



AIG VACCINE HOSPITALISATION COVER

A. Our Contract

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

We insure You based on the information that You have provided to us in the Application Form and/or through any other means.

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

B. Your Policy Benefits

You are covered for the circumstances described under the following Benefits that occur during the Period of Insurance subject to the terms, conditions and exclusions of the Policy.

Death Benefit

If You are diagnosed with an Illness within the Validity Period after being Vaccinated via injection against Infectious Diseases and it consequently results in Your sudden and unexpected death within the Validity Period, We will pay the Compensation as specified in the Policy Schedule.

Notwithstanding the above, this Benefit is not payable if a valid claim for Permanent Total Disablement Benefit is paid out.

Once this Benefit is paid out, the Policy immediately terminates for the Insured Person.

We will not pay any claim under this Policy in connection with a death occurring whilst Overseas.

Permanent Total Disablement Benefit

If You are diagnosed with an Illness within the Validity Period after being Vaccinated via injection against Infectious Diseases and it consequently results in You suffering Permanent Total Disablement, We will pay the Compensation as specified in the Policy Schedule.

Notwithstanding the above, this Benefit is not payable if a valid claim for Death Benefit is paid out.

Once this Benefit is paid out, the Policy immediately terminates for the Insured Person.

Daily Hospitalisation Income

If You are diagnosed with an Illness within the Validity Period, after being Vaccinated via injection against Infectious Diseases, and consequently are Hospitalised within the same Validity Period, We will pay the Compensation as specified in the Policy Schedule for each Day You spend as an Inpatient up to the Aggregate Period for each Vaccination or until You are discharged from the Hospital as an Inpatient, whichever occurs first.

This Benefit is only payable for the Hospitalisation of one Illness regardless of the number of Illnesses diagnosed during the same Hospitalisation period.

Any Hospitalisation of the Insured Person must commence during the Validity Period for the Benefit to be payable.

Any Hospitalisation of the Insured Person must be Medically Necessary and shall be evidenced by the attending Doctor's report.

Subsequent periods of Hospitalisation for the same Illness are considered to be part of the same claim, provided that:

- a) each subsequent Hospitalisation occurs while this Policy is still in force,
- b) the person who is the subject of the claim is You, and
- c) the period of Hospitalisation does not fall outside of the Validity Period.

For the avoidance of doubt, You are covered for up to a maximum of two Vaccinations within the Period of Insurance.

Ambulance Fees & Transport Reimbursement

If You are diagnosed with an Illness within the Validity Period after being Vaccinated via injection against Infectious Diseases and consequently are Hospitalised within the same Validity Period, and You require immediate land ambulance transfer or any other paid land transportation (including taxis) to the nearest Hospital for medical attention, We will reimburse You for the actual ambulance or transport fees incurred up to the maximum Compensation as specified in the Policy Schedule.



For the avoidance of doubt, You are covered for up to a maximum of two Vaccinations within the Period of Insurance.

This Benefit is only payable:

- a) for the first ambulance transfer to a Hospital, and
- a) if a valid claim for "Daily Hospitalisation Income" Benefit is payable.

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

- a) any Injury; and
- b) any Hospital transfers whilst Overseas.

C. Your Policy Exclusions

1. General Exclusions

The following exclusions apply to all sections of this Policy.

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

- a) Any Infectious Disease Vaccination received against the advice of a Doctor or against the guidelines issued by the relevant government authorities or the Vaccine manufacturers.
- b) Any Hospitalisation or Vaccination received whilst Overseas.
- c) Overseas medical treatment.
- d) Any diagnosis of an Illness during Overseas travel or within 14 days upon return from Overseas travel.
- e) Any abuse by, and effects or influence of drugs and alcohol in an Insured Person, and in the case of drugs, unless the drugs are administered by a Doctor and taken in accordance with the directions of a Doctor;
- f) Any Hospitalisation for:
 - i. any routine health checks;
 - ii. any diagnosis, tests, examinations or x-rays where there is no objective indication of impairment of normal health;
 - iii. any treatment or investigation of a preventive nature, acupuncture or any treatment which is not Medically Necessary; or
 - iv. receiving treatment not incidental to the treatment or diagnosis of the Illness;
 - v. weight reduction or gain.
- g) Nuclear, biological or chemical incidents outlined below:
 - i. terrorist, criminal or other malicious entity's dispersal or application of pathogenic or poisonous biological or chemical materials or the release of pathogenic or poisonous biological or chemical materials.
- h) Any act of War, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, or usurpation of power.

2. Economic Sanctions

The insurer will not be liable to provide any coverage or make any payment under this Policy if to do so would be in violation of any sanctions law or regulation which would expose the insurer, its parent company or its ultimate controlling entity to any penalty under any sanctions law or regulation.

D. Your Policy Conditions

1. Geographical Limits & Territorial Limits

The coverage under this Policy is 24 hours a day, and 7 days a week within a Validity Period after being Vaccinated via injection against Infectious Diseases during the Period of Insurance, unless otherwise endorsed or amended.

2. Governing Law

This Policy is governed by the laws of Singapore.

3. Burden of Proof

If We allege that by reason of any of the exclusions under Part C above, any loss, damage, Illness or liability is not covered by this Policy, the burden of proving the contrary shall be on You.

4. Duty of Disclosure

As explained in Part A of this Policy, all information You provide to Us in the Application Form and through any other means form the basis of this contract of insurance between You and Us. You must inform us immediately if any of the information that You have given us changes or is no longer accurate.

You must also inform Us of any other facts which You know or ought to know which may affect Our decision whether to continue to insure You and on what terms.

These information/facts could result in additional premium being payable and different terms and conditions may apply on this Policy. If such information is not disclosed to Us or if there is any fraud, misstatement or concealment in respect of this Policy or of any claim, You may not receive any benefits under this Policy and/or We may cancel or void this Policy.



5. Cover Selection

This Policy provides You with cover for Benefits under the Selected Plan during the application process and approved by Us.

6. Eligibility & Age

a) Age to qualify for cover:

Entry age for an Insured Person under this policy is 16 to 65 years of age

For the avoidance of doubt, the determination of age shall be the age as of the Insured Person's last birthday.

b) Residency – To be eligible for cover under this Policy, an Insured Person must be a:

- i. Singapore citizen;
- ii. Singapore permanent resident; or
- iii. Holder of a valid employment pass (of which the place of employment must be in Singapore during the Period of Insurance) or a dependent pass granted by the relevant government authority.

7. Exclusion of Third Party Rights

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

8. Reasonable Care

You must take all reasonable care to avoid or mitigate the occurrence of any circumstance which may lead to a claim under this Policy.

9. Offset Clause

If You are entitled to receive a reimbursement of all or part of claimed expenses from any other source for any of the benefits in this Policy, We will only be liable for the excess of the amount recoverable from such other source or insurance, up to the maximum sum insured as specified in the Policy Schedule. This condition is only applicable to Benefits whereby payment is on a reimbursement basis.

10. Effective Date of this Policy

This Policy takes effect on the Effective Date shown in the Policy Schedule.

11. Changes of the Terms, Conditions or Premiums

We reserve the right to amend the terms, conditions or premiums of this Policy at any time during the validity of this Policy and/or at the renewal of this Policy by giving You:

- a) 30 days' written notice of such change, or
- b) Immediate written notice of such change, if such amendment is necessary due to any government or statutory requirement which impacts this Policy.

No amendments to this Policy shall be valid unless approved in writing by Our authorized representative and reflected in an Endorsement. No broker, agent or advisor has the authority to amend or waive any of the terms, conditions and premiums of this Policy.

12. Change in Usual Country of Residence

You must inform Us in writing of any change in Your Usual Country of Residence. A change in the Usual Country of Residence will be deemed to mean You are living or intending to live in another country for more than 90 consecutive days. Upon receipt of such information, We may at Our option continue to cover You on the same terms and conditions or terminate this Policy.

13. Notification and Claims Procedures

Written notice of claim must be given to Us 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 completing the claim form which can be downloaded from Our website www.aig.sg and mailing it to: AIG Insurance Asia Pacific Pte Ltd, 78 Shenton Way, #09-16, Singapore 079120. Relevant documents to support the claim are to be given to Us 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.

Once claims are reported, We 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, Doctor's reports, Hospital records, records, valuations or any other evidence as required by Us to support a claim. If the information supplied is insufficient, the We will advise if additional information is required.

Any information required due to any subsequent request for information by Us must be provided within 60 days of the information request date. We, at Our sole discretion, may reject the claim or withhold payment if We do not receive the required information within this stipulated time set.

14. Right of Recovery

In the event authorisation for payment and/or payment is made by Us for a medical claim for which Policy liability is not engaged, we reserve the right to recover against You for the full sum which We have paid.

We also reserve the right to recover any amount paid in excess of what You are not covered for under this Policy and that



We have paid, should You submit a fraudulent claim.

15. Receipts

We will not be committed by any notice of any trust, charge, lien, assignment or other dealing with this Policy and Your receipt of any compensation payable under this Policy will in all cases amount to a full and final discharge of Our liability under this Policy. In the event of any successful claim or demand made by any person or entity as beneficiaries in respect of the compensation paid to You, You agree to indemnify Us in full upon Our written demand.

16. Medical Examination and Treatment

You will at Your expense furnish to Us all such medical reports, certificates, information and evidence as may be required by Us and You will, whenever required to do so, arrange to submit to medical examination by Doctors appointed by Us. In the event of Your death, where it is not forbidden by law, We will be entitled to have a post-mortem examination at Our own expense and where practicable, for notice to be given to Us before internment or cremation, stating the name and place of any inquest appointed. In the event of any conflict of opinion between Our Doctor and Your Doctor, the opinion of Our Doctor will prevail and be binding on You or Your estate. Where medical certificates / reports are required to be furnished, We will only accept medical certificates / reports issued by a Doctor. Certificates or reports issued by a registered herbalist, chiropractor, physiotherapist, acupuncturist, osteopath or bonesetter practitioner will not be accepted.

In the course of Our claims process, You are to render full cooperation to Us and to Our appointed service providers, vendors and experts, including providing face to face interviews if and when required.

17. Payment of benefits

Subject to Section 49L and Section 49M of the Insurance Act (Cap. 142), We will pay all benefits to You or Your estate in the event of Your death. The receipt of any benefit payable under this Policy to You or Your legal representatives shall constitute full and final discharge of Our liability under this Policy.

18. Cancellation

We may cancel this Policy by giving You 7 days' written notice at Your last known address. You may also cancel this Policy by writing to Us.

We will refund You the premium paid less a pro-rated amount for the period when You were covered under this Policy

Notwithstanding the above. We will not refund You any unused premium if:

- a) a claim has arisen in the Policy Year; or
- b) the premium to be refunded is below S\$25.00.

19. Automatic Termination of Cover for Insured Person

This Policy will automatically terminate for an individual Insured Person on the date:

- a) this Policy is cancelled for reasons stated under Condition 17. Cancellation;
- b) the Insured Person ceases to satisfy any of the eligibility requirements as stated under Condition 6. Eligibility & Age or any of the exclusions;
- c) when Death Benefit or Permanent Total Disablement Benefit is paid for any one Illness.; or
- d) any fraud or misrepresentation to the Company discovered as mentioned under Condition 19. Misrepresentation or Fraud.

20. Misrepresentation or Fraud

Any fraud, deliberate dishonesty or deliberate hiding of any information connected with the application for this Policy, for ongoing/subsequent disclosures or in connection with a claim made, will void this Policy and We will treat the Policy as if it never existed. In such event, We will not refund any premiums paid and will not make payments for any claims submitted to Us. We also reserve the right to recover any amount paid to You in respect of any fraudulent claims submitted to Us and already paid by Us to You.

21. Misstatement of Age

If at the correct age You would not have been eligible for cover under this Policy, no benefit shall be payable. Our liability shall be limited to the refund of the premium paid without interest.

22. Duplication of Cover and Other Insurance Cover

If You make a valid claim under this Policy and have more than one Policy with Us which is the same product and provides the same cover, We will consider You to be insured under the Policy which provides the highest benefit level. If the cover is for reimbursement of costs, expenses or third party liability payments and You have more than one Policy with Us which provide the same or similar cover but which are not identical products, such costs, expenses or third party liability payments will be distributed proportionately between the policies based on the proportion of the cover limit. If however the cover is for reimbursement of costs, expenses or third party liability payments and You have insurance with other insurers providing the same or similar cover, We will only pay You Our proportion of the cover limit of Your claim based on the total number of policies covering such claim against the proportion of the cover limit of the other insurer(s) subject always to the limit under this Policy and any other Policy(ies) You have with Us.

23. Dealing with Disputes

Any disputes arising out of or in connection with this Policy, including any question regarding its existence, validity or termination, 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 ("SIAC Rules") for the time being in force, which rules are deemed to be incorporated by reference in this clause. The Tribunal shall consist of one (1) arbitrator.

24. Reinstatement of Policy

When If the Policy is cancelled due to the non-payment of premium, You must make an application for reinstatement of this Policy within 90 consecutive days from the first Premium Due Date on which premium was not paid on. All reinstatements will be determined at Our sole discretion and will require You to agree to Our reinstatement terms and conditions before the Policy is reinstated.

We will not pay any claims for any event Benefits will not be payable for any event likely to give rise to a claim under this Policy which occurred during the period when the Policy was not in force.

25. Contract Rights of 3rd Parties

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

26. Change in Plans

Any change in Plan is subject to Our prior written approval. If a claim was incurred by You prior to this change, We will adjudicate the claim for You based on the Policy terms and conditions applicable prior to the change in Plan.

27. Waiver of Your Rights

If We reject liability for any claim made under this Policy and it is not referred to arbitration within 12 months from the date of Our rejection, it shall be deemed that You have accepted Our rejection of Your claim and You have waived all Your rights with respect to such a claim.

28. 14 Days Free Look Privilege

You have 14 days from the receipt of this Policy to examine its terms and conditions. You may cancel this Policy within these 14 days by written request to Us. If there is no claim made within these 14 days, We will refund You any premium paid. If this Policy is sent by post, it is deemed to have been delivered in the ordinary course of post. Once this Policy is cancelled, We will have no liability under the cancelled Policy and We will be entitled to recover any expense incurred by Us in underwriting this Policy. This provision is not applicable to any policies with terms of cover of less than a year and to renewals.

29. Premium Payment for Monthly or Annual Renewals

Unless cancelled by You or by Us, this Policy will be automatically renewed by the payment of premium subject to all terms, conditions and exclusions of this Policy. Our acceptance of premium will constitute consent to renewal. In any event, Your coverage will terminate when the Policy terminates.

30. Payment Before Cover Warranty

Notwithstanding anything contained in this Policy, You agree and acknowledge that:

- a) The total premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) on or before the Effective Date of this Policy or renewal certificate.
- 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 or renewal certificate will be deemed to be cancelled immediately and no benefits will be payable by Us as cover never attached. Any payment received thereafter shall not affect the cancellation of the Policy or renewal certificate.
- c) In respect of coverage with a "Free Look" provision, You may return the original Policy document to Us or Our intermediary within the "Free Look" period if You decide to cancel the cover during the "Free Look" period. In such an event, You will receive a full refund of the premium paid to Us provided that no claim has been notified or made under this Policy.
- d) If payment of full premium is to be made by credit card or bank GIRO whether monthly, annually or at such periods as may be agreed, the submission to Us of a complete and properly signed direct debit authorisation form (or such other form as may be required by the card centre, bank or Us) to Us on or before the Effective Date will be deemed to be payment received by Us, subject to clause (e) below.
- e) In the event of any rejection by the card centre or bank of the direct debit authorization form (or such other form as referred to in clause (d) or any inability by Us to obtain payment of the premium by credit card or GIRO deduction due to any reason), We will allow a second attempt for the charge and deduction of the outstanding premiums from the relevant card centre or bank. Should the second attempt fail for any reason, the Policy or renewal certificate will be deemed to be cancelled immediately effective from the day of the month when premium was due and unpaid and no benefits whatsoever will be payable by Us as cover never attached. Any payment received thereafter shall not affect the cancellation of the Policy or renewal certificate.

31. Validity of Remainder of Policy

In the event that any portion of this Policy is found to be invalid or unenforceable, the remainder of this Policy will remain valid, and in full force and effect.



32. Data Use

You have agreed and consented that We may collect, use and process Your personal information (whether obtained in this Application Form or otherwise obtained) and disclose such information (whether in or outside of Singapore) to the following:

- a) Our group companies;
- b) Our (or Our group companies') service providers, reinsurers, agents, distributors, business partners;
- c) brokers, Your authorized agents or representative, legal process participants and their advisors, other financial institutions;
- d) governmental / regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purpose stated in Our Data Privacy Policy which include:
 - i. Processing, underwriting, administering and managing Your 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 You have not opted out, You have also consented to Us, Our group companies, service providers and business partners using, processing and disclosing Your personal information to:

- (a) Enroll You in contests, prize draws and similar promotions
- (b) Contact You to market other insurance, and/or Our, Our group companies and/or Our business partners' financial products and/or services.

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

33. Insurance Act (Cap.142)

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

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

- a) You are a citizen of Singapore, unless You have resided outside Singapore continuously for 5 or more years before the application date of the Policy and are not currently residing in Singapore;
- b) You are a permanent resident, unless You have resided in Singapore for less than a total of 183 days in the 12 months before the application date of the Policy;
- c) You have a work pass or permit required under the Employment of Foreign Manpower Act (Cap. 91A), unless You have resided in Singapore for less than a total of 183 days in the 12 months before the application date of the Policy; or
- d) You have a pass or permit required under the Immigration Act (Cap.133) that has duration longer than 90 days and You have resided in Singapore continuously for at least 90 days in the 12 months before the application date of the Policy.

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

34. Notices to You

We provide formal written notices to You either by post or by electronic means using the last updated contact information provided to Us. We will not be responsible for any consequences arising from Your failure to notify Us of any change of contact information.

35. Written Notice

Every notice or communication to be made under this Policy shall be given in writing to Us either via post or electronic mail (e-mail).

36. Currency

All benefits payable under this Policy will be in Singapore dollars. When a claim is made by You for losses incurred in a foreign currency, We will pay You in Singapore dollars based on the prevailing currency exchange rate based on the date of loss or as determined by Us.

37. Tax

Where We are, or believes it will become, liable for any tax or other imposts levied by any government, authority or other body in connection with this Policy, We may reduce, vary or otherwise adjust any amounts (including but not limited to premiums, charges and Benefits), under this Policy in the manner and to the extent it determines to be appropriate to take account of the tax or impost.



38. Assignment

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

39. Compliance with Policy Provisions

The due observance and fulfillment of the terms and conditions of this Policy so far as they relate to anything to be done or complied with and the truth to the best of Your knowledge and belief of the information furnished to Us in connection with this insurance shall be conditions precedent to Our liability. Failure to comply with any of the provisions contained in this Policy will invalidate all claims made under this Policy.

40. Entire Contract

The contract for this Policy is between You and Us only. This Policy in its entirety including Policy Schedule and where applicable certificate of insurance, hold cover letter/cover note, Endorsement, Application Form, declaration and any other statements in writing will be read together as one contract. In the event of a conflict, the terms, conditions or provisions of this Policy will prevail. No broker, agent or advisor has the authority to change or waive any provisions of the insurance. No change of provisions will be valid unless approved by Us and such approval will be endorsed onto this Policy. If any court finds that any provision of this contract or any other document embodying the contract between You and Us (or part thereof) is invalid, illegal or unenforceable that provision or part-provision shall, to the extent required, be deemed to be deleted, and the validity and enforceability of the other provisions of the contract or any other document embodying the contract between You and Us shall not be affected.

E. Your Policy Definitions

Any word or expression which has a specific meaning has the same meaning whenever that word or expression is used in this Policy, Policy Schedule and where applicable, certificate of insurance, hold cover letter/cover note and Endorsement.

Activities of Daily Living means the following activities which You can undertake on their own without any assistance:

- (a) **Washing** means the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- (b) **Dressing** means the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial Limbs or other surgical appliances;
- (c) **Feeding** means the ability to feed oneself once food has been prepared and made available;
- (d) **Toileting** means the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (e) **Mobility** means the ability to move indoors from room to room on level surfaces; or
- (f) **Transferring** means the ability to move from a bed to an upright chair or wheelchair and vice versa;

Adverse Event means an Adverse Event Following Immunisation (AEFI) as described by the World Health Organization (WHO) which can be any of the following:

- a) any untoward medical occurrence which follows immunisation and which does not necessarily have a causal relationship with the usage of the Vaccine. The adverse event may be any unfavourable or unintended sign, an abnormal laboratory finding, a symptom or a disease.
- b) Grouped into five categories:
 - i) Vaccine product-related reaction
 - ii) Vaccine quality defect-related reaction
 - iii) Immunisation error-related reaction
 - iv) Immunisation anxiety-related reaction
 - v) Coincidental event; or
- c) AEFI can be also classified into one of the following categories:
 - i) Allergic reaction
 - ii) Local reaction
 - iii) Systemic reaction
 - iv) Neurological disorders.

Aggregate Period means the maximum number of Days for which a Compensation for Hospitalisation is payable as specified against the Benefit in the Policy Schedule.

Application Form refers to the completed form(s) signed by You for this Policy whether prior or subsequent to inception of this Policy or for and upon renewal of this Policy.

Benefit means the benefits listed in the Policy Schedule and which are subject to the terms and conditions as stated under this Policy.

Compensation means the maximum amount payable for a Benefit as specified in the Policy Schedule.

COVID-19 means Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) as defined by the World Health Organization

Day means a completed period of 24 consecutive hours.

Doctor means a legally registered and qualified medical practitioner with a medical degree in western medicine and authorized by Singapore Medical Council to provide medical or surgical service within the scope of their license, specialized
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accreditation and training. The doctor cannot be an Insured Person, the Insured Person's business partner or agent, Insured Person's employer or employee or an Insured person's Immediate Family Member.

Effective Date means the later of:

- (a) the Inception Date as specified on the Policy Schedule,
- (b) the effective date any additional cover or increased sum insured is granted to You while You are covered under this Policy, only in respect to the additional cover or increased sum insured, or
- (c) the last reinstatement date of this Policy.

Endorsement means a written notice informing You of any change in information under this Policy and/or the cover We provide. The endorsement which applies to this Policy will be shown in a schedule.

Hospital means any institution lawfully operated for the care and treatment of sick or injured persons with organized facilities for diagnosis and surgery (including operating theatres) in the same premises, with 24 hours daily nursing service by registered graduate nurses and operated under the supervision of Doctor(s). It does not refer to a clinic, a nursing home, rest home, convalescence, palliative care, hospice or rehabilitation centres, a place used for custodial care, a place for the treatment of alcoholics or drug addicts, institution to treat mental or behavioural disorders, sanatorium, any transitional care centre or home for the aged or similar establishment; even if located at the same place.

Hospitalisation / Hospitalised means the admission of the Insured Person to a Hospital as an Inpatient. For the avoidance of doubt, Hospitalisation shall be evidenced by daily boarding charges imposed by a Hospital.

Inpatient means the Insured Person is confined in a Hospital as a registered patient for Medically Necessary treatments of a covered Illness suffered by the Insured Person for a completed period of 24 consecutive hours and such confinement is certified as necessary by the attending Doctor.

Illness means a sickness, disease or other physical conditions characterized by a pathological deviation from the normal healthy state suffered by an Insured Person which is an Adverse Event.

Immediate Family Member means insured person's spouse, parent, parent-in-law, grandparent, child(ren), son-in-law, daughter-in-law, brother or sister, stepparent, stepdaughter, stepson, grandchild, and legal guardian.

Inception Date means the commencement date of insurance at inception as specified in this Policy.

Infectious Disease means any of the following infectious diseases which is classified as an 'Infectious Disease' under Section 2, the First Schedule and the Second Schedule of the Infectious Diseases Act, Cap 137, 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) Dengue Fever or Dengue Hemorrhagic Fever
- c) Yellow Fever

Injury means a bodily injury which is sustained by You within 365 days from the date of the accident during the Period of Insurance and is caused by an accident solely and independently of any other causes including but not limited to any Illness, pre-existing or congenital condition.

Medically Necessary means a medical service provided by a Doctor which is:

- (a) consistent with the diagnosis and customary medical treatment for a covered Illness; and
- (b) in accordance with standards of good medical practice, consistent with current standard of professional medical care and of proven medical benefits; and
- (c) not for the convenience of the Insured Person or Doctor and unable to be reasonably rendered out of Hospital (if admitted as an Inpatient); and
- (d) not of an experimental, investigational, research, preventive or screening in nature; and
- (e) for which charges are fair and does 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 the Insured Person's Illness.

Overseas means outside any territorial limits of Singapore.

Period of Insurance means the period You are covered under this Policy shall commence on the latter of Policy Effective Date or last renewal date and such period will end when the Policy is cancelled or not renewed.

Permanent means lasting for at least 365 consecutive days 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 Your natural life.

Plan means the benefits and corresponding sum insured limits selected by You and approved by Us for this Policy, as shown in the Policy Schedule.

Policy refers to this insurance contract which consists of the Application Form, Policy terms and conditions, including any information provided or declaration made by You or on Your behalf, Policy Schedule and, where applicable, certificate of insurance, hold cover letter/cover note and any Endorsement to this Policy.



Policyholder means the person who is named as the Policyholder in the Policy Schedule, who may or may not be insured under this Policy. Also, the Policyholder owns this Policy, is responsible for premium payments and has the right to exercise all privileges under this Policy.

Policy Schedule refers to the document showing details of the Policyholder, Period of Insurance, the Insured Person's particulars, including the Benefits made available under this insurance coverage with their corresponding sum insured, Compensation and Aggregate Periods, which should be read with this Policy.

Policy Year means a period of 12 months from the Inception Date and each further consecutive period of 12 months for which the Policy applies from for any period of cover as agreed between You and Us.

Premium Due Date means the date on which Premium is due to be paid by the Policyholder for this Policy. In respect of the:

- a) First Premium
The first premium is due on the next working day following the day the Policyholder agrees to purchase this Policy.
- b) Monthly Renewal Premium
Monthly renewal premiums are due on or before commencement of each month's Period of Insurance as shown in the Policy Schedule.
- c) Annual Renewal Premium
Annual renewal premiums are due on or before commencement of the next Policy Year.
- d) Reinstatement Premium
The premium for reinstatement of Policy is due on the next working day following Our approval of the request of the Policyholder to reinstate the Policy. If Premium is not paid, the Policy will remain null and avoid.

Selected Plan means the plan which You selected at the time of application for this Policy and as stated in the Policy Schedule.

Total Disablement means

- a) a disablement which entirely prevents You from engaging in any business, profession, occupation or employment for which You are reasonably qualified by training, education or experience, or
- b) a disablement that results in a Permanent inability to perform at least 3 out of the 6 Activities of Daily Living.

Usual Country Of Residence means You are ordinarily residing in Singapore either as a citizen or registered as a permanent resident or holds at the time of claim a valid employment or dependent permit granted by Singapore government.

Vaccine means a product that stimulates an Insured Person's immune system to produce immunity to an Infectious Disease with the intention of protecting the Insured Person from that disease. Vaccines must be authorised and approved by the relevant health authorities in the territory in which they are administered, which is by the Singapore's government for this Policy.

Vaccination/Vaccinated means the act or process of administering a Vaccine into the Insured Person's body to produce immunity to protect them against Infectious Diseases. The Vaccination against Infectious Diseases must be:

- a) authorised and licensed by the Singapore's government or relevant health authorities prior to the Vaccination &
- b) administered only at government-approved Hospitals or government-approved Vaccination centers, by authorized healthcare professionals in Singapore within the Period of Insurance.

Validity Period means the period of time commencing at Vaccination and ending 14 days thereafter during which diagnosis of Illness must occur.

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

You/Your/Insured Person means the person named as the Insured Person in the Policy Schedule to whom cover under this Policy extends under Part B and is Vaccinated within the Period of Insurance.

IMPORTANT NOTICE

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