



**Product Summary for AIA Solitaire Personal Accident**

Version 3.2

This insurance plan is underwritten by AIA Singapore Private Limited (Reg. No. 201106386R) (“we, our, us, AIA Singapore”).

**Benefits Table**

Basic Benefits					
Please tick the required plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefit		Insured Amount (S\$)			
		Plan 1	Plan 2	Plan 3	Plan 4
1	Accidental Death Benefit	100,000	250,000	500,000	750,000
2	Accidental Dismemberment and Burns Benefit	100,000	250,000	500,000	750,000
3	Accidental Permanent Total Disablement Benefit	150,000	375,000	750,000	1,125,000
4	Double Indemnity for Accidental Death on Public Conveyance Benefit	100,000	250,000	500,000	750,000
5	Accident Medical Reimbursement Benefit	2,000	3,000	4,000	5,000
6	Traditional Chinese Medicine/Chiropractic Reimbursement Benefit	500	750	1,000	1,250
Optional: Lifestyle Maintenance Benefits Group					
Please tick here if you are purchasing this optional benefit group. The plan type will be the same as that selected under the Basic Benefits.		<input type="checkbox"/>			
Benefit		Insured Amount (S\$)			
		Plan 1	Plan 2	Plan 3	Plan 4
7	Weekly Income Benefit	100	200	300	400
8	Mobility Aids Reimbursement Benefit	1,000	1,000	2,000	2,000
9	Home Modification Reimbursement Benefit	5,000	10,000	15,000	20,000
10	Family Support Fund Benefit	30,000	60,000	100,000	150,000
Optional: Accidental Hospitalisation Benefits Group					
Please tick here if you are purchasing this optional benefit group. The plan type will be the same as that selected under the Basic Benefits.		<input type="checkbox"/>			
Benefit		Insured Amount (S\$)			
		Plan 1	Plan 2	Plan 3	Plan 4
11	Daily Accidental Hospital Income Benefit	50	150	250	350
12	Daily Accidental Intensive Care Unit (ICU) Benefit	50	150	250	350
13	Ambulance Services Benefit	200	200	200	200
14	Broken Bones Benefit	8,000	12,000	16,000	20,000
15	Emergency Medical Evacuation and Repatriation Benefit	10,000	25,000	50,000	75,000

**Premium Table (inclusive of 7% GST)**

**For ages 16-65 last birthday**

First Year and Renewal Premium (in S\$, inclusive of 7% GST)		For Occupational Classes 1 and 2				For Occupational Classes 3 and 4			
		Plan 1	Plan 2	Plan 3	Plan 4	Plan 1	Plan 2	Plan 3	Plan 4
Basic Benefits	Annual Premium	176.33	289.70	469.15	671.76	308.43	509.19	824.95	1,181.49
	Semi-annual Premium	91.69	150.65	243.95	349.31	160.38	264.78	428.98	614.38
	Monthly Premium	15.34	25.21	40.83	58.44	26.84	44.31	71.78	102.80
Optional: Lifestyle Maintenance Benefits Group	Annual Premium	66.21	106.09	174.28	218.15	116.00	185.92	305.41	382.35
	Semi-annual Premium	34.43	55.17	90.63	113.44	60.32	96.68	158.81	198.82
	Monthly Premium	5.76	9.23	15.16	18.98	10.09	16.18	26.57	33.27
Optional: Accidental Hospitalisation Benefits Group	Annual Premium	39.97	69.32	104.53	138.29	69.92	121.34	182.84	241.86
	Semi-annual Premium	20.79	36.04	54.36	71.91	36.35	63.10	95.07	125.77
	Monthly Premium	3.47	6.03	9.09	12.04	6.08	10.56	15.90	21.04



**For ages 66-74 last birthday (For renewals only)**

Renewal Premium (in S\$, inclusive of 7% GST)		For Occupational Classes 1 and 2				For Occupational Classes 3 and 4			
		Plan 1	Plan 2	Plan 3	Plan 4	Plan 1	Plan 2	Plan 3	Plan 4
<b>Basic Benefits</b>	Annual Premium	264.49	435.82	701.91	1,004.91	464.84	769.63	1,245.28	1,784.03
	Semi-annual Premium	137.53	226.63	364.99	522.55	241.72	400.21	647.55	927.70
	Monthly Premium	23.03	37.92	61.07	87.44	40.44	66.96	108.35	155.21
<b>Optional: Lifestyle Maintenance Benefits Group</b>	Annual Premium	99.23	158.96	261.10	326.72	174.00	278.87	458.09	573.52
	Semi-annual Premium	51.60	82.66	135.77	169.90	90.48	145.01	238.20	298.22
	Monthly Premium	8.63	13.82	22.72	28.42	15.14	24.26	39.85	49.89
<b>Optional: Accidental Hospitalisation Benefits Group</b>	Annual Premium	59.89	103.95	156.48	206.98	104.96	182.14	274.46	363.11
	Semi-annual Premium	31.14	54.06	81.38	107.63	54.58	94.72	142.71	188.82
	Monthly Premium	5.21	9.05	13.62	18.00	9.13	15.84	23.88	31.59

(The total distribution cost of this product is 73% of annual premiums for the first year and 40% of annual premiums for renewal years. Distribution cost, charges and expenses will be available upon written request.)

**A. PRODUCT INFORMATION**

AIA Solitaire Personal Accident is a personal accident plan that provides financial assistance with the costs associated with accidental injuries, disability and death for adults aged 16 to 65 (at the point of application) and may be renewed yearly until the age of 74.

This policy provides 24/7 worldwide coverage. Coverage is subject to the terms and conditions as specified in the policy contract. For additional premiums, you can supplement the plan's basic benefits with the Optional Lifestyle Maintenance Benefits Group and/or the Optional Accidental Hospitalisation Benefits Group for more comprehensive coverage.

**BASIC BENEFITS**

**PART 1: ACCIDENTAL DEATH BENEFIT**

We will pay the Insured Amount for the Accidental Death Benefit if the Insured dies due to an injury within 365 days from the date of the accident.

Provided that:

- (i) any amount payable under this benefit shall be reduced by all amounts previously paid or payable under the Accidental Dismemberment and Burns Benefit; and
- (ii) this benefit shall not be payable if the Accidental Permanent Total Disablement Benefit or 100% of the Insured Amount of the Accidental Dismemberment and Burns Benefit has been paid or is payable.

**PART 2: ACCIDENTAL DISMEMBERMENT AND BURNS BENEFIT**

We will pay the percentage of the Insured Amount for the Accidental Dismemberment and Burns Benefit according to the Schedule of Indemnity below if the Insured sustains any of the following losses within 365 days from the date of the accident as diagnosed by a Registered Medical Practitioner.

**Schedule of Indemnity**

<u>Event</u>	<u>% of Insured Amount</u>
1. Permanent Total Loss of Sight of both eyes	150
2. Permanent Total Loss of Sight of 1 eye	100
3. Loss of or the Permanent Total Loss of Use of 2 Limbs	150
4. Loss of or the Permanent Total Loss of Use of 1 Limb	125
5. Loss of or the Permanent Total Loss of Use of 1 Limb and the Permanent Total Loss of Sight of 1 eye	150



<u>Event</u>	<u>% of Insured Amount</u>
6. Permanent total loss of speech and hearing	150
7. Permanent and incurable insanity	100
8. Permanent total loss of hearing	
- both ears	75
- 1 ear	25
9. Permanent total loss of speech	50
10. Total loss of the lens of 1 eye	50
11. Loss of or the Permanent Total Loss of Use of four Fingers and thumb of a hand	70
12. Loss of or the Permanent Total Loss of Use of four Fingers of a hand	40
13. Loss of or the Permanent Total Loss of Use of 1 thumb	
- both phalanges	30
- 1 phalanx	15
14. Loss of or the Permanent Total Loss of Use of a Finger	
- 3 phalanges	10
- 2 phalanges	7.5
- 1 phalanx	5
15. Loss of or the Permanent Total Loss of Use of Toes	
- all toes of 1 foot	15
- great toe– 2 phalanges	5
- great toe– 1 phalanx	3
- a toe other than the great toe	1
16. Fractured leg with established non-union or patella with established non-union	10
17. Shortening of leg by at least 5 cm	7.5
18. Third Degree Burns	
Area damage as a percentage of total body surface area	
(i) <b>Head</b> – equals to or greater than 2% but less than 5%	50
(ii) <b>Head</b> – equals to or greater than 5% but less than 8%	75
(iii) <b>Head</b> – equals to or greater than 8%	100
(iv) <b>Body</b> – equals to or greater than 10% but less than 15%	50
(v) <b>Body</b> – equals to or greater than 15% but less than 20%	75
(vi) <b>Body</b> – equals to or greater than 20%	100

The percentage of the Insured Amount payable for losses which are not specifically set out in the Schedule of Indemnity table above will be determined at our sole and absolute discretion.

Any number of events listed in the table above may be payable, provided:

- (i) all losses arise from the same accident; and
- (ii) the aggregate sum payable for all claims admitted under this benefit shall not exceed 150% of the Insured Amount for the Accidental Dismemberment and Burns Benefit.

No additional claim shall be payable under this benefit if the specific item is part of a greater item for which a claim is payable under this policy. In particular, if a claim is payable for the loss of a whole member of the body, no claim shall be payable for loss of part of that member.

If we admit any of the losses listed in the table above as being in a “Permanent” state, we will pay for the loss under this Accidental Dismemberment and Burns Benefit according to the terms of this policy after 12 consecutive calendar months from the date of the disability as diagnosed by a Registered Medical Practitioner and provided that the Insured is beyond any hope of improvement or recovery.

This benefit is payable only once during the Insured’s lifetime and shall automatically terminate upon admission of a claim.

### **PART 3: ACCIDENTAL PERMANENT TOTAL DISABLEMENT BENEFIT**

We will pay the Insured Amount for the Accidental Permanent Total Disablement Benefit if the Insured suffers Permanent Total Disability due to an injury within 365 days from the date of the accident.



Provided that:

- (i) any amount payable under this benefit shall be reduced by all amounts previously paid or payable under the Accidental Dismemberment and Burns Benefit; and
- (ii) this benefit shall not be payable if 100% of the Insured Amount of the Accidental Dismemberment and Burns Benefit has been paid or is payable.

We will pay this Accidental Permanent Total Disablement Benefit according to the terms of this policy after 12 consecutive calendar months from the date of the disability as diagnosed by a Registered Medical Practitioner and the Insured is beyond any hope of improvement or recovery.

**“Permanent Total Disability”** means as a result of an injury, being totally and continuously disabled, on a Permanent basis, and prevented from:

- (a) engaging in each and every occupation or employment for compensation or profit for which the Insured is reasonably suited by reason of his education, training or experience; or
- (b) performing 3 or more Activities of Daily Living if the Insured has no occupation at the time of sustaining the injury.

**“Activities of Daily Living”** means:

- (a) Transfer : getting in and out of a chair without requiring any physical assistance of another person;
- (b) Mobility : moving from room to room without requiring any physical assistance of another person;
- (c) Dressing : putting on and taking off all necessary items of clothing without requiring any physical assistance of another person;
- (d) Bathing/Washing : washing in the bath or shower (including getting in or out of the bath or shower) or washing by other means, without requiring any physical assistance of another person;
- (e) Eating : getting food into the body once it has been prepared without requiring any physical assistance of another person; and
- (f) Toileting : using the toilet without requiring any physical assistance of another person.

#### **PART 4: DOUBLE INDEMNITY FOR ACCIDENTAL DEATH ON PUBLIC CONVEYANCE BENEFIT**

We will pay the Insured Amount for the Double Indemnity for Accidental Death on Public Conveyance Benefit, in addition to the Accidental Death Benefit, if the Insured dies due to an injury within 365 days from the date of the accident while riding solely as a fare-paying passenger, not as an operator or crew member, in a Public Conveyance.

Provided that:

- (i) any amount payable under this benefit shall be reduced by all amounts previously paid or payable under the Accidental Dismemberment and Burns Benefit; and
- (ii) this benefit shall not be payable if Accidental Permanent Total Disablement Benefit or 100% of the Insured Amount of the Accidental Dismemberment and Burns Benefit has been paid or is payable.

#### **PART 5: ACCIDENT MEDICAL REIMBURSEMENT BENEFIT**

When the Insured requires the following due to an injury:

- (a) treatment by a Registered Medical Practitioner;
- (b) confinement;
- (c) the employment of a licensed or graduate nurse; and/or
- (d) treatment by a physiotherapist as recommended in writing by a Registered Medical Practitioner;

we will reimburse the Reasonable and Customary medical expenses incurred up to the Insured Amount for this Accident Medical Reimbursement Benefit provided that:

- (a) such expenses are incurred within 365 days from the date of the accident;
- (b) all claims admitted under this benefit for the same accident shall not exceed the said Insured Amount; and
- (c) no claims shall be admitted for charges incurred as a result of any injury for which compensation is payable under any law or government programs or for which benefits are payable under any other insurance policies except to the extent that such charges are not reimbursed by such laws, programs or other policies.



For the avoidance of doubt, appliances, devices and equipment to assist with or facilitate movement of or by the Insured (including but not limited to walking sticks, canes, walking frames, braces, crutches, walkers, wheelchairs, and motorised scooters) and all other types of medical appliances, devices and equipment are expressly excluded from coverage under this Accident Medical Reimbursement Benefit.

#### **PART 6: TRADITIONAL CHINESE MEDICINE/CHIROPRACTIC REIMBURSEMENT BENEFIT**

When the Insured requires treatment by a Traditional Chinese Medicine Practitioner or Chiropractor due to an injury, we will reimburse the Reasonable and Customary medical expenses incurred, up to the Insured Amount of this Traditional Chinese Medicine/Chiropractic Reimbursement Benefit, provided that:

- (a) such expenses are incurred within 365 days from the date of the accident;
- (b) all claims admitted under this benefit for the same accident shall not exceed the said Insured Amount; and
- (c) no claims shall be admitted for charges incurred as a result of any injury for which compensation is payable under any laws, government programs or for which benefits are payable under any other insurance policies except to the extent that such charges are not reimbursed by such laws, programs or other policies.

#### **PART 7: RENEWAL BONUS BENEFIT**

Upon renewal of the policy, a 5% renewal bonus on the respective Insured Amounts of the Accidental Death Benefit, Accidental Dismemberment and Burns Benefit, Accidental Permanent Total Disablement Benefit and Double Indemnity for Accidental Death on Public Conveyance Benefit will be given up to a maximum of 5 years, provided that:

- (a) no claim has been admitted on the Accidental Dismemberment and Burns Benefit before the policy year in which the renewal bonus applies; and
- (b) once a claim on the Accidental Dismemberment and Burns Benefit has been admitted, this Renewal Bonus Benefit shall terminate and shall not apply to all renewals of the policy. Termination of this Renewal Bonus Benefit shall not affect renewal bonuses which have already been accrued to the policy prior to the termination.

If there is a change in the selected plan at renewal, the renewal bonus shall be derived from the revised Insured Amount, starting the first day of cover in the policy year in which the change of plan was effected.

For clarity, any amounts payable under the Accidental Death Benefit, Accidental Dismemberment and Burns Benefit, Accidental Permanent Total Disablement Benefit and/or Double Indemnity for Accidental Death on Public Conveyance Benefit shall take into account the relevant renewal bonuses accrued to the policy in relation to the respective benefits.

You could refer to the policy contract for the full definitions and benefit limitations. You may also contact your AIA Financial Services Consultant, Insurance Representative or AIA Customer Care Hotline at 1800 248 8000.

#### **OPTIONAL: LIFESTYLE MAINTENANCE BENEFITS GROUP**

The following benefits shall only apply if the Lifestyle Maintenance Benefits Group has been specifically elected by you subject to our acceptance (if required) and stated on the Policy Schedule or an endorsement. These benefits are issued in consideration of your payment in advance of all additional premiums applicable to these benefits.

#### **PART 8: WEEKLY INCOME BENEFIT**

##### **(8a) Weekly Income Benefit for Temporary Total Disability**

If the Insured suffers Temporary Total Disability due to an injury within 90 days from the date of the accident, we will pay the Insured Amount of the Weekly Income Benefit for every full seven days the Insured suffers the disability (or a pro rata sum, if the disability does not extend to the full seven days), beginning from the date of the disability as diagnosed by a Registered Medical Practitioner, subject to the provisions set out in paragraph 8(c) below.



**“Temporary Total Disability”** means being totally and continuously disabled on a temporary basis as a result of an injury and prevented from performing each and every duty pertaining to the Insured’s occupation, domestic duties or attending school as the case may be.

**(8b) Weekly Income Benefit for Temporary Partial Disability**

If:

- (i) the Insured suffers Temporary Partial Disability due to an injury within 90 days from the date of the accident; or
- (ii) the Insured experiences Temporary Partial Disability immediately following a period of Temporary Total Disability under sub-benefit (8a) of this Part 8,

we will pay 25% of the Insured Amount of the Weekly Income Benefit for every full seven days the Insured suffers the disability (or a pro rata sum, if the disability does not extend to the full seven days) beginning from the date of the disability as diagnosed by a Registered Medical Practitioner, subject to the provisions set out in paragraph 8(c) below.

**“Temporary Partial Disability”** means being partially and continuously disabled on a temporary basis as a result of an injury and prevented from performing one or more duties necessary to the Insured’s occupation, domestic duties or attending school as the case may be.

(8c) Sub-benefits (8a) and (8b) are subject to the following conditions:

- (i) a medical certificate or equivalent must be issued by a Registered Medical Practitioner certifying that the Insured is medically unfit for and exempt from usual duties such as work, school or domestic duties;
- (ii) both sub-benefits (8a) and (8b) will not be paid together for the same period of disability;
- (iii) this benefit is not payable in excess of 52 weeks for the same accident, regardless of all renewals of the policy and all claims admitted for the same accident which comprise sub-benefits (8a) and/or (8b) ;
- (iv) if we admit a claim under Part 8, our liability shall accrue from the date of the disability as diagnosed by a Registered Medical Practitioner and provided that proof by you of the disability has been received and accepted by us; and
- (v) if we require at any time, you shall furnish satisfactory proof of the continuance of the disability during the payment period at your cost.

**PART 9: MOBILITY AIDS REIMBURSEMENT BENEFIT**

If the Insured requires the use of mobility aids as recommended by a Registered Medical Practitioner, we will reimburse the Reasonable and Customary expenses incurred in the purchase of the mobility aids up to the Insured Amount for this Mobility Aids Reimbursement Benefit, provided that:

- (a) such expenses are incurred within 90 days from the date of the accident;
- (b) all claims admitted under this benefit for the same accident shall not exceed the said Insured Amount;
- (c) no claims shall be admitted for charges incurred as a result of any injury for which compensation is payable under any laws, government programs or other insurance policies except to the extent that such charges are not reimbursed by such laws, programs or other policies; and
- (d) we shall have sole and absolute discretion in admitting claims for any items that are not listed in the definition of “Mobility Aids” below.

For purpose of this benefit, “Mobility Aids” shall mean equipment to assist walking or movement from place to place including but not limited to walking sticks, canes, walking frames, braces, crutches, walkers, wheelchairs, and motorised scooters.

**PART 10: HOME MODIFICATION REIMBURSEMENT BENEFIT**

We will reimburse the Reasonable and Customary expenses incurred for home modification up to the Insured Amount for this Home Modification Reimbursement Benefit, provided that:

- (a) such expenses are incurred within 90 days from the date of the accident;
- (b) either:
  - (i) 50% or more of the Insured Amount of the Accidental Dismemberment and Burns Benefit; or
  - (ii) Accidental Permanent Total Disablement Benefit;is paid or payable as a result of any one single loss suffered by the Insured and this Home Modification Reimbursement Benefit is paid or payable for the same injury; and



- (c) a written certification has been issued by a practitioner in rehabilitative services or similar medical professional recommending that home modification is reasonably necessary;
- (d) all claims admitted under this benefit for all accidents during the Insured's lifetime shall not exceed the Insured Amount of this Home Modification Reimbursement Benefit;
- (e) claims for all items not expressly set out in the definition of "Home Modifications" shall be assessed and determined at our sole and absolute discretion; and
- (f) no claims shall be admitted for charges incurred as a result of any injury for which compensation is payable under any laws, government programs or other insurance policies except to the extent that such charges are not reimbursed by such laws, programs or other policies.

For the purpose of this benefit, "**Home Modification**" means modifying the physical and/or certain structural parts of the Home for the sole purpose of adapting the Home to facilitate movement by the Insured in and around the Home in view of certain disabilities suffered by the Insured. Such modifications and related expenses include the following:

- (a) fixing bath safety grip handles and grab bars, raised toilet seats, walk in bath tubs, widening the bathroom doors and repositioning an existing sink in the bathroom and toilets;
- (b) modifying the width of the entrances, exits and doorways to accommodate a wheelchair, lowering the locks on doors and fixing ramps for entrances, exits and doorways;
- (c) fixing wall mounted rails and grab bars in the bedrooms; and
- (d) cost and expenses arising from obtaining a written certification from a practitioner in rehabilitative services or such similar medical professional recommending that home modification is reasonably necessary.

#### **PART 11: FAMILY SUPPORT FUND BENEFIT**

If we admit a claim under either the Accidental Death Benefit or Accidental Permanent Total Disablement Benefit, we will pay the Insured Amount of this Family Support Fund Benefit.

You could refer to the policy contract for the full definitions and benefit limitations. You may also contact your AIA Financial Services Consultant, Insurance Representative or AIA Customer Care Hotline at 1800 248 8000.

#### **OPTIONAL: ACCIDENTAL HOSPITALISATION BENEFITS GROUP**

The following benefits shall only apply if the Accidental Hospitalisation Benefits Group has been specifically elected by you subject to our acceptance (if required) and stated on the Policy Schedule or an endorsement. These benefits are issued in consideration of your payment in advance of all additional premiums applicable to these benefits.

#### **PART 12: DAILY ACCIDENTAL HOSPITAL INCOME BENEFIT**

If the Insured is confined in a hospital due to an injury, we will pay the Insured Amount of the Daily Accidental Hospital Income Benefit for each day of the confinement, provided that:

- (a) this benefit shall not be payable in excess of 365 days for the same accident; and
- (b) we will not pay more than the Insured Amount of this benefit for each day of confinement.

#### **PART 13: DAILY ACCIDENTAL INTENSIVE CARE UNIT BENEFIT**

If the Insured is confined in an ICU in a hospital due to an injury, we will pay the Insured Amount of the Daily Accidental Intensive Care Unit Benefit, in addition to the Daily Accidental Hospital Income Benefit, for each day of the confinement in the ICU, provided that:

- (a) the Insured Amount of Daily Accidental Hospital Income Benefit is payable for each day of confinement in the ICU;
- (b) this benefit shall not be payable in excess of 30 days for the same accident; and
- (c) we will not pay more than the Insured Amount of this benefit for each day of confinement in the ICU.

#### **PART 14: AMBULANCE SERVICES BENEFIT**

If the Insured sustains an injury and requires an ambulance to transport him to a local hospital by land, we will reimburse the Reasonable and Customary expenses incurred (inclusive of attendants), up to the Insured Amount



of this Ambulance Services Benefit and we will not pay more than the Insured Amount of this benefit for the same accident.

No claims shall be admitted for charges incurred as a result of any injury for which compensation is payable under any laws, government programs or other insurance policies except to the extent that such charges are not reimbursed by such laws, programs or other policies.

## PART 15: BROKEN BONES BENEFIT

If the Insured sustains any of the following injuries within 90 days from the date of the accident as diagnosed by a Registered Medical Practitioner, we will pay a percentage of the Insured Amount of the Broken Bones Benefit according to the Schedule of Injuries table below:

### Schedule of Injuries

<u>Fractures of:</u>	<u>% of Insured Amount</u>
<b>A. Hip or Pelvis (excluding thigh and coccyx)</b>	
Multiple Fractures, one Compound, one Complete	60
All other Compound Fractures	30
Multiple Fractures, at least one Complete	15
All other Fractures	12
<b>B. Thigh or Heel</b>	
Multiple Fractures, one Compound, one Complete	30
All other Compound Fractures	24
Multiple Fractures, at least one Complete	15
All other Fractures	12
<b>C. Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding Colles' fracture)</b>	
Multiple Fractures, one Compound, one Complete	24
All other Compound Fractures	15
Multiple Fractures, at least one Complete	12
Depressed fracture of the skull needing surgical intervention	7.2
All other Fractures	6
<b>D. Colles' Fracture of the lower arm</b>	
Compound	12
Other	6
<b>E. Shoulder blade, knee cap, sternum, hand (excluding fingers and wrist), foot (excluding toes and heel)</b>	
All Compound Fractures	12
All other Fractures	6
<b>F. Spinal Column (vertebrae but excluding coccyx)</b>	
All compression Fractures	12
All spinous, transverse process or pedicle Fractures	12
Fracture leading to permanent neurological damage	12
All other vertebral Fractures	6
<b>G. Lower Jaw</b>	
Multiple Fractures, one Compound, one Complete	15
All other Compound Fractures	12
Multiple Fractures, at least one Complete	9.6
All other Fractures	4.8
<b>H. Rib or ribs, cheekbone, coccyx, upper jaw, nose, toe or toes, finger or fingers</b>	
Multiple Fractures, one Compound, one Complete	9.5
All other Compound Fractures	7.2
Multiple Fractures, at least one Complete	4.8
All other Fractures	2.4





<u>Fractures of:</u>	<u>% of Insured Amount</u>
<b>I. Dislocations requiring surgery under anaesthesia</b>	
(a) Spine or back, diagnosed by x-ray (excluding slipped disc)	48
(b) Hip	30
(c) Knee	15
(d) Wrist or elbow	12
(e) Ankle, shoulder blade or collarbone	6
(f) Fingers, toes, or jaw	2.4
<b>J. Internal injuries or concussion</b>	
Internal injuries resulting in open abdominal or thoracic or cardiothoracic surgery (excluding hernia)	15
Concussion characterised by loss of consciousness and some degree of amnesia	15
<b>K. Injury requiring admission in a hospital for a minimum period of 48 hours, and where no other benefits from A to J of the Schedule of Injuries is payable</b>	1.2

Provided that:

- (i) any amount payable under this benefit shall be reduced by all amounts previously paid or payable under this benefit; and
- (ii) the aggregate sum payable for all claims admitted under this benefit shall not exceed 100% of the Insured Amount of the Broken Bones Benefit during the Insured's lifetime.

we will admit a claim for the following items under this Broken Bones Benefit only once during the Insured's lifetime:

- (a) each of the injuries listed from (a) to (f) under sub-paragraph (I) of the Schedule of Injuries table; and
- (b) sub-paragraphs (A) to (H) of the Schedule of Injuries table, where a subsequent injury involves or covers:
  - (i) fracture of a bone where an earlier claim for the fracture of the same bone was admitted; and/or
  - (ii) the same injury which was earlier admitted.

## **PART 16: EMERGENCY MEDICAL EVACUATION AND REPATRIATION BENEFIT**

The Insured will have access to the following services provided by service providers appointed by us, or their authorised representatives ("**External Service Provider**").

We will not cover any expenses:

- (a) incurred for services provided by parties other than the External Service Provider, or any expenses already included in the cost of a scheduled trip; and
- (b) not approved nor arranged by the External Service Provider, unless the Insured or his travelling companions cannot for reasons beyond their control notify the External Service Provider during a medical emergency. In such event, we reserve the right to only reimburse for such expenses which would have been incurred by the External Service Provider under the same circumstances, and only up to the Insured Amount of this Emergency Medical Evacuation and Repatriation Benefit for each policy year; and
- (c) that exceed 100% of the Insured Amount of this Emergency Medical Evacuation and Repatriation Benefit for each policy year.

Coverage of the Insured under this Emergency Medical Evacuation and Repatriation Benefit shall be subject to the Insured's usual country of residence being Singapore.

### **(16a) Emergency Medical Evacuation**

If the Insured sustains an injury while travelling outside Singapore and requires Emergency Medical Evacuation as determined to be medically appropriate and necessary by us or the External Service Provider, we or the External Service Provider shall arrange for the evacuation using the means best suited to do so, based on the medical severity of the Insured's condition.

All decisions on the means of transportation and the destination, to which the Insured should be transported, shall be made by us or the External Service Provider and will be based solely upon medical necessity.



The expenses covered will be for services provided and/or arranged by us or the External Service Provider for the transportation, medical services and medical supplies incurred as a result of providing the Emergency Medical Evacuation, up to the Insured Amount for this Emergency Medical Evacuation and Repatriation Benefit. We shall pay directly to the External Service Provider or any third party for the covered expenses for the evacuation.

“**Emergency Medical Evacuation**” means: (a) the Insured’s medical condition warrants immediate transportation from the place where the Insured is injured to the nearest hospital where appropriate medical treatment can be obtained as determined at our or the External Service Provider’s sole discretion; and/or (b) after being treated at a local hospital, the Insured’s medical condition warrants transportation to Singapore to obtain further medical treatment.

#### **(16b) Repatriation**

If the Insured sustains an injury while travelling outside of Singapore and dies as a result of the same accident within 365 days from the date of the accident, we or the External Service Provider shall make the necessary arrangements for the return of the Insured’s remains to Singapore or arrange for local burial at the place of death.

This benefit covers expenses for services provided and/or arranged by us or the External Service Provider for the transportation costs and expenses, incurred as a result of returning the Insured’s mortal remains to Singapore or burial costs and expenses, up to the Insured Amount for this Emergency Medical Reimbursement and Repatriation Benefit. We shall pay directly to the External Service Provider or any third party for the covered expenses.

You could refer to the policy contract for the full definitions and benefit limitations. You may also contact your AIA Financial Services Consultant, Insurance Representative or AIA Customer Care Hotline at 1800 248 8000.

### **B. KEY PRODUCT PROVISIONS**

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the policy contract. Please consult your AIA Financial Services Consultant or Insurance Representative should you require further explanation.

#### **1. Free Look**

You have 14 days from the time you receive the policy to decide whether you want to continue with it. If you do not want to continue, you may cancel the policy in writing and get a refund of your premiums (including GST) paid, without interest and less any medical examination costs incurred in considering your application, provided no claim has been made under the policy.

The policy is considered delivered and received by you upon personal delivery or on the date we sent this policy via electronic mail or 7 days from the date of posting.

#### **2. Cancellation Clause**

(a) Cancellation by us - This is a short-term accident and health policy and we are not required to renew this policy. We may terminate this policy by giving you 30 days’ notice in writing.

We will not cancel any policy on an individual basis, except where we exercise our right of termination under sections on Change of Occupation, Change of Country of Residence or Citizenship or No Cover.

However, 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 Insureds,

by sending to you a notice of cancellation of at least 30 days to your last known address. In such event, we will refund the unearned portion of premium.



(b) Cancellation by you - You may cancel this policy by sending us a notice to our issuing office. We will cancel this policy upon receipt of your notice, and after the effective date of cancellation, refund the unearned portion of premium. If you cancel this policy within 1 year from the effective date, any medical examination costs incurred in considering your application will be deducted from any such premium refund.

No premiums will be refunded if there are any claims under this policy for the same policy year.

### 3. Terms of Renewal

Subject to the Cancellation provisions set out in this policy, this policy is issued for a period of 1 year commencing from the effective date or each renewal date. This policy is not guaranteed yearly renewable. Any renewal will be subject to our agreement and the following conditions and will be effective on the policy's anniversary date:

- (a) this policy is in force on the date of renewal;
- (b) renewal is only available on each policy anniversary date, up to the policy anniversary date prior to the Insured's 75<sup>th</sup> birthday;
- (c) we receive and accept payment of this policy's premium according to the premium rates applicable to the Insured's age last birthday on the date of renewal.

### 4. Grace Period

All premiums must be paid by you when they become due. If we do not receive your payment, a 31 day grace period from the premium due date will be allowed, during which time this policy continues to be in force and the premiums continue to be payable by you.

However, if you have not paid the premium due by the end of the grace period, your policy will terminate as of the premium due date. If any loss occurs within the grace period for which the claim is admitted by us, we will not pay the claim amount unless and until all due but unpaid premiums have been paid to us.

### 5. Premium

Premium rates for this policy are not guaranteed and are subject to our review from time to time at our absolute discretion.

We have the right to change the renewal rate at which the premiums are calculated on policy renewal at our absolute discretion, provided that we send you a written notification at least 31 days in advance of such change in premium rate.

This policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.

### 6. Policy Extensions

Coverage shall extend to the following under the respective benefits while the policy is in force and subject to the terms and conditions of the respective benefits and the policy:

#### 1. Strike, riot and civil commotion

We will cover accidental death or injury of the Insured directly due to riot, strike and/or civil commotion, as a result of an accident if the Insured had not directly or indirectly collaborated, participated or provoked such act. For the avoidance of doubt and without prejudice to any other terms and conditions of this policy, point 3 of the Exclusions section expressly applies.

#### 2. Terrorism

We will cover accidental death or injury of the Insured directly due to an act of terrorism, as a result of an accident, provided that the Insured had not directly or indirectly collaborated, participated or provoked such act. Cover includes the use of nuclear, biological and chemical devices during the act of terrorism. For the avoidance of doubt and without prejudice to any other terms and conditions of this policy, point 3 of the Exclusions section expressly applies.

**“Act of Terrorism”** means an act of any person or group of persons, whether acting alone, on behalf of or in connection with any organisation or government, committed for political, religious, ideological, economic, ethnic, nationalistic, racial, or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear. Robberies or other criminal acts primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator and victims will not be considered as an Act of Terrorism. Act of Terrorism also includes any act which is verified or recognised by the relevant government as an act of terrorism.



3. Drowning and suffocation

We will cover accidental death or injury of the Insured directly due to suffocation by smoke, poisonous fumes, gas or drowning, as a result of an accident, if the event does not arise as a result of the Insured's wilful and/or intentional act.

4. Exposure

We will cover accidental death or injury of the Insured due to an accident if he is unavoidably exposed to natural disasters including but not limited to floods, tornadoes, hurricanes, volcanic eruptions, earthquakes, tsunamis and landslides if the event does not arise as a result of the Insured's wilful and/or intentional act.

5. Disappearance

We will cover the death of the Insured if the body of the Insured is not found within 12 months from the date of disappearance following the sinking, wrecking or destruction of an aircraft or other conveyance in which the Insured was travelling as a result of an accident. We may require a copy of the police report and death certificate issued by the relevant authorities in the country in which the insured event had occurred to be submitted to us. If the Insured is found to be living at any time after payment of the relevant benefits under this policy, all such payments shall be immediately refunded to us.

6. Hijack, murder and assault

We will cover accidental death or injury of the Insured directly due to hijack, murder and assault, as a result of an accident, provided that the Insured had not directly or indirectly collaborated, participated or provoked such act. For the avoidance of doubt and without prejudice to any other terms and conditions of this policy, point 3 of the Exclusions section expressly applies.

**"Hijack"** means any seizure or exercise of control by force or violence, or the threat of force or violence and with wrongful intent, of a Public Conveyance in transit, in which the Insured is travelling as a fare-paying passenger or a crew member.

7. Food poisoning

We will cover accidental death or injury of the Insured resulting from accidental food poisoning if the event does not arise as a result of the Insured's wilful and/or intentional act.

8. Private flight

We will cover accidental death or injury of the Insured caused by an accident while he is travelling as a non fare-paying passenger in any properly licensed private aircraft and/or helicopter forming part of a business trip whilst the Insured is travelling outside Singapore.

9. Insect/animal bites, stings or attacks

We will cover accidental death or injury of the Insured caused by a bite, sting, attack or such similar event by an insect or animal if the event does not arise as a result of the Insured's wilful and/or intentional act. This cover includes dengue fever.

10. Amateur sports

We will cover accidental death or injury of the Insured while he is engaging in sports or activities as a form of recreation.

For the avoidance of doubt, sports carried out in a professional capacity or where the Insured would or could earn income or remuneration from engaging in such sport are expressly excluded.

11. Motor-cycling (rider and pillion)

We will cover accidental death or injury of the Insured while he is riding a motorcycle (whether as a rider or as a pillion-rider) if at the time of the accident, he was wearing a safety helmet and has a valid motorcycle license that allows him to ride such motorcycle, and was not engaging in or practising for racing, hill climbing contests, reliability trials and speed or duration testing.



## 7. Exclusions

There are certain conditions whereby the benefits under this plan will not be payable. These are stated as exclusions in the contract. The exclusions for this plan include, but are not limited to the following conditions. You are advised to read the policy contract for the full list of exclusions.

- (a) war (whether declared, undeclared or otherwise), invasion, civil war, revolution or any warlike operations; or
- (b) violation or attempted violation of the law or resistance to arrest; or
- (c) the Insured engaging or taking part in air, military, naval training, exercises, manoeuvres, warlike operations or handling of explosives, demolition materials or while under orders for restoration of public order, whether in time of peace, declared, undeclared war or otherwise, except where operationally ready national service duties are carried out in Singapore or overseas (if applicable) pursuant to the Enlistment Act (Cap 93); or
- (d) the Insured engaging in air travel (except as a fare-paying passenger in any properly licensed private and/or commercial aircraft, or as a crew member in a properly licensed commercial aircraft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passenger route, or as covered under the section on Private Flight of the Policy Extensions section); or
- (e) suicide or attempted suicide or intentional self injury or from deliberate exposure to exceptional danger (except in an attempt to save human life), whether sane or insane; or
- (f) childbirth, pregnancy, miscarriage, abortion, sterilisation, contraception, treatment for infertility or any complications concerning therewith notwithstanding that such event may have been accelerated or induced by injury; or
- (g) any form of dental care or treatment (unless necessitated by Injury and provided that such dental care and/or treatment shall be applied to sound natural teeth). Dentures and all related expenses are expressly excluded; or
- (h) any form of cosmetic, plastic or elective surgery unless necessitated by injury; or
- (i) treatment of alcoholism, drug abuse or any other complications arising there from, or accidents caused by or whilst under the influence of drugs or alcohol; or
- (j) the Insured engaging in a sport in a professional capacity or where the Insured would or could earn income or remuneration from engaging in such sport; or
- (k) the Insured engaging in racing of all kinds (other than on foot and swimming and where expressly covered under section on Amateur Sports of the Policy Extensions section); or
- (l) treatment for congenital anomalies and physical defects; or
- (m) any kind of disease or illness (including but not limited to osteoporosis or other bone diseases) save as expressly covered under sections on Food Poisoning and Insect/Animal Bites, Stings or Attacks of the Policy Extensions section; or
- (n) AIDS and HIV or any complications associated with any HIV; or
- (o) any pre-existing condition.

## 8. Change of Occupation

You must, as soon as practicable, notify us in writing if the Insured's occupation changes. We shall increase or reduce the premiums according to the risk classification for the new occupation. We reserve the right to terminate or decline to renew the policy.

## 9. Change of Country of Residence or Citizenship

You must, as soon as practicable, notify us in writing if there is a change in your and/or the Insured's citizenship and/or usual country of residence. A change in the country of residence will mean that you and/or the Insured is living or intending to live in another country other than your and/or the Insured's country of residence at the effective date of this policy for more than 12 consecutive calendar months. We reserve the right to terminate or decline to renew the policy or continue cover on prevailing or varied terms and conditions.

You must, as soon as practicable, notify us in writing if you and/or the Insured plans to stay outside Singapore for more than 180 consecutive days in a year, other than for leisure or social purposes. We reserve the right and sole discretion to continue coverage on prevailing or varied terms and conditions.

## 10. No Cover

This Policy shall not cover or provide for the payment of claims or benefits to specific persons or entities as a result of any of the following: The application of or compliance with certain laws and regulations prohibit performance based on the identity, domicile, residence, place of incorporation, establishment (whether incorporated or unincorporated), or citizenship, of you, the Insured or claimant or 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 to 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.

#### 11. Deferment Period

For any loss described as “Permanent” in the policy, it must have continued for a period of 12 consecutive calendar months from the date of the disability as diagnosed by a Registered Medical Practitioner and on the expiry of such period, the Insured shall be beyond any hope of improvement or recovery before we pay out any benefits according to the terms of the policy.

#### 12. Termination

This policy shall end on the earliest of the following:

- (a) if any premium payable under this policy remains unpaid at the end of the grace period;
- (b) the effective date stated in the cancellation notice issued pursuant to the Cancellation clause;
- (c) death of the Insured;
- (d) upon admission of a claim on any of the following benefits:
  - (i) Accidental Death Benefit; or
  - (ii) 100% of the Insured Amount of the Accidental Dismemberment and Burns Benefit from any one accident; or
  - (iii) Accidental Permanent Total Disablement Benefit; or
  - (iv) Double Indemnity for Accidental Death on Public Conveyance Benefit; or
- (e) the policy anniversary date following the Insured's 75th birthday; or
- (f) where we exercise our right of termination under the sections on Change of Occupation, Change of Country of Residence or Citizenship or No Cover.

Termination of this policy will not affect an insured event and resulting loss arising prior to the termination. No benefits shall be payable if the insured event and/or resulting loss continues or occurs on or after termination of this policy, whether or not the insured event and/or resulting loss is a direct result of accident occurring before the termination of this policy. Our acceptance of premium after termination will not create a liability for us.

#### 13. Claims Procedures

We must receive written notice of claim for loss within 30 days from the date of such loss. You could refer to the policy contract for details on claims procedures. You may also contact your AIA Financial Services Consultant, Insurance Representative or AIA Customer Care Hotline at 1800 248 8000.

#### **Important Notes:**

All insurance applications are subject to our underwriting and acceptance. Submission of an application and payment of premium does not constitute and should not be construed as acceptance by us. We reserve the right to withdraw the plan or reject applications, at anytime or for any reason without notice.

This product summary does not form a part of any contract of insurance. It is intended only to be a simplified description of the product features applicable to this plan and is not exhaustive. The contents of this product summary may vary from the terms of cover eventually issued. Please refer to the actual policy contract for all terms and conditions, including exclusions whereby the benefits under your policy may not be paid out. You are advised to read the policy contract. For the avoidance of doubt, only the terms and conditions as set out in the policy contract will bind the parties.

Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. You are discouraged from switching from an existing accident and/or health insurance policy to a new one without considering whether the switch is detrimental, as there may be potential disadvantages with switching. A penalty may be imposed for early policy termination and the new policy may cost more or have fewer benefits at the same cost.

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](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

Most of the benefits of the policy will be payable upon an accident occurring.