

Hospital Protect360

YOUR HOSPITAL PROTECT360 POLICY

Here is Your Hospital Protect360 Policy. Please examine this insurance Policy, to ensure that You understand the terms and conditions and that the cover You require is being provided. It is important that the documents and any amendments are read together to avoid misunderstanding.

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 need to change anything, please contact Us immediately.

IMPORTANT NOTICE

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

HOW YOUR INSURANCE POLICY OPERATES

This Policy is a contract of insurance between You, Our Insured 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 Your 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, which occurs during the Period of Insurance.

“Benefit Limit” means the Benefit Amount Payable as stated in the Coverage Outline of the Policy Schedule.

“Diagnosed” means the diagnosis of Your medical condition from medical testing laboratories that are either recognized by the respective governments Competent Authorities or accredited in the area of molecular microbiology or immunology.

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

“Expiry Date of the Policy” means the last day of every monthly or annual period as applicable stated on 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, community care facilities, community treatment facilities or such extended care facility as maybe designated for treatment by the relevant government authorities from time to time, or a place for the care or treatments of alcoholics or drug addicts.

“Immediate Family Member” means Your legal spouse, biological Child(ren), step or legally adopted Child(ren), parent, parent-in-law, sibling, grandparent, grandparent-in-law, great grandparent, great grandparent-in-law, grandchild(ren), brother-in-law, sister-in-law or any other person residing permanently with You.

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

“Illness” means a physical condition contracted marked by pathological deviation from the normal healthy state.

“Intensive Care Unit (ICU)” means a part within a Hospital to provide critically ill patients who require close supervision from life support equipment and medication as necessary prescribed by a Registered Medical Practitioner, and billed as a specific charge by the Hospital.

High Dependency Unit or Coronary Care Unit is not considered as Intensive Care Unit.

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

be renewed for monthly or annual period upon payment of the renewal premium as applicable.

“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.

“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/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 You, an employee of Yours, the spouse or relative of Yours.

“Transportation Costs” means the taxi fare or fare charged for a car ride operated by a ride-hailing service provider duly licensed for the regular transportation of fare-paying passengers, excluding carpooling or car sharing.

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

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

THE BENEFITS

Section 1. Daily Hospital Cash

In the event that You sustain an Injury or Illness during the Period of Insurance and is considered medically necessary by a Registered Medical Practitioner that You will be hospitalized to receive in-patient treatment, We will pay You the Benefit Limit as specified in the Policy Schedule for each continuous twenty-four (24) hour period of confinement in the Hospital.

This benefit is payable up to a maximum period of three hundred and sixty-five (365) days.

Any periods of confinement in the Hospital due to the same or related cause shall be considered as arising from one (1) Injury or Illness unless their occurrences are separated by at least ninety (90) days.

Exclusions Applicable to Section 1

No benefit will be payable under Section 1:

1. If Your hospitalization for treatment of Your Illness occurs within thirty (30) days of the Effective Date.

Section 2. Triple Hospital Cash (in ICU) Benefit

In the event that You sustain an Injury or Illness during the Period of Insurance and is considered medically necessary by a Registered Medical Practitioner that You will be confined in an Intensive Care Unit (ICU), We will pay You the Benefit Limit as specified in the Policy Schedule for each continuous twenty-four (24) hour period of confinement in the Hospital.

This benefit is payable up to a maximum period of thirty (30) days.

Any periods of confinement in the Hospital due to the same or related cause shall be considered as arising from one (1) Injury or Illness unless their occurrences are separated by at least ninety (90) days.

Exclusions Applicable to Section 2

No benefit will be payable under Section 2:

1. If Your hospitalization for treatment of Your Illness occurs within thirty (30) days of the Effective Date.

Section 3. Recuperation Benefit

If You have been confined in a Hospital for an uninterrupted seven (7) consecutive days due to an Injury or Illness and upon Your discharge from the Hospital, You are issued a medical certificate, We will pay You the Benefit Limit for each day of medical leave granted.

This benefit is payable up to a maximum period of thirty (30) days.

Exclusions Applicable to Section 3

No benefit will be payable under Section 3:

1. If Your hospitalization for treatment of Your Illness occurs within thirty (30) days of the Effective Date.
2. If Your Hospital confinement is less than seven (7) days.
3. If You have not been confined in the same Hospital for an uninterrupted seven (7) consecutive days.

Section 4. Special COVID-19 Benefit

We will pay You the Benefit Limit:

- a) If You are Diagnosed with COVID-19 during the Period of Insurance and is considered medically necessary by a Registered Medical Practitioner that

You will be confined in an Intensive Care Unit (ICU) in a Hospital for more than five (5) days.

- b) in the event of Your death as a direct result of contracting COVID-19.

The maximum amount We will pay for any one Period of Insurance is up to the Benefit Limit.

Exclusions Applicable to Section 4

No benefit will be payable under Section 4:

1. If the positive results of the Insured Person's Polymerase Chain Reaction (PCR) test is not submitted with any claims.
2. If You have been Diagnosed with COVID-19 with or without displaying any symptoms but may not have required treatment.
3. Any breach or non-adherence to safety measures or guidelines.
4. The Insured Person and/or Immediate Family Member being diagnosed or suspected to be infected with COVID-19 at the time of application for this insurance.
5. Any elective treatment, aromatherapy, tonic medication, services provided by a health spa, massage parlour, convalescent or nursing home or any rehabilitation centre.
6. Surgery or medical treatment for a Pre-Existing Medical Condition, which is not directly related to or arising from the COVID-19.
7. Any positive diagnosis of COVID-19 within 14 days of the Effective Date of Your Policy.
8. If You are admitted to a community care facilities or community treatment facilities or such extended care facility as maybe designated for treatment by the relevant government authorities from time to time.

Section 5. Ambulance and Transportation expenses

We will reimburse You up to a maximum of \$20 per trip up to the Benefit Limit for:

1. the ambulance fee for emergency re-admittance to Hospital; and/or
2. Transportation Costs that You have incurred to travel to the Hospital for follow up treatment,

within ninety (90) days from the date of Your discharge from the Hospital.

We shall not be liable for more than (four) 4 trips for any one Injury or Illness.

The maximum amount We will pay for any one Period of Insurance is up to the Benefit Limit.

Exclusions Applicable to Section 5

No benefit will be payable under Section 5:

1. Loss that is covered by any other existing insurance scheme, government program or that it will be paid by other source(s). We will only pay the irrecoverable amount from such other source(s).

Section 6. No Claim Bonus

If no claim has been made under this Policy after twelve (12) consecutive months, We will refund 20% of the premium that You have paid at the end of each annual period. Provided that:

- (a) There has been no interruption of cover for a period of twelve (12) consecutive months.
- (b) Premium has been fully paid. Should a claim be made or reported for the preceding annual period after a refund has been made to You, We shall have the rights to recover any refund made.

A claim is considered to have been made in the preceding annual period if any covered event falls within this period, regardless of the date of submission of the claim.

GENERAL EXCLUSIONS

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 You directly or indirectly caused by, or contributed to, or arising from:

1. Suicide or attempted suicide, self-injury or wilful exposure to peril (other than in an attempt to save human life);
2. Pregnancy, miscarriage, abortion or childbirth;
3. Infectious Diseases (except for COVID-19 cover under Section 4), venereal disease, HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivatives or variations of this however caused;
4. Mental and nervous or sleep disorders, including but not limited to insanity or any diagnosed psychological or psychiatric disorder, anxiety or depression;
5. Any Pre-Existing Conditions;
6. You being under the influence of drugs (other than those prescribed by a Registered Medical Practitioner but not when prescribed for the treatment of drug addiction);
7. You being under the influence of alcohol, unless it can be established to Our reasonable satisfaction by any claimant that alcohol was not a factor contributing to the happening of the Injury;

8. Any wilful, malicious, criminal or unlawful acts committed by You and/or any person acting on Your 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. Any trade, technical or sporting activity in connection with an aircraft and/or vessel;
12. 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;
13. Motorcycling (as rider or pillion);
14. You who is employed as:
 - (a) professional sportspersons or racer, where You 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 or trial of speed or reliability;
 - (b) full time military personnel, law enforcement officer, security guards, civil defence officer, navy or fire fighters;
 - (c) air crew, pilot;
 - (d) shipyard worker, stevedore, off-shore occupation such as diver, rig worker fisherman, ship crew, sailor;
 - (e) workers engaged in maintenance, cleaning, roofing or repair activities involving scaffolding, gondola or crane;
 - (f) building demolition worker, construction worker, machinist, machine operator, workers who works underground, in tunnels, and quarry;
 - (g) in any occupation that requires handling of explosives, ammunitions, firearms, poisonous, flammable or hazardous gases or substances (including but not limited to liquids, solvents and chemicals).
15. 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 Exclusions,

combustion shall include any self-sustaining process of nuclear fission;

16. (a) 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;
- (b) Any Nuclear, Chemical, Biological Terrorism.
 "Nuclear, Chemical, Biological Terrorism" shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release, or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

For the purpose of this endorsement and act of terrorism means an act including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

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 (a) and/or (b) above.

If We allege that by reason of these Exclusions any claim is not covered by this insurance, then the burden of proving that the claim is covered shall be upon You.

GENERAL CONDITIONS

1. Arbitration

If there is any dispute as to the amount to be paid under this Policy (liability being otherwise admitted), the validity of the claim and/or the extent of cover, such dispute shall be first referred for mediation by Financial Industry Disputes Resolution Centre Ltd.

If the parties are unable to reach a settlement, the dispute shall be referred to and finally resolved by arbitration administered by the Singapore International Arbitration Centre ("SIAC") in accordance with the Arbitration Rules of the SIAC for the time being in force, which rules are deemed to be incorporated by reference in this Clause.

The seat of the arbitration shall be Singapore and the tribunal shall consist of one arbitrator.

The language of the arbitration shall be English.

2. Automatic Termination of Policy

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

- (i) On the date You attain sixty-six (66) years of age;
- (ii) Upon Your death;
- (iii) You ceased to be a Singapore Citizen, Singapore Permanent Resident, or expatriate or foreigner who is holding a valid employment pass, work permit, dependent pass, student pass or long term visit pass and who is ordinarily residing in Singapore; or
- (iv) If You are away from Singapore for more than one hundred and eighty-three (183) days at any one time.

3. 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.
 - (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) If Your Policy is an Annual Policy 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:

Period of Coverage (Not Exceeding)	Premium Refund (% of Annual Premium)
2 months	60%
3 months	50%
4 months	40%
5 months	30%
6 months	20%
Exceeding 6 months	0%

4. Change of Plan

You may write to Us and request to change the plan at Your next Policy renewal, provided no claim has been made under this Policy. If We do approve Your request, We will inform You when the change in plan will take place.

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 have agreed that any personal information in relation to You provided by or on behalf of You 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 have 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 have declared that You 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 have 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 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. Duplication of Cover

We shall not cover You under more than one Hospital Protect360 Insurance policy. In the event that You are covered under more than one such policy, We will consider You to be insured under the policy first issued and We will refund any duplicate insurance premium payment, which may have been made by or on behalf of You.

12. Eligibility

You are eligible for cover under this Policy if:

- (a) The Insured Person is between the age of eighteen (18) to sixty-five (65) years old. Age is calculated as at last birthday.
- (b) You must be a Singapore Citizen, Singapore Permanent Resident, or expatriate or foreigner who is holding a valid employment pass, work permit, dependent pass, student pass or long term visit pass and ordinarily residing in Singapore. If you are away from Singapore, it shall be a period of not more than one hundred and eighty-three (183) days during the Period of Insurance.

13. 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.

14. 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 unless something has occurred for which a claim may be payable. The free look period will not apply if the Period of Insurance is less than one (1) year and for renewals of Your Policy with Us.

15. Geographical Limits

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

16. Governing Law

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

17. 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.

18. 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.

19. Misstatement of Age

If the Insured Person's age has been misstated, the Benefits Limits payable will be determined on the correct age 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.

20. 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 the Insured, 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.

21. 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.

22. Premium Before Cover Warranty

- a. The premium due must be paid to the 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 the 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.

23. Premium Rates

Your Premium will increase upon renewal of Your Policy if Your age during renewal has entered into the next age band.

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.

24. 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.

25. 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.

CLAIMS PROCEDURE

- (a) Notice shall be given to Us as soon as possible but in any case within fourteen (14) days of the happening of any Injury or Illness 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 and evidence as We may reasonably require.
- (c) You shall as soon as possible after the happening of any Injury or Illness in respect of which a claim is to

be made procure and follow medical advice from a duly Registered Medical Practitioner.

- (d) You as often as required shall submit to medical examination on behalf of Us at Our own expense.
- (e) We shall in the case of Your death be entitled to have a post mortem examination at Our own expense.

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.