



CORPORATE EDGE

Group Personal 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 they understand 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.



Corporate Edge

Group Personal Accident Policy



Important Contact Information

AIG Travel Asia Pacific (ATAP): +65 6419 3002 (available 24 hours worldwide for emergency travel related calls).

AIG General Enquiries: +65 6419 3000 (9:00am to 5pm on weekdays, excluding public holidays) or email the Company at <https://secure.aig.com.sg/contactus/>

Claims Procedure

Written notice of claim must be given to the Company as soon as practicable and in any event 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/>; or
- Complete the claim form which can be downloaded from the Company's website www.aig.sg

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.

Specific conditions applicable to Claims Notice

- 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 a post-mortem examination at its own expense. If this is refused, the Company may not pay the claim.
- The Insured Person must give the Company permission to obtain any medical reports or other records needed from any Medical Practitioner who has treated the Insured Person, otherwise the Company may not pay the claim.
- 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, 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.
- 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 payment.
- The Company may also contact third parties who have or who were to provide services to the Policyholder or Insured Person (for example a Hospital or clinic) to verify the information provided to support a claim.
- If the Policyholder, the Insured Person or the claimant do not comply with any reasonable request by the Company under this section, the Company may not pay the claim.

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

Operative Time 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.

OP1 – 24 hours worldwide

At any time.

Core Benefits

Section 1 - Personal Accident

1.1 Personal Accident Benefits

Description of Coverage

If, during the Period of Insurance and the Operative Time as shown on the Policy Schedule, the Insured Person has an Accident that results in Bodily Injury which within 12 months 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.

Disappearance Benefit

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 Policyholder the amount shown on the Schedule of Events below for Item 1 – 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.

Work from Home Protection - Additional Personal Accident Sum Insured if Accident is sustained at home

In the event of a Valid Claim payable under Benefit 1.1 for Items 1 to 8 of the Schedule of Events above, the Company will additionally pay the Policyholder 10% of the applicable percentage of the Sum Insured as listed in the Schedule of Events.

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

1. Insured Person's usual place of residence has to be the same as his/her home address as declared to the Policyholder.

Fracture Benefit

If an Insured Person sustains Bodily Injury which within 12 consecutive months solely and independently of any other cause, results in a Fracture or Fractures, the Company will pay the Insured Person up to S\$5,000 according to the limits shown in the Schedule of Compensation below:

Schedule of Compensation

Maximum Benefit amount payable in respect of any one Bodily Injury:

Neck, Skull or spine	100%
Hip	75%



Jaw, pelvis, leg, ankle or knee	50%
Cheekbone or shoulder	30%
Arm, elbow, wrist or ribs	25%
Skull or spine (hairline fracture only)	30%

The Company will not pay for any Fracture:

- As a result of Pathological Fracture; or
- Where Osteoporosis had been diagnosed and made known to the Insured Person before he/she suffered Bodily Injury.

Severe Injury Benefit

In the event of a Valid Claim under any of Items 2 - 11 of the Schedule of Events below, the Company will pay an additional Sum Insured as shown on the Policy Schedule to the Policyholder.

Schedule of Events

Item	Event	Percentage payable per Event
1	Accidental Death	100%
2	Permanent Total Disablement	150%
3	Paraplegia	160%
4	Quadriplegia	175%
5	Permanent Total Loss of two or more Limbs	150%
6	Permanent Total Loss of one Limb	125%
7	Permanent Total Loss of sight of both eyes	150%
8	Permanent Total Loss of sight of one eye	100%
9	Permanent Total Loss of the lens of one eye	50%
10	Permanent Total Loss of hearing	
	a) both ears	100%
	b) one ear	30%
11	Permanent Total Loss of speech	75%
12	Permanent Total Loss of lower jaw by surgical treatment	40%
13	Permanent Total Loss of one Thumb	
	a) both joints	40%
	b) one joint	25%
14	Permanent Total Loss of each Finger	
	a) three joints	20%
	b) two joints	15%
	c) one joint	10%
15	Permanent Total Loss of each Toe	
	a) all-one foot	25%
	b) big Toe – one or both joints	10%
	c) other than big Toe, each Toe	2%
16	Permanent Total Loss of kidney	25%
17	Permanent Total Loss of spleen	20%
18	Fractured leg or patella with established non-union	20%
19	Shortening of leg by at least 5 cm	10%
20	Permanent Facial Scar longer than 10cm	10%
21	Permanent Facial Scar longer than 5 cm	5%

22	Severe Burns to:	
	8% or more of the head	100%
	5% or more but less than 8% of the head	75%
	2% or more but less than 5% of the head	50%
	20% or more of the body other than the head	100%
	15% or more but less than 20% of the body other than the head	75%
	10% or more but less than 15% of the body other than the head	50%
23	Permanent Partial Disablement which is not provided for under the above items	Up To 100%

Personal Accident Benefits Conditions

- 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 limit shall apply as shown in the Policy Schedule.
- 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 also, no claim will be payable under Item 2 of the Schedule of Events.
- 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 2- 23 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.
- 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.
- 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 150% of the Sum Insured as shown on the Policy Schedule, unless a Valid Claim can be made under either of Items 3 or 4 of the Schedule of Events.
- If a claim or series of claims from one event exceeds the Non-Scheduled Aircraft Aggregate Limit or the Any One Accident 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.
- The degree of disability under Item 23 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.

Section 1.2 – Additional Benefits

Treatment by Traditional Chinese Medicine

The Company will reimburse an Insured Person up to the Sum Insured shown in the Policy Schedule for the expenses incurred within 12 months of an injury due to an Accident for Traditional Chinese Medicine (TCM) or chiropractor or podiatrist.

The attending Chinese Physician, chiropractor or podiatrist must not be:

- the Policyholder or an Insured Person; or
- Business Partner, agent or any relation to the Policyholder or Insured Person or a Relative of an Insured Person

If an Insured Person is entitled to a refund of all or part of such expenses from any other source, the Company will only pay the amount of expenses incurred over and above the refunded amount up to the Sum Insured shown in the Policy Schedule.

Mobility Extension (including ambulance costs)

In the event of a Valid Claim under Item 2 - 7 of the Schedule of Events and the Insured Person needs:

- (a) a self-powered, climbing wheelchair; and/or
- (b) his/her motor vehicle with the controls suitably adjusted; and/or
- (c) a lift, necessary ramps, railings and holds to usual place of residence,

the Company will reimburse the Insured Person the reasonable and necessary expenses of the above up to the Sum Insured shown on the Policy Schedule, or 95% of the costs of such equipment and the installation thereof whichever is lesser.

In the event an Insured Person suffers a Bodily Injury and as a result is required to travel by ambulance to the nearest Hospital, the Company will reimburse the Insured Person the actual ground ambulance costs incurred by the Insured Person for transportation to a Hospital up to the Sum Insured shown on the Policy Schedule.

If an Insured Person is entitled to a refund of all or part of such expenses from any other source, the Company will only pay the amount of expenses incurred over and above the refunded amount up to the Sum Insured shown in the Policy Schedule.

Accidental Hospital Recuperation

If an Insured Person sustains Bodily Injury, which within thirty (30) days of an Accident solely and independently of any other cause, results in the Insured Person being necessarily confined as an Inpatient in a Hospital for at least 24 hours on the recommendation of a Medical Practitioner but not for the purpose of convalescent rest, the Company shall pay the Insured Person a one-time amount shown on the Policy Schedule. No claim may be made under this benefit for subsequent hospitalisations resulting from the same Bodily Injury.

Bereavement Benefit

In the event of a Valid Claim under Item 1 of the Schedule of Events, the Company will pay the estate of the Insured Person the Sum Insured as shown on the Policy Schedule.

Child Education Fund

In the event of a Bodily Injury to an Insured Person that results in a Valid Claim under Item 1 of the Schedule of Events and the Insured Person, at the date of the Accident, had Dependant Children enrolled in a kindergarten, primary or secondary school, institution for vocational or tertiary education licensed

by the local government, the Company will pay to the estate of the Insured Person the Sum Insured for this benefit as shown on Policy Schedule for each Dependant Child of the Insured Person.

Death due to Infectious Disease

If, during the Period of Insurance and the Operative Time as shown on the Policy Schedule, the Insured Person is diagnosed with an Infectious Disease that directly results in death within 180 days from diagnosis of an Infectious Disease,, the Company will pay the Policyholder the applicable percentage of the Sum Insured as shown on the Policy Schedule.

Schedule of Events

Item	Event	Percentage payable per event
1	Death due to Infectious Disease	100%

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

The Company will not pay any claim under this Policy in connection with:

1. Any Sickness other than an Infectious Disease.
2. Any disease that is not defined under the General Policy Definition of Infectious Disease in this Policy.
3. Death of any Insured Person having been covered under this Policy for less than 30 consecutive Days from the date when cover under this Policy commences.
4. Any diagnosis of an Infectious Disease during overseas travel or within 14 days upon return from overseas travel.

Personal Accident – Additional Definitions applicable to this section

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

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 is 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 as 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 Accident Limit

The maximum benefit the Company will pay in aggregate under Items 1 - 23 of the Schedule of Events, including any extensions 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 Accident or series of Accidents contributed to or caused by the same original cause, event or circumstance.

Disablement

Loss of Limb, loss of sight, loss of speech, loss of hearing, loss of kidney, loss of spleen, loss of lower jaw, Permanent Partial Disablement, Permanent Total Disablement, Paraplegia,



Quadriplegia, Hemiplegia, Triplegia, Severe Burns, Fractures, Temporary Partial Disablement and Temporary Total Disablement.

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.

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.

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 Bodily Injury.

Limb

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

Non-Scheduled Aircraft Aggregate Limit

The maximum amount the Company will pay in the aggregate under Items 1 – 23 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 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 Partial Disablement

A Permanent Disablement which makes an Insured Person unable to perform more than 50% of his or her full physical capacity as described under Item 23 of the Schedule of Events which is beyond hope of recovery and will in all probability continue for the remainder of the Insured Person's natural life as determined by a Medical Consultant.

Permanent Total Disablement – applicable to Employees, Director 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.

Permanent

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

Quadriplegia

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

Severe Burn

Skin damage which extends through the epidermis layer of the skin to the dermis layer for 2nd degree burns or skin damage which extends through the epidermis and dermis layers of the skin to the subcutaneous layer for 3rd degree burn.

Toe

The digit of the foot.

Total Loss means Permanent total and irrecoverable loss of use or Permanent loss by physical severance (separation).

- 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 (eg. Lens) of the sight of one or both eyes. The Company will consider loss of sight in one or both eyes or if the loss of a substantial part of sight in one or both eyes, if 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.

Thumb

The digit of the hand.

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 is applicable only if Option A has been selected and shown on Policy Schedule:

Option A

Section 2

Accident Medical Reimbursement

If an Insured Person suffers an injury due to an Accident during the Period of Insurance and the Operative Time as shown on the Policy Schedule the Company will reimburse the Insured Person for any Medical Expenses reasonably and necessarily incurred as a direct result of the injury, within 12 months from the date of Accident up to the Sum Insured shown on the Policy Schedule. It does not include costs incurred paid to a Chinese Physician or chiropractor or podiatrist.

If an Insured Person is entitled to a refund of all or part of such expenses from any other source, the Company will only pay the amount of expenses incurred over and above the refunded amount up to the Sum Insured shown in the Policy Schedule.

This section is extended to cover food poisoning.

Transportation Allowance for Post-hospitalisation consultation due to Infectious Disease or Accident

If an Insured Person is Diagnosed with an Infectious Disease or sustains Bodily Injury, which within thirty (30) days of an Accident solely and independently of any other cause, results in the Insured Person being necessarily confined as an Inpatient in a Hospital for at least twenty four (24) hours on the recommendation of a Medical Practitioner but not for the purpose of convalescent rest and Insured Person incurs expenses for land transportation (excluding taxis) for post-Hospitalisation medical consultation for the same Infectious Disease or Accident that he/she was confined as an inpatient, the Company shall pay the Insured Person the Sum Insured per visit as shown on the Policy Schedule up to a maximum of three (3) visits, whichever is the lower.

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

1. This benefit is payable for the post-Hospitalization medical consultation attended within three (3) months upon discharge from the Hospital.

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

The Company will not pay any claim under this Policy in connection with:

1. Any other Sickness besides an Infectious Disease.
2. Any Infectious Disease that is not defined under the General Policy Definition of Infectious Disease in this Policy.

Infectious Disease lump sum benefit upon Hospitalisation

In the event an Insured Person is Diagnosed with an Infectious Disease by a Medical Practitioner and consequently Hospitalised for at least five (5) consecutive days, the Company will pay the Insured Person the Sum Insured as shown on the Policy Schedule.

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

1. Hospitalisation must occur during the Period of Insurance.
2. Any Hospitalisation of an Insured Person must be evidenced by the Insured Person's Hospital discharge summary and related medical report(s).
3. Subsequent periods of Hospitalisation for the same Infectious Disease are considered part of the same claim, provided that each subsequent Hospitalisation occurs during the Period of Insurance and the time between different Hospitalisation periods does not exceed one hundred and eighty (180) consecutive days. If an Insured Person is Hospitalised for the same Infectious Disease after one hundred and eighty (180) consecutive days from their last period of Hospitalisation, it will be treated as a new claim and the waiting period of five (5) consecutive days will apply.
4. The Company will only pay for one period of Hospitalisation per Insured Person per Infectious Disease during the Period of Insurance.

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

The Company will not pay any claim under this Policy in connection with:

1. Any confinement that takes place solely in a Community Hospital or community care facilities or community recovery facilities.
2. Any Diagnosis of an Infectious Disease during overseas travel or within fourteen (14) days upon return from overseas travel.
3. Any Infectious Disease that is not defined under the General Policy Definition of Infectious Disease in this Policy.

Sections 3 and 4 are applicable only if Option B has been selected and shown on Policy Schedule:

Option B

Section 3 – Temporary Total Disablement

The Company will pay the Insured Person the weekly Sum Insured as shown on the Policy Schedule or 75% of gross weekly wages, whichever is lower, for the days of the Temporary Total Disablement as a result of Bodily Injury and occurring within 12 consecutive months of an Accident. Payment will be made periodically for the period the Insured Person shall be disabled up to the maximum period of 104 weeks.

Additional Definitions applicable to this section

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

Temporary Total Disablement

Disablement which prevents an Insured Person totally and continuously from carrying out all parts of his or her usual occupation for the Policyholder.



Section 4 – Temporary Partial Disablement

The Company will pay the Insured Person the weekly Sum Insured as shown on the Policy Schedule or 50% of gross weekly wages, whichever is lower; for the days of the Temporary Partial Disablement as a result of Bodily Injury and occurring within 12 consecutive months of an Accident. Payment will be made periodically for the period the Insured Person shall be disabled up to the maximum period of 104 weeks.

Temporary Partial Disablement is only payable if it follows immediately from Temporary Total Disablement and arising from the same Bodily Injury in the same Accident.

Additional Definitions applicable to this section

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

Temporary Partial Disablement

Disablement which prevents an Insured Person totally and continuously from carrying out the majority of his or her usual occupation for the Policyholder.

Sections 5 - 10 are applicable only if Option C has been selected and shown on Policy Schedule:

Option C

Section 5 – Comatose Benefit

In the event an Insured Person suffers a Bodily Injury which results in the Insured Person being in a Hospital and in a Comatose State within thirty (30) days of the date of the Accident, the Company will pay the Insured Person the Sum Insured as shown on the Policy Schedule.

Comatose State means a state of unconsciousness that persists for at least ninety six (96) hours. This diagnosis must be supported by evidence of all of the following:

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

We shall not be liable nor pay for the following: -

- Comatose State resulting directly from alcohol or drug abuse.

Section 6 – Major Head Trauma

If an Insured Person sustains a major Bodily Injury to the head resulting in Permanent neurological deficit, the Company will pay the Insured Person the Sum Insured as shown on the Policy Schedule.

The Company will only pay if the Bodily Injury to the head that resulted in Permanent neurological deficit is assessed no later than 6 weeks from the date of the Accident. This diagnosis must be confirmed by a consultant neurologist that the neurological deficit is likely to continue for more than 12 consecutive months from the date of the Bodily Injury and is supported by unequivocal findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques.

The Company shall not be liable nor pay for the following: -

- a) spinal cord injury; and
- b) head injury due to any other causes.

Section 7 – HIV due to Blood Transfusion

If an Insured Person sustains an injury due to an Accident in the course of carrying out his occupational duties requiring a blood transfusion during the operative time and as a result of the transfusion, he is infected with the Human Immunodeficiency Virus (HIV) within thirty (30) days from the date of Accident, the Company will pay the Insured Person the additional Sum Insured as shown on the Policy Schedule.

The Company will pay the HIV benefit provided:

- a) the blood transfusion was medically necessary or given as part of a medical treatment; and
- b) the blood transfusion was received in Singapore after the date of issue, date of endorsement or date of reinstatement of this policy, whichever is the later; and
- c) the source of the infection is established to be from the institution that provided the blood transfusion and the institution is able to trace the origin of the HIV tainted blood; and
- d) the Insured Person does not suffer from Thalassemia Major or Haemophilia; and
- e) proof of the Accident in the course of carrying out occupational duties giving rise to the infection is reported to the Company within thirty (30) days of the Accident taking place; and
- f) proof of sero-conversion from HIV negative to HIV positive occurring during the one hundred and eighty (180) days after the documented Accident. This proof must include a negative HIV antibody test conducted within five (5) days of the Accident.

This benefit will not apply:

- a) where a treatment has rendered the HIV inactive or non-infectious; or
- b) where HIV infection results from any other means including sexual activity and the use of intravenous drugs.

Section 8 – Accidental Death due to Natural Catastrophe

In the event of a payable claim under Item 1 of the Schedule of Events arising from Natural Catastrophe, the Company will pay the estate of the Insured Person the Sum Insured as shown on the Policy Schedule.

Additional Definitions applicable to this section

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

Natural Catastrophe

Natural catastrophe means cyclone, flood, hurricane, earthquake, landslide, tornado, tsunami, typhoon, volcanic eruption, windstorm, hailstorm and wildfire.

Section 9 – Repatriation of Mortal Remains

If an Insured Person dies as a result of sustaining an injury or Sickness whilst travelling outside of Insured Person's Permanent Country of Residence during the Period of Insurance, the Company will pay directly or reimburse ATAP on behalf of the Insured Person for any Repatriation Expenses.

Additional Definitions applicable to this section

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



Repatriation Expenses

The cost of transportation of the Insured Person's mortal remains by any suitable means to an Insured Person's home in Permanent Country of Residence as recommended by ATAP.

Repatriation Expenses – Additional condition applicable to this section

The Policyholder must contact ATAP as soon as possible if the injury or Sickness suffered by an Insured Person results in the need for repatriation of mortal remains back to Permanent Country of Residence, otherwise the costs may not be reimbursed.

Emergency Helpline: +65 6419 3002 (24 Hour)

Section 10 – Critical Income

In the event of a Valid Claim under Item 1 of the Schedule of Events, and the Insured Person is survived by his/her Partner or parent or Dependant Children the Company will pay to the estate of the Insured Person the critical income of 6% of the Insured Person's Accidental death Sum Insured or up to the Sum Insured shown on the Policy Schedule, whichever is lesser.

Business Continuity Cover

People Catastrophe Cover

The Company will pay the Policyholder the Sum Insured on the Policy Schedule if more than fifty percent (50%) of the Insured Persons, which must also be a minimum of three (3) Insured Persons:

- a) are Hospitalised as a direct consequence of an Infectious Disease and/or
- b) are issued with Quarantine orders as a direct consequence of an Infectious Disease and these Insured Persons are simultaneously unable to perform all their duties required by their occupation with the Policyholder during the same period and for at least 7 consecutive days.

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

1. Hospitalisation or Quarantine and an Insured Person's inability to perform their occupational duties must occur during the Period of Insurance.
2. Any Hospitalisation of an Insured Person must be evidenced by the Insured Person's Hospital discharge summary and related medical report(s).
3. Written evidence must be provided to the satisfaction of the Company that establishes a Medical Practitioner or relevant government authority issued the Insured Person's Quarantine order for a period of at least seven (7) consecutive days. The Insured Person must comply with all terms and conditions of the Quarantine order.
4. The Company will only pay for one such claim per Policyholder during the Period of Insurance.

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

The Company will not pay any claim under this Policy in connection with:

1. Any Infectious Disease that is not defined under the General Policy Definition of Infectious Disease in this Policy.

Temporary Personnel Replacement Costs/ Recruitment Costs

For the Period of Insurance, the Policyholder can only claim for either:

a) In the event of a Valid Claim under People Catastrophe Cover, the Company will reimburse reasonable cost of hiring temporary employees to carry out occupational duties of Insured Persons who are Hospitalised or issued Quarantine orders or

b) In the event of a Valid Claim under Accidental Death or Permanent Total Disablement for an Insured Person, the Company will reimburse the recruitment costs incurred within three (3) consecutive months from the date of Accident to replace the Insured Person on a permanent basis.

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

1. Recruitment of permanent staff must be carried out via a registered recruitment company and must occur during the Period of Insurance.
2. The Company will only pay for one such claim per Policyholder during the Period of Insurance.

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

The Company will not pay any claim under this Policy in connection with:

1. Any Infectious Disease that is not defined under the General Policy Definition of Infectious Disease in this Policy.

Infectious Disease lump sum benefit for Business Owners upon Hospitalisation

In the event a Business Owner is Diagnosed with an Infectious Disease by a Medical Practitioner and consequently Hospitalised for at least five (5) consecutive days, the Company will pay the Insured Person the Sum Insured as shown on the Policy Schedule.

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

1. Hospitalisation must occur during the Period of Insurance.
2. Any Hospitalisation of an Insured Person must be evidenced by the Insured Person's Hospital discharge summary and related medical report(s).
3. Subsequent periods of Hospitalisation for the same Infectious Disease are considered part of the same claim, provided that:
 - a) each subsequent Hospitalisation occurs during the Period of Insurance and the person who is the subject of the claim is a Business Owner; and
 - b) the time between different Hospitalisation periods does not exceed one hundred and eighty (180) consecutive days. If the Business Owner is Hospitalised for the same Infectious Disease after one hundred and eighty (180) consecutive days from their last period of Hospitalisation, it will be treated as a new claim and the waiting period of five (5) consecutive days will apply.
4. The Company will only pay for one period of Hospitalisation per Business Owner per Infectious Disease during the Period of Insurance.



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

The Company will not pay any claim under this Policy in connection with:

1. Any confinement that takes place solely in a Community Hospital or community care facilities or community recovery facilities.
2. Any Diagnosis of an Infectious Disease during overseas travel or within fourteen (14) days upon return from overseas travel.
3. Any Infectious Disease that is not defined under the General Policy Definition of Infectious Disease in this Policy.

Option D is applicable only if this has been selected and shown on Policy Schedule:

Option D

Critical Illness Benefit

In the event an Insured Person is Diagnosed to be suffering from a Critical Illness, the Company will pay the Insured Person the Sum Insured for this benefit as stated in the Policy Schedule.

The Company will only pay an Insured Person:

- a) if the Diagnosis of an Insured Person's Critical Illness is the first incidence of that Critical Illness;
- b) if the signs or the symptoms of the Insured Person's Diagnosed Critical Illness only appear after ninety (90) consecutive days from the first date the Insured Person is covered under the Policy;
- c) if an Insured Person survives for a period more than thirty (30) consecutive days after his/her Diagnosis; and
- d) for (1) Critical Illness diagnosed and this benefit will terminate immediately upon such payment.

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

The Company will not pay any claim under this Policy in connection with:

1. Any Pre-existing Condition.
2. If the Policyholder has more than one policy in force with the Company which is the same product and provides the same cover.
3. If the Date of Birth of the oldest employee declared to the Company is lower than the Insured person Diagnosed to be suffering from a Critical Illness.
4. Any Insured Person whose age is above 65 years old at the date when cover under this Policy commences or on the date of renewal of the Policy.

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(s) (and any endorsements or memoranda attached to the Policy Schedule(s)), 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 sustained on the Insured Person's body which is caused directly and solely by an Accident, and 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 Owner

Any person who owns at least twenty-five percent (25%) of the shares of the Policyholder and is actively involved in the business activities of the Policyholder.

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.

Chinese Physician

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

Community Hospital

Any approved community hospital under the relevant government laws and regulations that provides medical services for patients who require a short period of continuation of care immediately after their discharge from a Hospital. It does not refer to a clinic, a nursing home, rest home, palliative care, hospice, a place used for custodial care, a place for the treatment of alcoholics or drug addicts, institution to treat mental or behavioural disorders, sanatorium, home for the aged or similar establishment even if located at the same place.

Company

AIG Asia Pacific Insurance Pte. Ltd.

Critical Illness

Refers to the following conditions only :

1. Major Cancer
2. Heart Attack of Specified Severity
3. Stroke with Permanent Neurological Deficit
4. Coronary Artery By-pass Surgery
5. End Stage Kidney Failure

1. Major Cancer

Major Cancer means a malignant tumour positively Diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue. The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma. Major Cancer Diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- a) All tumours which are histologically classified as any of the following:
 - Pre-malignant;
 - Non-invasive;
 - Carcinoma-in-situ (Tis) or Ta;
 - Having borderline malignancy;
 - Having any degree of malignant potential;
 - Having suspicious malignancy;
 - Neoplasm of uncertain or unknown behaviour; or

All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;

- b) Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- c) Malignant melanoma that has not caused invasion beyond the epidermis;
- d) All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- e) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- f) All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
- g) All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- h) All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- i) Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- j) All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- k) All tumours in the presence of HIV infection.

2. **Heart Attack of Specified Severity**

Heart Attack of Specified Severity means death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:

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

For the above definition, the following are excluded:

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

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

3. **Stroke with Permanent Neurological Deficit**

Stroke with Permanent Neurological Deficit means a cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in Permanent Neurological Deficit. This

Diagnosis must be supported by all of the following conditions:

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

The following are excluded:

- a) Transient Ischaemic Attacks;
- b) Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- c) Vascular disease affecting the eye or optic nerve;
- d) Ischaemic disorders of the vestibular system; and
- e) Secondary haemorrhage within a pre-existing cerebral lesion.

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

Coronary Artery By-pass Surgery means the actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This Diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist. Angioplasty and all other intra-arterial, catheter-based techniques, 'keyhole' or laser procedures are excluded.

5. **End Stage Kidney Failure**

End Stage Kidney Failure means chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

Day

A complete period of 24 hours.

Dependant Child(ren)

Any of an Insured Person's and his/her Partner's unmarried Dependant Child(ren) (including step or legally adopted child(ren)) who:

- a) have not turned eighteen (18) years of age; or
- b) 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.
- c) 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.

Diagnosed/Diagnosis

The definitive diagnosis made by a Medical Practitioner based upon such specific evidence, as referred to in the definition of the particular illness concerned, or in the absence of such specific evidence, based on radiological, clinical, histological or laboratory evidence acceptable to the Company. Such diagnosis must be supported by the Company's Medical Practitioner who may base his/her opinion on medical evidence which the Insured Person submitted and/or any additional evidence that he/she may require. In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, the Company will have the right to call for the Insured Person's examination, or the evidence used in arriving at such Diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by the Company and



the opinion of such expert as to such Diagnosis shall be binding to both the Insured Person and the Company.

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, Business Owner or a Business Partner.

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 first contracted in Singapore 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

Insured Person

The person or persons described on the Policy Schedule or any subsequent riders or memoranda attached to the policy.

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 Expenses

The cost incurred for:

- a) medical, surgical, other costs, Hospital and nursing treatment prescribed by a Medical Practitioner; and
- b) ambulance charges; and
- c) dental expenses to restore sound and natural teeth

if incurred as a result of an Accident and/or Bodily Injury.

Medical Practitioner

A doctor of medicine and/or member of the medical association

(other than an Insured Person, a Relative of an Insured Person or any 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'.

Osteoporosis

Disease which causes thinning of the bone that is not commensurate to age.

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 date of Accident.

Pathological Fracture

A fracture which occurs in an area of bone weakened by disease.

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.

Permanent Neurological Deficit

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

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.

Pre-existing Condition

Any illness, disease or other condition which an Insured Person suffers prior to the first date the Insured Person is covered under the Policy and which:

- a) first manifested itself, worsened, became acute or exhibited symptoms prior to the first date the Insured Person is covered under the Policy which would have caused any ordinarily prudent person to seek diagnosis, care or treatment; or
- b) requires the Insured Person to take prescribed drugs or medicine; or
- c) was treated by a Medical Practitioner or a Medical Consultant or treatment had been recommended by a Medical Practitioner or a Medical Consultant.

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

The Insured Person's or Partner's aunt, brother, child, grandchild, grandparent, nephew, niece, parent, Partner, sister or uncle.

Sickness

A physical condition marked by a pathological deviation from the normal healthy state.

Sum Insured

The policy benefit as shown on the Policy Schedule 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.

Traditional Chinese Medicine

Treatment or medicine prescribed by a Chinese Physician.

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 Policy Extensions

1. Strike, riot, civil commotion and Terrorism
This Policy is extended to cover the Insured Person against Accidental death or Disablement or injury as a result of strike, riot, civil commotion or Terrorism. The Company shall not be liable for any claim arising out of or in connection with the Insured Person's own participation or provocation of any such act or if such act could reasonably have been avoided by the Insured Person.
2. Hijack, murder and assault
This Policy is extended to cover the Insured Person against Accidental death or Disablement or injury as a result of being a victim of hijack, murder or assault. The Company shall not be liable for any claims arising out of or in connection with Insured Person's own participation or provocation of any such act.
3. Drowning and suffocation
This Policy is extended to cover the Insured Person against Accidental death or Disablement or injury as a result of drowning or suffocation by poisonous fumes, gas or smoke. The Company shall not be liable for any claim for such Injury arising out of or in connection with the Insured Person's own wilful or intentional act.
4. Exposure
This Policy is extended to cover the Insured Person against Accidental death or Disablement or injury as a direct result of exposure to the elements arising from an Accident.

5. Miscarriage due to an Accident

This Policy is extended to cover the Insured Person against Accidental death or Disablement or injury as a result of a miscarriage due to an Accident and not attributed to any natural causes and/or sickness relating to pregnancy or childbirth.

6. Cover for Retrenched employees

This Policy is extended to cover the Insured Person if he is retrenched by Policyholder up to a maximum of six (6) months from the date of retrenchment or the date that retrenched employee is employed by another employer, whichever comes earlier.

General Exclusions

The Company will not be liable to pay any benefit or cover any loss, injury, damage or 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. Provoked assault, intentional self-inflicted injury or deliberate exposure to exceptional danger (except in an attempt to save human life) or suicide of an Insured Person, or whilst the Insured Person is in a state of insanity.
4. Any Sickness, disease or bacterial infection or injury arising out of or consequent upon or contributed to by Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), howsoever this syndrome has been acquired or may be named (with the exception of coverage under Section 7).
5. An Insured Person engaging in a sport in a professional capacity or where such person would or could earn income or remuneration from engaging in such sport.
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 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.
9. An Insured Person employed by the Armed or Air Forces, Navy, Police, Fire Service, Civil Defence Forces, with the exception of peace time reservist duty (under Section 14 of the Enlistment Act 1970 of the Republic of Singapore) for a period not extending beyond forty (40) days; or whilst involved in underground work or off-shore work or operations; or whilst driving or riding in any kind of motorized sea, land or air race; or whilst in violation or attempted violation of the law or resistance to arrest.



10. Pregnancy, miscarriage (except if miscarriage is caused by an Accident), abortion, childbirth, sterilisation, contraception as well as treatment for infertility.
11. Dental disease, dental care or surgery, cosmetic or plastic surgery or any elective surgery unless necessitated by injury.
12. Any mental, psychiatric and/or nervous disorders including anxiety or depression, sleep disorders, convalescence of rest care, alcoholism and drug related treatment.
13. Any Bodily injury which arises in the course of the activities / occupations listed below unless agreed by the Company in writing :
 - Air crew / Ship crew
 - High risk occupations like stuntmen, firefighting
 - Forestry
 - Heavy construction, machinery operators
 - Humanitarian, missionary and emergency response groups
 - Delivery including couriers, taxi drivers
 - Media companies that have international correspondents
 - Military, armed forces, police, security worker, body guards, peacekeeping forces and similar groups or exposures.
 - Motorcycling for professional use (excluding business use for document delivery)
 - Occupations involved in underwater activities like diving
 - Offshore rig, onboard vessel risk (stationery or offshore) and similar
 - Professional entertainers, defined as anyone who makes more than 50% of their income from the entertainment activities
 - Professional sports people
 - Stevedores
 - Underground mining, tunnelling or open cast mining
 - Window cleaners above 2 floors or working at heights above 30 feet
 - Working with chemicals, biological, explosive, nuclear materials

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. Automatic Addition And Deletion and Premium Adjustment

This Policy shall automatically cover the present and new employees of the Policyholder upon the effective date or date of employment of the new employees (as the case may be). The benefits of such person shall follow the benefits of the Insured Category of employee he/she is in. Cover in respect of the Insured Person will cease upon his/her resignation, cessation or termination of employment. Premium will be adjusted at the end of the Period of Insurance and will be calculated based on the headcount/total sum insured declared at the end of the Policy period less the headcount/total sum insured at the beginning of the Policy period and dividing this balance by 2.

Any permanent alterations to the policy during the Period of Insurance for which an additional premium has been or would have been charged or refunded will be included in the adjustment calculation.

If the actual premium calculated is different from the premium already paid for the Period of Insurance, the difference exceeding the minimum policy premium of S\$500 will be refunded to the Policyholder.

5. 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 the amount payable in respect of such claim and no return of premium will be paid 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.

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. Conditions Precedent

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

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

8. 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.

9. Duplication of Cover

If an Insured Person makes a valid claim under this Policy, and has more than one policy with the Company which is the same product and provides the same cover, the Company will consider the Insured Person to be covered under the policy which provides the highest benefit level.

10. 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.

11. Fraud

Any fraud, deliberate dishonesty, or deliberate non-disclosure of information connected with the Policyholder's application, proposal and declaration (if provided) or in connection with a claim, will make this policy invalid. If this happens, the Policyholder or an Insured Person will lose any benefit due to them and they must pay back any benefit that the Company has already paid. If this happens, the Company will not refund any premiums.

12. Governing Law

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

13. Interest on amounts payable under this policy

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

14. Other Interests

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

15. Payment of claims monies

Any Valid Claims paid in accordance with the terms of the policy shall effectively discharge the Company from any further liability to indemnify any other party, or pay the benefits concerned. Also, unless specifically agreed

otherwise, all claims monies will be paid in Singapore Dollars only.

16. Payment of premium

The premiums are to be paid as agreed and information will be supplied to the Company in the form and at the frequency reasonably required by the Company for the cover to be and remain in force.

17. 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.

18. Premium Payment Warranty

a) 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.

b) 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:-

- 1. the cover under the policy or renewal is automatically terminated immediately after the expiry of the said 60-day period;
- 2. the automatic termination of the cover shall be without prejudice to any liability incurred within the said 60-day period; and
- 3. the Company will be entitled to a pro-rata time on risk premium subject to a minimum of S\$25.00.

c) 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.

20. 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.

21. 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.



22. Sanctions

The Company shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer, its parent company or its 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 the United States of America.

23. 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 12 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.

service. For any feedback, the Policyholder or an Insured Person can send to:

AIG Contact Us - <https://www.aig.sg/contact-online>

The Policyholder should quote its name, the Insured Person's name and policy number as shown on the Policy Schedule.

Important Note

The statement below applies to the Group Personal Accident coverage only:

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

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Data Privacy

The Insured Person and/or Policyholder has/have 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:

- (a) Processing, underwriting, administering and managing the Insured Person and/or Policyholder's relationship with the Company;
- (b) Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
- (c) Compliance with legal or regulatory obligations, risk management procedures and the Company internal policies;
- (d) Managing the Company infrastructure and business operations; and
- (e) 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 Data Protection Officer at singaporedataprotectionofficer@aig.com.

Feedback

Every effort is made by the Company to ensure that the Policyholder and Insured Person receive a high standard of