

About This Product

This policy sets out the terms and conditions of a contract of insurance between AIG Asia Pacific Insurance Pte. Ltd. and **You**. Please read the policy carefully as this is a legal document.

In consideration of the payment of premium to **Us** specified in the policy schedule, and subject to the definitions, limitations, exclusions, terms, conditions and general provisions contained or endorsed in this policy, and on the basis of the truth of the proposal and declaration submitted and statements made by **You**, **We** will insure **You** and promise to pay indemnity for loss to the extent provided under this policy while the policy is still in force. The period of insurance is stated in the policy schedule.

Please note:

- This policy only covers expenses as shown in the **Table of Benefits** for COVID-19 related losses.
- A **Claim** will only be settled directly with the provider of medical services and no payment will be made to the **Insured Person**. If an **Insured Person** pays **Claim** costs directly to the provider, **We** will not reimburse the **Insured Person**.
- Terms shown in bold in this policy have defined meanings given to them in the **General Definitions** section of this document.

Assistance Services are provided by AIG Travel Asia Pacific Pte Ltd (**Assistance Company**).

You or someone acting on **Your** behalf must contact the **Assistance Company** as soon as reasonably possible to notify **Us** of a **Claim**. A **Claim** will only be settled by **Us** directly with the provider and no payment will be made to **You**.

Period of Coverage

Please note: **You** are only covered during the following periods for each benefit:

1. **Section A1 - Emergency Medical Expenses** and **Section A2 – Repatriation of Mortal Remains**
 - Cover starts when **You** arrive in Singapore as shown on **Your** Certificate of Insurance
 - And ends at the earlier of:
 - a. At the time of departure from Singapore; or
 - b. 90 days after this cover started.
2. **Section B - Emergency Travel Assistance**
 - Cover starts when **You** arrive in Singapore as shown on **Your** Certificate of Insurance
 - And ends at the earlier of:
 - a. At the time of departure from Singapore; or
 - b. 90 days after this cover started.

Please note:

Sanctions Exclusions:

We will not be deemed to provide cover and **We** will not be liable to pay any **Claim** or provide any benefit hereunder if **We** determine that the provision of such cover, payment of such **Claim** or provision of such benefit would expose **Us**, **Our** parent company or **Our** 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, the United Kingdom, or the United States of America. **We** will not provide any cover in, or make any payments to any person or provider entity located in any country or region that is subject to comprehensive sanctions, which as of the effective date of this Policy include Iran, Cuba, Syria, North Korea, and the Crimea Region of the Ukraine.

This policy will not: cover any loss, injury, damage or legal liability sustained directly or indirectly by any individual or entity identified on any applicable government watch list as a supporter of terrorism, narcotics or human trafficking, piracy, proliferation of weapons of mass destruction, organized crime, malicious cyber activity, or human rights abuses; or pay any **Claim**, loss, or expense involving any service provider who is on any such list.

Period of Coverage:

If treatment for COVID-19 is initiated within the 90 day coverage period, cover under [Section A1 - Emergency Medical Expenses](#) and [Section A2 - Repatriation of Mortal Remains](#) will continue beyond 90 days until **You** leave Singapore, subject to the limits stated in the **Table of Benefits** and the other terms and conditions of this policy.

The following cover is provided for each **Insured Person**. It is important that **You** refer to the individual sections of cover for full details of what **You** are entitled to should **You** need to make a **Claim**.

Table Of Benefits

Section	Core Benefit(s)	Sum insured up to:
A1	Emergency Medical Expenses - if You test positive for COVID-19	SGD 250,000
A2	Repatriation of Mortal Remains in the event of death from COVID-19*	SGD 150,000 (Sub-limit of A1)
Section	Assistance Service	Sum insured up to:
B	Emergency Travel Assistance	Included

How To Make A Claim

Please note:

You or someone acting on **Your** behalf must contact the **Assistance Company** as soon as reasonably possible to notify **Us** of a **Claim**. A **Claim** will only be settled by **Us** directly with the provider and no payment will be made to the **Insured Person**. If an **Insured Person** pays **Claim** costs directly to the provider, **We** will not reimburse the **Insured Person**.

All supporting **Claim** documents must be submitted to **Us** / **Our** office as soon as reasonably possible from the date of the event happening which causes **You** to submit **Your Claim**. Late notification of a **Claim** may affect **Our** acceptance of a **Claim**.

You have to provide at **Your** own expense all reasonable and necessary evidence **We** require to support a **Claim**. If the information supplied is insufficient, **We** will identify the further information which is required. If **We** do not receive the information **We** need, **We** may reject the **Claim**.

The **Assistance Company** will provide help during **Your Trip**. They provide twenty-four (24) hour emergency service, 365 days a year. The contact details are as follows:

AIG Travel Asia Pacific Pte Ltd
 Phone number: +65 6419 3075
 Email: SGAssistance@aig.com

Please have the following information available when **You** (or someone on **Your** behalf) contact the **Assistance Company** so that **Your** case can be dealt with efficiently:

- **Your** name and address;
- **Your** contact phone number;
- **Your** travel itinerary;
- Passport / Identification and
- The name, address and contact phone number of **Your Medical Practitioner**.

For further details about claims, please refer to [General Conditions](#).

General Definitions

Wherever the following words or phrases appear in bold in this policy, they will have the following meanings:

Assistance Company means AIG Travel Asia Pacific Pte Ltd referenced in this document.

Claim means a request by **You** to **Us** to avail of the range of benefits that are available under this policy.

Country of Residence means the country in which **You** have lived for the past six (6) months or have been granted unrestricted right of re-entry by the Government Authority.

Flight means an air journey in a commercial, scheduled aircraft in which **You** are a fare paying passenger.

Home means an **Insured Person's** usual place of residence within **Your Country of Residence**.

Hospital means an establishment constituted and registered as a facility for the care and treatment of sick and injured persons and which:

1. has full facilities for diagnosis and surgical procedures;
2. provides twenty-four (24) hour a day nursing services by registered graduate nurses;
3. is supervised by a staff of **Medical Practitioners**; and
4. is not primarily a clinic, nursing, rest or convalescent home, a home for the aged, a place for the treatment of alcoholism or drug addiction or an institution for mental or behavioural disorder.

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

Insured Person means a person named on the Certificate of Insurance.

Medical Practitioner means a registered and properly qualified medical specialist licensed under applicable laws and acting within the scope of his/her license and training. The attending **Medical Practitioner** cannot be **You**, **Your Relative**, business associate, employer or employee.

Medically Necessary means a medical service provided by a **Medical Practitioner** which is:

1. consistent with the diagnosis and is a customary medical treatment for the covered **Illness**;
2. in accordance with standards of good medical practice, consistent with current standards of professional medical care and of proven medical benefits;
3. not for the convenience of **You** or the **Medical Practitioner**;
4. unable to be rendered out of a **Hospital** (if admitted as an inpatient);
5. not experimental, investigational, research, preventive or screening in nature; and
6. for which charges are reasonable, customary and do not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age for a similar **Illness** in accordance with accepted medical standards and practice that could not have been omitted without adversely affecting **Your Illness**.

Pre-existing Medical Condition means a COVID-19 diagnosis prior to the start of **Your** cover under this policy.

Trip means **Your** trip to Singapore from an overseas country for which cover shall commence when **You** arrive in Singapore and shall continue until the earlier of:

1. **Your** departure from Singapore;
2. the expiry date shown in **Your** Certificate of Insurance; or
3. 90 consecutive days following commencement date of **Your** journey.

War means military action, either between nations or resulting from civil war or revolution.

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

You, Your, Yourself means the **Insured Person**.

General Conditions

General Conditions apply to all sections of this policy.

1. **You** or someone acting on **Your** behalf must contact the **Assistance Company** as soon as reasonably possible to notify **Us** of a **Claim**.
2. **You** must take all reasonable steps to avoid or reduce any loss that may mean **You** have to make a **Claim** under this insurance.
3. To have full protection of this policy **You** must comply with the conditions outlined in the **How To Make A Claim** section, which are conditions of the policy. Failure to comply with these conditions may determine whether **We** pay to the **Insured Person** in the event of a **Claim**.
4. **You** must give **Our** claims department all the documents they request to deal with any **Claim**. **You** will be responsible for the costs involved in doing this.
5. **You** must help **Us** get back any money **We** have paid if another insurer or other party may be obligated to pay such amounts. This may include providing **Us** with information and filling out related forms.
6. An **Insured Person** seeking payment of a **Claim** must give **Us** permission to obtain any medical reports or records needed from any **Medical Practitioner** who has treated the **Insured Person**; otherwise **We** may not pay any **Claim**.
7. **We** may ask the **Insured Person** to attend one (1) or more medical examinations. If **We** do, **We** will pay the cost of the examination(s), any medical reports and records, and reasonable travelling expenses of the **Insured Person** and any person required to travel with the **Insured Person** to attend the examination, if these expenses are agreed by **Us** in advance. If the **Insured Person** fails to attend without reasonable cause, **We** may reject the **Claim**.
8. If an **Insured Person** dies, **We** have the right to ask for a post mortem examination at **Our** expense.
9. **You** must pay **Us** back any amounts that **We** have paid that are not covered by the insurance. This could include any overpayments and payments to which **You** are not entitled.
10. If **We** have paid a **Claim** under this policy and it has been accepted as full and final payment of the **Claim**, then **We** will not have to make any further payments for the same **Claim**.
11. Any fraud, deliberate dishonesty or deliberate hiding of information by an **Insured Person** at any time will make this policy invalid so far as concerns cover for that **Insured Person**. If this occurs, **We** will not refund any premiums in respect of that **Insured Person**.
12. **We** will not pay any interest on any amount payable under this policy.
13. This policy will be governed by Singapore law without giving effect to its conflicts of law provisions, and the policyholder, **Insured Persons** and **We** agree to submit to the courts of Singapore to determine any dispute arising under or in connection with it.
14. If a **Claim** is deemed eligible under the policy **We** will make **Claims** payments directly with the provider only and no payment will be made to the **Insured Person**.
15. **We** may also contact third parties who have or who were to provide services to the **Insured Person** (for example, an airline, travel company or hotel) to verify the information provided.
16. A person who is not a party to this policy contract will have no rights under the Contracts (Rights of Third Parties) Act (Cap. 53B) to enforce any of its terms.
17. At the time of effecting this insurance and up until the time **You** commence **Your Trip**, **You** must be medically fit to travel and not be aware of any circumstances which could lead to any **Claim** under this policy, otherwise no **Claim** will be payable.
18. **You** must purchase the insurance before departing for **Your Trip**. If insurance is purchased after **Your** departure, no coverage is extended, regardless of whether a policy has been issued. In such circumstances, any premium received in respect of such insurance will be refunded.
19. Failure to comply with any of the provisions contained in this policy will invalidate all **Claims** under this policy.
20. In the event of any payment under any one or more Sections of this policy, **We** will be subrogated to all **Your** rights of recovery against any person or organisation and **You** will execute and deliver instruments and documents and do whatever else is necessary to secure **Our** such rights. **You** will take no action after the loss to prejudice **Our** rights.
21. Any disputes arising out of this policy shall first be referred to the Financial Industry Disputes Resolution Centre Ltd ("FIDReC"), where it falls within FIDReC's jurisdiction. If the dispute cannot be referred to or resolved by FIDReC, it shall be referred to and finally resolved by arbitration in Singapore in accordance with the Arbitration Rules of the Singapore International Arbitration Centre 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 arbitrator. The language of the arbitration shall be English.
22. Notwithstanding anything contained in this policy but subject to:
 - a. **You** agree and declare that the total premium due must be paid and actually received in full by **Us** (or the intermediary through whom this policy was effected) on or before the effective date of the coverage under the policy; and
 - b. in the event that the total premium due is not paid and actually received in full by **Us** (or the intermediary through whom this policy was effected) on or before the effective date, then the policy will be deemed to be cancelled immediately and no benefits whatsoever will be payable by **Us** as

cover never attached on the policy. We will not reinstate the policy after it is cancelled for non-receipt of payment, even if payment is made on or after the effective date of the policy.

23. The **Insured Person(s)** has/have agreed and consented that **We** may collect, use and process the **Insured Person(s)**'s personal information (whether obtained in the application form or otherwise obtained) and disclose such information to the following, whether in or outside of Singapore: (i) **Our** group companies; (ii) **Our** (or **Our** group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, the **Insured Person(s)**'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 **Our** Data Privacy policy which include:
- (i) Processing, underwriting, administering and managing the Insured Person(s)'s relationship with **Us**;
 - (ii) Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
 - (iii) Compliance with legal or regulatory obligations, risk management procedures and **Our** internal policies;
 - (iv) Managing **Our** infrastructure and business operations; and
 - (v) Carrying out market research and analysis and satisfaction surveys.

Note: Please refer to the full version of **Our** Data Privacy policy found at: <http://www.aig.sg/privacy>

If the **Insured Person(s)** has not opted out, the **Insured Person(s)** has also consented to **Us**, **Our** group companies, service providers and business partners using, processing and disclosing the **Insured Person's** personal information to:

- a) enrol the **Insured Person(s)** in contests, prize draws and similar promotions; and
- b) contact the **Insured Person(s)** to market other insurance, and/or **Our**, **Our** group companies' and/or **Our** business partners' financial products and/or services.

If the **Insured Person(s)** has any questions about **Our** collection, use and disclosure of personal information, **Our** Data Protection Officer may be contacted at singaporedataprotectionofficer@aig.com

24. 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).
25. **We** will not allow any refund or change to the policy once the policy is issued.

General Exclusions

General Exclusions apply to all sections of this policy. In addition to these **General Exclusions**, please also refer to 'What **You** are not covered for' under each policy section as this sets out further exclusions which apply to that policy section.

We will not be liable under any section of the policy for any **Claim** arising out of, based upon, relating to or attributable to:

1. Any costs not related to COVID-19.
2. Any **Pre-Existing Medical Condition** or any complication arising from it.
3. **You** travelling against the advice of a **Medical Practitioner** or travelling against the advice of **Your** government guidelines or for the purpose of obtaining medical advice or treatment.
4. **War**, civil war, invasion, revolution or any similar event.
5. Loss, expense, liability or damage to any property, arising from ionising radiation or contamination by radioactivity from
 - a. any nuclear fuel or
 - b. any nuclear waste from
 - (i) burning nuclear fuel or
 - (ii) radioactive, toxic, explosive or
 - (iii) other dangerous properties of any explosive nuclear equipment
6. The dispersal, application or release of pathogenic or poisonous biological or chemical materials.
7. Travel to a specific country or area if **Your Country of Residence's** government or health authority has issued a travel ban against travel to that country or area.
8. **Your** involvement in any deliberate, malicious, reckless, illegal or criminal act.
9. **Your** suicide or attempted suicide.
10. **Your** deliberately or putting **Yourself** in danger (unless **You** are trying to save a human life).
11. **Your** use of alcohol or drugs unless the drugs have been prescribed by a **Medical Practitioner** (whether the **Claim** arises directly or indirectly from **Your** use of alcohol or drugs).
12. **Your** failure to get the inoculations and vaccinations that **You** need in relation to **Your Trip**.

Additionally:

13. This policy does not cover expense for pre-**Trip** COVID-19 testing, COVID-19 testing at a departure or arrival airport, or mandatory COVID-19 testing required by an official government or health authority.
14. Where permissible under local law, any loss or expense or event or liability which is covered under any other insurance policy or plan or act of government or is payable by any other source. **We**, however, will pay the difference between what is payable under the other insurance policy or scheme or act of government or such other source and what **You** otherwise would be entitled to recover under this policy.
15. This policy does not provide coverage for any indirect losses, costs, charges or expenses (meaning losses, costs, charges or expenses that are not listed under the headings 'What **You** are covered for' in **Your Benefits Under this Policy** section (for example, loss of earnings if **You** cannot work after **You** have been ill).
16. This policy does not provide coverage for any costs which **You** would have had to pay had the reason for the **Claim** not occurred (for example, the cost of food which **You** would have paid for in any case).
17. **We** will not be deemed to provide cover and **We** will not be liable to pay any **Claim** or provide any benefit hereunder if **We** determine that the provision of such cover, payment of such **Claim** or provision of such benefit would expose **Us**, **Our** parent company or **Our** 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, the United Kingdom, or the United States of America.
18. **We** will not provide any cover in, or make any payments to any person or provider entity located in any country or region that is subject to comprehensive sanctions, which as of the effective date of this Policy include Iran, Cuba Syria, North Korea, and the Crimea Region of the Ukraine.
19. This policy will not: cover any loss, injury, damage or legal liability sustained directly or indirectly by any individual or entity identified on any applicable government watch list as a supporter of terrorism, narcotics or human trafficking, piracy, proliferation of weapons of mass destruction, organized crime, malicious cyber activity, or human rights abuses; or pay any **Claim**, loss, or expense involving any service provider who is on any such list.

Your Benefits Under this Policy

Section A1– Emergency Medical Expenses

Please note:

1. **You** or someone acting on **Your** behalf must contact the **Assistance Company** as soon as reasonably possible
2. If **You** are entitled to receive payment of all or any part of the medical expenses from any other source, **We** will pay the difference.

What You are covered for under Section A1

We will pay up to the amount shown in the **Table of Benefits** for **Medically Necessary** and reasonable costs as a result of **You** testing positive for COVID-19 during **Your Trip**. This includes:

1. Emergency medical, surgical and **Hospital** treatment and ambulance costs.
2. If **You** cannot return to **Your Country of Residence** as **You** originally planned and the **Assistance Company** agrees **Your** extended stay is **Medically Necessary**, **We** will pay for additional accommodation (room only) and travel expenses (economy class, unless a higher grade of travel is confirmed as **Medically Necessary** and authorised in advance by the **Assistance Company**) to allow **You** to return to **Your Country of Residence**.

What You are not covered for under this Section A1 and under Section A2

In addition to the exclusions set out in the **General Exclusions** section, this policy does not cover loss or damage arising out of, based upon or attributable to:

1. Any treatment or surgery which the **Assistance Company** thinks is not immediately necessary and can wait until **You** return to **Your Country of Residence**. The decision of the **Assistance Company** is final.
2. The extra cost of a single or private **Hospital** room, unless shared rooms are not available or unless a single or private **Hospital** room is **Medically Necessary**.
3. Any costs for medical conditions not related to being diagnosed with COVID-19 on **Your Trip**.
4. Any costs related to any mutation, variation or related strain of the coronavirus that causes COVID-19 on **Your Trip**.
5. Any search and rescue costs charged to **You** by a government, regulated authority or private organisation connected with finding and rescuing **You**. This does not include medical evacuation costs by the most appropriate transport.
6. Any costs that **You** settle directly with the service provider.
7. Any costs **You** have to pay when **You** have refused to return to **Your Country of Residence** and the **Assistance Company** considered **You** fit to return.
8. Any treatment or medication of any kind that **You** receive after **You** return to **Your Country of Residence**.
9. Costs that have not been incurred by or on behalf of **You**.

Please note that the conditions set out in the **General Conditions** section apply to all benefit sections.

Claims evidence required for Section A1 may include

- Proof of a positive COVID-19 test
- Proof of travel (confirmation invoice, travel tickets)
- Invoices for medical expenses
- An official letter from the treating **Medical Practitioner** to confirm the expenses were **Medically Necessary**

Please note: **We** may require other evidence to support **Your Claim** depending on the circumstances, in which case **We** will request this from **You**.

Section A2 – Repatriation of Mortal Remains

What You are covered for under Section A2

We will pay up to the amount shown in the [Table of Benefits](#) for the necessary and reasonable repatriation costs as a result of **Your** diagnosis of COVID-19 during **Your Trip**. In the event of death, the cost of returning **Your** body or ashes to **Your Country of Residence**, up to the specific amounts shown in the [Table of Benefits](#).

What You are not covered for under Section A2

Please refer to the exclusions outlined in [Section A1](#) and the [General Exclusions](#) of this policy wording for details of what is not covered.

Please note that the conditions set out in the [General Conditions](#) section apply to all benefit sections.

Claims evidence required for Section A2 may include

- Proof of a positive COVID-19 test
- Proof of travel (confirmation invoice, travel tickets)

Please note: We may require other evidence to support **Your Claim** depending on the circumstances, in which case **We** will request this from **You**.

Section B– Emergency Travel Assistance

The **Assistance Company** will provide twenty-four (24) hour worldwide trip and emergency assistance services if the following occurs on **Your Trip**;

- **You** are denied boarding on a **Flight** due to fever or other medical concern
- **You** are denied entry to a country due to fever or other medical concerns.
- Feel ill while travelling.

If **You** require medical treatment that necessitates admittance to **Hospital** as an in-patient, emergency transportation services, or to return **Home** for any reason covered by this policy, **You** must contact the **Assistance Company** and follow their advice or instruction. Failure to do so may prejudice **Your Claim** under this policy.

The **Assistance Company** operates a network of service centres that will provide **You** with 24/7 travel assistance before and during **Your Trip**.

Depending on **Your** specific needs, **We** can:

1. when medical care is needed, direct **You** to suitable medical facilities, monitor **Your** condition and treatment, and keep **Your** family and friends at **Home** informed;
2. confer with **Your** treating **Medical Practitioner** to evaluate if and when repatriation is necessary, and coordinate all services; and

We will try to get **You** medical attention when **You** travel, but the **Assistance Company** cannot guarantee that appropriate medical facilities will always be available. The **Assistance Company** is only provided to monitor **Your** condition remotely and cannot take over the running of **Your** medical treatment. Please note that where **Your Claim** is not covered under the policy, the provision of emergency assistance will not in itself be an admission of liability of **Your Claim**.

See the contact information provided in the [Important Contact Details](#) section for details of how to contact the **Assistance Company**.

Important Note – This section provides for assistance services only and does not provide cover for emergency medical expenses or any other expenses unless they are covered elsewhere in this policy.

Important Contact Details

EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

Phone number: +65 6419 3075

Email: SGAssistance@aig.com

Open 24 hours a day, 7 days a week.

American International Group, Inc. (AIG) is a leading global insurance organisation. Founded in 1919, today AIG member companies provide a wide range of property casualty insurance, life insurance, retirement products, and other financial services to customers in more than 80 countries and jurisdictions. These diverse offerings include products and services that help businesses and individuals protect their assets, manage risks and provide for retirement security. AIG common stock is listed on the New York Stock Exchange and the Tokyo Stock Exchange.

Additional information about AIG can be found at www.aig.com and www.aig.com/strategyupdate | YouTube: www.youtube.com/aig | Twitter: @AIGinsurance | LinkedIn: <http://www.linkedin.com/company/aig>.

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