

VENUS CARE

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 Coverage**Female Cancer First Diagnosis Benefit**

In the event You are Diagnosed with a Female Cancer, We will pay You the Female Cancer benefit as specified in the policy schedule.

We will only pay this benefit once regardless of the number of Female Cancer You suffer from, and Your cover under this benefit and another benefit - Female Carcinoma-in-Situ - will cease automatically upon Our payment of the first approved Female Cancer First Diagnosis Benefit.

If We pay you for Female Carcinoma-in-Situ, the amount paid under that benefit will be deducted from the amount payable by Us under Female Cancer First Diagnosis Benefit.

Female Carcinoma-in-Situ

In the event You are Diagnosed with a Female Carcinoma-in-Situ of the breasts, cervix uteri, uterus, ovary, fallopian tube or vagina/vulva, We will pay You the benefit amount for Female Carcinoma-in-Situ as specified in the policy schedule.

We will only pay this benefit once regardless of the number of Female Carcinoma-in-Situ You suffer from, and the cover under this benefit will cease automatically upon Our payment of the first approved Female Carcinoma-in-Situ Diagnosis.

In-Hospital Medical Reimbursement

We will reimburse You the treatment cost by a Doctor or surgeon, hospital charges and nurses' fee incurred as a result of a Hospital Confinement due to a Female Cancer, up to the maximum sum insured stated in the policy schedule, after which this benefit will cease.

These expenses must be incurred within three hundred and sixty-five (365) days from the date of Diagnosis of the Female Cancer.

If You are reimbursed for such expenses by any other source(s) (including, but not limited to, other insurers), We will only be liable for the excess of the amount that You have recovered from the other source(s).

Post Hospitalisation Outpatient Reimbursement

In the event of Your Hospital Confinement due to a Female Cancer, We will reimburse You the Reasonable and Customary Post Hospitalisation and Medication Expenses which You incur after Your discharge from a Hospital, up to the maximum sum insured stated in the policy schedule.

These expenses must be incurred within ninety (90) days from Your discharge from a Hospital.

If You are reimbursed for such expenses by any other source(s) (including, but not limited to, other insurers), We will only be liable for the excess of the amount that You have recovered from the other source(s).

Female Wellness Monthly Maintenance Benefit

In the event You are Diagnosed with a Female Cancer and this Female Cancer results in Hospital Confinement, We will pay You the Female Wellness Monthly Maintenance Benefit, as stated in the Policy schedule, for each month after You are discharged from the Hospital for the period that Your Doctor certifies that you are not able to return to your occupational duties within thirty (30) days from Your discharge from a Hospital.

We will pay You the Female Wellness Monthly Maintenance Benefit up to a maximum of six (6) months after which Your cover under this benefit will cease.

If You are not gainfully employed, the sum insured under this benefit will be reduced by 50%.

Female Wellness Annual Physical Examination

While this Policy is in force, You are entitled to an annual cervical smear test and/or mammogram and We will reimburse You up to the amount specified in the policy schedule, upon completion of each consecutive 12 months of the Policy being in-force.

You are entitled to this benefit at each renewal of this Policy.

No compensation in cash or in kind will be provided to You if You do not utilize this benefit for the cervical smear test and/or mammogram.

Traditional Chinese Medicine

We will reimburse You the expenses incurred for Reasonable and Customary treatment, consultation and medication prescribed by a Chinese Doctor for the treatment of the covered Female Cancer or covered Female Carcinoma-in-Situ.

These expenses must be incurred within three hundred and sixty-five (365) days from the date of Diagnosis of the Female Cancer or Female Carcinoma-in-Situ.

If You are reimbursed for such expenses by any other source(s) (including, but not limited to, other insurers), We will only be liable for the excess of the amount that You have recovered from the other source(s).

Compassionate Death Allowance

In the event of Your death within three hundred and sixty-five (365) days from the date of the first diagnosis of Female Cancer or Female Carcinoma-in-Situ as a result of a covered Female Cancer, We will pay a compassionate death allowance as specified in the policy schedule.

C. Your Policy Exclusions**1. General Exclusions**

We will not pay nor be liable for any event arising directly or indirectly out of:

- (a) Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or any infection by Human Immunodeficiency Virus (HIV);
- (b) General check-up, convalescence, custodial or rest cure;
- (c) Pre-existing Condition;
- (d) Any loss, damage, injury or liability directly or indirectly caused or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or any nuclear waste from the combustion of nuclear fuel, including any self-sustaining process of nuclear fission or the use of any nuclear weapons material;
- (e) Acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof; or
- (f) Any sickness or disease which commences within the first 30 days from the Effective Date of the Policy.

2. War and Terrorism

We will not cover any loss damage, injury or liability directly or indirectly caused or contributed to by war, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or popular uprising, or usurpation of power.

3. Nuclear Risks

We will not cover any loss, damage, injury or liability directly or indirectly caused or contributed to by:

- ionizing radiation or contamination by radioactivity from any nuclear fuel or any nuclear waste from the combustion of nuclear fuel, including any self-sustaining process of nuclear fission; or
- the use of any nuclear weapons material.

4. 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.

5. 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**

The coverage under this Policy is 24 hours a day, worldwide 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, injury 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. Eligibility

Entry age is from age 16 to 64 years old (at last birthday), with renewal up to age 75 years old.

6. Change in Country of Residence

You must inform Us in writing of any change in Your country of residence. A change in the country of residence will be deemed to mean You are living or intending to live in another country other than Your country of residence at the Effective Date of this Policy for more than 183 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.

7. Notification and Claims Procedures

Upon receipt of a notice of claim, We will furnish You with a claim form. This claim form must be returned to Us fully completed within 15 days upon Your receipt of the form together with supporting document to prove Your loss. You must at any time upon Our request, submit any other documents in support of the claim as soon as possible and in any event within 60 days after receipt of notice of such requirement.

8. Receipts

We will not be committed by any notice or 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 be effectual discharge of Our liability. 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.

9. Medical Examination and Treatment

You will at Your expense furnish to Us all such 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 notice will, where practicable, be given to Us before interment 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 I reports issued by a Doctor. Certificates/reports issued by a Chinese Doctor 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.

10. Cancellation

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

We will refund 80% of the premium less a pro-rated amount to cover the period when You were covered under this Policy.

You will not receive any refund of premium if on or before cancellation of this Policy:

- a claim has arisen;
- You have not promptly paid the premium due.

If this Policy is cancelled before the Effective Date, You shall pay us an administrative fee of S\$25 (before GST).

11. Termination of Policy

This Policy will immediately terminate on the happening of any one of the following events:

- on the date You attain seventy-six (76) years of age;
- upon Your death;
- upon payment of benefit under Female Cancer First Diagnosis.
- when any premium due is not paid in accordance to the Payment Before Cover Warranty clause under this Policy.

For the avoidance of doubt, refund of premium or a proportionate part thereof is not applicable in respect of termination under this clause.

12. 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.

13. Dealing with Disputes

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 ("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.

14. 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.

15. 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 this 14 days period by written request to Us. If there is no claim made within this 14 days period, 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.

16. Premium Payment for 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.

17. Premium Payment for Monthly 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.

18. 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 center, 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 center 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 center 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.

19. 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, in full force and effect.

20. 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:
 - Processing, underwriting, administering and managing Your relationship with Us;
 - Audit, compliance, investigation and inspection purposes and handling regulatory governmental enquiries;
 - Compliance with legal or regulatory obligations, risk management procedures and Our internal policies;
 - Managing Our infrastructure and business operations; and
 - Carrying out market research and analysis and satisfaction surveys.

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

If You have 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.

21. Insurance Act (Cap.142)

This Policy is issued in Singapore and subject to 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":

- 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;
- 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;
- 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
- 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.

22. Written Notice

Every notice or communication to be made under this Policy shall be given in writing to Us.

23. 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 determined by Us.

24. 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.

25. 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.

26. Entire Contract

This Policy, 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 agent 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.

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.

Acquired Immune Deficiency Syndrome or AIDS shall have such meanings assigned to it by the World Health Organization including Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus (HIV), Encephalopathy (Dementia), HIV Wasting Syndrome or any disease or illness in the presence of a sero-positive test for HIV provided that:

- a) **Malignant Neoplasm** includes but is not limited to Kaposi's sarcoma, central nervous system lymphoma and/or other malignancies now known or which become known as immediate causes of death, an illness, or disability, in the presence of Acquired Immune Deficiency Syndrome (AIDS).
- b) **Opportunistic Infection** includes but is not limited to pneumocystis carinii pneumonia, organism of chronic enteritis, virus and/or disseminated fungi infection.

Act of Terrorism means an act which may or may not involve the use or threat of use of force or violence by any person or group of persons. This is regardless of whether any person or group is acting alone or on behalf or in connection with any organisation or government committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear.

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.

Cancer means a malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. This diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist.

The following are excluded:

- Tumours showing the malignant changes of carcinoma-in-situ and tumours which are histologically described as pre-malignant or non-invasive, including, but not limited to carcinoma-in-situ of the breasts, cervical dysplasia CIN 1, CIN 2 and CIN 3;
- Hyperkeratoses, basal cell and squamous skin cancer, and melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3, unless there is evidence of metastases; and
- All tumours in the presence of HIV infection.

Chinese Doctor refers but is not limit to registered herbalist, acupuncturist and bonesetter and who is licensed under local applicable laws. The attending Chinese Doctor shall not be You, or Your business partner, employer, employee, agent, or a person who is related to You in any way.

Diagnosed or Diagnosis means the definitive diagnosis made by a Doctor, based upon such specific evidence, as referred to in this Policy for the definition of the particular illness concerned, or, in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to Us.

Such diagnosis must be supported by Our appointed Doctor who may base his/her opinion on the medical evidence submitted by You 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, We will have the right to call for You to be examined or the evidence used in arriving at such diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by Us and the expert's opinion will be binding on both of us.

Doctor means a qualified and registered medical practitioner licensed under local applicable laws and acting within the scope of his/her licensing and training. The attending Doctor must not be You, or Your business partner, employer, employee, agent, or a person who is related to You in any way.

Effective Date means the commencement date of insurance, whether at inception or upon renewal, as specified in the period of insurance under this Policy.

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

Female Cancer means a histologically confirmed invasive primary malignant tumour of the female breast, cervix uteri, uterus, fallopian tube, ovary or vagina/vulva only. Not included in this definition are tumours that are a recurrence or metastasis of a tumour that first occurred within the Waiting Period following the Effective Date, CIN lesion of whatever histology, grade or classification or the last reinstatement date of the Policy, whichever is later.

Female Carcinoma-in-situ means a focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of tissue or surrounding tissue. The disease of Female Carcinoma-in-situ covered by this Policy is limited ONLY to the breast, cervix uteri, uterus, fallopian tube, ovary or vagina/vulva. The Diagnosis of Female Carcinoma-in-situ must always be positively diagnosed upon the basis of a microscopic examination of fixed tissue whilst in the case of cervix uteri, it must additionally be supported by a cone biopsy. Pap smear result is considered as preliminary Diagnosis and must be confirmed with biopsy result before the claims is entitled. Clinical diagnosis does not meet this standard. Not included in this definition is a recurrence or metastasis of a tumour that first occurred within the Waiting Period following the Effective Date.

Hospital means a place that:

- holds a valid license (if required by law);
- operates primarily for the care and treatment of sick or injured persons;
- has a staff of one or more Doctors available at all times;
- provides 24- hour nursing service and has at least one registered professional nurse on duty at all times;
- has organized diagnostic and surgical facilities, either on premises or in facilities available at the Hospital on a pre- arranged basis; and
- is not, except incidentally, a clinic, nursing home, or convalescent home for the aged, or a facility operated as a drug and/or alcohol treatment centre.

Hospital Confinement means admission in a Hospital as a registered patient for an overnight stay upon the recommendation of a Doctor and for which the Hospital charges You for room and board.

Illness or Sickness means a physical condition suffered by You marked by a pathological deviation from the normal healthy state.

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

Policy means the Application Form, policy terms and conditions, policy schedule and, where applicable, certificate of insurance, hold cover letter/cover note and any Endorsement to this Policy.

Policyholder means the person named as such in the policy schedule, who may or may not be insured under this Policy.

Post-Hospitalization and Medication Expenses means Reasonable and Customary post hospitalization outpatient tests and services and medication expenses immediately following a Hospital Confinement in a Hospital which are provided and certified medically necessary by or ordered by a Physician as a direct consequence of the Female Cancer but not services which can be safely rendered locally but for which You have traveled abroad, nor services which can be delayed without the risk of permanent damage to life or health.

Pre-existing Condition means any illness, disease or other condition which You suffer prior to the Effective Date and which:

- (a) first manifested itself, worsened, became acute or exhibited symptoms prior to the Effective Date which would have caused any reasonable person to seek diagnosis, care or treatment; or
- (b) requires You to take prescribed drugs or medicine; or
- (c) was treated by a Doctor or treatment had been recommended by a Doctor.

Reasonable and Customary Medical Expenses means charges for treatment, supplies or medical services medically necessary to treat Your condition and which do not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred and does not include charges that would not have been made if no insurance existed.

Waiting Period means the period for which We are not liable for any benefits under this Policy. The Waiting Period for Female Carcinoma-in-situ and Breast Cancer is one hundred and eighty (180) consecutive days from Effective Date or the last reinstatement date of the Policy, and for other specified Female Cancer is ninety (90) consecutive days from the Effective Date or the last reinstatement date of the Policy, whichever is later; or where the signs or symptoms of the condition for which a claim is made commenced within one hundred and eighty (180) consecutive days for Breast Cancer and Female Carcinoma-in-situ, and ninety (90) consecutive days for other specified Female Cancer from the Effective Date or the last reinstatement date of the Policy, whichever is later.

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

You/ Your means the person named as the insured person in the policy schedule.

F. Your Policy Endorsements (where applicable)

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. AIG or visit the AIG, GIA or SDIC web-sites (www.aig.com.sg or www.gia.org.sg or www.sdic.org.sg).