

EQ Hospital & Surgical

Insurance Policy

IMPORTANT NOTICE

Please read this Policy carefully and if there are any ambiguous terms or areas of uncertainty or if it is not in accordance with your requirements, kindly contact EQ Insurance Company Limited.

This Policy, the Policy Schedule, any Endorsement and Memoranda shall be read as one contract and any words or expressions to which a specific meaning has been attached in any of them shall have the same meaning wherever they appear

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EQ HOSPITAL & SURGICAL INSURANCE

The Management advises the Policyholder to read the Benefits and Terms of insurance coverage carefully and if there are any ambiguous terms or areas of uncertainty in the Policy, please contact Us for clarifications

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INTRODUCTION

Please read this Policy carefully and ensure You understand it as it sets out the terms of a legal contract between You and Us.

The Policy, the Schedule and any Endorsements issued by Us shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part shall bear the same meaning wherever it appears.

The information provided in the proposal form, supplementary questionnaires and any correspondences relating to the application shall form the basis of this contract. It is of utmost importance that you have fully and faithfully declared to us everything you know or could reasonably be expected to know that is relevant to our decision to give you the insurance. Otherwise, you may receive no benefit from this Policy.

In return for having accepted Your premium, if at any time during the Period of Insurance, You incur any hospital and/or surgical expenses and/or other expenses as described in the Policy as a result of Injury, Sickness or Illness, We agree to pay You the benefits as shown in the Schedule of Benefits for the selected plan specified on the Schedule, subject to the exclusions and conditions, clauses, definitions, endorsements contained or endorsed thereon.

If You feel there has been new developments or details in the Insured Person's health or occupational or leisure pursuits not conveyed to Us before We confirmed acceptance of Your application, please notify Us immediately.

DEFINITIONS

These terms, wherever used in this Policy, are defined as follows:

Accident / Accidental	An event or occurrence which is unintended, sudden, fortuitous and unforeseen.
Age	The current age. A person is considered to be of his/her current age until his/her next birthday.
Co-insurance	The percentage out of an eligible claim which has to be borne by the Insured Person before the relevant benefits are payable.
Congenital Conditions	Congenital anomalies as well as neo-natal physical abnormalities developing within six (6) months of birth.
Country of Residence	The Country of Residence shall mean the Republic of Singapore unless otherwise stated in the Policy.
Day Surgery	Surgery that is scheduled and performed and is carried out by a Surgeon but not on an Inpatient basis.
Dependants	<p>Any of the following persons related to the Policyholder:</p> <ul style="list-style-type: none">(a) legal spouse aged between 18 and 60 years old or otherwise agreed by the Us.(b) an unmarried and unemployed child aged between 15 days and 17 years.(c) an unmarried and unemployed child aged between 18 and 24 years if he/she is enrolled in an accredited educational institution on full-time higher education and not in full-time national service. <p>A child dependant shall include stepchildren and adopted children.</p>
Doctor or Physician or General Practitioner	A medical practitioner (other than an Insured Person or a member of the Insured Person's immediate family) qualified by a medical degree and duly licensed or registered to practice western medicine and who, in rendering treatment, is practicing within the scope of his/her licensing and training in the geographical area of practice.
Effective Date	The Policy commencement date or date of Insured Person's first enrolment into the Policy, whichever is the later.
Emergency Treatment	Urgent remedial treatment to prevent death or serious impairment of health.
Endorsement	An authorised amendment in this Policy.
Evidence of Insurability	A statement or record of the Insured Person or his/her Dependants' medical history upon which acceptance for insurance will be determined. In some cases, the Insured Person or his/her Dependants may need to undergo a medical examination as part of the Evidence of Insurability.
Hospital	<p>A registered institution licensed by the Ministry of Health for the care and treatment of persons who are injured or ill and which :</p> <ul style="list-style-type: none">(a) provides organised facilities for diagnosis, treatment and major surgery;(b) provides 24-hour nursing services by registered graduate nurses and under the supervision of one or more Physicians at all times;(c) is not primarily a clinic, a mental hospital, a place for alcoholics or drug addicts, a nursing, rest or convalescent home or a home for the aged or similar establishment.

Hospitalisation	Confinement for reason of Illness or Injury to a Hospital bed or ward for a continuous period of at least 6 hours for purposes of treatment or Surgery and for which the Hospital levies a room and board charge.
Illness or Sickness	Any sudden and unexpected pathological deviation from the normal healthy state, marked by interruption, cessation or disorder of body functions, systems or organs as confirmed by a Physician.
Injury	Bodily Injury caused solely and directly by an Accident.
Inpatient	A patient admitted into a Hospital for treatment, for which the Hospital levies a daily room and board charge.
Insured Person(s)	The person(s) described in the Schedule.
Intensive Care Unit	A section within a Hospital which is designated as an Intensive Care Unit by the Hospital and which is maintained on a 24 hour basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.
Per Disability	All medical conditions resulting from the same cause, including any and all complications arising therefrom or closely related thereto, except that after 30 days following the latest discharge from Hospital or Surgery, any subsequent Disability from the same cause shall be considered as a new Disability.
Period of Insurance	The period of cover shown in the Policy Schedule for which the appropriate premium has been paid.
Policy Year	A period of one (1) year, commencing from the Policy Commencement Date for the first Policy Year and from the respective Renewal Dates for the subsequent Policy Years.
Pre-existing Condition	An injury or an illness which existed or symptoms manifestations of which existed prior to the effective date of cover with respect to an Insured Person based on normal medically accepted pathological development of the illness or of which the Insured Person was aware or should reasonably have been aware.
Reasonable and Customary Charges	Charges and fees for medical care and treatment shall be considered Reasonable and Customary to the extent that it does not exceed the general level of charges or fees being made by others of similar medical standing in the locality where the charge is incurred when giving like or comparable treatment, services or supplies to individuals of the same gender and of comparable age for a similar Illness or Injury at the Singapore General Hospital.
Schedule	The Schedule containing details of the Insured Person(s), type of cover selected and Period of Insurance. The Schedule forms part of the Policy.
Specialist	A medical or dental Physician registered and licensed as such in the geographical area of his/her practice and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine or dentistry and is practising within the scope of his/her license and training but excludes the Insured Person or a member of the Insured Person's immediate family.

Surgeon	A specialist who is qualified to perform Surgery
Surgery	Any invasive surgical intervention.
We, Our, Us	EQ Insurance Company Limited.

SCHEDULE OF BENEFITS

We will pay the benefits described below for the charges which are made to an Insured Person in connection with his/her hospital confinement or surgery, which results directly from an illness or injury of the Insured Person while he/she is insured under this coverage, and subject to the terms, conditions, limitations, exclusions and provisions of this Policy.

All benefits specified are applicable without geographical limitation for 24 hours a day:

BENEFITS (Per Disability unless otherwise indicated)	Platinum (SGD)	Gold (SGD)	Silver (SGD)	Basic (SGD)
In-Patient & Accidental Outpatient Benefits				
Daily Room & Board	As Charged Overall Maximum Limit S\$50,000	As Charged Overall Maximum Limit S\$30,000	As Charged Overall Maximum Limit S\$20,000	As Charged Overall Maximum Limit S\$10,000
Intensive Care Unit				
Hospital Miscellaneous Expenses				
Surgeon's Fee				
In-Hospital Physician's Visit				
Pre-Hospitalisation Treatment				
Post-Hospitalisation Treatment				
Emergency Accidental Outpatient Treatment (including Acupuncturist, Herbalist and Bonesetter)				
Emergency Accidental Dental Treatment				
Other Outpatient Benefits (Per Policy Year)				
Outpatient Kidney Dialysis Treatment	S\$50,000	S\$30,000	S\$20,000	S\$10,000
Outpatient Cancer Treatment	S\$50,000	S\$30,000	S\$20,000	S\$10,000
Miscellaneous Benefits				
Major Organ Transplant (Per Policy Year)	S\$50,000	S\$30,000	S\$20,000	S\$10,000
Surgical Implant	S\$5,000	S\$3,000	S\$2,000	S\$1,000
Accidental Miscarriage	S\$1,000	S\$1,000	S\$1,000	S\$1,000
Medical Report	S\$100	S\$100	S\$100	S\$100
Daily Hospital Cash Income (Per Day, up to 30 days) (if admitted to Singapore Government Restructured Hospital)	S\$150	S\$100	S\$50	S\$50
Special Grant	S\$5,000	S\$5,000	S\$5,000	S\$5,000

DESCRIPTION OF BENEFITS

SECTION 1 – IN-PATIENT & ACCIDENTAL OUTPATIENT BENEFITS

Daily Room and Board	Hospital charges for accommodation, general nursing services and meals for each day of confinement as an Inpatient in a Hospital at the recommendation of a Physician.
Intensive Care Unit	The daily room and board charges incurred when an Insured Person is confined as an Inpatient in the Intensive Care Unit of a Hospital.
Hospital Miscellaneous Expenses	Hospital charges incurred while confined in the Hospital: (a) prescription drugs consumed in the Hospital (b) Inpatient diagnostic procedures and physiotherapy that are medically necessary (c) anaesthesia and oxygen and their administration (d) ambulance charges, provided the Insured Person is admitted as an Inpatient (e) special nursing and medically necessary ancillary services & consumable items (f) use of an operating theatre necessary for surgery
Surgeon's Fee	<p>The Surgeon's Fees reimbursable shall be the actual fees for the Surgery.</p> <p>If two or more surgical procedures are performed during the course of a single operation through the same incision, benefits will be allowed only for surgical procedure having the higher limit.</p>
In-Hospital Physician's Visit	Fees charged for daily bedside visits made by the attending Physician during the Insured Person's confinement in the Hospital. This benefit is limited to one visit per day.
Pre-Hospitalisation Treatment	<p>Charges incurred for consultation with a Specialist upon the recommendation in writing by a Physician and any examination and tests ordered by the Specialist and performed for the diagnosis of a medical condition which results in Hospitalisation or Surgery within thirty (30) days.</p> <p>No benefit shall be payable if the pre-hospitalisation treatment does not lead to hospitalisation or surgical treatment within the Period of Insurance.</p>
Post-Hospitalisation Treatment	Charges incurred for follow-up treatment by the same attending Physician received immediately after discharge from a Hospital or Day Surgery, provided the treatment is for the same medical condition for which the Inpatient treatment or Day Surgery was required. The treatment must be received within sixty (60) days immediately following discharge from hospital.
Emergency Accidental Outpatient Treatment (including Acupuncturist, Herbalist and Bonesetter)	Charges incurred for emergency outpatient medical treatment at a clinic or Hospital for bodily Injury sustained in an Accident. This benefit is payable provided the medical attention is sought within 24 hours of the occurrence of the Accident. Charges incurred for follow-up treatment shall be payable up to 31 days from the time of the Accident. This benefit extends to include treatment by acupuncturist, herbalist and bonesetter on injuries other than fractures, up to an annual limit of S\$200.

**Emergency Accidental
Dental Treatment**

Charges incurred for emergency dental treatment at a dental clinic or Hospital for Injury occurring to sound natural teeth sustained in an Accident. This benefit is payable provided the medical attention is sought within 24 hours of the occurrence of the Accident. Charges incurred for follow-up treatment shall be payable up to 31 days from the time of the Accident.

SECTION 2 – OTHER OUT-PATIENT BENEFITS

Outpatient Kidney Dialysis

Charges incurred by an Insured Person for Kidney Dialysis performed at a legally registered dialysis centre or unit. The total benefit shall not exceed the maximum annual limit specified in the Schedule of Benefits.

Outpatient Cancer Treatment

Charges incurred by an Insured Person for treatment of Cancer provided by the outpatient department of a Hospital or registered cancer treatment centre including test ordered by a Registered Medical Practitioner. The total benefit shall not exceed the maximum annual limit specified in the Schedule of Benefits.

SECTION 3 – MISCELLANEOUS BENEFITS

Major Organ Transplant

The actual medical treatment costs incurred as a result of a surgical transplant of the kidney, heart, liver, lung and bone marrow performed in a Hospital by a Medical Practitioner duly qualified to perform such a surgical operation, excluding the costs of acquisition of the organ or any expenses incurred by the donor. The total benefit shall not exceed the maximum annual limit specified in the Schedule of Benefits.

Surgical Implant

Charges incurred by an Insured Person for any lens, prostheses, braces (excluding braces for teeth), pacemakers, artificial limbs or similar orthopaedic appliances and implants, provided that they are surgically implanted, and certified to be medically necessary and not implanted for cosmetic reasons.

Accidental Miscarriage

A benefit equal to the actual charges or S\$1,000 per disability, whichever is lower, shall be payable if an Insured Person meets with an accident resulting in a miscarriage.

Medical Report

Charges incurred by an Insured Person in respect to any medical report requested by Us in respect of an Illness or Injury suffered or sustained by the Insured Person in relation to a claim submitted under this Policy.

**Daily Hospital Cash
Income**

If an Insured Person is hospitalised in a Singapore Government Restructured Hospital due to an illness or injury, We will pay a daily hospital cash income as specified in the Policy Schedule up to a maximum of thirty (30) days Per Disability.

Special Grant

Payable if an Insured Person dies from,
(a) an Injury;
(b) an Illness during or after treatment for such Illnesses, at a Hospital or in Day Surgery.

LIMITATIONS

- (a) When an Insured Person is entitled to benefits payable under Work Injury Compensation Act or similar legislation, other group or individual insurance, the benefits payable under this Policy is limited to the balance of charges not insured by benefits payable under the Law or similar legislation, and other insurance or that calculated from the Schedule of Benefits, whichever is less.
- (b) Each hospital confinement must be for a minimum of six (6) consecutive hours before any benefits are payable. However no minimum period of hospital confinement is required if the confinement is due to a surgical operation, accidental emergency treatment or if the Hospital makes a charge for Room and Board.

EXCLUSIONS

- (a) Pre-existing conditions which have existed before the Effective Date of the Insured Person, whether known or unknown to the Insured Person in so far as the cause and pathology of the conditions have already existed, unless stated in the application form and expressly accepted by Us by endorsement on this Policy.
- (b) Any Illness or Sickness, which commences within the first thirty (30) days from the Effective Date of the Insured Person, except for accidental injuries.
- (c) Treatment arising from pregnancy, childbirth, abortion or miscarriage (except accidental miscarriage) and any complications arising therefrom; Investigations and treatment relating to birth control, infertility and erectile dysfunction; Congenital conditions or birth defects.
- (d) Cosmetic or plastic surgery except where such Surgery is necessary for the repair of damage caused solely by bodily injuries as a result of an Accident; Treatment for obesity, weight reduction or weight improvement; Sex reassignment surgery; Circumcision operations unless medically necessary.
- (e) Any dental treatment or surgery except where the procedure is necessitated by damage to sound natural teeth as a result of an Injury occurring during the Period of Insurance; Any eye examination or surgical procedure for correction of eye refraction.
- (f) Emotional, stress, psychiatric or psychological disorders; Alcoholism or drug addiction; Suicide or attempted suicide, self-inflicted injuries or any attempt thereat while sane or insane; Injuries sustained as a result of a criminal act of the Insured Person.
- (g) Any investigation, test or treatment arising directly or indirectly from sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS), any AIDS-related condition or infection by Human Immune Deficiency Virus (HIV); Communicable diseases requiring isolation or quarantine by law in the event of a pandemic declared by WHO (World Health Organization) or an epidemic declared by the Health Authority in Singapore or the Government of the Republic of Singapore.
- (h) Hospitalisation for the primary purpose of diagnosis, x-ray examinations, medical check-up or health screening, except if the eventual treatment requires Hospitalisation or Surgery; Experimental medical treatment or diagnostic examinations or services for education purposes; Preventive care.
- (i) Surgical/dental appliances, spectacles, hearing aids, wheelchairs and lenses; Non-medical services or specially requested items not normally included in the room rate such as international calls, television, radio or similar facilities.
- (j) Cost of acquisition of organ for transplant and all expenses incurred by the donor of such organ.
- (k) Non-hospital charges, including nursing care or ambulatory care, rest cures or sanatoria care, convalescent care, hospice care and treatment arising from any geriatric, psycho-geriatric or psychiatric condition.
- (l) Injuries arising from direct participation in a strike, riot, insurrection, any act of war (whether declared or undeclared) or any act of terror.

- (m) Injuries arising from participating in any sports in a professional capacity, dangerous activities or sports, including underwater activities necessitating the use of underwater breathing apparatus, any kind of speed contest or racing (other than on foot), motor rallies, hunting, potholing, parachuting, sky diving, bungee jumping, competitive snow or ice sports, caving, mountaineering or rock climbing necessitating the use of guides or ropes, ballooning or hang gliding.
- (n) Injuries arising from flying or other aerial activity except as a fare paying passenger in a fully licensed aircraft operated by a licensed commercial air carrier or recognised charter company.

GENERAL CONDITIONS

(1) The Contract

This policy is evidence of the contract between You and Us from the day the Policy commences.

We will provide the insurance to You according to the terms set out in this Policy, provided You pay the premium when due and We agree to accept it. The General Conditions which appear in this Policy or in any Endorsement form part of the contract and must be complied with.

It is important that You:

- (i) read the whole Policy to make sure that You understand the protection that You have just bought; and
- (ii) are aware of the limits on the amounts We will pay You.

(2) Interpretation

This Policy including Your proposal form, Schedule and any Endorsement and amendment, shall be read together as one contract and any one word or expression to which a specific meaning has been attached, shall, unless the context otherwise requires, bear that specific meaning wherever it may appear.

No change in this Policy shall be valid unless approved by Us, and evidenced by an Endorsement reflecting the amendment on the Policy by Us.

(3) Duty of Disclosure

The accuracy of the information provided over the phone or in Your proposal form will form the basis of and be part of the contract. Before You enter into the Insurance contract and during the Period of Insurance, You must tell Us everything You know or could reasonably be expected to know which will affect Our decision on the coverage and the terms of the insurance. If You are uncertain about whether a fact is relevant or not, You must tell Us about it. We will acknowledge receipt of acceptance of material information by stating these on the Policy Schedule. If You do not provide this information to Us, We may:

- (i) reduce the amount payable for the claim under this Policy; or
- (ii) refuse to pay the claim that may arise; or
- (iii) cancel Your insurance policy from inception.

(4) Eligibility

Persons eligible for cover under this Policy are :

- (i) The Policyholder, aged between eighteen (18) and sixty (60) years or otherwise agreed by Us.
- (ii) The Policyholder's Dependants, as defined in this Policy, who is resident in the same Country of Residence as the Policyholder.
- (iii) The Insured Persons must be residents of Singapore defined as Singapore Citizens, Permanent Residents and expatriates or foreigners holding a valid Employment Pass, Work Permit, Student Pass or Dependant Pass.

(5) Commencement of Cover

If an eligible person is confined in a Hospital on the date his/her cover would otherwise be effective, such cover will not be effective until the date following his/her discharge from the Hospital.

(6) Overseas Treatment

In the event of an Inpatient treatment, this Policy shall cover an Insured Person in his/her Country of Residence and also while he/she is outside his/her Country of Residence, subject to the following conditions:

- (i) An Insured Person is covered for any treatment due to Injury or Illness while he/she is outside his/her Country of Residence for periods not exceeding ninety (90) consecutive days at a time, provided that where the treatment is otherwise than Emergency Treatment, our liability is limited to the minimum of the actual charges incurred abroad or the Reasonable and Customary Charges or the maximum sum specified in the Schedule of Benefits.
- (ii) Where an Insured Person travels expressly for treatment outside his/her Country of Residence where such treatment is available in Singapore, our liability shall be limited to the minimum of the actual expenses incurred or the Reasonable and Customary Charges for such treatment at the Singapore General Hospital. Any cost of transport out of Singapore for such treatment shall be excluded.

(7) Residence Requirement

The Insured Person must be a resident of Singapore. No benefits shall be payable for any medical treatment provided to any Insured Person who resides outside Singapore for more than ninety (90) consecutive days during the Policy Year.

If an Insured Person has been physically absent from Singapore for more than ninety (90) consecutive days during the Policy Year, his/her insurance cover shall be automatically terminated and considered null and void, unless prior agreement has been received and endorsed by us to extend the Policy to include such absence from Singapore and payment of the additional premium chargeable.

(8) Evidence Of Insurability

Evidence of Insurability satisfactory to Us must be submitted in respect of any Insured Person or Dependant who:

- (i) applies to be enrolled in the family plan after more than 30 days have elapsed since the date he/she first become eligible as set out above; or
- (ii) applies to reinstate cover after it has lapsed.

(9) Policy Plan Upgrading

Any request for change of plan must be in writing at least 30 days prior to the renewal of this Policy and subject to our approval. The change shall be effected only upon the next renewal of the Policy. For an Illness or Injury occurring during the period of 12 months after the date of upgrading, We shall not be liable beyond the limits applicable for the previous Policy Year, if such Illness or Injury directly or indirectly arises or results from a condition occurring or sustained during the previous Policy Year.

(10) Policy Limit

Our total aggregate liability shall not exceed the Per Disability or Annual Limit for any Insured Person as set out in the Schedule of Benefits for any one Policy Year.

When the aggregate total benefits paid under this Policy reaches the Per Disability or Annual Limit for any Insured Person in any one Policy Year, no further benefits shall be payable in respect of that Insured Person.

(11) Misstatement Of Age

If the date of birth of any Insured Person has been incorrectly stated on the application form, then the annual premium shall be adjusted based on the correct age. Any excess premium that may have been paid as a result of any misstatement of age shall be refunded without interest. If at the correct age the Insured Person would not have been eligible for cover under this Policy, no benefit shall be payable and Our liability shall be limited to the refund of the premium paid without interest. Proof of age of each Insured Person must be submitted to Us before any claims can be made under the Policy.

(12) Misstatement Or Fraud

We shall have no liability to pay any benefit under this Policy if You or any Insured Person :

- (i) fail to fully and truthfully disclose to Us all material information known (or which could reasonably be expected to be known) before inception of this Policy and upon each renewal;
- (ii) fail to properly observe and fulfill the terms and conditions of this Policy;
- (iii) make any untrue statement;
- (iv) omit, suppress or incorrectly state any material information affecting the risk;
- (v) make any claim that is fraudulent or exaggerated, or make any false declaration or statement in support of a claim.

(13) Policy Renewal

This Policy is renewable at Our option, subject to underwriting requirements being fulfilled and at the premium rates determined at that time by Us. Where at renewal a request is made to hold cover, the maximum period that cover can be held will be 14 days. If at the end of this period the Policy is cancelled or lapses for any reason whatsoever, You must pay Us a premium for the number of days the cover was held which will be calculated pro-rata on the renewal premium.

(14) Premium Warranty

- (i) Notwithstanding anything herein contained but subject to clauses (ii) and (iii) hereof, it is hereby agreed and declared that the 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 inception date (“the inception date”) of the coverage under the Policy, Renewal Certificate, Cover Note or Endorsement.
- (ii) 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 inception date referred to above, then the Policy, Renewal Certificate, Cover Note and Endorsement shall not attach and no benefits whatsoever shall be payable by Us. Any payment received thereafter shall be of no effect whatsoever as cover never attached on the Policy, Renewal Certificate, Cover Note and Endorsement.
- (iii) In respect of insurance coverage with “Free Look” provision, You may return the original policy document to Us or 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 made under the insurance.

(15) Changes In Circumstances

You shall give Us immediate written notice of any changes in the Country of Residence, occupation, pursuits or health of any Insured Person, which is likely to result in any material increase in hazard to Us and shall pay any additional premiums that may be required by Us. Failure to do so shall entitle us, in the event of a claim, to repudiate such a claim or at our discretion, adjust the benefits payable.

(16) Change of Terms and Conditions

We reserve the right to amend the terms and provisions of this Policy on any Policy Anniversary date by giving You 30 days’ written notice of such change. Notice is considered to have been given when such written notice is sent by ordinary mail to Your last known correspondence address in Our records. No alteration to this Policy shall be valid unless approved in writing by Our authorised representative and reflected in an endorsement. No broker or advisor has the authority to amend or waive any of the terms and conditions of this Policy.

(17) Automatic Termination

Insurance under this Policy in respect of each Insured Person shall automatically terminate on the earliest happening of the following events:

- (i) on the date this Policy is terminated; or
- (ii) upon the death of such Insured Person; or
- (iii) the Insured Person no longer meets the eligibility requirements; or
- (iv) non-payment of premium by the Policyholder after premium due date.

Where the insurance for the Insured Person who is the Policyholder is terminated, insurance for all his/her Dependents shall simultaneously terminate.

(18) Cancellation / Termination of Cover

You have the right to cancel this Policy at any time by giving Us 30 days' written notice prior to the expiry date. We will advise You of the effective date of termination of this Policy. If no claims have been made during the current Period of Insurance, We will grant You a short period refund of premium based on the table below :

Period of Cover	Short-Period Premium Refundable (as % of Annual Premium)
3 months and below	60
6 months and below	40
9 months and below	20
More than 9 months	0

No refund premium will be granted for any unexpired Period of Insurance if any claim(s) has been made during the current Period of Insurance.

We have the right to cancel this Policy or any section or part of it by giving You 30 days' written notice and upon cancellation, You will be granted a pro-rated refund of the total premium paid corresponding to the unexpired Period of Insurance.

(19) Right to Return Policy

In the event that the Insured is not satisfied with the Policy for any reason and there are no claims on the Policy, it may be returned to Us for cancellation with effect from inception, within fourteen (14) working days after receipt of the Policy by the Insured. Any premium billed will be refunded without interest. This right to return the Policy is applicable only to newly incepted policies.

(20) Claims Procedures

Written notice of claim must be provided to Us within 30 days after the occurrence of any event which may give rise to a claim under this Policy, or as soon as is reasonably possible.

All claims shall be made on our prescribed form and submitted to Us together with all original documentation, itemised bills, receipts and prescriptions. All information required for assessing the claim shall be furnished at the Insured Person's own expense.

We shall have the right and the opportunity through Our Physicians to examine any Insured Person whenever and as often as may be reasonably required within the duration of any claim. We will bear the expenses incurred in such examinations, unless the claim is proven to be invalid, in which case We shall be entitled to recover all the expenses so incurred from You.

If the Insured Person fails to cooperate with Us in our admission of the claim, we may at Our discretion, terminate the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable.

(21) Payment Of Benefits

Any benefits payable under this Policy shall be paid to You or the Insured Person. The Insured Person or Your receipt of any benefit payable under this Policy shall in all cases be deemed final and complete discharge of all Our liability.

Any portion of the eligible expenses paid through the Insured Person's Medisave will be refunded directly into his/her Medisave account.

(22) Legal / Beneficial Owner

We shall treat You as the absolute legal and beneficial owner of this Policy and shall not be bound to recognise any equitable or other claim interest in this Policy.

(23) **Other Insurances and Third Party Liability**

If at the time of claim the Insured Person shall hold other medical insurance which makes provision for payment of medical expenses, You shall advise Us of the details of such other insurance and We shall be liable only for the balance of the amount recoverable from such other insurance.

In the event of any claim or right of action against any third party arising from a claim paid under this Policy, You must notify Us in writing immediately of all developments and take all steps that We may reasonably require to include all benefits claimed for under this Policy in any claims against the third party with the objective of recovering the claim paid.

(24) **Governing Law**

This Policy shall be governed by and interpreted in accordance with the Laws of Singapore.

(25) **Rights Of Third Parties**

A person or any entity who is not a party to this Policy shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.

(26) **Currency**

All claim payments shall be made in Singapore Dollars and no interest will be added to any amount of benefit payable under this Policy. Charges incurred in another currency shall be payable in Singapore Dollars on the basis of the quoted exchange rate in effect on the date such claim is to be paid.

(27) **Non-Assignment**

This Policy is not assignable. We shall not be affected by notice of any trust, charge, lien, assignment or other dealing with this Policy.

(28) **Legal Proceedings**

No action at law or in equity shall be brought under this Policy against Us prior to the expiration of 60 days after the proof of claim has been filed in accordance with the requirements of this Policy nor shall such action be brought at all unless it is brought within 2 years from the expiration of the period within which proof of claim is required under this Policy. If We shall disclaim liability for any claim under this Policy and no action has within 12 calendar months from the date of such disclaimer been commenced against Us, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable.

(29) **Dispute Resolution / Mediation / Arbitration**

All disputes arising out of this Policy may be submitted to the Insurance Disputes Resolution Organisation (IDRO) or the Singapore Mediation Centre (SMC) for settlement in accordance with dispute resolution or mediation procedure for the time being in force, if the parties so agree. The parties agree to take part in the dispute resolution / mediation in good faith and undertake to honour the terms of any settlement reached. If any dispute is not referred to IDRO or SMC for resolution, or if the IDRO or SMC fails to resolve the dispute, the dispute has to be referred to arbitration. Arbitration shall be conducted in accordance with the arbitration rules of the Singapore International Arbitration Centre.

(30) **Clerical Error**

If a clerical error or other mistake occurs, that error will not deprive You of benefits under the Policy nor will it create a right to benefits. If You make a clerical error (including but not limited to, sending Us inaccurate information regarding addition or termination of coverage under the Policy), We will not make any retroactive adjustments beyond a 60-day period.

POLICY OWNERS' PROTECTION SCHEME

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 the Company or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

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EQ Insurance Company Limited

77 Robinson Road #12-01 Robinson 77 Singapore 068896

tel (65) 6223 9433 | www.eqinsurance.com.sg

reg no. 1978-00490-N