

AIA SINGAPORE PTE LTD – AIA CI STARTER COVER

POLICY SCHEDULE AND POLICY CONTRACT

POLICY SCHEDULE

Group Policy Number : 83319

Effective Date of Coverage : Date of Application

Expiry Date of Coverage : 6 months from effective date of coverage

Table of Benefits

Benefits	Amount Covered (SGD)
1. Teleconsultation Benefit via WhiteCoat - Consultation only (Excluding medication & delivery costs of medication)	As Charged, up to 2 visits
2. Coverage for 37 Critical Illnesses	S\$10,000

POLICY TERMS AND CONDITIONS

DEFINITIONS

- a. Activities of Daily Living (ADLs)** shall mean
- (i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - (ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - (iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - (iv) Mobility - the ability to move indoors from room to room on level surfaces;
 - (v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - (vi) Feeding - the ability to feed oneself once food has been prepared and made available.
- b. Amount Covered** refers to the insured amount for the Benefit specified in the table of Benefits in the Policy Schedule.
- c. Applicant or Insured Person** refers to the person covered under the Policy, as described under the Eligibility section.
- d. Benefits** refer to the benefits set out in the BENEFITS PROVISIONS and any subsequent endorsements where applicable and **Benefit** is construed accordingly.
- e. Critical Illnesses** shall mean illnesses or surgical procedures falling within the definitions and fulfilling the criteria set out in the Schedule of Critical Illnesses and “Critical Illness” is construed accordingly. The Date of Diagnosis of a Critical Illness or the Date of Diagnosis of a condition leading to performance of a surgical procedure for the Critical Illness must be made more than 30 days following the later of:
- (i) the Policy effective date; or
 - (ii) the effective date of coverage of the Insured Person.

We, however, shall not pay any benefits for Heart Attack of Specified Severity, Major Cancers, Coronary Artery By-pass Surgery, Angioplasty & Other Invasive Treatment For Coronary Artery or Other Serious Coronary Artery Disease if the Date of Diagnosis of the Heart Attack, Major Cancers or the Date of Diagnosis of any conditions leading to performance of Coronary Artery By-pass Surgery or Angioplasty

& Other Invasive Treatment for Coronary Artery to the Insured Person was made within 90 days from the later of:-

- (i) the Policy effective date; or
- (ii) the effective date of coverage of the Insured Person.

- f. **Death** shall mean death strictly caused by any of the illnesses contained in the Schedule of Critical Illnesses.
- g. **Diagnosis** or **Diagnosed** refers to the definitive diagnosis made by a Registered Medical Practitioner or appropriate Specialist Physician, based upon specific evidence of the particular condition concerned or in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to us. Such diagnosis must be supported by our medical director who may base his opinion on the medical evidence submitted by the Insured and/or any additional evidence that he may require.
- h. **Date of Diagnosis** for conditions that pay a benefit on surgical procedure, this “date of diagnosis” shall refer to the date of diagnosis of the medical condition that leads to the surgical procedure, and not to the date of surgical procedure.
- i. **Medically Necessary** shall mean a medical treatment, services and/or supply provided by a Registered Medical Practitioner and/or Specialist covered under this Policy which are:
 - (i) consistent with the Diagnosis and customary medical treatment, service and/or supply for Sickness or Injury;
 - (ii) in accordance with standards of good medical practice; consistent with the current standard of professional medical care and with proven medical benefits;
 - (iii) not for the convenience of the insured, Registered Medical Practitioner or the Specialist, and unable to be reasonably rendered out of Hospital (if admitted for confinement); and
 - (iv) not of an experimental, investigational or research nature, preventing or screening nature.
- j. **Period of Insurance** refers to the period during which the coverage under this Policy is effective, as stated in the Policy Schedule or endorsement (if any).
- k. **Permanent Neurological Deficit** shall mean permanent means expected to last throughout the lifetime of the Insured Person. Permanent neurological deficit means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Insured Person. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.
- l. **Policy** refers to:
 - (i) this document including the Policy Schedule;
 - (ii) the application for this Policy;
 - (iii) declarations of this Policy; and
 - (iv) the endorsements (if any).
- m. **Pre-Existing Condition** shall mean any condition for which a Physician was consulted, for which treatment or medication was prescribed, or for which manifestations of symptoms would have caused a prudent person to seek medical advice at any time prior to his Effective Date of Coverage.
- n. **Prohibited Person** refers to a person or entity (including any director or any direct or indirect shareholder of, or any person having executive authority in such entity) subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which has the effect of prohibiting AIA from providing insurance coverage, transacting business with or otherwise offering any economic benefits to such person or entity under the Policy.
- o. **Registered Medical Practitioner** shall mean only a person qualified by degree in western medicine and legally authorized in the geographical area of his practice to render medical or surgical services, and who is not: (i) the Insured Person, or (ii) a member of his immediate family, or (iii) other relative of the Insured Person.

- p. **Sickness** shall mean a physical condition marked by a pathological deviation from the normal healthy state.
- q. **Singapore Resident**
- (i) is a citizen of Singapore, unless he has resided outside Singapore continuously for 5 or more years preceding the application date of the policy and is not currently residing in Singapore; or
 - (ii) is a permanent resident, unless he has resided in Singapore for less than a total of 183 days in the 12 months preceding the application date of the policy; or
 - (iii) has a work pass or permit required under the Employment of Foreign Manpower Act (Cap. 91A), unless he has resided in Singapore for less than a total of 183 days in the 12 months preceding the application date of the policy; or
 - (iv) has a pass or permit required under the Immigration Act (Cap. 133) that has a duration longer than 90 days and has resided in Singapore continuously for at least 90 days in the 12 months preceding the application date of the policy.
- r. **Specialist** shall mean a Registered Medical Practitioner who specializes in a specific area in a medical field, and who is not: (i) the insured, or (ii) a member of his immediate family, or (iii) other relative of the insured.
- s. **We, Company, us** or **our** refers to AIA Singapore Private Limited, its assigns and successors in title.
- t. **You** or **your** refers to the Applicant or Insured Person.
- u. Where the **context** requires, the masculine form shall apply to the feminine and the singular term shall include the plural and vice versa.

Any examples set out in the Policy are purely for illustrative purposes only and shall not affect the construction and interpretation of the Policy.

ELIGIBILITY AND TERMINATION

Section A : Eligibility

To be eligible for cover under this Policy, an Insured Person at the time of the Effective Date of Coverage:

- (i) must be a Singapore Resident; and
- (ii) must be aged between 18 and 55 (age last birthday); and
- (iii) is not a citizen of a sanctioned country, or a Prohibited Person

For clarity, the above criteria do not affect the operation of the provisions of **General Provisions Section J. No Cover** below.

Section B : Termination

The Policy shall automatically terminate on the earliest occurrence of the following:

- (i) The Expiry Date of Coverage as specified in the Policy Schedule; or
- (ii) Upon the payment of the Critical Illness benefit to the Insured Person; or
- (iii) Upon the payment of Death benefit following Diagnosis of the Critical Illness suffered by the Insured Person; or

- (iv) When the Insured Person(s) ceases to be eligible under the Eligibility Section; or
- (v) The date on which the Policy is terminated; or
- (vi) The date communicated to the Policyholder by us as the date the Policy ceases on account of war, or an act of war, such date being determined at our discretion.

For the avoidance of doubt, under this Policy, only the Critical Illness benefit or Death benefit (for death resulting from a Diagnosed Critical Illness) will be paid, and not both.

BENEFIT PROVISIONS AND EXCLUSIONS

Section A – Benefits

1. Teleconsultation Benefit via WhiteCoat

We shall pay the Amount Covered if the Insured Person undergoes teleconsultation for medical treatment or a prescription directly with our appointed telemedicine provider within the Period of Insurance.

2. Critical Illness Benefit

We shall, subject to the provisions herein contained, pay in one lump sum the Amount Covered if the Insured Person:

- (i) is Diagnosed to be suffering from a Critical Illness; or
- (ii) dies as a result of a Critical Illness; or
- (iii) undergoes a surgery for a Critical Illness.

On admission of a claim for any of the above, coverage will terminate.

Section B – Exclusions

No benefit shall be payable under this Policy for any one of the following occurrences:

- (a) General physical or medical check-up or health screening or tests not incidental to treatment or Diagnosis of an actual Sickness or Injury; treatment which is not Medically Necessary or treatment of an optional or preventive nature; immunization, vaccination or inoculation; non-prescribed medication, over-the-counter items such as but not limited to vitamins, supplements, shampoos and moisturizers even if recommended by the attending doctor.
- (b) Care and treatment performed by a Specialist.
- (c) Specialised investigations such as but not limited to MRI, CT Scan, Barium Test.
- (d) Any expenses incurred in relation to any type of therapy including but not limited to physiotherapy or dialysis.
- (e) Treatment of injuries sustained as a result of a criminal act of the insured.
- (f) Treatment relating to birth control; investigation or treatment occasioned by or resulting from pregnancy, infertility, childbirth, abortion, except ectopic pregnancy and non-elective miscarriage.
- (g) Treatment of xanthelasma, skin tags, vitiligo, acne, alopecia, weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition otherwise admissible under the Policy.

- (h) Cosmetic procedure or plastic surgery except to the extent that such surgery is necessary for the repair or damage caused solely by accidental bodily injuries covered under the Policy.
- (i) Any investigation or treatment for congenital anomalies or complications arising from such congenital anomalies, or physical defects present at and existing from the time of birth regardless of the time or discovery or the time of such treatment or surgical treatment.
- (j) Acquired Immuno-Deficiency Syndrome (AIDS), AIDS related complexes and all illnesses or diseases associated with the Human Immuno-Deficiency Virus (HIV), unless acquired due to Medically Necessary blood transfusions or occupational related infections (where proof of which must be made available to the Company.)
- (k) Any eye examination or treatment for the correction of eye refraction; procurement of contact lenses and eyeglasses. Procurement and rental of/or use of special braces, any appliances, any equipment or prosthetic devices, wheelchair, walking aids, hearing aids or the fitting of the same.
- (l) Any expenses, including investigations, incurred in relation to Sickness and Injury during or in the course of employment which constitutes a valid claim under the Work Injury Compensation Act.
- (m) Any surcharge incurred due to teleconsultation visits outside the normal operating hours of the clinic.
- (n) Medications purchased and delivery cost for medications.
- (o) If any Critical Illness that was Diagnosed to be due, directly or indirectly to a congenital defect or disease which had manifested, or was Diagnosed before the Insured Person attained 17 years of age.
- (p) Coronary Artery Surgery and/or Other Serious Coronary Artery Disease if the Insured Person had a Diagnosis of "myocardial infarction" prior to the effective date of coverage.
- (q) Any Critical Illness which was Diagnosed prior to the effective date of coverage of the respective Insured Person.
- (r) Any Critical Illness if it can be established that the Insured Person sought advice or treatment for symptoms or had symptoms (if untreated) which were indicative of a Critical Illness, such occurrences leading us to reasonably conclude that the Critical Illness had existed prior to the effective date of coverage of the respective Insured Person.

CLAIMS PAYMENT AND PROCEDURES

We must be notified through the submission of a completed claim form and other proof of loss documents as may be determined by us to our satisfaction. Such claim submission and proof of loss must be filed with us within 30 days after the date of such loss and there must be sufficient particulars to enable us to identify the Insured Person, the occurrence, nature and extent of the loss.

The occurrence of a covered event must be proven to our satisfaction; all medical reports, information and evidence required shall be furnished at your expense.

Benefits for the loss of life of the Insured Person is payable to the estate of the Insured Person. All other benefits of this Policy are payable to the Insured Person.

GENERAL PROVISIONS

Section A: Applicant

Insured Person, as the Applicant, can exercise all the rights, privileges and options under the Policy during the period of coverage. This would be subject, where applicable, to the rights of any assignee or trustee.

Section B: Applicable Law

This Policy, and all rights, obligations and liabilities arising hereunder, shall be construed and determined and may be enforced in accordance with the law of the Place of Issue.

Section C: Assignment

Neither the benefits nor this Policy may be assigned, pledged or used as security by you in any transaction.

Section D: Burden of Proof

In any action, suit or proceeding where we allege that any loss is not covered by the Policy due to any applicable exclusion, the burden of proving that such loss is covered by the Policy shall be upon you, or such other claimant.

Section E: Cancellation

We have the right to cancel this Policy at any time in the event that we decide, at our sole discretion, to cancel:

- (i) the entire portfolio of this insurance;
- (ii) a particular plan type of this insurance; and/or
- (iii) this insurance for a particular group of insured persons

by giving 30 days' notice in writing to Insured Persons at their last known address.

Section F: Contracts (Rights of Third Parties) Act 2001

Save and except where contrary to Singapore law governing any of the benefits granted under this Policy, or where expressly provided otherwise, a person who is not a party to this Policy has no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any term of this Policy.

Notwithstanding anything in this Policy, the consent of any third party (including the Insured Person) is not required for any variation (including any release or compromise of any liability) or termination of this Policy.

Section G: Currency

The amounts to be paid by us shall be in the currency shown on the Policy Schedule.

Section H: Legal Proceedings

No action in law or in equity shall be brought to recover on this Policy prior to the expiration of 60 days after proof of claim has been filed in accordance with the requirements of this Policy, nor shall such action be brought at all unless brought within two (2) years from the expiration of time within which such proof of claim is required by the Policy, unless we agree to otherwise in writing.

Section I: Modifications

The Policy's provisions cannot be changed or varied by any of our employees, independent contractors or agents unless such change is contained in an endorsement signed by our duly authorised officer.

The clauses in the Policy are subject to the provisions of the Insurance Act 1966 and other relevant laws, including subsequent changes or replacements of such provisions from time to time. In response to regulatory requirements or changes beyond our control required by law, we may amend the terms and conditions of the Policy by informing you of the relevant changes and such changes will become effective from a date specified.

Section J: No Cover

Notwithstanding anything to the contrary, this Policy shall not cover or provide for the payment of claims or benefits to specific persons or entities where the application of or compliance with certain laws and regulations (as may be applicable to us, our parent companies and/or our ultimate controlling entities, our reinsurers, their parent company and/or ultimate controlling entity) prohibit performance under the Policy based on:

- (i) the identity, domicile, residence, place of incorporation, establishment (whether incorporated or unincorporated), or citizenship, of you, or claimant or the parent company and ultimate controlling entity of you, or claimant; or
- (ii) the country where the claim arises.

Should any person or entity be found to have been erroneously enrolled under this Policy, insurance coverage for such person or entity shall cease with immediate effect and any unearned premiums paid in respect of such person or entity shall, subject to compliance with laws and regulations, be refunded without interest to you. Should any claim for payment of any nature be found to have been made under this Policy by a person or entity excluded by this provision, no such payment will be made.

Section K: No Nomination

The Insured Person is not allowed to nominate any person as a beneficiary of any benefit under the Insurance Act 1966, Singapore.

Section L: 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 information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Section M: Personal Data

You agree to the terms and conditions with regard to your personal data and information contained in your application.

Section N: Proper Discharge

Payment made in accordance with this Section shall release us of all liabilities under this Policy.

We will make payment under the Policy to such person who can give us proper discharge to our satisfaction and subject to our discretion. These persons may include:

- (a) the Insured Person; or
- (b) the estate of Insured person

Section O: Policy Non-Participating

This Policy shall not participate in any surplus distribution by us.

Section P: Subcontractors and Delegates

Notwithstanding any other agreement to the contrary, we may in our sole and absolute discretion subcontract or delegate any of our services in the administration of the Policy or the performance of its other obligations under this Policy to a third party appointed by us at our own cost and expense, subject that we will remain responsible and liable to Insured Persons for the work and activities of each subcontractor or delegated person for our obligations under this Policy.

SCHEDULE OF CRITICAL ILLNESSES

1. Major Cancer

A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.

Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
 - Pre-malignant;
 - Non-invasive;
 - Carcinoma-in-situ (Tis) or Ta;
 - Having borderline malignancy;
 - Having any degree of malignant potential;
 - Having suspicious malignancy;
 - Neoplasm of uncertain or unknown behaviour; or
 - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;
- Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of HIV infection.

2. Heart Attack of Specified Severity

Death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;
- New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company.

For the above definition, the following are excluded:

- Angina;
- Heart attack of indeterminate age; and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

3. Stroke with Permanent Neurological Deficit

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit. This Diagnosis must be supported by all of the following conditions:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the Diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve;
- Ischaemic disorders of the vestibular system; and
- Secondary haemorrhage within a pre-existing cerebral lesion.

4. Coronary Artery By-pass Surgery

The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This Diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty and all other intra arterial, catheter based techniques, 'keyhole' or laser procedures are excluded.

5. End Stage Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

6. Irreversible Aplastic Anaemia

Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion;
- Bone marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow or haematopoietic stem cell transplantation.

The Diagnosis must be confirmed by a haematologist.

7. End Stage Lung Disease

End stage lung disease, causing chronic respiratory failure. This Diagnosis must be supported by evidence of all of the following:

- FEV1 test results which are consistently less than 1 litre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($\text{PaO}_2 \leq 55\text{mmHg}$); and
- Dyspnea at rest.

The Diagnosis must be confirmed by a respiratory physician.

8. End Stage Liver Failure

End stage liver failure as evidenced by all of the following:

- Permanent jaundice;
- Ascites; and
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

9. Coma

A coma that persists for at least 96 hours. This Diagnosis must be supported by evidence of all of the following:

- No response to external stimuli for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.

10. Deafness (Irreversible Loss of Hearing)

Total and irreversible loss of hearing in both ears as a result of illness or accident. This Diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.

Total means "the loss of at least 80 decibels in all frequencies of hearing".

Irreversible means "cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention."

11. Open Chest Heart Valve Surgery

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The Diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

12. Irreversible Loss of Speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This Diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist. All psychiatric related causes are excluded.

13. Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured Person's body.

14. Major Organ / Bone Marrow Transplantation

The receipt of a transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

15. Multiple Sclerosis

The definite occurrence of Multiple Sclerosis. The Diagnosis must be supported by all of the following:

- Investigations which unequivocally confirm the Diagnosis to be Multiple Sclerosis; and
- Multiple neurological deficits which occurred over a continuous period of at least 6 months.

Other causes of neurological damage such as SLE and HIV are excluded.

16. Muscular Dystrophy

The unequivocal Diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Insured Person to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

17. Idiopathic Parkinson's Disease

The unequivocal Diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This Diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication; and
- Inability of the Insured Person to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

18. Open Chest Surgery to Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra arterial techniques are excluded.

19. Alzheimer's Disease / Severe Dementia

Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Insured Person. This Diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol related brain damage.

20. Fulminant Hepatitis

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This Diagnosis must be supported by all of the following:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

21. Motor Neurone Disease

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This Diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

22. Primary Pulmonary Hypertension

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

The NYHA Classification of Cardiac Impairment:

Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.

Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.

Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

23. HIV Due to Blood Transfusion and Occupationally Acquired HIV

A. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Policy, whichever is the later; and
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.

B. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or date of reinstatement of this Policy, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:

- Proof that the accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit is only payable when the occupation of the insured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore).

This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

24. Benign Brain Tumor

Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:

- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- Cysts;
- Abscess;
- Angioma;

- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland, spinal cord and skull base.

25. Severe Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in permanent neurological deficit which must be documented for at least 6 weeks. This Diagnosis must be certified by a consultant neurologist, and supported by any confirmatory diagnostic tests.

Encephalitis caused by HIV infection is excluded.

26. Severe Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This Diagnosis must be confirmed by:

- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- A consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

27. Angioplasty & Other Invasive Treatment for Coronary Artery

The actual undergoing of balloon angioplasty or similar intra arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Payment under this condition is limited to 10% of the Principal Sum under this Supplementary Contract subject to a S\$25,000 maximum sum payable. This benefit is payable once only and shall be deducted from the amount of this Policy, thereby reducing the amount of the Principal Sum which may be payable herein. Such payment will also reduce the Sum Insured under the Basic Policy to the extent of the payment made.

Diagnostic angiography is excluded.

28. Blindness (Irreversible Loss of Sight)

Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

The blindness must not be correctable by surgical procedures, implants or any other means.

29. Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This Diagnosis must be confirmed by a consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head Injury.

The following are excluded:

- Spinal cord injury; and
- Head injury due to any other causes.

30. Paralysis (Irreversible Loss of Use of Limbs)

Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

31. Terminal Illness

The conclusive Diagnosis of an illness that is expected to result in the death of the Insured Person within 12 months. This Diagnosis must be supported by a specialist and confirmed by the Company's appointed doctor.

Terminal illness in the presence of HIV infection is excluded.

32. Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This Diagnosis must be unequivocally confirmed by a consultant rheumatologist and supported by biopsy or equivalent confirmatory test, and serological evidence, and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome

33. Persistent Vegetative State (Apallic Syndrome)

Universal necrosis of the brain cortex with the brainstem intact. This Diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one month.

34. Systemic Lupus Erythematosus With Lupus Nephritis

The unequivocal Diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final Diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

The RPS/ISN classification of lupus nephritis:

Class I	Minimal mesangial lupus nephritis
Class II	Mesangial proliferative lupus nephritis
Class III	Focal lupus nephritis (active and chronic; proliferative and sclerosing)
Class IV	Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global)
Class V	Membranous lupus nephritis
Class VI	Advanced sclerosis lupus nephritis

35. Other Serious Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by invasive coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed.

Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.

36. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The Diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.

37. Loss of Independent Existence

A condition as a result of a disease, illness or injury whereby the Insured Person is unable to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living", for a continuous period of 6 months. This condition must be confirmed by the company's approved doctor.

Non-organic diseases such as neurosis and psychiatric illnesses are excluded.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

Date : 9 January 2024



A handwritten signature in black ink, appearing to be 'A. S. S.', written over a horizontal line.

Registrar

A handwritten signature in black ink, appearing to be 'J. H. S.', written over a horizontal line.

Chief Executive Officer

IMPORTANT NOTE: 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 your insurer or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg)

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