insurance and the Operative Time as shown on the Policy Schedule, the Company will pay S\$600 to the Policyholder for each full 24 consecutive hours the Insured Person is kidnapped or taken hostage up to S\$12,000.

Conditions- In addition to the General Policy Conditions applying to all Sections

- 1 The Policyholder must notify the appropriate law enforcement agency having jurisdiction over the matter of the kidnapping.
- 2 The Policyholder must advise the Company immediately.
- 3 There must be sufficient proof that the event has actually occurred.

Exclusions- In addition to the General Exclusions applying to all Sections

The Company will not be liable for any claim that is the result of:

- i) fraudulent, dishonest, or criminal acts of the Policyholder or Insured Person;
- ii) any claim where an Insured Person is kidnapped or taken hostage within his or her Permanent Country Of Residence; or
- iii) any Kidnap which occurs in Colombia, Iraq, Mexico, Nigeria, Philippines, Venezuela or Yemen.

As part of this special arrangement, the Company has a dedicated a 24-hour crisis response contact telephone number which Insured Person or Insured Person's family and friends may contact in the event of a Kidnap. Details of the crisis hotline is as follows:

Emergency Helpline: + 1 817 826 7000

This number is a dedicated crisis response contact hotline and should only be used for notification of an incident, situation or occurrence which may give rise to an event under section 13. Please provide the Insured Person's name, the Policyholder's name, this Policy number, the telephone number at which the Insured Person can be reached at and the nature of the assistance required upon contacting the crisis response team.

Section 14. Crisis Containment Management

14.1 Crisis Containment Management

The Company will reimburse the Policyholder for Crisis Consultant fees and costs incurred up to the amount specified in the Policy Schedule as a direct result of a Crisis which starts during the Period of Insurance and Operative Time as shown on the Policy Schedule and is reported to the Company in accordance with this Policy.

Any fees and costs must be approved by the Company and paid by the Policyholder before the claim is submitted to the Company for reimbursement of such fees and costs under this policy. Crisis Consultant Costs are limited to fees or costs which are incurred within the Crisis Coverage Period. The maximum payable under this section

is the amount specified in the Policy Schedule for any one event and in all (aggregate limit) during any one Period of Insurance for all crises which start during the Period of Insurance.

Claims Notification and Consultancy Support

In the event of an incident, situation or occurrence which may give rise to an Insured Occurrence, then as part of the Policy coverage, the Company will:

- i. make available on a priority basis, specialist consultants nominated by the Company. In the event the Policyholder chooses to engage a consultant of its choice, the Company must provide prior written consent to the engagement of such consultant; and
- ii. pay the reasonable and necessary fees and expenses of the said consultant/s.

The Company has dedicated a 24-hour crisis response contact telephone number which the Policyholder may contact in the event of a Crisis. Details of the crisis hotline is as follows:

Emergency Helpline: + 1 817 826 7000

This number is a dedicated crisis response contact hotline and should only be used for notification of an incident, situation or occurrence which may give rise to an event under section 14. Please provide the Insured Person's name, the Policyholder's name, this Policy number, the telephone number at which the Insured Person can be reached at and the nature of the assistance required upon contacting the crisis response team.

Definitions - In addition to the Definitions applying to all sections

Adverse Publicity

Any negative reporting of an Insured Occurrence in local, regional or national media (including but not limited to radio, television, newspaper or magazines) which has potential to cause a Material Interruption.

Crisis

Any decisive, unstable or crucial time in the Policyholder's affairs or business resulting from an Insured Occurrence that:

- i. has directly caused a Material Interruption; or
- ii. has the potential to cause:
 - a. imminent Financial Loss; or
 - b. Adverse Publicity for the Insured Person if left unmanaged.

Crisis Consultants

The independent Crisis Consultants previously approved by the Company for use by the Policyholder in connection with a Crisis.

Crisis Coverage Period

The period of time commencing when the Crisis is first reported to the Company and ending not later than thirty days thereafter.

Financial Loss

Within a 48 hour period, the price per share of the Policyholder's common stock decreases by 10% net of the change in the Standard & Poor's Composite Index or any other comparable index used to measure the stock exchange in which the Policyholder lists its common stock; or a decrease greater than 20% in the Policyholder's consolidated revenues.

Insured Occurrence

A notification of a potential claim for personal Accident or Medical Expenses under this Policy.

Material Interruption

A disruption or break in the continuity of the Policyholder's normal business operations, which:

- i. requires the direct involvement of all board directors or senior executives and diverts their concentration from their normal operating duties; and
- ii. is likely to have a significant negative impact on the Policyholder's revenues, earnings or net worth.



Conditions - In addition to the General Policy Conditions applying to all sections

- 1 The Policyholder will bear 20% of the Crisis Consultant costs for each Crisis. The Company will reimburse the Policyholder subject to the aggregate limit of liability after deducting 20% from the amount of the incurred Crisis Consultant costs.
- 2 Any Crisis arising out of, based upon or attributable to related, continuous or repeated notifications under sections 1 and 2 of the policy will be considered a single crisis.
- 3 The Policyholder must give immediate notice to the Company of any crisis by telephoning the assistance hotline.
- 4 Any event that meets the following conditions must be reported to the Company in the time period indicated:
 - i. any event that results in regional or national media coverage (print, radio or television) and relates to an Insured Occurrence, must be reported to the Company within 24 hours of the media coverage, if not previously notified by the Policyholder;
 - ii. any event that results in the filing of a claim or litigation against the Policyholder and relates to an Insured Occurrence, must be reported to the Company within 48 hours of the claim/litigation filing, if the Company had not previously been notified of the Insured Occurrence by the Policyholder.

No claim will be paid if the Company is not notified as described above.

Exclusions - In addition to the General Exclusions applying to all sections

This section of the policy does not cover any claim directly or indirectly caused by or resulting from:

- i) Circumstances that affect the industry in which the Policyholder conducts its business activities;
- ii) Governmental regulations which affect another country or the industry in which the Policyholder conducts their business activities;
- iii) Changes in population, customer tastes, economic conditions, seasonal sales variations, or competitive environment; and/or
- iv) Any fraudulent act committed by any of the Policyholder's senior executives.

Section 15. Search and Rescue

15.1 Search and Rescue

The Company will reimburse Policyholder for the necessary and reasonable search and rescue costs incurred up to the Sum Insured as shown on the Policy Schedule if an Insured Person is reported as missing during a Business Trip outside his/her Permanent Country of Residence and it becomes necessary for police authorities, a recognised rescue provider or an official search organisation to launch a search and rescue operation where:

- 1 It is known or there is reason to believe that the Insured Person may have sustained Bodily Injury or sickness; or
- 2 Weather or safety conditions make it necessary to do so in order to prevent the Insured Person from sustaining Bodily Injury or sickness.

The Company has dedicated a 24-hour crisis response contact telephone number which the Policyholder may contact in the event of a search and rescue is required to be conducted. Details of the crisis hotline is as follows:

Emergency Helpline: + 1 817 826 7000

This number is a dedicated crisis response contact hotline and should only be used for notification of an incident, situation or occurrence which may give rise to an event under section 15. Please provide the Insured Person's name, the Policyholder's name, this Policy number, the telephone number at which the Insured Person can be reached at

and the nature of the assistance required upon contacting the crisis response team.

Conditions- In addition to the General Policy Conditions applying to all sections

The following conditions apply to all covers under section 15 in addition to the General Policy Conditions applying to all sections of the Policy:

- 1 The Policyholder or an Insured Person must inform the Company immediately or soon as is practicable, of any emergency that may potentially give rise to a claim. The Company will only assess and monitor the Insured Person's situation and the Company cannot take over the running of the search and rescue operation.
- 2 A written statement from the applicable rescue authorities involved in the search and rescue must be obtained and provided to the Company in the event of a claim.

Search and Rescue - Additional Exclusions applicable to this section

The following exclusions apply to all covers under section 15 in addition to the General Exclusions applying to all sections of the Policy.

No benefit will be payable for:

- 1 The Policyholder or an Insured Person failing to comply with local safety advice and/or adhering to any recommendations that are in force during an Insured Person's travel.
- 2 An Insured Person knowingly endangering his/her own life or the life of any other Insured Person.
- 3 An Insured Person engaging in activities where his/her experience or skill level falls below those reasonably required to participate in such activities.
- 4 Any person not insured under this policy.
- 5 An additional cost incurred on or after the Insured Person is recovered by a search and rescue operation or incurred after the time where the recognised rescue provider or police authorities advise that continuing the search is no longer viable.

Section 16. Political Risk and Natural Disaster Evacuation

16.1 Political Risk and Natural Disaster Evacuation

The Company will pay the Insured Person for the reasonable and necessary costs of

- a) an economy class fare to return the Insured Person to his/her Permanent Country of Residence by scheduled ship, aircraft, train or public transport services, where available, or
- b) an economy class fare to transport the Insured Person to a safe location and return him/her back to his/her country from which he/she was evacuated or to his/her Permanent Country of Residence using scheduled ship, aircraft, train or public transport services where the Insured Person is unable to return to his/her Permanent Country of Residence. In addition, the Company will pay reasonable and necessary costs of accommodation actually incurred at the safe location, up to the Sum Insured as shown on the Policy Schedule, up to a maximum period of 14 days,

when the Insured Person is on Business Trip outside Insured Person's Permanent Country of Residence for one of the following reasons:

- 1 Officials in the country where the Insured Person is located recommend that certain categories of persons, which include the Insured Person, should leave that country;
- 2 The Insured Person is expelled from or declared persona non grata in the country where he/she is located;



- 3 A major natural disaster has occurred in the country the Insured Person is in necessitating his/her immediate evacuation in order to avoid risk of personal injury or sickness to himself/herself; or
- 4 There is total seizure, confiscation or expropriation of property, plant or equipment belonging to the Policyholder or the Insured Person.

The Company has dedicated a 24-hour crisis response contact telephone number which the Policyholder may contact in the event of an emergency evacuation as mentioned above. Details of the crisis hotline is as follows:

Emergency Helpline: + 1 817 826 7000

This number is a dedicated crisis response contact hotline and should only be used for notification of an incident, situation or occurrence which may give rise to an event under section 14. Please provide the Insured Person's name, the Policyholder's name, this Policy number, the telephone number at which the Insured Person can be reached at and the nature of the assistance required upon contacting the crisis response team.

Conditions - In addition to the General Policy Conditions applying to all sections

The following conditions apply to all covers under section 16:

- 1 In the event the Insured Person cannot be returned to his/her Permanent Country of Residence immediately, the Company will, at the Company's sole discretion, decide where to send the Insured Person before returning the Insured Person to his/her Permanent Country of Residence.

Exclusions - In addition to the General Exclusions applying to all sections

The following exclusions apply to all covers under section 16 in addition to the general exclusions applying to all sections of the Policy.

No benefit will be payable for:

- 1 The Insured Person violating the laws or regulations of the country from which he/she is to be evacuated.
- 2 The Policyholder or the Insured Person failing to produce or maintain immigration, work, residence or similar visas, permits or other similar documentation.
- 3 The Policyholder or the Insured Person failing to honour any contractual obligations or bond, or to obey any conditions in a license.
- 4 Debt, insolvency, commercial failure, the repossession of any property by a titleholder or any other financial cause.
- 5 Political unrest or natural disaster that was in existence prior to the Insured Person entering the country, or where its occurrence was foreseeable to a reasonable person prior to the Insured Person entering the country.
- 6 Accommodation for a period in excess of 14 days for each Insured Person for any one event.
- 7 Expenses that would have been incurred as part of the original travel budget or costs, such as the cost of meals.
- 8 The Company will also not pay any claim under this section if the Company has repatriated an Insured Person under any other section of this policy.

Enhanced Coverage Module

This section of the Policy only applies if it has been selected by the Policyholder and the appropriate premium paid. The Enhanced coverage module consists of

- | | | |
|-------------------|---|---|
| Section 17 | - | Alternative Treatments and Medicines |
| Section 18 | - | Double Hospitalisation Benefit in Intensive Care (ICU) |
| Section 19 | - | Compassionate Visit |
| Section 20 | - | Additional Accidental Death Benefit due to public Conveyance |
| Section 21 | - | Flight Diversion |
| Section 22 | - | Credit Card Indemnity |

Section 17. Alternative Treatments and Medicines

The Company will reimburse an Insured Person up to the Sum Insured shown on the Policy Schedule for the expenses incurred within 12 months of an injury or sickness for Traditional Chinese Medicine or chiropractor whilst on a Business Trip.

This section also covers expenses incurred for treatment or follow-up treatment in an Insured Person's Permanent Country of Residence by a Chinese Physician or chiropractor for injury or sickness which an Insured Person had sustained whilst overseas on a Business Trip. The time limit for seeking such treatment is as follows:

- a) If prior treatment has not been sought overseas while on a Business Trip, the Insured Person must seek treatment in Insured Person's Permanent Country of Residence within 7 days upon return to Insured Person's Permanent Country of Residence. From the date of return to Insured Person's Permanent Country of Residence, the Insured Person has a maximum of 45 days to continue treatment in Insured Person's Permanent Country of Residence up to the specified limit applicable to the selected plan as shown on the Policy Schedule.
- b) If treatment had already been sought overseas during a Business Trip, the Insured Person has a maximum of 45 days from the date of return to Insured Person's Permanent Country of Residence to continue treatment in Insured Person's Permanent Country of Residence up to the specified limit applicable to the selected plan as shown on the Policy Schedule.

Section 2) Medical Expenses is extended to include this additional benefit. Applicable additional definitions, exclusions and conditions that are shown under section 2 shall also apply to this section.

Conditions - In addition to the General Policy Conditions applying to all sections

- 1 If the Insured Person is entitled to a refund of all or part of the medical expenses from any person or any other source, the Company will only pay the amount of medical expenses incurred over and above the refunded amount up to the Sum Insured shown on the Policy Schedule.
- 2 The attending Chinese Physician or chiropractor shall not be an Insured Person, a relative of an Insured Person, or any Business Partner, Director or Employee of the Policyholder or be an agent of an Insured Person.

Additional Definition

Please also refer to General Policy Definitions for definitions that apply to the policy as a whole.

Traditional Chinese Medicine

Treatment or medicine prescribed by a Chinese Physician.

Chinese Physician

A registered herbalist, acupuncturist or bonesetter licensed under any applicable laws and acting within the scope of his/her license and training.

Section 18. Double Hospitalisation Benefit in Intensive Care Unit (ICU)

A Valid Claim for hospitalisation benefit under section 1.2.1.3 or section 2.2 will be doubled in the event that an injury or sickness suffered by an Insured Person during the Period of Insurance and the Operative Time as shown on the Policy Schedule medically necessitates the confinement of such Insured Person in an ICU within a Hospital as an Inpatient up to the Sum Insured shown on the Policy Schedule.



Section 2) Medical Expenses is extended to include this additional benefit. Applicable additional definitions, exclusions and conditions that are shown under section 2 shall also apply to this section.

Conditions - In addition to the General Policy Conditions applying to all sections

The Company will only pay for one Valid Claim, either under section 1.2.1.3 or section 2.2 or section 18 for each day of hospitalisation for the same event.

Additional Definitions

Please also refer to General Policy Definitions for definitions that apply to the policy as a whole.

Intensive Care Unit (ICU)

A class of room dedicated to the constant, close monitoring of the vital body functions of patients in critical medical conditions, which provides a high ratio of nursing staff to patients, and which has full facilities for the resuscitation of patients.

Section 19. Compassionate Visit

In the event of the Insured Person's death due to an injury or sickness whilst on a Business Trip and no adult member of an Insured Person's family is with the deceased Insured Person, the Company will pay the estate of the Insured Person up to the Sum Insured as shown on the Policy Schedule for reasonable travel (ie. economy air, rail or sea transport fare) and hotel accommodation expenses incurred by maximum two Relatives or friends of the Insured Person to assist in the final arrangements at the destination of the deceased Insured Person.

Conditions - In addition to the General Policy Conditions applying to all sections

The Company will only pay for any one Valid Claim, either under section 3.2 or section 19 for the same event but not both.

Section 20. Additional Accidental Death Benefit due to Public Conveyance

In the event an Accidental death occurs while the Insured Person is riding as a fare paying passenger in a Conveyance during the Period of Insurance and the Operative Time as shown on the Policy Schedule, the Company shall pay an additional death benefit up to the Sum Insured shown on the Policy Schedule to the Policyholder. For the purpose of this benefit, motor-cycles and motor-scooters are excluded.

Section 1) Business Travel Accident – Personal Travel Accidents is extended to include this additional benefit. Applicable additional definitions, exclusions and conditions that are shown under section 1 shall also apply to this section.

Conditions - In addition to the General Policy Conditions applying to all sections

Accidental death must arise from Bodily Injury that occurs within 1 year from the date of the Conveyance Accident solely and independently of any other causes.

Section 21. Flight Diversion

In the event that during the Period of Insurance and the Operative Time as shown on the Policy Schedule a Scheduled Aircraft the Insured Person is traveling on is diverted due to a bomb threat, adverse weather conditions, drunk passenger, injury or sickness which prevents the Insured Person from continuing his/her Business Trip and is delayed from arriving at the planned destination by at least 4 consecutive hours, the Company will pay the Insured Person S\$200 for every full 4 consecutive hours of delay up to the Sum Insured as shown on the Policy Schedule.

Conditions - In addition to the General Policy Conditions applying to all sections

The Company will only pay for a claim either under section 10.1 or section 21 for the same Business Trip but not both.

Exclusions - In addition to the General Exclusions applying to all sections

The Company will not pay any amount, directly or indirectly, caused by any of the following:

- (a) any diversion that occurs outside the Period of Insurance; or
- (b) smog or conditions arising from pollution.

Section 22. Credit Card Indemnity

Section 1 is extended to include the additional benefit. Applicable additional definitions and conditions that are shown under section 1 shall also apply to this section.

If the Insured Person suffers Accidental death or sustains Permanent Total Disablement as a result of an Accident during a Business Trip and a Valid Claim can be made under any of Items 1.0 -1.1 in the Schedule of Events the Company will pay for outstanding credit card expenses (less any arrears payments from prior months) incurred by the Insured Person during the Business Trip up to the Sum Insured as shown on the Policy Schedule to the Insured Person or estate of the Insured Person.

Conditions - In addition to the General Policy Conditions applying to all sections

Accidental death or Permanent Total Disablement must arise from Bodily Injury that occurs within one year of the date of the Accident solely and independently of any other causes.

Section 23. Overseas Quarantine Allowance

The Company will pay the Insured Person S\$50 for each day, up to a maximum of 14 consecutive days, that an Insured Person is placed into an unexpected Quarantine outside of the Insured Person's Permanent Country of Residence during a Business Trip.

Conditions - In addition to the General Policy Conditions applying to all sections

In the event the Quarantine takes place in a Hospital, the Company will only pay for a Valid Claim either under section 1.2.1.3 or section 2.2 or section 18 or section 23 for the same event.

Exclusions - In addition to the General Exclusions applying to all sections

The following exclusions apply to a Valid Claim under section 23 in addition to the general exclusions applying to all sections of the Policy.

No benefit will be payable if:

1. The government of the Insured Person's Permanent Country of Residence issued a warning or advisory against all but essential business travel (or similar or higher-level advice) to a destination and such advice or warning was issued prior to the booking and payment for the Business Trip.
2. The Insured Person is required to be in quarantine upon return to Permanent Country of Residence;
3. Any period of quarantine is imposed at the Policyholder's or Insured Person's own discretion; or
4. The Quarantine triggered and imposed on all arriving travelers or for all arriving travelers from a particular region/country of origin at least 24 hours prior to the time of departure to that country by Insured Person as part of their Business Trip.

General Policy Definitions

There are words and expressions used in this policy which have a specific meaning, and sometimes those meanings are unique to this policy. These words are shown below and each time one of them is used in the policy and Policy Schedule (and any endorsements or memoranda attached to the Schedule), it is with Initial Capital Letters. Plural forms of the words defined have the same meaning as the singular form.

Please read each section of the policy for additional definitions applicable to those sections and subsections.

**Accident / Accidental**

A sudden, unexpected and specific event, external to the body which occurs at an identifiable time and place.

Bodily Injury

An identifiable physical injury to the Insured Person's body which is caused directly and solely by an Accident, which occurs independently of any sickness, disease or any other cause and is not as a result of a Gradually Operating Cause. The Bodily Injury and Accident must occur during the Period of Insurance and to an Insured Person.

Business Partner

Any person holding the position of partner or, in the case of a limited liability partnership, holding the position of member of the Policyholder.

Business Trip

Any trip undertaken for the purpose of the Policyholder's business during the Period of Insurance and Operative Time as shown on the Policy Schedule and is scheduled to last for a maximum duration of 183 consecutive days. Non-business activities are covered when incidental to a Business Trip.

Company

AIG Asia Pacific Insurance Pte. Ltd.

Contractor

Any person employed by the Policyholder on a temporary contract for services that the Policyholder has requested and the Company agreed to include as an Insured Person.

Conveyance

An aircraft, ship, train, coach, or similar means of transport which operates under a scheduled published timetable

Departure

The travel date or place upon which the Insured Person is scheduled to depart on or from as indicated on the ticket or in the Travel Itinerary.

Dependant Child(ren)

Any of an Insured Person's unmarried children (including step or legally adopted children) who:

- i) has not turned eighteen (18) years of age; or
- ii) is under twenty-three (23) years of age if he/she is a full-time student at an accredited institution of higher learning and at the time of an event giving rise to a claim is primarily dependent upon the Insured Person for maintenance and support.
- iii) A child who is physically or mentally incapable of self-support upon attaining eighteen (18) years of age may continue to be covered under this policy while remaining incapacitated and unmarried.

Director

Any person holding the position of director of the Policyholder (but excluding non-executive directors or company secretary unless agreed in writing by the Company) or any person who is a member of the management or executive committee (or equivalent body) of a partnership.

Employee

Any person under a contract of employment, contract of service or apprenticeship with the Policyholder who is not a Director or a Business Partner.

Event

A sudden, unexpected, unusual and specific event occurring at an identifiable time and place. The duration and extent of an event is limited to 72 consecutive hours and within 16 kilometres radius of the event.

Gradually Operating Cause

A cause that is the result of a series of events which occur or develop over time that cannot be wholly attributable to a single Accident.

Hospital

A licensed medical institution which has accommodation for inpatients and facilities for diagnosis, surgery and treatment. It does not include a long term nursing home, a retirement home or an extended-care facility.

Infectious Disease

Any of the following infectious diseases contracted during the Policy Period, which is classified as an 'Infectious Disease' under Section 2, the 'First Schedule' and the 'Second Schedule' of the Infectious Disease Act 1976, and requires notification to Singapore's Ministry of Health as per Section 6 of the Infectious Disease Act, Cap 137, within 24 hours upon diagnosis by a Doctor:

- a) Coronavirus Disease 2019 (COVID-19)
- b) Ebola Virus Disease (EVD)
- c) Middle East Respiratory Syndrome Coronavirus Infection (MERS-CoV)
- d) Severe Acute Respiratory Syndrome (SARS)
- e) Dengue Fever or Dengue Hemorrhagic Fever
- f) Avian Influenza
- g) Malaria
- h) Chikungunya Fever
- i) Zika Virus Infection
- j) Yellow Fever

Inpatient

An Insured Person for whom a Hospital clinical case record has been opened and who has been admitted to a Hospital for a minimum stay of 24 hours for the medical care and treatment of an injury or sickness.

Insured Person

The person or persons described on the Policy Schedule or any subsequent riders or memoranda attached to the policy. Where applicable, it shall include accompanying Dependant Children and Partner who are travelling with the Director, Employee or Business Partner of the Policyholder.

Medical Consultant

A Medical Practitioner or other medical specialist (other than an Insured Person, a relative of an Insured Person, or any Business Partner, Director or Employee of the Policyholder) who holds a specialist accreditation issued in accordance with the Specialists Accreditation Board(SAB) and registered with Singapore Medical Council(SMC).

For dental treatment only, a Medical Consultant is defined as a dental practitioner who holds a specialist dental accreditation or who specialises in a specific branch of dentistry.

Medical Practitioner

Doctor of medicine and/or member of the medical association (other than an Insured Person, a relative of an Insured Person or any Business Partner, Director or Employee of the Policyholder) legally qualified to practice medicine in the country where the insured accident or event and/or the treatment thereof takes place.

Operative Time

Refers to the Operative Time selected by the Policyholder for this Policy and as shown in the Policy Schedule and shall have the respective meaning as shown in the section of 'Operative Times of Cover'.

Partner

A person who is an Insured Person's husband or wife, fiancé or fiancée, or any civil or de facto partner with whom the Insured Person has continuously lived during the three months immediately prior to the commencement date of the Business Trip.

Period of Insurance

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

Permanent Country of Residence

A country in which an Insured Person is a citizen in or permanent resident in or is a holder of an employment permit or dependant pass, which gives the Insured Person resident rights in such country.

Policyholder

The legal entity or organisation shown on the Policy Schedule.

Policy Schedule

The document showing details of the Period of Insurance and Insured Persons, included policy sections, and the Sums Insured, which should be read with this policy.

Quarantine

A legal directive by a Medical Practitioner or relevant delegated government authority, enabled by an order, notice, regulation, statute or statutory instrument issued under national Government legislation,



to enforce an Insured Person to be mandatorily quarantined or isolated. The directive must always require the Insured Person to stay at the place of quarantine or isolation until the expiry of the period of confinement for the individual detailed within the directive and state that the Insured Person may face legal consequences for non-compliance.

Relative or Immediate Relative

The Insured Person's or Partner's aunt, brother, child, grandchild, grandparent, nephew, niece, parent, Partner, sister or uncle. Where Immediate Relative is mentioned, it refers to the Insured Person's or Partner's brother, child, parent, Partner, or sister.

Rental Vehicle

A passenger class hatchback, sedan, van, mini van, station wagon, SUV, or four-wheel-drive rented or hired from a licensed motor vehicle rental company for the sole purpose of carrying the Insured Person and their traveling companions on public roadways. It shall not include any other type of vehicle or vehicle use.

Sum Insured

The policy benefit as shown on the Policy Schedule or or as otherwise specified in this policy.

Terrorism

Any act or acts by any person or group whether acting alone or on behalf or in connection with any organisation 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.

Travel Arrangements

Arrangements for the Insured Person's Business Trip which have been prepaid for, including but not limited to arrangements for hotel accommodations, rental cars or Conveyance. Travel Arrangements will not include any registration fees or any insurance premiums.

Valid Claim

Any claim under this policy which, according to the terms of the policy, the Policyholder or Insured Person is entitled to receive a payment from the Company.

War

Military action, either between nations or resulting from civil war or revolution.

General Exclusions

The Company will not be liable to pay any benefit or cover any loss, injury, damage or legal liability sustained directly or indirectly by or caused by or arising directly or indirectly from:

- 1 Any act of War, civil War, acts of foreign enemies, hostilities, rebellion or warlike operations (whether War be declared or not) invasion, insurrection, revolution, use of military power or usurpation of government or military power in any country.
- 2 Any aerial activity, except as a fare paying passenger in a commercial aircraft licensed to carry passengers.
- 3 Intentionally self-inflicted injury or suicide of an Insured Person.
- 4 Sexually transmitted disease or Acquired Immune Deficiency Syndrome (A.I.D.S.) or Human Immunodeficiency Virus (H.I.V) infection except as included under the Sexual Assault benefit.
- 5 Training for or participation in professional sports of any kind.
- 6 Any criminal or intentional illegal act of the Policyholder or Insured Person.
- 7 An Insured Person:
 - a. being under the influence of drugs or narcotics unless such drugs or narcotics were administered by a Medical Practitioner and taken in accordance with the directions of a Medical Practitioner; or
 - b. having alcohol in his/her breath, blood or urine in excess of that permitted by law at the time and place of the incident;

- 8 The Insured Person being in service or on duty with or undergoing training with any military or police force, or militia or paramilitary organization.
- 9 An Insured Person travelling against the advice of a Medical Practitioner.
- 10 An Insured Person travelling for the purpose of receiving medical treatment or advice even if it was not the sole reason for the travel.
- 11 The use by an Insured Person of non-prescribed drug or drugs which cannot be legally obtained from a pharmacy or pharmacy dispensed drugs taken against the instruction from the Medical Practitioner or manufacturer.

General Policy Conditions

These general policy conditions are applicable to this policy as a whole. Please read each section to see further additional conditions and provisions relating to that section.

The Policyholder must comply and ensure that Insured Persons also comply with the General Policy Conditions and the additional conditions and provisions detailed in each section of this policy, otherwise the Company may refuse to pay any relevant claim under this policy.

1. Acceptance of payment

If the Company has made full payment for a claim under this policy to the Policyholder then the Company will not have to make any further payments for the same claim.

2. Assignment

Neither this policy nor any right described within this policy may be assigned or transferred unless agreed by the Company in writing.

3. Associated companies and change in risk

If relevant and subject to the Company's prior written consent, this policy will cover a company or organisation which is an associated company or a subsidiary of the Policyholder or other business entity as long as a list of these companies has been provided to and accepted by the Company. If the Policyholder changes its business activities from those described in the 'Industry Category' on the Policy Schedule during a Period of Insurance the Policyholder must tell the Company within 30 days of the change.

Where the alteration represents a material change to the business activities or material information already provided to the Company, it reserves the right at the time of notification to decide whether to provide cover and, if so, to establish a separate rate and premium and, if appropriate, terms to provide coverage for any such change.

4. Cancellation of cover

The Company can cancel this policy by giving 30 days' written notice to the Policyholder at the Policyholder's last known address or to the insurance intermediary specified on the Policy Schedule. The Company will refund to the Policyholder the premium for any Period of Insurance remaining.

The Policyholder can cancel this policy by giving 30 days' written notice to the Company at the address shown in this policy. On cancellation the Company will refund to the Policyholder the premium for any Period of Insurance remaining provided no claims or incidents have been reported to the Company. If a claim has been paid or is payable, no return premium will be paid if the claim amount exceeds the premium paid. If an incident has occurred that could give rise to a claim under this policy, then no return premium will be paid until the Company and the Policyholder agree on the amount payable in respect of such claim and no refund of premium will be made if the amount exceeds the premium paid.

An Insured Person has no right to cancel this policy.

The Company can cancel any cover provided by this policy for War by sending seven days' notice (from the date of sending) to the Policyholder at the Policyholder's last known address.



5. Claims notification and evidence

All claims must be notified as soon as is reasonably practical and in any event within 30 days after the event which causes the claim. Failure to do so may result in the Company's rejection of the claim if it is made so long after the event that the Company is unable to investigate it fully, or may result in the Policyholder not receiving the full amount claimed for if the amount claimed is increased as a result of the delay. The Company must be provided with all reasonable and necessary evidence required by the Company to support a claim. If the information supplied is insufficient, the Company will identify the further information which is required. If the Company does not receive the information it needs, the Company may reject the claim or withhold payment until the information it may reasonably require has been received.

6. Cover under more than one category

Where an Insured Person is covered under more than one policy category of Insured Persons as shown on the Policy Schedule and more than one benefit item as shown on the Policy Schedule or any attached memoranda in relation to a single event, the Company will only pay the Sum Insured for the highest benefit item under one category of Insured Persons for the loss sustained.

7. Currency

Claims involving foreign currency will be converted into the currency in which the premium and benefits/Sum Insured limits are shown, at the selling rate of exchange published on: www.oanda.com/currency/converter on the day of the loss or the next business day.

8. Governing law

This policy will be governed and interpreted in accordance with Singapore laws.

9. Failure to comply with conditions

Where the Policyholder or an Insured Person does not comply with any obligation to act in a certain way specified in this policy, this may prejudice the Policyholder or an Insured Person's position to recover under any claim.

10. Interest on amounts payable under this policy

The Company will not pay interest on any amount paid under this policy.

11. Other insurances

If at the time of a claim there is another insurance policy in the Policyholder's name which covers the Policyholder or the Insured Person for the same expense or loss, the Company will only pay a proportion of the claim, determined by reference to the cover provided by each of the policies, except for items 1.0-1.28 on the Schedule of Events, which are payable in full.

12. Other interests

No person other than the Policyholder can make a claim under this policy.

13. Payment of claims monies

Valid Claim payments under this policy will be made to the following parties as indicated below:

Section	Claim payable to
Section 1	Insured Person or Estate of Insured Person (except for Sections 1.1, 1.2.2.2 and 1.2.3)
Section 3.1 - Repatriation Expenses & Section 3.2 - Funeral Expenses (a)	ATAP on behalf of Insured Person
Section 3.1 - Emergency Travel Expenses	Policyholder, Insured Person or Insured Person's Immediate Relative
Section 3.2 - Funeral Expenses (b)	Insured Person's traveling companion
Sections 1.1, 1.2.2.2 and 1.2.3 Section 6 - Travel Replacement Section 10.2 - Termination of Employment	Policyholder

Sections 12, 13, 14, 15 and 20	
Section 3.2 - Family Visit	Insured Person's Immediate Relatives
Section 2 Section 3.2 - Pet Care Sections 4, 5, 6 - Travel Curtailed & Rearrangement, 7, 8, 9, 10.1, 10.2 – Overbooked flight, 11, 16, 17, 18, 19, 21 and 22	Insured Person or Estate of Insured Person

Any Valid Claims paid under this Policy will be deemed as full and shall effectively discharge the Company from any further liability to indemnify, or pay the benefits concerned. Also, unless specifically agreed otherwise, all claims monies will be paid in Singapore Dollars only.

14. Payment of premium

All premiums will be paid only in Singapore Dollars and the related information will be provided to the Company in the form and at the frequency reasonably required by the Company for the Policy to be and remain in force. Also, unless specifically agreed otherwise, all claims monies will be paid in Singapore Dollars only.

15. Policy alteration

The Company may change the terms and conditions, including the premium, of the policy by giving the Policyholder 30 days' notice in writing to the Policyholder's last known address. The Company will only make a change during the Period of Insurance to reflect a change in the Policyholder's circumstances or for an event outside its control that the Company expects to have an impact on future claims which it could not reasonably have foreseen when it last reviewed the policy terms and the premium or in the event of any change in the law affecting this policy. If the Policyholder does not cancel this policy within the 30 days notice period before the change becomes effective, it will be deemed to have agreed to the change in the terms and conditions of this policy. A Policyholder may cancel this policy by giving 30 days notice in writing. If the Policyholder cancels this policy, no claims will be paid for a loss that occurs after the date of the cancellation. The Company will refund to the Policyholder the premium for any Period of Insurance remaining.

16. Premium payment warranty

- Notwithstanding anything herein contained but subject to sub-clause 2 below, if the Period of Insurance is 60 days or more, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this policy was effected) within 60 days of the inception date of the coverage under the policy or, renewal thereof.
- In the event that any premium due is not paid and actually received in full by the Company (or the intermediary through whom this policy was effected) within the 60-day period referred to above, then:-
 - the cover under the policy or renewal is automatically terminated immediately after the expiry of the said 60-day period;
 - the automatic termination of the cover shall be without prejudice to any liability incurred within the said 60-day period; and
 - the Company will be entitled to a pro-rata time on risk premium subject to a minimum of S\$25.00.

- If the Period of Insurance is less than 60 days, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the Period of Insurance.

17. Reasonable care

The Policyholder and each Insured Person must take all reasonable steps to avoid and minimise any loss or damage and must also make every effort to recover any property covered by this policy which has been lost or stolen.



18. Recovery from third parties

In the event that a third party is held liable for all or part of any claim paid under this policy, the Company may exercise its legal right to pursue the third party to recover its outlay. The Policyholder or an Insured Person will upon the Company's request agree to and permit the Company to do such acts and things as may be necessary or reasonably required for the purpose of exercising this right. The Company will pay the costs and expenses involved in exercising its right against the third party.

19. Rights of third parties

A person who is not party to this policy including specifically any Insured Person has no right whether under the Contracts (Rights of Third Parties) Act 2001 or otherwise to enforce any term of this policy.

20. Sanctions

The Company will not be deemed to provide cover and the Company shall not be liable to pay any claim or provide any benefit under this policy to the extent that the provision of cover, payment of claim or provision of benefit would expose the Company, the Company's parent company or the Company's parent company's ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

21. Settlement of disputes

a. Any dispute, difference or question which may arise at any time hereafter in relation to the true construction of the policy or the parties' rights or liabilities will be referred to and finally resolved by arbitration in Singapore within twelve months from the date any claim is rejected under this policy.

b. The arbitration shall be referred to and finally resolved by arbitration administered by the Singapore International Arbitration Centre ("SIAC") in accordance with the Arbitration Rules of the Singapore International Arbitration Centre ("SIAC Rules") for the time being in force, which rules are deemed to be incorporated by reference in this clause. The seat of the arbitration shall be Singapore. The Tribunal shall consist of one (1) arbitrator. The language of the arbitration shall be English.

Disputes and Complaints

The Company believes the Policyholder deserve a courteous, fair and prompt service. If there is any occasion when the Company's service does not meet the Policyholder's expectations, please contact the Company using the appropriate contact details below providing the policy/claim number and the name of the Policyholder/Insured Person to help the Company to deal with the Policyholder's comments quickly.

Claims related complaints:

Address	AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way, #09-16, Singapore 079120
Telephone	+65 6735 2221
Online	www.aig.sg Note: Select "Claims" & Select "Click To Email Us"

All other complaints not related to claims:

Address	AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way, #09-16, Singapore 079120
Telephone	+65 6419 3000
Online	https://www.aig.sg/contact-online

The Company will acknowledge the complaint within 5 business days of receiving it. The Company will inform of progress and do its best to resolve matters to the Policyholder's satisfaction within 8 weeks.

Fraud

Any fraud, deliberate dishonesty or deliberate hiding of information connected with the Policyholder's application for this policy or in connection with a claim, will make this policy invalid. In this event the Company will not refund any premiums and the Company will not consider for payment any claims which have not already been submitted to the Company.

Start and finish of cover

The cover provided to the Policyholder described on the Policy Schedule (and any attached memorandum) will begin on the start date of the Period of Insurance.

- Cover will end on the earliest date of the following for the Policyholder:
 - at the end of the Period of Insurance; or
 - when the Policyholder or the Company cancels this policy (please see general policy condition 4: cancellation of cover for further details).
- Cover will end on the earliest date of the following for an Insured Person:
 - at the end of the Period of Insurance;
 - on the date an Insured Person notifies the Company that he/she no longer wishes to be included as an Insured Person;
 - on the date on which a Business Partner, Employee or Director ceases his/her employment with the Policyholder;
 - in the case of a Contractor, at the end of the fixed contract period, unless otherwise agreed by the Company;
 - who is on a Business Trip that continues beyond the expiry of the Period of Insurance, after 90 consecutive days has elapsed from the end of the Period of Insurance or until the completion of the Business Trip, whichever is earlier; or
 - the date the policy is cancelled.

Data Privacy

The Insured Person and/or Policyholder has agreed and consented that the Company may collect, use and process the Insured Person's 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) its group companies; (ii) its (or its group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, the Insured Person and/or Policyholder's authorised 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 the Company's Data Privacy Policy which include:

- Processing, underwriting, administering and managing the Insured Person and/or Policyholder's relationship with the Company;
- Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
- Compliance with legal or regulatory obligations, risk management procedures and the Company's internal policies;
- Managing the Company's infrastructure and business operations; and
- Carrying out market research and analysis and satisfaction surveys.

Note: Please refer to the full version of the Company's Data Privacy Policy found at <https://www.aig.sg/privacy>.



If you have any questions about the Company's collection, use and disclosure of personal information you may contact the Company's Data Protection Officer at singaporedataprotectionofficer@aig.com.