

Keyman Protect360

YOUR KEYMAN PROTECT360 POLICY

Here is Your Keyman Protect360 Policy ("this Policy"). Please read thoroughly the terms of this Policy to ensure that You understand the terms and conditions herein and that the coverage You require is being provided. It is important that the documents and any amendments are read together as one single contract.

We recommend that You keep this Policy in a safe place.

If You have any questions after reading these documents, please contact Your insurance agent, broker or Us.

If You require any changes to this Policy, please contact Us immediately.

IMPORTANT NOTICE

All information provided in the application form, supplementary form(s), including declarations made over the phone or internet, forms the basis of this Policy. You and the Insured Person must answer all the questions in the application accurately and tell Us everything You and the Insured Person know or could reasonably be expected to know that is relevant to Our decision to give You the insurance. Otherwise You may receive no benefit from the Policy.

HOW YOUR INSURANCE POLICY OPERATES

This Policy is a contract of insurance between You, Our Insured Person named in the Policy Schedule and Us, the Company.

This Policy, the application, declaration or any statement of facts, any clauses endorsed on the Policy, the Policy Schedule and any changes highlighted in Your renewal notice form the contract of insurance between You and Us.

The insurance We provide in this Policy is subject to the terms, conditions, exclusions contained in this policy, the Policy Schedule and any Endorsement to this Policy (hereinafter collectively referred to as the "Terms of this Policy").

In consideration of You paying to Us the required premium, We agree to indemnify You in the manner and to the extent described in the Policy, in respect of events occurring during the Period of Insurance, or any subsequent period for which You pay and We accept the required premium.

POLICY DEFINITIONS

This Policy and the Policy Schedule shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this policy or of the Policy Schedule shall bear such meaning whenever it may appear.

"Accident/Accidental" means a specific event, which is sudden, unforeseen and unexpected and gives rise to a result which is not intended or anticipated.

"Activities of Daily Living (ADLs)" means

- (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.

"Benefit Limit" means the Maximum Benefit Payable as stated in the Coverage Outline of the Policy Schedule.

"Diagnosed" means a diagnosis made by the Registered Medical Practitioner, based on radiological, clinical, histological or laboratory evidence accepted by Us.

"Effective Date" means this Policy shall become effective and commence on the date specified in the Policy Schedule.

"Expiry Date of the Policy" means this Policy shall expire on the date specified in the Policy Schedule.

"Hospital" means an institution lawfully operated for the care and treatment of injured or sick persons with organized facilities for diagnosis and surgery, having twenty-four (24) hours per day nursing services by legally qualified registered nurses and medical supervision under Registered Medical Practitioners, but not including any institution used primarily as a clinic, a nursing or convalescent home, a place of rest, a geriatric care facility, a mental institution, a rehabilitation or extended care

facility, or a place for the care or treatments of alcoholics or drug addicts.

“Injury” means physical harm to the body caused solely and directly by an Accident and not by sickness, disease or gradual physical or mental wear and tear.

“Insured Person” means the person described as such in the Policy Schedule.

“Period of Insurance” means the period up to and including the Expiry Date of the Policy during which the Policy is effective and has not been cancelled or otherwise terminated.

“Permanent” means expected to last throughout the lifetime of the Insured Person.

“Permanent Disablement” means a disability falling under one of the items of disablement listed in the scale of compensation in this Policy under Section A, which was caused by an Accident, as long as the disability lasts for twelve (12) consecutive months from the date of the Accident and at the expiry of that period our appointed Registered Medical Practitioner confirms that the disability is not going to improve after twelve (12) months.

“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.

“Permanent Total Disablement” means a disability caused by an Accident as long as the disability lasts for twelve (12) consecutive months from the date of the Accident, prevents you from engaging in any kind of occupation or employment for remuneration or profit and at the expiry of that period our appointed Registered Medical Practitioner confirms that the disability is not going to improve after twelve (12) months. We will pay the principal sum insured less any other amount paid or payable under the policy as the result of the same Accident.

“Pre-Existing Conditions” means an Injury or Illness which existed before the Effective Date of Cover:

- i. which you knew about before the start of the Policy; or
- ii. which you have received diagnosis, medical treatment or prescribed drugs before the start of the Policy; or
- iii. for which you are under investigation and awaiting result before the start of the Policy; or
- iv. for which you have been advised to get medical treatment by a medical practitioner before the start of the Policy

or should reasonably have been aware, based on normal medically accepted pathological development of the Injury, Illness or Disease

“Premiums” means the amount to be paid to Us to keep this Policy in force until the Expiry Date of the Policy.

“Policy” means this policy, Your application form, Your declarations, the Policy Schedule and any Endorsements We have issued under this policy.

“Policy Schedule” means the document issued by Us which reflects details of You and the Insured Person and/or any terms and conditions that are specific to the Policy.

“Registered Medical Practitioner” means a person qualified by degree in western medicine and duly licensed or registered with the relevant medical board or council to practice medicine and surgery in the geographical area of his practice, and who in rendering such services is practicing within the scope of his licensing and training. The attending Registered Medical Practitioner shall not be the Insured Person, You, an employee of the Insured Person, Your employee, Your spouse, Your relative or the spouse or relative of the Insured Person.

“We, Our, Us or the Company” means HL Assurance Pte. Ltd.

“You or Your” means the Policyholder described as such in the Policy Schedule.

POLICY COVERAGE

Section A. Accidental Death & Permanent Disablement

If the Insured Person suffers an Injury, which within twelve (12) months of its happening is the sole cause of the Insured Person’s death or Permanent Disablement, We will pay the relevant percentage as set out in the Scale of Compensation, up to the Benefit Limit as specified in the Policy Schedule.

Scale of Compensation

Description of Permanent Disablement	Percentage
1. Accidental death	100%
2. Permanent Total Disablement	100%
3. Loss of all sight in both eyes	100%
4. Loss by physical severance of:	
(a) both arms	100%
(b) both legs	100%
(c) one arm and one leg	100%
(d) one arm or one leg and sight in one eye	100%
(e) one arm or one leg	80%
5. Loss of sight in one eye except perception of light	60%
6. Loss of lens in one eye	50%
7. Loss of:	
(a) hearing in two ears	75%
(b) hearing in one ear	25%
(c) speech	50%

8. Loss by physical severance of:	
a) thumb and four fingers of one hand	75%
b) four fingers of one hand	40%
c) thumb	
two phalanges	30%
one phalanx	15%
d) index finger	
three phalanges	10%
two phalanges	8%
one phalanx	6%
e) any other finger	5%
f) all toes of one foot	15%
g) big toe	5%
h) any other toe	1%

We will not pay for any Permanent Disablement that is not listed in the scale of compensation above.

We reserve the right and may appoint another Registered Medical Practitioner to examine the Insured Person or the evidence presented, at any time as We deem fit, without assigning any reason whatsoever. The opinion and diagnosis of this Registered Medical Practitioner will be binding on the Insured Person and Us.

COMPENSATION LIMITS

We shall not pay for:

- a. any specific item of Permanent Disablement where that item is also comprised in any other item of Permanent Disablement for which a greater amount of compensation is payable in the circumstances. If benefit is payable for loss of use of a whole member of the body, the benefit for parts of the member cannot also be claimed;
- b. Death in addition to any Permanent Disablement if caused by the same Accident, except that if a payment has been made under any part of Permanent Disablement and death occurs subsequently solely caused by and twelve (12) months of the Accident, then We will pay any difference if the Compensation payable for death is greater than that already paid for Permanent Disablement; and
- c. more than 100% of the Benefit Limit in aggregate of all percentages payable under Permanent Disablement in any one Period of Insurance.

Exclusions Applicable to Section A

Unless otherwise expressly stated or extended in the Policy, this Policy does not insure any consequential loss or any legal liability or any Injury, Illness or disease and death to the Insured Person directly or indirectly caused by, or contributed to, or arising from:

1. Any kind of race or sport where the Insured Person is being engaged in a professional capacity or where the Insured Person would or could earn any remuneration, donation, sponsorship, award or certificate of any kind from engaging in such kind of

sport, racing other than on foot, motor rallies and competitions.

2. Suicide, attempted suicide, or self-inflicted injury.
3. Pregnancy, miscarriage, childbirth or abortion and their complications or fertility, sub-fertility or assisted conception operation.
4. Infectious disease, venereal disease, HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome) and/or any mutant derivatives or variations of this however caused.
5. Mental and nervous or sleep disorders, including but not limited to insanity or any diagnosed psychological or psychiatric disorder, anxiety or depression.
6. Any Pre-Existing Conditions of the Insured Person.
7. The Insured Person being under the influence of intoxicating liquor or the use of drugs or medications (other than taken under a prescription by a Registered Medical Practitioner and not for the treatment of drug addiction).
8. Any wilful, malicious, criminal or unlawful acts committed by the Insured Person and/or any person acting on the Insured Person's behalf.
9. Congenital anomalies and conditions arising out of or resulting therefrom or physical impairment.
10. Air travel, flying or other aerial activities except travelling as a fare paying passenger in a properly licensed, regular scheduled commercial airline operating between established and licensed commercial airports.
11. Rafting or canoeing involving white water rapids, bungee jumping, jet skiing, underwater activities involving artificial breathing apparatus such as compressed air or gas, ski racing, backcountry skiing or off-piste skiing, ski jumping, hang gliding, parasailing, parachuting, the use of bobsleigh or skeleton, hunting, pot-holing, mountaineering or rock climbing (except on man-made walls) that ordinarily requires the use of ropes or guides.
12. Insured Person participating in any terrorism activities.
13. Any commando or bomb disposal duties/training, active military duties such as maintenance of civil order, engagement in hostilities, whether war be declared or not, and travel by military aircraft or waterborne vessel.
14. Any trade, technical or sporting activity in connection with an aircraft and/or vessel.
15. The Insured Person employed as:

- (a) full time military personnel, law enforcement officer, civil defence officer, navy or fire fighters.
- (b) air crew or pilot.
- (c) off-shore occupation such as diver, rig worker fisherman, ship crew.
- (d) workers engaged in maintenance, cleaning, roofing or repair activities involving scaffolding or gondola.
- (e) construction worker at heights above thirty (30) feet or work underground, in tunnels, demolition and quarry worker.
- (f) in any occupation that requires handling of explosives, ammunitions, firearms, poisonous or hazardous gases or substances.

Section B. Critical Illness

If the Insured Person have been unequivocally Diagnosed by a Registered Medical Practitioner:

- a. to undergo Angioplasty & Other Invasive Treatment For Coronary Artery as defined in clause (i) in this Section during the Period of Insurance, We will pay 10% of the Benefit Limit, subject to a maximum amount of \$25,000. This benefit is payable once only and shall be deducted from the amount of Critical Illness Benefit, thereby reducing the amount of the Benefit Limit which may be payable herein
- b. as suffering from any one (1) of the Critical Illness (except Angioplasty & Other Invasive Treatment For Coronary Artery) as defined in clause (i) in this Section during the Period of Insurance, We will pay You the Benefit Limit as specified in the Policy Schedule.

We may appoint another Registered Medical Practitioner to examine the Insured Person or the evidence presented. The opinion and diagnosis of this Registered Medical Practitioner will be binding on the Insured Person and Us.

(i) Definition of Critical Illness

For the purpose of this Policy and notwithstanding any other definition which may be found elsewhere, "Critical Illness" means any of the conditions or illnesses defined as follows:

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 (3) 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 (PaO₂ ≤ 55mmHg); 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 ninety-six (96) hours. This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli for at least ninety-six (96) hours;
- Life support measures are necessary to sustain life; and
- Brain damage resulting in permanent neurological deficit which must be assessed at least thirty (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 eighty (80) decibels in all frequencies of hearing".

Irreversible means "cannot be reasonably restored to at least forty (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 six (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 irreversible 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 twelve (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 twenty percent (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 diagnosis of Multiple Sclerosis, and 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 six (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 three (3) of the six (6) "Activities of Daily Living" for a continuous period of at least six (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 three (3) of the six (6) "Activities of Daily Living" for a continuous period of at least six (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 cognitive function 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 Supplementary Contract, 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 Supplementary Contract, whichever is the later whilst the Insured Person 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 one hundred and eighty (180) days after the documented accident. This proof must include a negative HIV antibody test conducted within five (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 Person 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 six (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 six (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 sixty percent (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 ten percent (10%) of the Benefit Limit under this policy subject to an 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 Benefit Limit which may be payable herein.

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 twenty (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 six (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 two (2) entire limbs due to injury or disease persisting for a period of at least six (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 twelve (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 (1) 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 seventy five percent (75%) and of two others by a minimum of sixty percent (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 three (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 three (3) of the six (6) "Activities of Daily Living", for a continuous period of six (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.

Exclusions Applicable to Section B

Unless otherwise expressly stated or extended in the Policy, this Policy does not insure any consequential loss or any legal liability or any Injury, Illness or disease and death to the Insured Person directly or indirectly caused by, or contributed to, or arising from:

- (a) The Insured Person being diagnosed with the following Critical Illness within ninety (90) days from the Effective Date of this Policy:
 - i. Cancer
 - ii. Coronary Artery By-Pass Surgery
 - iii. Heart Attack of Specified Severity
 - iv. Angioplasty and Other Invasive Treatments for Coronary Artery; or
 - v. Other Serious Coronary Artery Disease
- (b) Suicide, attempted suicide, self-inflicted injury, while sane or insane; or wilful exposure to peril (other than in an attempt to save human life).
- (c) The Insured Person being under the influence of intoxicating liquor or the use of drugs or medications (other than taken under a prescription by a Registered Medical Practitioner and not for the treatment of drug addiction).
- (d) Any Pre-Existing Conditions unless the condition was declared to us and accepted by Us.

(e) Any medical condition caused by any congenital abnormalities or physical defects that have been present at birth.

(f) Donation of any of the Insured Person's organs.

(g) Critical Illness that is caused directly or indirectly due to Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV). The only exception to this is when the Critical Illness claimed for is HIV Due to Blood Transfusion and Occupationally Acquired HIV.

(h) Death of the Insured Person within seven (7) days following the date of diagnosis of any of the Critical Illness as defined in clause (i) of Section B.

Section C. Medical Second Opinion

If the Insured Person have been unequivocally Diagnosed by a Registered Medical Practitioner to be suffering from any one (1) of the Critical Illness as defined in clause (i) in Section B during the Period of Insurance and would like to seek a medical second opinion by another Registered Medical Practitioner, We will pay for the first consultation cost at Our appointed medical partner's clinic up to the Benefit Limit as specified in the Policy Schedule.

Such medical second opinion will be subjected to The Company's approval before the Insured Person can proceed for the consultation.

Exclusions Applicable to Section C

- (a) Any cost not approved and arranged by Us or Our appointed medical partner.
- (b) The Insured Person being diagnosed with the following Critical Illness within ninety (90) days from the Effective Date of this Policy:
 - i. Cancer
 - ii. Coronary Artery By-Pass Surgery
 - iii. Heart Attack of Specified Severity
 - iv. Angioplasty and Other Invasive Treatments for Coronary Artery; or
 - v. Other Serious Coronary Artery Disease
- (c) Suicide, attempted suicide, self-inflicted injury, while sane or insane; or wilful exposure to peril (other than in an attempt to save human life).
- (d) The Insured Person being under the influence of intoxicating liquor or the use of drugs or medications (other than taken under a prescription by a Registered Medical Practitioner and not for the treatment of drug addiction).
- (e) Any Pre-Existing Conditions unless the condition was declared to us and accepted by Us.
- (f) Any medical condition caused by any congenital abnormalities or physical defects that have been present at birth.

- (g) Donation of any of the Insured Person's organs.
- (h) Critical Illness that is caused directly or indirectly due to Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV). The only exception to this is when the Critical Illness claimed for is HIV Due to Blood Transfusion and Occupationally Acquired HIV.

GENERAL EXCLUSIONS

(Applicable to the whole Policy)

Unless otherwise expressly stated or extended in the Policy, this Policy does not insure any consequential loss or any legal liability or any Injury, Illness or disease and Death to the Insured Person directly or indirectly caused by, or contributed to, or arising from:

- 1. war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, conspiracy, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.

This endorsement also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to the above.

If We allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance the burden of proving the contrary shall be upon the Insured Person.

- 2. Nuclear weapons material or ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this Exception, combustion shall include any self-sustaining process of nuclear fission.

GENERAL CONDITIONS

(Applicable to the whole Policy)

1. Amount Due to the Company

Before making any payment or refund pursuant to this Policy, We shall be entitled to deduct any charges or other amounts due to Us.

2. Arbitration

If there is any dispute as to the amount to be paid under this Policy (liability being otherwise admitted) such dispute shall be determined by arbitration in accordance with the statutory provisions on arbitration in that behalf for the time being in force. It is hereby expressly stipulated that it shall be a condition precedent to any right of action or suit upon this Policy that an arbitration award shall be first obtained. Unless any such action or suit be commenced within six (6) months of the making of an award, We shall

not be liable to make any payment in excess of the amount of the award.

3. Automatic Termination of Policy

This Policy will automatically terminate on the earliest of the following events:

- (i) On the date the Insured Person attains seventy-five (75) years of age;
- (ii) Upon the death of the Insured Person;
- (iii) The total benefit amount we have paid equals to the Benefit Limit of Accidental Death and Permanent Disablement;
- (iv) The Insured Person ceased to be a Singapore Citizen, Singapore Permanent Resident, or expatriate or foreigner who is holding a valid employment pass, work permit, dependent pass or long term visit pass and who is ordinarily residing in Singapore; or
- (v) If the Insured Person is away from Singapore for more than one hundred and eighty-three (183) days at any one time.

4. Cancellation of the Policy

- (a) This Policy may be cancelled at any time by Us giving fourteen (14) days' notice by registered mail to Your last known address, such cancellation shall become effective from the first day of the month following the date of such notice issued and in such event We will return a pro rata portion of the premium for the unexpired part of the Period of Insurance, provided no claim has been made under the Policy.
- (b) The Policy may be cancelled by You by giving notice to Us in writing provided no claim has arisen during the Period of Insurance. You shall be entitled to a return of premium subject to the short period rates for the period the Policy has been in force as follows:

i. Monthly Premium Payment

There will be no refund on the Premium paid. Your Policy will continue to provide coverage up to the next date in which Your Premium is due.

ii. Annual Premium Payment

Period of Coverage (Not Exceeding)	Premium Refund (% of Annual Premium)
2 months	60%
3 months	45%
4 months	30%
5 months	15%
6 months	0%

Lump Sum Premium Payment

Period of Coverage (Not Exceeding)	Premium Refund (% of Lump Sum Premium)
1 year	60%
2 years	45%
3 years	30%
4 years	15%
5 years	0%

5. Changes to Information

If there are changes to the Insured Person information already provided to Us (including any changes to the residency and/or citizenship), notify Us immediately of this in writing and provide Us with such information, documentation and certification in that regard as We may require.

6. Contract (Rights of Third Parties) Act 2001

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

7. Currency

All amount shown are in Singapore dollars. All claims will be paid in Singapore dollars.

8. Data Privacy

It is hereby declared that as a condition precedent to the liability of Us, You and the Insured Person have agreed that any personal information in relation to You and the Insured Person provided by or on behalf of You and the Insured Person to Us may be held, used and disclosed to enable Us or individuals / organisations associated with Us or any independent third party (within or outside of Singapore) to:

- (a) process and assess the Insurer's application or any matter arising from the Policy Schedule and any other application for insurance cover and/or;
- (b) provide all services related to this Policy.

9. Declaration

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

- a. for the risk insured, You and/or the Insured Person has never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or
- b. if You and/or the Insured Person has declared that You and/or the Insured Person have breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months:
 - i. You and/or the Insured Person has fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy; and

- ii. a copy of the written confirmation from the previous insurer to this effect is first provided by You and/or the Insured Person to Us before cover incepts.

10. Due Observance

The conditions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. The due observance and compliance of these conditions by You or the claimant and the truth of the statements and answers in the proposal shall be conditions precedent to any liability of Us to make any payment under this Policy.

11. Eligibility

You are eligible for cover under this Policy if:

- (a) The Insured Person is between the age of twenty-four (24) to sixty-four (64) years old, renewable up to seventy-four (74) years old. Age is calculated as at last birthday.
- (b) The Insured Person must be a Singapore Citizen, Singapore Permanent Resident, or expatriate or foreigner who is holding a valid employment pass, work permit, dependent pass or long term visit pass and who is ordinarily residing in Singapore, if the Insured Person is away from Singapore for no more than one hundred and eighty-three (183) days during the Period of Insurance.

12. Fraud, Misstatement or Concealment

Any fraud, misstatement or concealment in respect of this insurance or of any claim hereunder shall render this Policy null and void and any benefit due hereunder shall be or become forfeited.

13. Free Look Period

If this Policy shall have been issued and for any reason whatsoever You shall decide not to take up the Policy, You can return Your insurance by notifying Us in writing within fourteen (14) days from the date of delivery of the Policy. We will refund the Premium paid less any expenses which may have been incurred by Us (including medical examination), unless something has occurred for which a claim may be payable. The free look period will not apply to renewals of Your Policy with Us.

14. Geographical Limits

The coverage under this Policy is twenty-four (24) hours a day, worldwide unless otherwise endorsed or amended.

15. Governing Law

Any interpretation of this Policy relating to its construction, validity or operation shall be made in accordance with the Laws of Singapore.

16. Jurisdiction

Notwithstanding anything stated herein to the contrary, the indemnity provided by this Policy shall not apply in respect of judgments which are not in the first instance delivered by or obtained from a court of competent jurisdiction within the Republic of

Singapore nor to orders obtained in the said court for the enforcement of judgments made outside the Republic of Singapore whether by way of reciprocal agreements or otherwise.

17. Legal Personal Representative

The terms exceptions and conditions of this Policy, so far as applicable and with any necessary modifications, shall apply to Your legal personal representative.

18. Misstatement of Age or Gender

If the Insured Person's age and/or gender has been misstated, the Benefits Limits payable will be determined on the correct age and/or gender and the premiums paid. If at the correct age, the Insured Person was not eligible to be insured by Us, this Policy will be void from the Effective Date and We will refund the total premium paid from the Effective Date.

19. Non-Assignment and Discharge

We will not recognize or be affected by any notice of trust, charge or assignment relating to this Policy. The receipt of You, the Insured Person, or his legal personal representatives or of any person(s) to whom any benefit is expressed to be payable shall in all cases effectively discharge Our liability.

20. Payment of Benefits

All benefits payable under this Policy shall be paid to You or Your legal representative or Your beneficiary (if any), or otherwise to Your estate in the event of Death. Any payment made by Us in accordance with this condition shall in all cases be deemed final and a complete discharge of all Our liability.

If You claim for the same medical condition under Section A, Accidental Death and Permanent Disablement and Section B, Critical Illness, We will only pay the higher claim which is admitted by Us.

21. Premium Before Cover Warranty

a. The premium due must be paid to Us (or the intermediary through whom this Policy or Bond was effected) on or before the effective date ("the effective date") or the renewal date of the coverage. Payment shall be deemed to have been effected to Us or the intermediary when one of the following acts takes place:

- i. Cash or honoured cheque for the premium is handed over to Us or the intermediary;
- ii. A credit or debit card transaction for the premium is approved by the issuing bank;
- iii. A payment through an electronic medium including the internet is approved by the relevant party;
- iv. A credit in favour of Us or the intermediary is made through an electronic medium including the internet.

b. In the event that the total premium due is not

paid to Us (or the intermediary through whom this Policy or Bond was effected) on or before the inception date or the renewal date, then the insurance shall not attach and no benefits whatsoever shall be payable by Us. Any payment received thereafter shall be of no effect whatsoever as cover has not attached.

c. Premium Payment

- i. The payment of the premium when it is due will ensure the continuance of the Policy in force until the next premium is due;
- ii. This Policy will be renewed upon the payment of the premium when it is due either on a monthly or annual basis as applicable and stated in the Policy Schedule unless prior written notice of cancellation has been given in accordance with General Condition 3 or the Policy has otherwise been terminated.

22. Premium Rates

Premium rates payable for this Policy are not guaranteed. We have the right to change the premium rate, provided that We send You a written notification at least thirty (30) days in advance of such change in premium rate.

23. Sanction Limitation and Exclusion Clause

Notwithstanding any provision to the contrary within this Policy or any endorsement thereto, this insurance shall, in no case, be deemed to provide cover and be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

24. Subrogation

You shall at Our expense do and concur in doing and permit to be done all such acts and things as may be necessary or reasonably required by Us for the purpose of enforcing any rights and remedies or of obtaining relief or indemnity from other parties to which We shall be or would become entitled to or subrogated upon its paying for or making good any loss destruction or damage under this Policy whether such acts and things shall be or become necessary or required before or after their indemnification by Us.

25. Suicide

We will terminate this Policy and will not pay any benefits if the Insured Person, whether sane or insane, dies by suicide within one (1) year from the Effective Date. We will refund all premiums paid from the Effective Date less any expenses (including medical expenses) incurred by Us in connection with this Policy.

26. Sum Insured

The Benefit Limit for Section A, Accidental Death & Permanent Disablement will be reduced by the amount of payment made under Section B, Critical Illness. If the Benefit Limit is reduced to an amount lower than the Benefit limit of Section B, Critical Illness, the Benefit Limit of Section B, Critical Illness will automatically be reduced to the same amount as the Benefit limit of Section A, Accidental Death & Permanent Disablement. If the Benefit Limit is reduced to zero, the Policy will automatically terminate.

CLAIMS PROCEDURE

- (a) Notice shall be given to Us as soon as possible but in any case within thirty (30) days from the date of diagnosis of the Critical Illness, or of the happening of any Injury in respect of which a claim is to be made.
- (b) You or other claimant shall at Your or other claimant's own expense furnish to Us such certificates information, blood tests, medical reports and evidence as We may reasonably require.
- (c) The Insured Person shall as soon as possible after the happening of any Injury in respect of which a claim is to be made procure and follow medical advice from a duly Registered Medical Practitioner.
- (d) The Insured Person as often as required shall submit to medical examination on behalf of Us at Our own expense.
- (e) We shall in the case of the Insured Person's death be entitled to have a post mortem examination at Our own expense, where this is not forbidden by law or religious beliefs.

POLICY OWNERS' PROTECTION SCHEME

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for Your policy is automatic and no further action is required from You. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact HL Assurance Pte. Ltd. or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

CARING FOR OUR CUSTOMERS

HL Assurance Pte. Ltd. will make every effort to provide a high level of service expected by all Our policyholders. If on any occasion Our service falls below the standard of Your expectation, the procedure below explains what You can do:

Your first point of contact should always be Your insurance agent or broker. Alternatively, You may submit Your

feedback to the manager in charge of the matter You are raising.

We will acknowledge receipt of Your feedback within seven (7) working days whilst We look into the matter You have raised. We will contact You for further information if required within seven (7) working days and provide You with a full reply within fourteen (14) working days.

If the outcome of Your complaint is not handled to Your satisfaction, You can write to:

Chief Executive Officer
HL Assurance Pte. Ltd.
11 Keppel Road #11-01 ABI Plaza
Singapore 089057

We will respond to Your appeal within fourteen (14) working days. If You are still dissatisfied with the CEO's response, We will refer You to a dispute resolution organization, Financial Industry Disputes Resolution Centre Ltd (FIDReC) which is an independent organization. FIDReC's contact details are:

Financial Industry Disputes Resolution Centre Ltd
36 Robinson Road #15-01
City House
Singapore 068877

Telephone : (65) 6327 8878
Fax : (65) 6327 8488
Email : info@fidrec.com.sg
Website : www.fidrec.com.sg

Important – Please remember to quote Your Policy number / reference in Your communication.