

PAStar Insurance Conditions

Important Notice pursuant to Section 25(5) of the Insurance Act

For any claims under this Policy to be valid: - You and/or the Insured Person(s) must disclose all facts that You and/or the Insured Person(s) know or ought to know which may affect the insurance cover being applied for.

This document contains the Policy Conditions of your PAStar insurance policy. These Policy Conditions, the Schedule and any subsequent endorsements shall be read together as one contract, and shall be referred to as the “Policy”.

I. Definitions

1. **Accident** or **Accidental** means a sudden, unforeseen or unexpected event which happens to the Insured Person during the Period of Insurance and which is the sole cause of the Injury to the Insured Person.
2. **Accidental Death** means Death which is caused directly and solely by an Accident and which occurs within 12 months from the date of the Accident.
3. **Act of Terrorism** means an act, including but not limited to the use of force or violence and/or threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and/or to put the public or any section of the public in fear.
4. **Age** means age on the person’s next birthday.
5. **Appointed Assistance Company** means the company or companies that We may appoint from time to time to provide assistance services.
6. **Sum Insured** means the sum(s) stated in the Schedule.
7. **Child(ren)** means the natural children, legal step-children and legally adopted children of the Insured Person who are above 1 month old and below 21 years old, and who are unmarried, unemployed and depend on the Insured Person for financial support. However, for a Child of the Insured Person who is enrolled in a full-time tertiary institution at the time of the Accident, the age limit for that Child will be extended to 25 years old.
8. **Chiropractor** means a legally licensed or registered practitioner in chiropractic medicine, who is practising within the scope and geographical area of his licensing. This person cannot be You, the Insured Person or the spouse, relative or employee of the Insured Person.
9. **Chinese Physician** means a person (which may include a herbalist, acupuncturist or bonesetter) legally licensed or registered to practise Chinese medicine, who is practising within the scope and geographical area of his licensing. This person cannot be You, the Insured Person or the spouse, relative or employee of the Insured Person.
10. **Covered Event** means a recreation, sports, entertainment or theatrical event in Singapore where admission is by paper or electronic ticket issued for admission on a fixed date as opposed to open validity.
11. **Death** means death of the Insured Person.
12. **Disablement** means incapacity resulting from Injury, which is certified by a Registered Medical Practitioner.
13. **Effective Date of Cover** means the start date of the Period of Insurance stated in the Policy Schedule.
14. **Facial Reconstructive Surgery** means plastic or reconstructive surgery (restoration or reconstruction of the shape and appearance of facial structures above the neck which are defective, missing, or damaged) which, in the opinion of a Registered Medical Practitioner, is medically necessary for treatment of facial disfigurement and which requires inpatient treatment.
15. **Fractured Leg or Patella with Established Non-Union** means a complete break of the leg or patella into two or more pieces, and which will, for the rest of the Insured Person’s life, not mend properly and function normally.
16. **Hospital** means an establishment registered under the relevant laws and

- regulations to care for and treat sick and injured persons as paying patients, and which
- a. has facilities for diagnosis, treatment and major surgery;
 - b. provides 24-hour a day nursing services by registered nurses;
 - c. is under the supervision of Registered Medical Practitioners; and
 - d. is not primarily a nature cure clinic, a place for alcoholics or drug addicts, a nursing, rest or convalescent home, home for the aged, community hospital or similar establishment.
17. **Hijack** means any seizure, or exercise of control by force or violence or by threat of force or violence and with wrongful intent, of an aircraft or other conveyance in which the Insured Person is travelling as a passenger.
 18. **Illness** means any sudden and unexpected pathological deviation from the normal healthy state, marked by interruption, cessation or disorder of body functions, systems or organs as certified by a Registered Medical Practitioner.
 19. **Injury** means damage or harm to the Insured Person's body caused by an external force during the Period of Insurance which is caused directly and solely by an Accident.
 20. **Infectious Disease** means clear, final and confirmed diagnosis of an infectious disease, as defined by internationally accepted medical diagnostic criteria, by a Registered Medical Practitioner, supported by acceptable clinical, radiological, histological and laboratory evidence. A list of Infectious Diseases under this definition is set out below:
 - a. Severe Acute Respiratory Syndrome (SARS)
 - b. Dengue Fever / Dengue Haemorrhagic Fever
 - c. Variant Creutzfeldt-Jakob Disease (vCJD) or 'Mad Cow Disease'
 - d. Nipah Viral Encephalitis
 - e. Japanese Viral Encephalitis
 - f. Malaria
 - g. Pulmonary Tuberculosis
 - h. Measles
 - i. Rabies
 - j. Melioidosis
 - k. Hand, Foot and Mouth Disease (HFMD)
 - l. Avian Influenza or 'Bird Flu' due to Influenza A viral strains H1N1, H5N1, H9N2, H7N7 or H7N9
 - m. Chikungunya Fever
 - n. Mumps
 - o. Rubella
 - p. Middle East Respiratory Syndrome (MERS)
 - q. Zika Virus
 21. **Insured Person(s)** means the person(s) named in the Schedule as Insured Person(s) who are insured under this Policy.
 22. **Leisure Underwater Activities** means underwater diving for leisure using artificial breathing apparatus and for a depth not exceeding 30 metres.
 23. **Loss of Sight** means physical loss of an eye, or permanent, total and irrecoverable loss of sight in an eye. We will consider total loss of sight shall as having occurred in an eye, if the degree of sight remaining in that eye after correction is 3/60 or less on the Snellen Scale (this means seeing at 3 metres what you should see at 60 metres) as confirmed by a fully qualified ophthalmic Specialist.
 24. **Loss of Speech or Hearing** means permanent, total and irrecoverable loss of the sense of speech or hearing as certified by a Registered Medical Practitioner.
 25. **Loss of Use** means permanent, total and irrecoverable loss in terms of physical incapacity or disability and not in terms of professional or occupational incapacity or disability of the Insured Person.
 26. **Medical Condition** means any type of Illness and/or Injury resulting from an Accident sustained by the Insured Person during the Period of Insurance as certified by a Registered Medical Practitioner.
 27. **Medical Expenses** means the cost of medical, dental and/or surgical treatment given or prescribed by a Registered Medical Practitioner and all Hospital, land ambulance, MRI and X-ray charges incurred within 12 months from the date of the Accident as a direct result of Injury sustained from the Accident. For the purposes of this definition, dental treatment shall only mean treatment to restore natural teeth and shall exclude

- damage to dentures, crowning, dental implants, braces or treatment to the gums.
28. **Mobility Aid** means any equipment or device designed to assist walking or moving from place to place when a person is injured or disabled, and includes but is not limited to a crutch, wheelchair or artificial limbs.
 29. **Occupation** means the Insured Person's full-time and/or part-time gainful employment as stated in the Schedule and/or any other work for remuneration or profit which the Insured Person is able to do by knowledge and/or training.
 30. **Open Fracture** means a fracture where the broken bone(s) penetrate(s) the skin.
 31. **Original Sum Insured** shall mean the Sum Insured for Accidental Death attaching to the Insured Person in the first year that he is insured with Us under a PAStar Policy.
 32. **Parent** means legal parent, and does not include a parent-in-law.
 33. **Period of Insurance** means the coverage start date and coverage end date (both dates inclusive) as stated in the Schedule.
 34. **Permanent Disablement** means the Insured Person suffering from an Injury which is listed in items 3 to 21 of the Table of Compensation.
 35. **Permanent Total Disablement** means the Insured Person suffering Injury which results in his/her permanent inability to find gainful employment of any and every kind, where (i) such incapability is certified by a Registered Medical Practitioner to have lasted continuously for 12 months from the date of the Accident, and (ii) it is certified by the Registered Medical Practitioner that there will be no change in such incapability after the 12 month period.
 36. **Personal Effects & Belongings** means articles or accessories hand-carried or worn by the Insured Person but excluding cash, EZ link card, jewellery items (but not watches), dentures, mobile phones, and portable computers/tablets/laptops and such similar electronic items, camera and video equipment.
 37. **Pre-Existing Conditions** means any Injury(ies), Illness(es) or Disablement including any complications that may arise which
 - (i) You/Insured Person have prior knowledge of or should reasonably know about, including manifestations and symptoms which existed before the Period of Insurance;
 - (ii) You/Insured Person have received any diagnosis, consultation, medical treatment or prescribed drugs for within 12 months before the Period of Insurance; or
 - (iii) You/Insured Person have been asked to obtain medical treatment or treatment had been recommended by a Registered Medical Practitioner.
 38. **Policy Year** means a 12 month period from the start date indicated in the Schedule as Period of Insurance.
 39. **Policyholder** means the person(s) named in the Schedule as Policyholder.
 40. **Public Transport** means any land, sea, rail or air conveyance (such as railway train, underground train, public bus, tram, ship, hovercraft, hydrofoil, ferry or regularly scheduled commercial aircraft) that has fixed and established and regular schedules and routes and is operated under a licensed carrier for transportation of fare paying passengers. This excludes private hire car/ buses/coaches, taxis and all other modes of transportation that are chartered or arranged as part of a tour, even if the services are regularly scheduled.
 41. **Re-attachment of severed fingers, toes and limbs** means undergoing re-attachment of the said parts and the surgery must be, in the opinion of a Registered Medical Practitioner, medically necessary.
 42. **Registered Medical Practitioner** means a person qualified by degree in Western medicine and legally licensed or registered to practise medicine and/or surgery, and who in providing such services is practising within the scope and geographical area of his licensing and training, provided this person is not the Insured Person or the spouse, relative or employee of the Insured Person.

43. **Relevant Proof of Claim** means any medical certificates and other evidence which We may require in support of the claim, which must be produced by You and/or Insured Person at Your own expense.
44. **Salary** means regular wages from an employment contract at the time of the Accident or, for a self-employed person, the average of the basic income for the 3 months immediately preceding the Accident.
45. **Schedule** means the Policy Schedule issued to You.
46. **Skin Transplantation** means the undergoing of skin transplantation due to Accidental burns resulting in the full thickness skin destruction of at least 10% of the body surface area of the Insured Person. The treatment must be certified as medically necessary by a Registered Medical Practitioner. Correction of facial disfigurement is excluded under the Policy.
47. **Spouse** means the legal spouse of the Insured Person and who is also named as an Insured Person in the Schedule.
48. **Staycation** means accommodation in commercially run premises in Singapore where a fee is charged but does not include residential homes belonging to family or friends of the Insured Person. Camping (including glamping and tent camping) or caravan pitching are not covered by this Policy.
49. **Temporary Total Disablement** means incapacity resulting from the Insured Person suffering Injury which temporarily totally disables the Insured Person from engaging in his/her Occupation, where such incapability is certified by a Registered Medical Practitioner.
50. **We, Our and Us** means Sompo Insurance Singapore Pte Ltd.
51. **You and Your** means the Policyholder and/or person(s) or entity named in the Schedule under whose name the Policy has been issued and who acts on behalf of the Insured Person(s) in making the declarations in the Proposal Form /

Application which forms the basis of this Policy.

II. Policy Cover

Section A – Accidental Death / Permanent Disablement

If the Insured Person suffers Injury which results in Accidental Death, We will pay according to the Table of Compensation below.

If the Insured Person suffers Injury which results in Permanent Disablement, We will pay according to the Table of Compensation below.

What We do not pay for under Section A

We will not pay for Death, Injury or Disablement due to Illness (including any Infectious Disease).

Table of Compensation	
	<u>% of Sum Insured as shown in the Schedule</u>
<u>Item Description</u>	
1. Accidental Death	100%
2. Permanent Total Disablement	150%
3. Total and permanent loss of all sight of	
- both eyes	150%
- one eye	100%
4. Loss of sight of one eye, except perception of light	50%
5. Total loss of lens of one eye	50%
6. Total loss of hearing	
- both ears	75%
- one ear	20%
7. Total loss of speech	50%
8. Total loss of speech & hearing (both ears)	150%
9. Total loss by physical severance or total and permanent loss of use of	
- two whole limbs or two feet / hands	150%
- one leg at hip or between hip and ankle	100%
- one arm at shoulder or between shoulder and wrist	100%
- one hand or one foot	100%
10. Total loss by physical severance or total and permanent loss of use of both thumbs and all fingers on both hands	100%
11. Total loss by physical severance or total and permanent loss of use of thumb and all fingers of one hand	50%

12. Total loss by physical severance or total and permanent loss of use of four fingers of one hand 40%
13. Total loss by physical severance or total and permanent loss of use of thumb
 - both phalanges 25%
 - one phalanx 10%
14. Total loss by physical severance or permanent loss of use of index finger
 - three phalanges 15%
 - two phalanges 10%
 - one phalanx 5%
15. Total loss by physical severance or permanent loss of use of middle finger
 - three phalanges 10%
 - two phalanges 7%
 - one phalanx 3%
16. Total loss by physical severance or permanent loss of use of ring finger
 - three phalanges 10%
 - two phalanges 7%
 - one phalanx 3%
17. Total loss by physical severance or permanent loss of use of little finger
 - three phalanges 10%
 - two phalanges 7%
 - one phalanx 3%
18. Total loss by physical severance or permanent loss of use of toes
 - all toes of one foot 18%
 - great, both phalanges 6%
 - great, one phalanx 3%
 - other than great, each 3%
19. Fractured leg or patella with non-union of leg 10%
20. Shortening of leg by at least five centimetres 10%
21. Third Degree Burns
 - a. Head - damage as a Percentage of Total Body Surface Area
 - equals to or greater than 2% but less than 5% 50%
 - equals to or greater than 5% but less than 8% 75%
 - equals to or greater than 8% 100%
 - b. Body - damage as a Percentage of Total Body Surface Area
 - equals to or greater than 10% but less than 15% 50%
 - equals to or greater than 15% but less than 20% 75%
 - equals to or greater than 20% 100%

We will not pay for any Item under Section A if it forms part of a greater Item for which We are already making payment under Section A. If We are already paying for loss of use of a whole member of the body, We will not pay for parts of the member of the body.

In the event of an Accidental Death, We will deduct what We have paid out due to the same Accident under the Table of Compensation within the same Policy Year.

For Policies issued under corporate / company name to cover a group of individuals or family units, Our total maximum liability to all the Insured Persons in respect of Accidental Death or Permanent Disablement occurring whilst the Insured Persons are traveling in the same conveyance at the same time will be the Limit of Any One Conveyance as stated in the Schedule where applicable.

Section B – Medical Expenses

If the Insured Person suffers Injury due to an Accident and requires medical treatment by a Registered Medical Practitioner, We will pay for the Medical Expenses incurred up to the limit as stated in the Schedule or up to 12 months from the date of Accident, whichever comes first.

We will pay for reasonable and necessary treatment by a Chiropractor(s) or Chinese Physician(s) up to the overall limits as indicated in the table below or up to 12 months from the date of Accident, whichever comes first, subject to the sub-limits under each plan shown in the table below.

	Standard	Deluxe	Elite
	Up to \$50 per visit	Up to \$50 per visit	Up to \$100 per visit
Sub-limits for Insured adult	Up to \$300 per Accident	Up to \$750 per Accident	Up to \$1,000 per Accident
	Up to \$600 per Policy Year	Up to \$1,500 per Policy Year	Up to \$2,000 per Policy Year
	25% of the sub-limits under the Insured parent's plan. Where both Insured parents are covered under the same Policy and under different plans, the lower plan will be used to compute the Insured Child's sub-limits.		
Sub-limits for Insured Child			

We will also pay for reasonable and necessary treatment by a Physiotherapist if it is referred by a Registered Medical Practitioner, up to the limit per Policy Year as indicated in the table below or up to 90 days from the date of Accident, whichever comes first.

	Standard	Deluxe	Elite
Sub-limit for Insured adult	Up to \$500 per Policy Year	Up to \$1,000 per Policy Year	Up to \$1,500 per Policy Year
Sub-limit for Insured Child	25% of the sub-limit under the Insured parent's plan. Where both Insured parents are covered under the same Policy and under different plans, the lower plan will be used to compute the Insured Child's sub-limit.		

To be eligible for a claim under Section B, the Insured Person must seek medical treatment within 30 calendar days from the date of the Accident.

What We do not pay for under Section B

We will not pay for medical treatment due directly or indirectly to Illness (for example, a heart attack or a stroke).

Section C – Daily Hospitalisation Allowance

If the Insured Person suffers Injury due to an Accident and needs to stay as an inpatient in a Hospital for more than 24 hours, We will pay a daily amount as stated in the Schedule, up to a maximum of 365 days for any one Accident.

Section D – Weekly Income Benefit

i) If the Insured Person suffers Temporary Total Disablement due to an Accident, We will pay a cash benefit for each full week of Temporary Total Disablement. The cash benefit will be the Insured Person's basic weekly Salary or the Weekly Income Benefit stated in the Schedule, whichever is lower.

This cash benefit is payable up to 104 weeks in a row for any one Accident. You must provide proof of employment and income at the time of the Accident to obtain this cash benefit.

ii) If the Insured Person is not employed at the time of Accident, or unable to prove employment or income, We will still pay a cash

benefit of 25% of the Weekly Income Benefit stated in the Schedule for each full week of Temporary Total Disablement, if: -

- a. A Registered Medical Practitioner certifies that the Insured Person has suffered an Open Fracture or dislocation of:
 - i. Leg at hip or between hip and ankle;
 - ii. Arm at shoulder or between shoulder and wrist; or
 - iii. Hand and Foot; and
- b. The Insured Person requires surgery under anesthesia as certified by a Registered Medical Practitioner.

The cash benefit will be payable up to 12 weeks in a row and is limited to one payment for each fracture or dislocation event during any 12-month period.

In the event that Permanent Disablement under Section A becomes payable, the compensation under Section A shall be reduced by any benefits due or already paid under Temporary Total Disablement in Section D for the same Injury.

What We do not pay for under Section D

We will not pay if:

- a. The Temporary Total Disablement lasts for less than 7 days in a row;
- b. The first medical consultation or treatment is more than 7 days from the date of the Accident;
- c. The medical certificate issued by the Registered Medical Practitioner was not issued within 12 months from the date of the Accident; or
- d. The Insured Person is unemployed at the time of the Accident, with the exception of Section D - part (ii).

Section E – Family / Parental Allowance

If the Insured Person suffers Accidental Death, We will pay a monthly Family/ Parental Allowance as stated in the Schedule, for 12 months. We will only start paying this allowance after We receive the Relevant Proof of Claim. This allowance is payable if We have paid out Accidental Death benefit under Section A.

Section F – Re-Employment Benefit

If the Insured Person suffers Injury due to an Accident and the total benefit payable to the Insured Person under Section A for that Accident is more than 50% of the Original Sum Insured, We will pay the Re-Employment Benefit amount stated in the Schedule if You

show proof of employment and income at time of the Accident.

Section G – Personal Effects & Belongings

If the Insured Person suffers Injury due to an Accident and the Insured Person is entitled to benefit(s) under Sections A, B, C or D, We will pay the cost of repair or replacement of the Personal Effects and Belongings of the Insured Person that are damaged in the same Accident up to the limit stated in the Schedule. We will apply a discount at Our discretion for wear and tear and/or depreciation of the item.

Once the Personal Effects & Belongings benefit limit stated in the Schedule has been reached, We will not make any further payments for this benefit for any subsequent Accident within the same Policy Year.

Section H – Emergency Medical Evacuation & Repatriation

If the Insured Person suffers Injury due to an Accident whilst outside Singapore, and the Appointed Assistance Company believes that it is medically necessary to move the Insured Person to the nearest medical facility for medical treatment or to return to Singapore, We will pay the reasonable cost to move the Insured Person, up to the Emergency Medical Evacuation & Repatriation benefit limit stated in the Schedule. This includes the cost of air ambulance, surface ambulance, regular air, rail, land or sea transport and en-route medical care and supplies. If We can use Your existing return ticket to Singapore, We will only pay for the administrative fees charged by the airline or travel agent for changing Your travel dates or destination(s).

Once the Emergency Medical Evacuation & Repatriation benefit limit stated in the Schedule has been reached, We will not make any further payments for this benefit for any subsequent Accident within the same Policy Year.

If the Insured Person's Spouse and/or Child(ren) is/are insured under the same Policy, the maximum We will pay out under Emergency Medical Evacuation & Repatriation benefit will be S\$100,000 per Policy Year.

What We do not pay for under Section H

We will not pay if:

- a. the expenses incurred are for services provided by another party for which You are not liable to pay; or

- b. the expenses incurred for a service is not approved and arranged by Our Appointed Assistance Company

Section I – Tuition Benefit

If the Insured Person and/or Spouse suffer Accidental Death leaving behind surviving Insured Child(ren), We will pay a monthly Tuition Benefit as stated in the Schedule to the surviving Insured Person or legal guardian of the Insured Child(ren), for 12 months. We will only start paying this allowance after We receive the Relevant Proof of Claim and if We have paid out Accidental Death under Section A. We will pay a separate Tuition Benefit for each surviving Insured Child.

Section J – Mobility Aid

If the Insured Person suffers Injury due to an Accident, We will reimburse the Insured Person for the purchase or rental of Mobility Aid prescribed by a Registered Medical Practitioner, up to the Mobility Aid limit stated in the Schedule.

Once the Mobility Aid benefit limit stated in the Schedule has been reached for any one Accident, We will not make any further payments for this benefit.

III. Optional Cover

The following sections apply only when stated in the Schedule.

Section K - Infectious Disease Booster

If the Insured Person is hospitalised as an in-patient for more than 24 hours due to an Infectious Disease, We will pay a daily allowance as stated in the Schedule, up to a maximum of 60 days for any one Accident.

This excludes any claim where diagnosis of the Infectious Disease is made within the first 14 days from the first inception date of cover.

Section L - Education Fund

If the Insured Person and/or Spouse suffer Accidental Death leaving behind surviving Insured Child(ren), We will pay the sum stated in the Schedule to the surviving Insured Person or legal guardian of the Insured Child(ren).

This benefit is payable only once during the Policy Year. The sum stated in the Schedule

represents the maximum amount that we will pay under this benefit, even if the Insured Person and Spouse both die in the same Accident and regardless of the number of surviving Insured Child(ren).

Section M – Parent’s Cover

If the Parent(s) of the Insured Person named in the Schedule suffer Accidental Death or Permanent Disablement, We will pay up to the limit stated in the Schedule.

IV. Policy Extensions

Dependent Child’s Cover

Coverage for certain benefits under the Policy will be extended to the Child(ren) specified in the Schedule, subject to the following conditions:

- a. where both legal parents of the Child(ren) are covered in the same Policy; or
- b. where only one legal parent of the Child(ren) is covered in the same Policy on condition that additional premium(s) is(are) paid for each Child.

Each Child will be covered under the following sections for up to the limits stated in the Schedule:

- Section A – Accidental Death / Permanent Disablement
- Section B – Medical Expenses
- Section C – Daily Hospitalisation Allowance
- Section H – Emergency Medical Evacuation & Repatriation
- Section J – Mobility Aid

Where both legal parents are covered in the same Policy, You need to inform Us to include the new born Child within 6 months from the date of the birth for the Child to be covered under the Policy.

Accidental Miscarriage and Recuperation Cash Allowance

If the Insured Person suffers a miscarriage caused by an Accidental fall or a traffic Accident causing external injury, We will pay the benefits under Section B (inclusive of a Recuperation Cash Allowance of S\$100) and Section C of this Policy.

Baby Bonus Allowance

Section B of the Policy extends to pay S\$100 cash for each newborn biological child delivered by the Insured Person for up to 2 children per Policy Year provided both the Insured Person and Spouse are covered under the same Policy and have been continuously insured under the Policy for not less than 12 months. We will not pay any Baby Bonus Allowance if a claim is not made to Us within 6 months from the birth of the child.

Cancellation of Staycation or Covered Event Due to Hospitalisation

If the Insured Person is hospitalised due to an Accident and has no choice but to cancel or abandon: -

- a. a Staycation booking; and/or
- b. attendance of a Covered Event

We will pay for the deposit and/or unused costs in respect of the Staycation and/or unused ticket for the Covered Event subject to the limits stated in the Schedule.

We will not pay if: -

- a. the period of Staycation and/or date of the Covered Event was outside of the period of the Insured Person’s hospitalisation;
- b. the Staycation booking and/or purchase of the ticket for the Covered Event was made after the Insured Person’s hospitalization and purchased more than 6 months before the Policy Year;
- c. the cost of the Staycation booking or the cost of the ticket for the Covered Event separately or combined amounts to less than S\$200;
- d. the booking/purchase is not paid in advance by the Insured Person;
- e. the booking is paid for using redemption of credit card points/mileage points or given as a gift;
- f. No evidence of booking/purchase is produced; and
- g. No claim is payable under Section C – Daily Hospitalisation Allowance.

We will pay up to a maximum of S\$100 per Accident and up to S\$200 per Policy Year under this Section.

Disappearance

If the Insured Person cannot be found after the sinking, wrecking or destruction of the aircraft or conveyance in which he was travelling during the Period of Insurance, and his body is not found within 1 year after the date of the

disappearance, We will deem him to have suffered Accidental Death, for the purposes of a claim under Section A of this Policy.

The Policyholder and/or the administrator/executor of the estate of the Insured Person must provide a signed undertaking to Us to guarantee that if the Insured Person is subsequently found alive, they undertake to repay Us any sums We have paid under this Policy for the Accidental Death.

Domestic Maid

The coverage under Section A of this Policy is extended to cover the domestic maid(s) employed by the Insured Person and/or Spouse at the time of the Accident for a Sum Insured of S\$5,000 for any one Policy Year. Where the Insured Person and/or Spouse has employed more than 1 domestic maid, the Sum Insured will be apportioned equally among the number of maids. We will make payment to the domestic maid or the administrator/executor of her estate.

Double Hospitalisation Allowance in ICU

If the Insured Person is hospitalized due to an Accident and is warded in an Intensive Care Unit (ICU) in a Hospital for at least 24 hours, the daily hospitalisation allowance payable will be doubled for the period that the Insured Person is in the ICU, up to a maximum of 50 days for any one Accident.

If the Insured Person is entitled to the double hospitalisation allowance under this Section, We will not pay the benefit under Section C for the same period.

Double Indemnity for Accidental Death in a Public Transport

If the Insured Person dies when travelling as a passenger in a Public Transport, the benefit payable under Section A, excluding any bonus Sum Insured provided under the No Claim Bonus Extension, will be doubled.

Our maximum liability per Policy for this Extension shall be limited to S\$1,000,000.

This benefit is not applicable where: -

- a. the Accident arises directly or indirectly from an Act of Terrorism as provided for under Extension for Full Terrorism Cover; or
- b. if there is also a claim under the Double Indemnity for Accidental Death of Both

Insured Person and Spouse in the Same Fatal Accident Extension.

Double Indemnity for Accidental Death of Both Insured Person and Spouse in the Same Fatal Accident

If the Insured Person and Spouse suffer Accidental Death due to a single Accident, the benefit payable under Section A, excluding any bonus Sum Insured provided under the No Claim Bonus Extension, will be doubled. This extension is applicable only where both the Insured Person and Spouse are covered in the same Policy.

Where the total Sum Insured of both the Insured Person and Spouse in the same Policy exceeds S\$500,000, Our maximum liability per Policy for this Extension shall be limited to S\$1,000,000.

This benefit is not applicable where: -

- a) the Accident arises directly or indirectly from an Act of Terrorism as provided for under Extension for Terrorism Cover.

Exposure

If following an Accident, the Insured Person is unavoidably exposed to the natural elements and due only to that exposure, suffers an Injury listed in the Table of Compensation under Section A, We will deem him to have suffered an Injury due to an Accident, for the purposes of a claim under Section A of this Policy.

Facial Disfigurement and Reconstructive Surgery

If the Insured Person suffers Injury due to an Accident and requires surgical procedure for: -

- i. Facial Reconstructive Surgery;
- ii. Skin Transplantation due to burns; and/or
- iii. Re-attachment of severed fingers, toe and limbs,

We will reimburse the cost reasonably incurred in Singapore within 12 months of the Accident up to the maximum of 50% of the Section B limit per Insured Person for any one Policy Year, in addition to the limit payable under Section B.

Food Poisoning

If the Insured Person is hospitalised for at least 6 consecutive hours due to food poisoning within the Period of Insurance, We will pay up to the limit under the respective sections shown in the Schedule.

Full Terrorism Cover

This policy will cover Injury or Accidental Death due to an Act of Terrorism within the Policy Year, up to the Original Sum Insured per Insured Person.

Where an Insured Person is insured under more than one Policy with Us covering Act of Terrorism, Our maximum liability per Insured Person regardless of the number of Policies will be limited to S\$500,000.00 per Insured Person and subject to the Conveyance Limit and/or Event Limit imposed on the Policy (if applicable) as stated in the Schedule, whichever is the lower.

Full-Time National Service

If the Insured Person / Child is required to serve Full-Time National Service during the Policy Year, any activities, incidents or claims relating to or in connection with or arising directly or indirectly from full-time National Service are excluded from the Policy. However, the Policy covers activities of the Insured Person / Child once he is officially off-duty or he has officially signed off from and left the army camp.

Infectious Diseases

Section B of the Policy extends to cover the medical treatment of Infectious Diseases diagnosed within the Policy Year but before We make any payment, You must provide us with blood test results showing a confirmed diagnosis of the Infectious Disease, in addition to the Relevant Proof of Claim.

This excludes any claim where diagnosis of the Infectious Disease is made within the first fourteen (14) days from the first inception date of cover.

Insect / Animal Bites

If the Insured Person suffers Injury or Accidental Death through a bite or sting by an insect or animal within the Policy Year, We will deem him to have suffered an Injury or Accidental Death due to an Accident, for the purposes of a claim under this Policy.

If however, the bite or sting by an insect or animal develops into an Infectious Disease, this extension shall not apply.

Leisure Underwater Activities

We will cover Injury or Accidental Death suffered by the Insured Person due to an Accident whilst engaging in Leisure Underwater Activities during the Policy Year, provided that:

- a. at the time of the Accident, the Insured Person holds a PADI certification (or similar recognised qualification) and are diving with a buddy who holds a PADI certification (or similar recognised qualification);
- b. the Insured Person is diving within the limits of that certification/qualification but no deeper than 30 metres; and
- c. the Insured Person is diving under the direct supervision of a qualified diving instructor.

Marriage Bonus Allowance

We will pay S\$100 per Policy if the Insured Person becomes legally married during the Policy Year provided that

- a. both the Insured Person and his/her Spouse have been insured with Us under PAStar for at least 12 consecutive months prior to their date of legal marriage; and
- b. no prior claim has been made for the Marriage Bonus Allowance with Us either by the Insured Person or his/her Spouse.

We will not pay any Marriage Bonus Allowance if a claim is not made within 6 months from the date of the legal marriage.

Motorcycling

We will cover an Injury or Accidental Death suffered by the Insured Person due to an Accident while motorcycling (whether as a rider or a pillion-rider) provided that at the time of Injury, the Insured Person is wearing a safety helmet, and not engaging in or practising for racing or hill climbing contests, reliability trials, or speed or duration testing. This extension is only applicable if the Insured Person holds a valid licence for that class of motorcycle and recognised by the regulation. This does not include provisional driving licence.

No Claim Bonus

We will increase the Sum Insured in respect of Accidental Death and Permanent Disablement for the Insured Person by 5% on the Original Sum Insured on each annual renewal up to a maximum of 25% of the Original Sum Insured, provided that:

1. no claim has been made during the preceding Policy Year under any Section of the Policy;

2. the increase in Sum Insured shall be earned within a period of not more than 5 years from the first inception date of the Policy.
3. there has been no interruption of cover in the period or between Periods of Insurance; and
4. if a claim is paid during a year, the additional increase in Sum Insured will be suspended for the coming renewal. The current compounded Sum Insured however will not be forfeited.

In the event there is a change in the selected plan, the "Original Sum Insured" shall mean the Sum Insured before any bonus Sum Insured provided for under this extension attaching to the Insured Person(s):

1. on the first day of cover in the Policy Year in which the change was effected mid-term of the Period of Insurance; or
2. on the first day of cover in the renewal Policy Year where the change is effected at renewal.

If cover for Spouse and/or Child(ren) is included during mid-term of the Period of Insurance, the bonus Sum Insured accumulated under the Policy shall not apply to the newly included Insured Person(s) during the period where cover is not effected on the first day of the Policy Year. The bonus Sum Insured accumulated under the Policy shall apply for the mentioned Insured Person(s) if the cover is effective from the first day of the Policy Year.

Reservist Training

We will cover Injury or Accidental Death suffered by the Insured Person due to an Accident whilst on part-time National Service as an NSman / Reservist in the Navy, Army, Air Force, Civil Defence or Police Force, provided that he is not taking part in or is present at any military, naval or air force operation during actual warfare or any uprising or any expedition or operation of a war-like character either as combatant or non-combatant.

Riot, Strike, Civil commotion, Hijack, Murder and Assault

We will cover Injury or Accidental Death suffered by the Insured Person due to riot, strike, civil commotion, Hijack, murder or assault, provided that such Injury or Accidental Death does not arise out of or in connection with the Insured Person's participation, collaboration or provocation of such act.

Suffocation by Smoke, Poisonous Fumes, Gas & Drowning

We will cover Injury or Accidental death suffered by the Insured Person due to suffocation by smoke, poisonous fumes, gas or drowning.

Survivor Benefit

In the event of Accidental Death of the Insured Person and/or Spouse, We will extend the Policy cover for the surviving Insured Person for another 6 months without any additional premium charge.

Trauma Counselling Expenses

If the Insured Person is diagnosed by a Registered Medical Practitioner as suffering from a post-traumatic stress disorder due to an Accident and requires counselling, and provided that We are paying a claim to that Insured Person under the Facial Disfigurement and Reconstructive Surgery Extension, We will reimburse the counselling expenses reasonably incurred in Singapore within 12 months from the date of the Accident up to a maximum of 50% of the Section B limit per Insured Person for any one Policy Year in addition to the limit payable under Section B.

V. Sompo Assist

Our Appointed Assistance Company will provide 24-Hour Emergency Assistance Service.

If the Insured Person suffers Injury due to an Accident in the course of a journey within the Policy Year and is in need of Emergency Assistance Services whilst outside Singapore, provided such journey is not undertaken:

- i. against the advice of a Registered Medical Practitioner, and/or
- ii. for the purpose of obtaining or seeking any medical or surgical treatment abroad,

We shall provide Medical Evacuation and/or Repatriation services through our Appointed Assistance Company upon specific verbal notification by the Insured Person or the Insured Person's representative to the specified 24-hour assistance hotline.

We and/or our Appointed Assistance Company shall not be responsible for any expenses incurred by the Insured Persons or services rendered to the Insured Person other than

Medical Evacuation and/or Repatriation services.

If the Insured Person decides to enter into a contract with our Appointed Assistance Company for other services, these shall be deemed to be made between the Insured Person and our Appointed Assistance Company and We do not in any way accept any liability to provide such services or for the performance thereof.

We will disclose information about the Insured Person and the Policy to our Appointed Assistance Company only for the purpose of providing the Emergency Assistance Services.

VI. Exclusions

1. These Exclusions apply to every section of this Policy, and are in addition to the specific provisos and/or exclusions contained in each section.
2. We shall not pay any claims directly or indirectly caused by the following: -
 - a. war, invasion, act of foreign enemy, hostilities, warlike operations (whether war is declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, confiscation, detention, nationalisation, requisition, martial law or state of siege or any events or causes which lead to the proclamation or maintenance of martial law or state of siege;
 - b. intentional self-injury, mental problems or insanity, suicide or attempted suicide while sane or insane, wilful and/or intentional act, provoked assault, intoxication, insanity, venereal disease or AIDS, bacterial or viral infections (except as provided under Infectious Disease cover), childbirth or pregnancy (except as provided under Accidental Miscarriage and Recuperation Cash Allowance) or abortion or any complication(s) following from these matters;
 - c. caving, mountaineering or rock climbing involving the use of guides or ropes, potholing, underwater activities involving the use of underwater breathing apparatus (other than Leisure Underwater Activities as defined in this Policy), bungee jumping, sky diving, hang-gliding, paragliding, parachuting or any activities in aerial balloon whilst airborne, motor rallies, any kind of racing or any sports in a professional capacity unless otherwise agreed in writing by Us;
 - d. private aerial activities or air travel, except as a fare paying passenger in any properly licensed aircraft operated by a licensed airline or in a properly licensed multi-engine aircraft operated by a licensed commercial air carrier;
 - e. further surgical treatment that is not a direct result of surgical operations required to treat Injuries covered by this Policy;
 - f. military, naval or air force service, police, civil defence activities unless the Insured Person is off-duty or officially signed off from army camp and on Reservist Training during peacetime;
 - g. the Insured Person engaging in the following occupations / work scope unless otherwise agreed by Us and stated in the Schedule:
 - i. Pilots, or aircrew whilst on duty or any occupation involving aviation activities
 - ii. Full-time military personnel
 - iii. Police force personnel
 - iv. Fire fighters
 - v. Construction / unskilled workers
 - vi. Ship crew or workers on board vessels, oil and gas rig workers, offshore workers, stevedores, shipbreakers
 - vii. Welding
 - viii. Professional sportsperson
 - ix. Work involving height (exceeding 30 feet above ground or floor level), works underground, travel beyond normal speed on land, handling of hazardous chemical and/or handling of explosives
 - x. Woodworking machinists
 - xi. Professional divers and jockeys
 - xii. Crane Operators
 - h. illegal acts of the Insured Person or an Insured Person's beneficiary;

- i. injuries caused or contributed to by the Insured Person having taken a drug, unless it is taken on proper medical advice and is not for the treatment of drug addiction;
- j. injuries caused or contributed to by any Medical Condition (except as provided for under the Policy), Pre-Existing Conditions, congenital anomalies or physical defects;
- k. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variations of HIV;
- l. Ionizing, radiation or contamination by radioactivity from any nuclear fuel or from nuclear waste from the combustion of nuclear fuel. In this Exclusion, combustion includes any self-sustaining process of nuclear fusion;
- m. Nuclear weapons materials;
- n. cosmetic (aesthetic), plastic or reconstructive surgery/treatment, or any treatment which relates to or is needed because of previous cosmetic treatment, except as necessitated due to an event covered by the Policy;
- o. health supplements, vitamins, prebiotics, probiotics and skin care products whether purchased over the counter or prescribed by a Registered Medical Practitioner;
- p. any Infectious Disease which is announced or notified as an epidemic or pandemic by the health authority in Singapore or the Government of the Republic of Singapore, or a pandemic by the World Health Organisation (WHO). The cover for the epidemic or pandemic Infectious Disease shall stop from the date of such announcement or notification, and will resume on the date that it is declared to no longer be an epidemic or pandemic, or when We notify You that cover has resumed, whichever is earlier.

3. Sanction Limitations and Exclusion Clause

No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

VII. General Conditions

1. Interpretation

These Policy Conditions and the Schedule together with the Proposal Form, Application, endorsements, memoranda and any other information furnished by You and/or Insured Person shall be read together as one Policy. Any word or expression which has been given a specific meaning in any part of the Policy will have the same meaning wherever it may appear.

2. Eligibility

The following Persons are eligible for cover under this Policy, unless We have otherwise agreed and indicated in the Schedule:

Insured Person

A person who is between 16 years and 65 years old when he/she first enrolled onto the Policy. This Policy may be renewed up to the Insured Person reaching 75 years old. He/she must be a Singapore Citizen, Singapore Permanent Resident or expatriate or foreigner holding a valid employment pass, work permit, dependent pass, or student pass, and who is residing in Singapore.

Where the Policyholder is a corporate company, the Policy cover includes the Policyholder's employees under the payroll of a Singapore-based office and who are residing in Singapore.

Spouse

The Spouse of the Insured Person between 16 years and 65 years old when he/ she

first enrolled onto the Policy. This Policy may be renewed up to the Spouse reaching 75 years old. He/she must be a Singapore Citizen, Singapore Permanent Resident or expatriate or foreigner who is holding a valid employment pass, work permit, dependent pass, or student pass, and who is residing in Singapore.

Insured Child

The dependent, unmarried and unemployed natural children, legal step-children and legally adopted children of the Insured Person who are above 1 month old and below 21 years old and who are residing in Singapore. However, if the child of the Insured Person is enrolled in a full-time tertiary institution at the time of the Accident, he will fall under the definition of Child for the purpose of this Policy if he is below the age of 25 years old.

3. Conditions Precedent to Liability

You and the Insured Person must comply with all the terms of this Policy. We will not be liable to make payment under this Policy unless You and the Insured Person are truthful in the Proposal and/or Declaration and in any other information provided to Us.

4. Duplication of cover

If the Insured Person is covered under more than one PASTar Policy at any one time, only the Policy with the highest limit will respond to any claims made.

5. Claims Notification

You and/or the Insured Person must tell Us in writing within 30 days after the happening of any Accident which may give rise to a claim under this Policy.

6. Evidence Required and Medical Examination

You and/or the Insured Person must provide to Us, at Your own expense, the Relevant Proof of Claim. If We consider it necessary, the Insured Person must undergo a medical examination by Registered Medical Practitioner(s) appointed by Us, which We will pay for, as often as We may require. In the event of the death of the Insured Person, We are entitled to have a post-mortem conducted at Our own expense. If there is any conflict

of opinion between Our Registered Medical Practitioner and the Insured Person's Registered Medical Practitioner, the opinion of Our appointed Registered Medical Practitioner will prevail and be binding on the Insured Person or the Insured Person's estate.

7. Payment of Claim

a. Where We have issued the Policy to an individual or a family unit, We will make any payment under this Policy to the Policyholder or Insured Person or, in the event of his death, the administrator / executor of his estate provided that the Letters of Administration or Probate are provided to us. Once We have made payment to the Policyholder, the Insured Person or the administrator/ executor of the Insured Person's estate, as the case may be, We shall have fully discharged Our liability under the Policy.

b. Where the Policyholder is a company or corporate entity, and the Policy covers a group of individuals or family units, We shall treat the Policyholder as the absolute legal and beneficial owner of this Policy. We will make payment of any amount payable under this Policy by cheque to the order of the Policyholder, and such payment shall fully discharge Us from Our liability under the Policy.

c. We will pay all claims in Singapore currency. Charges incurred in any other currency shall be payable in Singapore Dollars on the basis of the exchange rate as stipulated by Us. We will not bear any bank charges or credit charges.

8. Maximum liability (applicable to Section A, C and D)

Our maximum liability in any one Policy Year shall be as stated below:

- (i) Our liability under Sections A, C and D shall not exceed 125% of the Original Sum Insured if
 - a. any one item under Section A bears the highest compensation of up to 100% of the Original Sum Insured; or
 - b. all other items under Section A in total do not exceed 100% of the Original Sum Insured

- (ii) Our liability under Sections A, C and D shall not exceed 150% of the Original Sum Insured if
 - a. any one item under Section A bears the highest compensation of up to 150% of the Original Sum Insured, or
 - b. all other items under Section A in total do not exceed 150% of the Original Sum Insured

9. Goods and Services Tax on Policy Excess/Deductible

The Excess/Deductible amounts (if any) in this Policy do not include Goods and Services Tax (GST). Where GST is applicable to the Policy and/or to a claim under the Policy, GST will be levied accordingly on the Excess/Deductible amounts and the Insured Person will need to bear the GST on the Excess/Deductible amounts.

10. Interest

Interest will not be added to any payment.

11. Forfeiture

We will forfeit all payments under this Policy if:

- a. any claim on this Policy is in any way fraudulent or if any fraudulent means or devices are used by You and/or Insured Person or anyone acting on Your or his behalf to obtain any payment under this Policy;
- b. If the Injury is caused by the wilful act or with the knowledge of Yourself and/or the Insured Person.

12. Notice of Material Changes

- a. You must give Us reasonable notice of any change in the Insured Person's country of residence or business or occupation which is likely to result in a material increase in hazard to Us and must pay any additional premium that may be required by Us for the continuance of coverage as indicated in writing by Our authorized representative.
- b. We will inform You in writing of any changes to the Policy, but any accidental omission by Us to inform of such changes shall not invalidate the changes.

- c. If You fail to give notice to Us, and there is a claim for any payment thereafter, We may reject such claim or, at Our absolute discretion, adjust the payment.

13. Termination of Insurance

Our liability under this Policy will end on the earliest of the following events:

- a) The Insured Person reaching the age of seventy-six (76) years old;
- b) The Insured Person ceasing to meet the eligibility criteria stated in the Policy;
- c) Coverage for any Insured Person will end automatically if he/she has been physically absent from Singapore for more than 180 consecutive days, unless We have given our prior written agreement for the Policy to continue despite such absence from Singapore and You have made payment of the additional premium chargeable, if any. In such event, the Insured Person's cover will be considered terminated at 23:59 standard Singapore time on the 180th day after the departure from Singapore;
- d) The death of the Insured Person. Where the Insured Person is the Policyholder, cover for all other Insured Persons will also end at the expiry of the Period of Insurance following the date of the death, except otherwise provided under Extension – Survivor Benefit;
- e) Once We have paid out more than 50% under Section A to an Insured Person for any one Accident, Our liability to that Insured Person shall terminate.
- f) The Insured Person's imprisonment;
- g) Change in the Insured Person's employment, occupation or business, where such employment, occupation or business is excluded in this Policy.

14. Cancellation

This Policy may be terminated at any time at the request of the Policyholder or We can terminate this Policy by giving 7 days' notice by mail to the Policyholder at his last known address.

We will refund the premium based on the following formula:

85% of the premium paid x (number of unused days/Period of Insurance)

We will not refund if there is a claim made under this Policy or if this amount is less than \$5.

15. Other Insurances (Applicable to Section B, G, H and J only)

If at the time of any claim the Insured Person is insured under any other insurance policy which makes payment of medical expenses and/or compensation for other costs which are the subject of a claim under this Policy, You must give Us the details of such other policy or policies and We shall not be liable to contribute more than the rateable proportion of such expenses and costs.

16. Dispute Resolution

Any dispute or matter arising under, out of or in connection with Your Policy shall first be referred to the Financial Industry Disputes Resolution Centre Ltd (FIDREC) to be dealt with and applies if it is a dispute that can be brought before FIDREC. If the dispute cannot be referred to or dealt with by FIDREC, the dispute must be referred to and finally resolved by arbitration in Singapore in accordance with the Arbitration Rules of the Singapore International Arbitration Centre which apply at that time.

17. Renewal Procedure

At each renewal of this Policy, You must tell Us in writing of any important matter affecting this Policy which You are aware of which affects an Insured Person. Where We do not receive any notice, We will take it to mean that there has been no change to the facts declared prior to the renewal. If We subsequently discover any material change in facts which was not declared to us, the Policy shall be void.

We may amend the clauses, conditions and rates of premium of the insurance at renewal and We will inform You of the amendments at least 30 days before the Renewal Date, at which time the amendments will apply.

18. Misrepresentation

We have the right to treat this Policy as void in the event of misrepresentation, misdescription or non-disclosure or concealment of any circumstances by You

and/or the Insured Person material to or in connection with

- a. the health of the Insured Person, and in particular
 - i. whether the Insured Person is suffering from a disease, illness, disability or handicap; or
 - ii. whether the Insured Person is aware of circumstances suggesting that he may be suffering from a disease, illness, disability or handicap;
- b. the Insured Person's previous claim history;
- c. the Insured Person's insurance record, including previous insurance refusals.

19. Governing Law

Singapore law will apply to this Policy.

20. Free Look Period (Applicable to Policy issued to an Individual)

You can decide to cancel this Policy during the "Free Look" period. You must then return the original policy document to Us, and You will receive a full refund of the premium paid to Us provided that no claim has been made under the Policy. The Policy will then be deemed as void from the start and We shall not be liable for any claims occurring before the return of the Policy.

"Free Look" period means the period up to 14 business days from the time this Policy is received by You and this Policy is deemed to have been delivered and received by You 3 business days after it is posted by Us.

This provision is, however, not applicable to any policy with period of insurance less than 1 year and/or to policy renewals.

21. Condition Precedent

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

- a. for the risk insured, the Insured Person has never had any insurance terminated in the last 12 months due solely or in part to a breach of any premium payment condition; or
- b. if the Insured has declared that it has breached any premium payment condition in respect of a previous policy

taken up with another insurer in the last 12 months

- i. the Insured has fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy; and
- ii. a copy of the written confirmation from the previous insurer to this effect is first provided by the Insured to Us before cover incept.

22. Contracts (Rights of Third Parties) Act Exclusion

It is hereby declared and agreed that a person who is not a party to this Policy shall have no right under the Contracts (Rights of Third Parties) Act (Cap 53B) (or any subsequent amendments thereof) to enforce any of its terms.

23. Personal Data Protection

In relation to the personal data collected for this Insurance, You agree and acknowledge that

- a. We may collect, use and disclose the personal data for the purposes stated in Our Privacy Policy, which include underwriting and administering the insurance Policy (including reinsurance/underwriting, claims processing, investigation, payment and other related purposes);
- b. We will not use, disclose or process the personal data for purposes which are not stated in the Privacy Policy or for which Your consent has not been obtained. If We wish to use, disclose or process the personal data for another purpose We will seek Your prior written consent;
- c. We may disclose the personal data for the purposes to a related corporation, subsidiaries, holding companies, associated companies, or affiliates of, any credit bureau; any other person to whom disclosure is permitted or required by any law; and our third party service providers and agents (acting on our behalf). Those recipients may be located in or outside Singapore.

24. Payment Before Cover Warranty (This warranty applies where the Policy is issued to an Individual)

- a. The Premium due must be paid to Us (or

the intermediary through whom this Policy was effected) on or before the Effective Date of Cover or the renewal date of the coverage. Payment shall be deemed to have been effected to Us or the intermediary when one of the following acts takes place:

- i. Cash or honoured cheque for the premium is handed over to Us or the intermediary;
 - ii. A credit or debit card transaction for the premium is approved by the issuing bank;
 - iii. A payment through an electronic medium including the internet is approved by the relevant party;
 - iv. A credit in favour of Us or the intermediary is made through an electronic medium including the internet.
- b. In the event that the total premium due is not paid to Us (or the intermediary through whom this Policy or Bond was effected) on or before the Effective Date of Cover or the renewal date, then the insurance shall not attach and no benefits whatsoever shall be payable by Us. Any payment received thereafter shall be of no effect whatsoever as cover has not attached.
 - c. 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. If You cancel the cover, You will receive a full refund of the premium paid to Us provided that no claim has been made under the insurance and the cover shall be treated as if never put in place.

25. Premium Payment Warranty (This warranty applies where the Policy is issued to a corporate entity)

- a. It is hereby agreed and declared that if the Period of Insurance is 60 days or more, any premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within 60 days of the Effective Date of Cover of the coverage under the Policy, Renewal Certificate or Cover Note.
- b. In the event that any premium due is not paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within the 60-day period referred to above, then:

- i. the cover under the Policy, Renewal Certificate or Cover Note is automatically terminated immediately after the expiry of the said 60-day period;
 - ii. the automatic termination of the cover shall be without prejudice to any liability incurred within the said 60-day period; and
 - iii. We shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$26.75 (inclusive of GST).
- c. If the Period of Insurance is less than 60 days, any premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within the Period of Insurance.

26. 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 Sompo or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).