

BIZTRENZ EMPLOYEE BENEFITS PACKAGE POLICY WORDINGS

In consideration of the Insured named in the Schedule hereto paying to **CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.** ("CTPIS" or "Company") the Premium mentioned in the Schedule CTPIS agrees subject to the terms and conditions contained in or endorsed or otherwise expressed on this Policy to insure in the manner and to the extent hereinafter provided in the respective Sections specified in the Schedule or added hereto by memorandum signed by or on behalf of CTPIS in respect of events occurring during the Period of Insurance specified in the Schedule or during any subsequent period for which the Insured shall pay and CTPIS shall agree to accept the premium required for the renewal of this Policy.

Provided always that the due observance and fulfilment of the terms conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured shall be conditions precedent to any liability of CTPIS to make any payment under this Policy.

POLICY DEFINITIONS

These terms, wherever used in this Policy, are defined as follows.

1. **Accident** - An event of violent, accidental, external and visible nature, which independently of any other cause, is the sole cause of bodily Injury.
2. **Active Service** - An Employee shall be considered in Active Service if he/she is performing in the customary manner all the regular duties of his/her employment with the Policyholder on a full-time basis that day, either at one of the Policyholder's business establishments or at a location which the Policyholder's business requires him/her to be present.
3. **Age** - Age next birthday.
4. **Co-payment** - The percentage out of an eligible claim which has to be borne by the Insured Person before the relevant benefits are payable under this Policy.
5. **Congenital Conditions** - Congenital anomalies as well as neo-natal physical abnormalities developing within six (6) months of birth.
6. **Country of Residence** - The Country of Residence shall mean the Republic of Singapore unless otherwise stated in the Policy.
7. **Day Surgery** - Surgery that is scheduled and performed and is carried out by a Surgeon but not on an Inpatient basis.
8. **Dental Treatment** - Treatment or services as stated in the Group Dental Schedule of Benefits.
9. **Dependants** - Any of the following persons:
 - (a) Legal spouse aged between 18 and 65 years (inclusive).
 - (b) An unmarried and unemployed child aged between 15 days and 18 years (inclusive).
 - (c) An unmarried and unemployed child aged between 19 and 25 years (inclusive) if he/she is enrolled in an accredited educational institution on full-time higher education and not in full-time national service.
 A child Dependant shall include stepchildren and adopted children
10. **Doctor / Physician** - A person qualified as a medical practitioner (other than an Insured Person or a member of his Immediate Family or his business associates including any business partners, employers or Employees) by a medical degree in western medicine and duly licensed and registered with the relevant statutory medical board or council to provide medical and Surgical Treatment and who, in rendering treatment, is practicing within the scope of his licensing and training in the geographical area of practice.
11. **Effective Date** - The Policy commencement date or date of Insured Person's first enrolment into the Policy, whichever is the later.
12. **Emergency Treatment** - Urgent remedial treatment to avoid death or impairment to the Insured Person's immediate or long-term health prospects.
13. **Employee** - A person employed on a full-time basis by the Policyholder.
14. **Endorsement** - An authorized amendment to this Policy evidenced in writing.
15. **Evidence of Insurability** - A statement or record of the Insured Person or his/her Dependants' medical history upon which acceptance for insurance will be determined. In some cases, the Insured Person or his/her Dependants may need to undergo a medical examination as part of the Evidence of Insurability.
16. **General Practitioner** - A general medical practitioner (other than an Insured Person or a member of the Insured Person's immediate family) qualified by a medical degree in western medicine and duly licensed and registered with the relevant statutory medical board or council to provide medical treatment and who, is practising within the scope of his/her licensing and training in the geographical area of practice.
17. **Hospital** - An establishment duly constituted and registered subject to the applicable national laws and regulations as a Hospital for the care and treatment of sick and injured persons as bed-paying patients, and which:
 - (a) provides organised facilities for diagnosis, treatment and major Surgery;
 - (b) provides 24-hour nursing services by registered graduate nurses and under the supervision of one or more Physicians at all times;
 - (c) is not primarily a clinic, a mental Hospital, a place for providing care or treatment of alcoholics or drug addicts, a nursing, rest or convalescent home or a home for the aged or similar establishment.
18. **Hospitalisation** - Confinement for reason of Illness or Injury to a Hospital bed or ward for a continuous period of at least 6 hours for purposes of treatment or Surgery and for which the Hospital levies a room and board charge.
19. **Illness / Sickness** - Any sudden and unexpected pathological deviation from the normal healthy state, marked by interruption, cessation or disorder of body functions, systems or organs as confirmed by a Physician.
20. **Injury** - Bodily harm caused solely and directly by an Accident.
21. **Inpatient** - A patient admitted into a Hospital for treatment, for which the Hospital levies a daily room and board charge.
22. **Insured Person(s)** - The person(s) described in the Schedule, and who is a Singapore Citizen, Permanent Resident or expatriate or foreigner holding a valid Employment Pass, Work Permit, Student Pass or Dependant Pass.
23. **Intensive Care Unit** - A section within a Hospital which is designated as an Intensive Care Unit by the Hospital and which is maintained on a 24 hour basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.

POLICY DEFINITIONS (continued)

24. **Loss** - Complete severance or permanent functional disablement of any members.
25. **Loss of Hearing** - Total and irrecoverable Loss of Hearing which is beyond remedy by surgical or other treatment as confirmed by a Physician.
26. **Loss of Limb** - Complete severance of a hand at or above the wrist or of a foot above the ankle joint, or the total and permanent functional disablement of an entire hand, arm, foot or leg.
27. **Loss of Sight** - Total and irrecoverable Loss of Sight of an eye rendering the Insured Person absolutely blind in that eye beyond remedy by surgical or other treatment as confirmed by a Physician.
28. **Loss of Speech** - Total Loss of vocal cord or damage of speech centre in the brain resulting in Aphasia or the disability in articulating any three of the four sounds which contribute to the speech such as the Labial, Alveololabial, Palatal and Velar sounds as confirmed by a Physician.
29. **Occupation** - Insured Person's full-time or part-time gainful employment, profession or any other work for an income, remuneration or profit.
30. **Panel of Clinic** - A General Practitioner clinic in the panel approved by Us.
31. **Panel of Dental Clinic** - A dental clinic in the panel approved by Us to provide Dental Treatment.
32. **Per Disability** - All medical conditions resulting from the same cause, including any and all complications arising therefrom or closely related thereto, except that after 30 days following the latest discharge from Hospital or Surgery, any subsequent Disability from the same cause shall be considered as a new Disability.
33. **Period of Insurance** - The period of cover shown in the Policy Schedule for which the appropriate premium has been paid.
34. **Permanent Disablement** - Injury which:
 - (a) falls into one of the categories listed in the Scale of Permanent Disablement Benefits Table; or
 - (b) manifests within twelve (12) months of the date of the Accident, and having lasted for a continuous period of twelve (12) consecutive months from the date of manifestation, is at the expiry of that period, beyond any hope of improvement as confirmed by a Physician.
35. **Permanent Total Disablement** - Injury which, having lasted a continuous period of twelve (12) consecutive months from the date of the Accident entirely prevents the Insured Person from engaging in gainful employment of any and every kind from which there is no hope of improvement as confirmed by a Physician.
36. **Policy Period** - A period of one (1) year, commencing from the policy commencement date for the first policy year and from the respective renewal dates for the subsequent policy years.
37. **Pre-existing Condition** - An Injury or an Illness which existed or symptoms manifestations of which existed prior to the Effective Date of cover with respect to an Insured Person based on normal medically accepted pathological development of the Illness or of which the Insured Person was aware or should reasonably have been aware.
38. **Prescription Drugs** - Drugs prescribed which are medically necessary, provided such drugs are listed in the Singapore Index Medical Supplies (SIMS).
39. **Reasonable and Customary Charges** - The lower of charges and fees for medical care and treatment between the general level of charges or fees being made by others of similar medical standing in the locality where the charge is incurred when giving like or comparable treatment, services or supplies to individuals of the same gender and of comparable Age for a similar Illness or Injury, and the charges or fees which would have been incurred at the Singapore General Hospital for similar medical care and treatment.
28. **Schedule** - The Schedule containing details of the Insured Person(s), type of cover selected and Period of Insurance. The Schedule forms part of the Policy.
29. **Specialist** - A Specialist medical practitioner (other than an Insured Person or a member of the Insured Person's immediate family) qualified by a medical degree and duly licensed or registered to practice western medicine and who, in rendering treatment, is practicing within the scope of his/her licensing and training in the geographical area of practice.
30. **Surgeon** - A Specialist who is qualified to perform Surgery
31. **Surgery / Surgical Treatment** - Any invasive surgical intervention.
32. **We, Our, Us** - China Taiping Insurance (Singapore) Private Limited.
33. **You, Your** - The party named in the Schedule as the Policyholder.

SECTION I - GROUP PERSONAL ACCIDENT

SCHEDULE OF BENEFITS

We will pay the benefits described below if an Insured Person sustains Injury which results in death or Permanent Disablement within twelve (12) months from the date of Accident. The benefits will be paid up to the maximum limits described in the Schedule of Benefits read with the Scale of Permanent Disablement Benefits.

All benefits specified are applicable without geographical limitation for 24 hours a day:

Plan Type	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Death	S\$500,000	S\$300,000	S\$200,000	S\$100,000	S\$50,000
Permanent Disablement	Up to S\$500,000	Up to S\$300,000	Up to S\$200,000	Up to S\$100,000	Up to S\$50,000

EXTENSIONS

Suffocation by Smoke, Gas, Poison Fumes & Drowning

If the Insured Person sustains Injury caused by suffocation by smoke, gas, poisonous fumes or drowning, We will pay the amount appropriate to the Benefits as shown in the Schedule of Benefits read with the Scale of Permanent Disablement Benefits of this Policy.

Strike, Riot, Civil Commotion, Kidnap, Hijack, Murder and Assault

If the Insured Person suffers Injury caused by strike, riot, civil commotion, kidnap, hijack, murder and assault, We will pay the amount appropriate to the Benefits as shown in the Schedule of Benefits read with the Scale of Permanent Disablement Benefits of this Policy, provided such Injury does not arise out of or in connection with the Insured Person's participation, collaboration or provocation of such act.

Disappearance

If the body of the Insured Person is not found within one (1) year after the date of disappearance following sinking, wrecking or destruction of the aircraft or other conveyance in which the Insured Person was travelling in, Item 1 (Accidental Death Benefit) of the Scale of Permanent Disablement Benefits of this Policy shall become payable subject to a signed undertaking by the Policyholder and/or the Insured Person's legal beneficiary that if the Insured Person is subsequently found to be alive, such benefit shall be refunded to Us.

Exposure

If following an Accident, the Insured Person is unavoidably exposed to the natural elements and as a result suffers Injury, Item 1 (Accidental Death Benefit) of the Scale of Permanent Disablement Benefits of the Policy shall become payable.

Peace Time Reservist Training

If the Insured Person suffers Injury whilst on part-time National Service as a NSman or Reservist in the Singapore Armed Forces, Civil Defense or Police Force, We will pay the amount appropriate to the Benefits as shown in the Schedule of Benefit read with the Scale of Permanent Disablement Benefits of this Policy. However, We shall not be liable to pay any benefit if the Insured Person is taking part in or is present at any military, naval or air force operation during actual warfare or any insurrection or any expedition or operation of a war-like character either as a combatant or non-combatant.

Motorcycling

This Policy is extended to cover motorcycling (whether as a rider or a pillion-rider) provided that at the time of sustaining Injury, the Insured Person is wearing a safety helmet, and not engaging in or practicing for racing, hill climbing contests, reliability trials, or speed or duration testing.

Terrorism

This Policy is extended to cover Death or Injury as a result of acts of terrorism, excluding losses caused by terrorist attacks using nuclear, chemical and/or biological substances.

EXCLUSIONS

This Policy does not cover claims for death or Permanent Disablement directly or indirectly caused by or arising from the following:

1. Any unlawful act or wilful exposure to danger (other than in an attempt to save human life), intentional self-injury, suicide or attempted suicide, while sane or insane.
2. Pre-existing Conditions, Congenital Conditions, Illness, disease, mental defect or infirmity, or insanity. This excludes bacterial infection that is the direct result of a cut or wound suffered in an Accident.
3. Medical or Surgical Treatment except where such treatment is rendered necessary by Injury within the scope of this Policy.
4. Any form of cosmetic (aesthetic) treatment or plastic Surgery except to restore function after an Accident that occurs during the Policy Period.
5. AIDS (Acquired Immunisation Deficiency Syndrome) & ARC (Aids Related Complex) & HIV (Human Immunodeficiency Virus) infection.
6. Any influence or effects of alcohol or drugs unless properly prescribed by a Doctor and taken as prescribed.
7. Pregnancy, childbirth, abortion, miscarriage and all complications arising from such conditions, except where such treatment is rendered necessary by Injury within the scope of this Policy.
8. Taking part in flying or other aerial activities except as a fare-paying passenger in a licensed passenger-carrying aircraft.
9. War, invasion, act of foreign enemy hostilities (whether war is declared or not), civil war, rebellion, insurrection, revolution, military coup, or any similar event.
10. Ionising radiations, or contamination by radioactivity from any irradiated nuclear fuel, or from any nuclear waste from the combustion of nuclear fuel, radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly, or of its nuclear component.
11. Participating in any professional sports, underwater activities necessitating the use of underwater breathing apparatus, any kind of speed contest or racing (other than on foot), motor rallies, boxing, hunting, potholing, parachuting, sky diving, competitive snow or ice sports, caving, bungee jumping, ballooning, mountaineering or rock climbing necessitating the use of guides or ropes.
12. Any injuries arising from these Occupations or whilst performing these Occupation activities:-
 - (a) Full time military, air force, navy, police and civil defence personnel (other than serving as a Serviceman under National Service Reservist Training).
 - (b) Professional sportsman, motor car/bike racer, entertainer, stuntman, jockey, armed security guard.
 - (c) Off-shore rig/platform worker, diver, fisherman, electrician, wood working, welding.
 - (d) Flying other than as a passenger on a licensed commercial aircraft, pilot, air crew.
 - (e) Working onboard sea vessel, ship crew, shipyard worker, dock worker.
 - (f) Underground worker in tunnel or quarry, construction worker, working at heights above 10 metre.
 - (g) Any Occupation dealing with explosives or hazardous substances.

SCALE OF PERMANENT DISABLEMENT BENEFITS

Item	Description	% of the Sum Insured
1.	Accidental Death	100%
2.	Permanent Total Disablement	100%
3.	Loss of two Limbs	100%
4.	Loss of one Limb and Loss of Sight of one Eye	100%
5.	Loss of Sight of <ul style="list-style-type: none"> • both Eyes • one Eye 	100% 50%
6.	Loss of one Limb	75%
7.	Loss of Speech and Loss of Hearing in one Ear	100%
8.	Loss of Hearing <ul style="list-style-type: none"> • Both Ears • One Ear 	100% 30%
9.	Loss of Speech	75%
10.	Loss of four Fingers and Thumb	75%
11.	Loss of four Fingers	50%
12.	Loss of one Thumb <ul style="list-style-type: none"> • both phalanges • one phalanx 	35% 25%
13.	Loss of Fingers (for Injury to each Finger) <ul style="list-style-type: none"> • three phalanges • two phalanges • one phalanx 	15% 10% 5%
14.	Loss of Toes <ul style="list-style-type: none"> • all toes of one foot • two phalanges of the big Toe • one phalanx of the big Toe • each toe other than the big Toe (cumulative, up to four toes) 	25% 10% 10% 2%
15.	Third degree burns <p>(a) Head - damage as a Percentage of Total Body Surface Area</p> <ul style="list-style-type: none"> • equals to or greater than 2% but less than 5% • equals to or greater than 5% but less than 8% • equals to or greater than 8% <p>(b) Body - Damage as a Percentage of Total Body Surface Area</p> <ul style="list-style-type: none"> • equals to or greater than 10% but less than 15% • equals to or greater than 15% but less than 20% • equals to or greater than 20% 	50% 75% 100% 50% 75% 100%

Note:

1. The total aggregate sum payable in respect of any one Accident shall not exceed 100% of the principal sum insured.
2. Where an Insured Person sustains disablement which falls within more than one category for which a benefit may be payable, payment will be made under the category with the higher (or highest) benefit only.

SECTION II - GROUP HOSPITAL & SURGICAL WITH MAJOR MEDICAL BENEFITS

SCHEDULE OF BENEFITS

We will pay the benefits described below for the charges which are made to an Insured Person in connection with his/her Hospitalisation or Surgery, which results directly from an Illness or Injury of the Insured Person while he/she is insured under this coverage, and subject to the terms, conditions, limitations, exclusions and provisions of this Policy. All benefits specified are applicable without geographical limitation for 24 hours a day:

Plan Type	Plan 1 S\$	Plan 2 S\$	Plan 3 S\$	Plan 4 S\$	Plan 5 S\$					
1. Room & Board (Daily, up to 120 days inclusive of ICU)	1-Bedded	1-Bedded	2-Bedded	4-Bedded	6-Bedded					
2. Intensive Care Unit (ICU)	As Charged up to 100,000	10,000	10,000	10,000	10,000					
3. Hospital Miscellaneous Services		As Charged up to 100,000	25,000	20,000	15,000	10,000				
4. Surgeon's Fee (Subject to Schedule of Surgical Benefits except for SGRH*)										
5. In-Hospital Physician's Visit (Up to 120 days)										
6. Pre-Hospitalisation Specialist Consultation (Leads to Hospitalization within 90 days)										
7. Pre-Hospitalisation Diagnostic Services (Leads to Hospitalization within 90 days)										
8. Post Hospitalisation Treatment (Within 90 days immediately after discharge)										
9. Emergency Accidental Outpatient Treatment										
10. Miscarriage Benefits										
11. Outpatient Kidney Dialysis (Maximum Limit Per policy year)							60,000	24,000	20,000	18,000
12. Outpatient Cancer Treatment (Maximum Limit Per policy year)	60,000						24,000	20,000	18,000	15,000
13. Daily Hospital Cash Income (Up to 30 days if admitted to SGRH*)	300	150	100	75	50					
14. Parent Accommodation (Daily, up to 60 days for accompanying child aged 12 and below)	500	100	100	100	100					
15. Special Grant	5,000	5,000	5,000	5,000	5,000					
16. Major Medical#										
a) Surgical Implants	10,000	5,000	4,000	3,000	2,000					
b) Overall maximum limit per policy year	100,000	50,000	40,000	30,000	20,000					
c) Co-payment by Insured Person	NIL	20%	20%	20%	20%					

* SGRH refers to Singapore Government/Restructured Hospitals.

Major Medical pays up to 80% of the eligible expenses which exceed the benefits payable under the Group Hospital & Surgical Benefits section subject to the overall maximum limit per policy year, provided:

- the Hospitalisation is more than 20 days, or
- the surgical percentage in the Schedule of Surgical Benefits is 75% or more per incision.

DESCRIPTION OF BENEFITS

- Room and Board** - Hospital charges for a standard room accommodation, general nursing services and meals for each day of confinement as an Inpatient in a Hospital at the recommendation of a Physician. The total number of days for which the daily room and board charges are payable shall include confinement in the Intensive Care Unit of the Hospital but shall not exceed the maximum number of days Per Disability as specified in the Schedule of Benefits.
- Intensive Care Unit (ICU)** - The daily room and board charges incurred when an Insured Person is confined as an Inpatient in the Intensive Care Unit of a Hospital. The total number of days for which the daily room and board charges are payable shall not exceed the maximum number of days Per Disability as specified in the Schedule of Benefits.
- Hospital Miscellaneous Services** - Hospital charges incurred while confined in the Hospital:
 - Prescription Drugs consumed in the Hospital.
 - Inpatient diagnostic procedures and physiotherapy that are medically necessary.
 - anaesthesia and oxygen and their administration.
 - ambulance charges, provided the Insured Person is admitted as an Inpatient.
 - special nursing and medically necessary ancillary services & consumable items.
 - use of an operating theatre necessary for Surgery.

DESCRIPTION OF BENEFITS (continued)

4. **Surgeon's Fee** - The Surgeon's Fees reimbursable shall be either the actual fees for the Surgery or an amount obtained by multiplying the maximum benefit payable as per the Schedule of Benefits with the percentage number payable according to the Group under which the Surgery is classified in the Schedule of Surgical Benefits, whichever is the lower.
If two or more surgical procedures are performed during the course of a single operation through the same incision, benefits will be allowed only for surgical procedure having the higher limit.
5. **In-Hospital Physician's Visit** - Fees charged for daily bedside visits made by the attending Physician during the Insured Person's confinement in the Hospital. This benefit is limited to one visit per day and shall be payable up to the maximum daily limit specified in the Schedule of Benefits. The total number of days for which the benefit is payable shall not exceed the maximum number of days specified in the Schedule of Benefits under the Daily Room and Board.
6. **Pre-Hospitalisation Specialist Consultation** - Charges made by a Specialist for his opinion and advice sought within ninety (90) days before Hospitalisation is payable when an Insured Person who on the recommendation of a Physician, consults a Specialist for a disability from Illness or Injury of the Insured Person.
No benefit shall be payable if the Specialist's consultation does not lead to Hospitalisation or Surgical Treatment within the Period of Insurance.
7. **Pre-Hospitalisation Diagnostic Services** - Charges made for diagnostic X-rays and laboratory examinations or tests which are recommended by a Physician for a disability resulting from Illness or bodily injury of the Insured Person and conducted within ninety (90) days before Hospitalisation.
No benefit shall be payable if the diagnostic X-ray and laboratory examinations or tests do not lead to Hospitalisation or Surgical Treatment within the Period of Insurance.
8. **Post-Hospitalisation Treatment** - Charges incurred for follow-up treatment by the same attending Physician received immediately after discharge from a Hospital or Day Surgery, provided the treatment is for the same medical condition for which the Inpatient treatment or Day Surgery was required. The treatment must be received within ninety (90) days immediately following discharge from Hospital.
9. **Emergency Accidental Outpatient Treatment** - Charges incurred for emergency outpatient medical treatment at a clinic or Hospital for Injury sustained in an Accident. This benefit is payable provided the medical attention is sought within 24 hours of the occurrence of the Accident. Charges incurred for follow-up treatment shall be payable up to thirty-one (31) days from the time of the Accident but the total benefit shall not exceed the maximum limit specified in the Schedule of Benefits.
10. **Miscarriage Benefits** - A benefit equal to the actual charges or the limit specified in the Schedule of Benefit, whichever is lower, shall be payable to an Insured Person as a result of a miscarriage or an ectopic pregnancy. However, no benefit will be payable for expenses incurred as a result of termination of pregnancy requested by the Insured Person and which is not medically needed.
11. **Outpatient Kidney Dialysis** - Charges incurred for treatment of an Insured Person requiring machines or apparatus for providing kidney dialysis at a legally registered dialysis centre.
12. **Outpatient Cancer Treatment** - Charges incurred for treatment of an Insured Person for Cancer at a legally registered Cancer treatment centre.
13. **Daily Hospital Cash Income** - If an Insured Person is Hospitalised in a Singapore Government Restructured Hospital due to an Illness or Injury, We will pay a Daily Hospital Cash Income as specified in the Schedule of Benefits up to a maximum of thirty (30) days.
14. **Parent Accommodation** - If an Insured Person under twelve (12) years of Age is Hospitalized for a period of more than 5 days due to an Illness or Injury, We will pay for the accommodation charges incurred by one (1) parent up to the daily limit as specified in the Schedule of Benefits up to a maximum of sixty (60) days, provided the treating Physician has advised in writing that a parent should remain with the Insured Person.
15. **Special Grant** - Payable if an Insured Person dies from:
 - (a) an Injury;
 - (b) an Illness during or after treatment for such Illnesses, at a Hospital or in Day Surgery.
16. **Major Medical** - This benefit reimburses up to 80%:
 - (a) for surgical implants, which includes charges incurred for any lens, prostheses, braces (excluding braces for teeth), pacemakers artificial limbs or similar orthopaedic appliances and implants, provided that they are surgically implanted, and certified to be medically necessary and not implanted for cosmetic reasons, subject to the limit specified in the Schedule of Benefit.
 - (b) of the covered Inpatient expenses incurred by the Insured Person which exceed the benefits payable under the Basic Group Hospital & Surgical section, subject to the limit specified in the Schedule of Benefit, provided
 - i) the Hospital confinement is more than twenty (20) days; or
 - ii) the surgical percentage in the Schedule of Surgical Benefits is 75% or more per incision.

LIMITATIONS

1. When an Insured Person is entitled to benefits payable under the Work Injury Compensation Act or similar legislation, other group or individual insurance, the benefits payable under this Policy is limited to the balance of charges not insured by benefits payable under the Law or similar legislation, and other insurance or that calculated from the Schedule of Benefits, whichever is less.
2. Each Hospital confinement must be for a minimum of six (6) consecutive hours before any benefits are payable. However, no minimum period of Hospital confinement is required if the confinement is due to Surgery, Emergency Treatment necessitated by an Accident or if the Hospital makes a charge for Room and Board.

EXCLUSIONS

This Policy does not cover claims for expenses or benefits for Hospitalisation and/or Surgery directly or indirectly caused by or arising from the following:

1. All Pre-existing Conditions unless the Insured Person affected by this condition has already been insured continuously for twelve (12) months under this policy except for (i) Outpatient Kidney Dialysis, (ii) Outpatient Cancer Treatment and (iii) Major Medical, for which Pre-existing Conditions will be permanently excluded.
2. Pregnancy, childbirth, or termination of pregnancy requested by the Insured Person which was not medically needed, and any complications arising therefrom.
3. Investigation into and treatment relating to birth control, infertility and erectile dysfunction.
4. Congenital conditions and any physical birth defects.
5. Cosmetic or plastic Surgery except where such Surgery is necessary for the repair of damage caused solely by bodily injuries as a result of an Accident.
6. Removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons, treatment for obesity, weight reduction or weight improvement.

EXCLUSIONS (continued)

7. Circumcision unless medically necessary.
8. Sex reassignment Surgery.
9. Any eyes examination or procedure for correction of eye refraction.
10. Implants, medical appliances and prosthetic devices including spectacles, hearing aids, wheelchairs and lenses.
11. Non-medical services or specially requested items not normally included in room rate such as telephone, television, radio, newspaper, guests' meal or similar facilities.
12. Outpatient treatment cost not related to Inpatient treatment or Day Surgery except as a result of an Accident under Emergency Accidental Outpatient Treatment.
13. Dental care and treatment (including oral surgeries) except Emergency Treatment to sound natural teeth damaged during an Accident.
14. Hospitalisation primarily for diagnosis, x-ray examinations, general physical and medical checkup. Routine physical examinations, health check-ups or any other tests where there is no objective indication of impairment of normal health or any treatment of a preventive nature including vaccinations, or any treatment which is not medically necessary.
15. Emotional, stress, psychiatric or psychological disorders.
16. Alcoholism or drug addiction.
17. Sleep apnoea.
18. Suicide or attempted suicide, self-inflicted or any attempt thereat while sane or insane.
19. Injuries sustained as a result of a criminal act of the Insured Person.
20. Any investigation, test or treatment arising directly or indirectly from sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS), any AIDS related condition or infection by Human Immune-Deficiency Virus (HIV).
21. Non-Hospital charges including nursing care or ambulatory care, rest cures or sanatoria care, convalescent care, hospice care and treatment arising from any geriatric, psycho-geriatric or psychiatric condition.
22. Sickness or injury arising from racing of any kind (except on foot), participating in any sports in a professional capacity, parachuting, skydiving, hand gliding, bungee jumping.
23. Flying or other aerial activity except as a fare-paying passenger in a fully licensed aircraft operated by a licensed commercial air carrier or recognised charter-company.
24. Experimental medical treatment or diagnostic examinations or services for education purposes.
25. Nuclear or chemical contamination, or terrorist acts using chemical biological substances.
26. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military coup, or any similar event.
27. Participation, collaboration, or provocation of strike, riot, and civil commotion.
28. Active duty in the military, air force, navy, police and civil defence personnel (other than when serving as a Serviceman under National Service Reservist Training).

SECTION III – SUPPLEMENTARY RIDERS

(A) GROUP OUTPATIENT BENEFIT – GENERAL PRACTITIONERS (GP)

SCHEDULE OF BENEFITS

We will pay the Reasonable and Customary Charges for the benefits described below which are made to an Insured Person in connection with his/her visit to a/an:

1. General Practitioner in any of Our Panel of Clinics,
2. Chinese Physician in any of Our Traditional Chinese Medicine Panel of Clinics,
3. Singapore Government Polyclinics,
4. Accident & Emergency (A&E) Departments in Singapore, or
5. Hospital or clinic for an outpatient treatment whilst overseas

as a result of an Illness or Injury, up to the limits specified in the Schedule of Benefits. The amount payable will be limited to the maximum limit per visit less the Co-payment per visit specified in the Schedule of Benefits.

Benefits Schedule (Maximum Limit Per Visit)	Plan 1 S\$	Plan 2 S\$
1. Panel General Practitioner Clinics	As Charged	As Charged
2. Panel Traditional Chinese Medicine Clinics (Consultation only)	35 per visit Max. up to 3 visits per year	35 per visit Max. up to 3 visits per year
3. Singapore Government Polyclinics	As Charged	As Charged
4. Accident & Emergency (A&E) Department	100	100
5. Overseas Outpatient Treatment	35	35
Co-payment (applicable to all benefits)	NIL	5

ADDITIONAL EXCLUSIONS APPLICABLE TO SUPPLEMENTARY RIDERS GROUP OUTPATIENT BENEFIT – GENERAL PRACTITIONERS (GP)

This Policy does not cover claims for expenses of the following nature:

1. Any Specialist medical treatment or service.
2. Any Hospital services except for services provided directly by the Accident & Emergency Department.
3. Neonatal services (neonates defined as infants aged 1 – 14 days) and Hospitalisation beginning in the first fourteen (14) days of life; and neonatal intensive care for babies of all ages;
4. Chemotherapy, immunotherapy, radiotherapy and renal treatment.
5. All treatment including and relating to kidney dialysis and/or organ transplants.
6. Therapy for chronic hepatitis conditions.
7. Circumcision (except where it is medically necessary) or treatment relating to the same.
8. CT scan, ultrasound, radioisotope scan, barium studies, MRI services.

SECTION III – SUPPLEMENTARY RIDERS (continued)**(A) GROUP OUTPATIENT BENEFIT – GENERAL PRACTITIONERS (GP)** (continued)**ADDITIONAL EXCLUSIONS APPLICABLE TO SUPPLEMENTARY RIDERS GROUP OUTPATIENT BENEFIT – GENERAL PRACTITIONERS (GP)** (continued)

9. Physiotherapy.
10. Implants (homograft, hetergraft, artificial) and prostheses; procurement of hearing aids, wheel-chairs, all forms of home aids, dialysis machine and any other Hospital-type equipment.
11. Laboratory investigation related to cancer markers, sex and growth hormones.
12. Stem cell support therapy, treatment following brain death, Interferon and other biological response modifiers.
13. House-calls or office calls defined as any medical services performed by a General Practitioner outside of the site of any Panel of Clinics.
14. Any medication insisted upon by the Insured Person.
15. Cases treated and claimable under the basic Group Hospital & Surgical section.

(B) GROUP OUTPATIENT BENEFIT – SPECIALIST CARE (SP)**SCHEDULE OF BENEFITS**

We will pay the Reasonable and Customary Charges which are made to an Insured Person in connection with his/her consultation with a Specialist or diagnostic X-Ray and laboratory tests which are recommended in writing by a General Practitioner.

We will also pay for the Reasonable and Customary Charges which are made to an Insured Person in connection with his/her outpatient physiotherapy treatment by a Physiotherapist which is recommended in writing by a Panel Specialist, up to the limits specified in the schedule.

Benefits Schedule (Maximum Limit Per Policy Year)	Plan 1 S\$	Plan 2 S\$
1. Specialist Consultation	1,500	1,000
2. Diagnostic, X-Ray & Laboratory Test	1,500	1,000
3. Physiotherapy (referred by a Panel Specialist)	500	500

ADDITIONAL EXCLUSIONS APPLICABLE TO SUPPLEMENTARY RIDERS GROUP OUTPATIENT BENEFIT – SPECIALIST CARE (SP)

This Policy does not cover claims for expenses of the following nature:

1. Treatment by Specialist without a referral letter from a General Practitioner.
2. Expenses incurred for seeking a second medical opinion.
3. Expenses incurred in relation to any type of therapy (except Physiotherapy) or dialysis.
4. House-calls or office calls.
5. Expenses incurred for more than one (1) outpatient visit per day.

(C) GROUP DENTAL BENEFIT**SCHEDULE OF BENEFITS**

We will pay the benefits described below for the charges which are made to an Insured Person in connection with his/her Dental Treatment in one of Our Panel of Dental Clinics, less the Copayment, up to the limits specified in the Schedule.

Benefits Schedule (Maximum Limit Per Policy Year)	Plan 1 S\$	Plan 2 S\$
1. Consultation	As Charged up to 1,500 per policy year	As Charged up to 1,000 per policy year
2. Medication (including administrator of Local Anaesthesia)		
3. X-Rays		
4. Prophylaxis (a) Scaling / Polishing (b) Fluoride application		
5. Amalgam Restorations - Fillings		
6. Tooth-Coloured Restorations - Fillings		
7. Extractions (inclusive of LA)		
8. Oral Surgery (inclusive of LA) (a) Surgical Root Removal (b) Surgical Removal of Wisdom Tooth		
9. Pulp / Root Canal Treatment (a) Pulp Capping (b) Root Canal Treatment (inclusive of temporary fillings)		
10. Periodontal Treatment – Root Planning		
11. Miscellaneous Treatment (a) Sedative Dressing (b) Retention Pins – Restoration of Tooth		
Co-payment (applicable to all benefits)	20%	20%

ADDITIONAL EXCLUSIONS APPLICABLE TO SUPPLEMENTARY RIDERS GROUP DENTAL BENEFIT

This Policy does not cover claims for expenses of the following nature:

1. Expenses incurred for replacement of any lost or stolen denture.
2. Treatment which is cosmetic in nature.
3. Extra charges made for consultation outside the normal operating clinic hours.
4. Treatment or services not stated in the Schedule of Benefits.

GENERAL CONDITIONS

The Contract

This Policy is evidence of the contract between You and Us from the day the Policy commences.

We will provide the insurance to You according to the terms set out in this Policy, provided You pay the premium when due and We agree to accept it. The General Conditions which appear in this Policy or in any Endorsement form part of the contract and must be complied with. It is important that You:

1. read the whole Policy to make sure that You understand the protection that You have just bought; and
2. are aware of the limits on the amounts We will pay You.

Interpretation

This Policy including Your proposal form, Schedule and any Endorsement and amendment, shall be read together as one contract and any one word or expression to which a specific meaning has been attached, shall, unless the context otherwise requires, bear that specific meaning wherever it may appear.

No change in this Policy shall be valid unless approved by Us, and evidenced by an Endorsement reflecting the amendment on the Policy by Us.

Duty of Disclosure

The accuracy of the information provided by You over the phone or in Your proposal form will form the basis of and be part of the contract. Before You enter into the Insurance contract and during the Period of Insurance, You must tell Us everything You know or could reasonably be expected to know which will affect Our decision on the coverage and the terms of the insurance.

If You are uncertain about whether a fact is relevant or not, You must tell Us about it. We will acknowledge receipt of acceptance of material information by stating these on the Policy Schedule. If You do not provide this information to Us, We may:

1. reduce the amount payable for the claim under this Policy; or
2. refuse to pay the claim that may arise; or
3. cancel Your insurance policy from inception.

Eligibility

Persons eligible for cover under this Policy are:

1. An Employee of Yours, aged between 16 and 65 years.
2. A Dependant of an Employee (subject to the Employee being covered) who is resident in the same Country of Residence as the Employee.

Commencement of Cover

If an eligible person is confined in a Hospital on the date his/her cover would otherwise be effective, such cover will not be effective until the date following his/her discharge from the Hospital.

If an Employee is not in Active Service on the date when his/her cover would otherwise become effective, the cover for the Employee, as well as for his/her Dependants, will not become effective until after he/she has returned to active full-time work. If the Effective Date falls on a weekend or holiday, the Employee must be in Active Service on the last work day.

Overseas Treatment

In the event of an Inpatient treatment, this Policy shall cover an Insured Person in his/her Country of Residence and also while he/she is outside his/her Country of Residence, subject to the following conditions:

1. An Insured Person is covered for any treatment due to Injury or Illness while he/she is outside his/her Country of Residence for periods not exceeding ninety (90) consecutive days at a time, provided that where the treatment is otherwise than Emergency Treatment, Our liability is limited to the lower of the actual charges incurred abroad or the Reasonable and Customary Charges or the maximum sum specified in the applicable Schedule of Benefits.
2. Where an Insured Person travels expressly for treatment outside his/her Country of Residence where such treatment is available in Singapore, Our liability shall be limited to the lower of the actual expenses incurred or the Reasonable and Customary Charges for such treatment at the Singapore General Hospital. Any cost of transport out of Singapore for such treatment shall be excluded.

Residence Requirement

No benefits shall be payable for any medical treatment provided to any Insured Person who resides outside Singapore for more than ninety (90) consecutive days during the Policy Year.

If an Insured Person has been physically absent from Singapore for more than ninety (90) consecutive days during the Policy Year, his/her insurance cover shall be automatically terminated and considered null and void, unless prior agreement has been received and endorsed by Us to extend the Policy to include such absence from Singapore and payment of the additional premium chargeable has been received by Us.

Addition of Coverage

Cover may be added at any time within thirty (30) days of the following qualifying events:

1. Persons becoming Your Employees after the Effective Date of this Policy.
2. Dependants becoming eligible arising from a new marriage, a newborn or legal adoption.

Coverage shall commence on the first day of the month following the event or such date as is agreed between You and Us, subject to Our receipt of a written notification from You and any required premium for such inclusion.

Evidence of Insurability

Evidence of Insurability satisfactory to Us must be submitted in respect of any Insured Person or Dependant who:

1. applies for coverage under this Policy after more than thirty (30) days have elapsed since the date he/she first become eligible as set out above; or
2. applies to reinstate cover after it has lapsed.

Change of Category of Eligibility

Any increase in cover to be provided to an Employee already included in the Group Plan which is due to the promotion of an Employee shall become effective from the date of the Employee's promotion, unless the Employee is absent from work on that date due to Illness or Injury, in which case the increase in cover will take effect from the date on which the Employee returns to work full-time. Such increase in cover will not be effective unless we have received written notification from You and have issued an Endorsement to this effect.

Policy Plan Upgrading

Any request for change of plan must be in writing and received by Us at least thirty (30) days prior to the renewal of this Policy and subject to our approval. The change shall be effected only upon the next renewal of the Policy. For an Illness or Injury occurring during the period of twelve (12) months after the date of upgrading, We shall not be liable beyond the limits applicable for the previous Policy Year, if such Illness or Injury directly or indirectly arises or results from a condition occurring or sustained during the previous Policy Year.

Data Required

This Policy shall be administered on a "named" basis. You shall furnish to Us full particulars showing the Insured Person's name, gender, Occupation, NRIC/Passport number, date of birth, medical plan, Effective Date, date of termination of insurance coverage and change in benefits and other pertinent information as is necessary to carry out the terms of this Policy.

You shall notify Us in writing within 3 months of any addition of new Employees or deletion of Employees as the Insured Persons under this Policy. We shall charge or refund the pro-rated premium.

You shall furnish Us with all information and proof which We may reasonably require with regard to any matters pertaining to the Policy. All documents furnished to You by any Insured Person in connection with the insurance and other records as may have a bearing on the insurance under this Policy shall be subject to Our inspection.

Policy Limit

Our total aggregate liability shall not exceed the Annual Limit (if any) for any Insured Person as set out in the Schedule of Benefits for any one Policy Year.

When the aggregate total benefits paid under this Policy reaches the Annual Limit (if any) for any Insured Person in any one Policy Year, no further benefits shall be payable in respect of that Insured Person for the remainder of that Policy Year.

Misstatement Of Age

If the date of birth of any Insured Person has been incorrectly stated on the application form, then the annual premium shall be adjusted based on the correct Age. Any excess premium that may have been paid as a result of any misstatement of Age shall be refunded without interest. If at the correct Age the Insured Person would not have been eligible for cover under this Policy, no benefit shall be payable and Our liability shall be limited to the refund of the premium paid without interest. Proof of Age of each Insured Person must be submitted to Us before any claims can be made under the Policy.

Misstatement or Fraud

We shall have no liability to pay any benefit under this Policy if You or any Insured Person:

1. fail to fully and truthfully disclose to Us all material information known (or which could reasonably be expected to be known) before inception of this Policy and upon each renewal;
2. fail to properly observe and fulfill the terms and conditions of this Policy;
3. make any untrue statement;
4. omit, suppress or incorrectly state any material information affecting the risk;
5. make any claim that is fraudulent or exaggerated, or make any false declaration or statement in support of a claim.

Policy Renewal

This Policy is renewable at Our option, subject to underwriting requirements being fulfilled and at the premium rates determined at that time by Us. Where at renewal a request is made to hold cover, the maximum period that cover can be held will be fourteen (14) days. If at the end of this period the Policy is cancelled or lapses for any reason whatsoever, You must pay Us a premium for the number of days the cover was held which will be calculated pro-rata on the renewal premium.

Premium Warranty

We assume no liability under this Policy until and unless the full premium is paid to and received by Us or the intermediary through whom this Policy was effected within sixty (60) days from the Effective Date of the Policy, Renewal Certificate, Cover Note or Endorsement ("Premium Warranty Period").

If We do not receive the premiums within the said Premium Warranty Period, then this insurance is automatically cancelled from the expiry of the Premium Warranty Period and We will be entitled to charge you a pro-rata premium for the period We were at risk, subject to a minimum premium of S\$26.75 (inclusive of GST).

Changes In Circumstances

You shall give Us immediate written notice of any changes in the Country of Residence, Occupation, pursuits or health of any Insured Person, which is likely to result in an material increase in hazard to Us and shall pay any additional premiums that may be required by Us. Failure to do so shall entitle us, in the event of a claim, to repudiate such a claim or at Our discretion, adjust the benefits payable.

Change of Terms and Conditions

We reserve the right to amend the terms and provisions of this Policy at the end of each Policy Period by giving You thirty (30) days' written notice of such change. Notice is considered to have been given when such written notice is sent by ordinary mail to Your last known correspondence address in Our records. No alteration to this Policy shall be valid unless approved in writing by Our authorised representative and reflected in an Endorsement. No broker or advisor has the authority to amend or waive any of the terms and conditions of this Policy.

The terms and provision of this Policy may also be amended at any time as may be agreed between You and Us, subject to such amendment being evidence by an Endorsement.

Automatic Termination

Insurance under this Policy in respect of each Insured Person shall automatically terminate on the earliest happening of the following events:

1. on the date this Policy is terminated; or
2. upon the death of such Insured Person; or
3. on the date of termination of employment of the Employee; or
4. on the date the Employee is retired or pensioned; or
5. the Insured Person no longer meets the eligibility requirements; or
6. non-payment of premium by the Policyholder after the Premium Warranty Period.

GENERAL CONDITIONS (continued)

Cessation of Active Service by an Employee (or cessation of membership in good standing in case of associations) shall be deemed to constitute the termination of his/her coverage under this Policy, except that while the Employee is temporarily on part-time employment or is absent on account of Sickness or Injury, coverage shall be deemed to continue until premium payments for such Employee's insurance are discontinued, but not for a period longer than six (6) months from the date of cessation of Active Service.

Where the insurance for the Insured Person who is also the Employee is terminated, insurance for all his/her Dependents shall simultaneously terminate.

Cancellation of Cover

We may cancel this Policy by giving fourteen (14) days' notice by registered letter to Your last known address and in such event We will return to You the premium paid less the actual premium payable for the period during which the policy had been in force subject to a minimum premium payment of S\$26.75 (inclusive of GST) by You. This Policy may be cancelled at any time by You by giving seven (7) days' written notice to Us and provided no claim has arisen during the period which the Policy had been in force, You shall be entitled to a return of premium subject to a minimum premium payment of S\$26.75 (inclusive of GST) by You and subject to any adjustment of premium required by the Terms of this Policy.

Claims Procedures

Written notice of claim must be provided to Us within thirty (30) days after the occurrence of any event which may give rise to a claim under this Policy, or as soon as is reasonably possible. All claims shall be made on Our prescribed form and submitted to Us together with all original documentation, itemised bills, receipts and prescriptions. All information required for assessing the claim shall be furnished at the Insured Person's own expense. We shall have the right and the opportunity through Our Physicians to examine any Insured Person whenever and as often as may be reasonably required within the duration of any claim. We will bear the expenses incurred in such examinations, unless the claim is proven to be invalid, in which case We shall be entitled to recover all the expenses so incurred from You. If the Insured Person fails to cooperate with Us in Our administration of the claim, We may at Our discretion, terminate the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable.

Payment of Benefits

Any benefits payable under this Policy shall be paid to You or the Insured Person. The Insured Person or Your receipt of any benefit payable under this Policy shall in all cases be deemed final and complete discharge of all Our liability.

Any portion of the eligible expenses paid through the Insured Person's Medisave will be refunded directly into his/her Medisave account.

Legal / Beneficial Owner

We shall treat You as the absolute legal and beneficial owner of this Policy and shall not be bound to recognise any equitable or other claim interest in this Policy.

Other Insurances and Third Party Liability

If at the time of claim the Insured Person shall hold other medical insurance which makes provision for payment of medical expenses, You shall advise Us of the details of such other insurance and We shall be liable only for the balance of the amount recoverable from such other insurance.

In the event of any claim or right of action against any third party arising from a claim paid under this Policy, You must notify Us in writing immediately of all developments and take all steps that We may reasonably require to include all benefits claimed for under this Policy in any claims against the third party with the objective of recovering the claim paid.

Governing Law

This Policy shall be governed by and interpreted in accordance with the Laws of Singapore ("Laws").

Currency

All claim payments shall be made in Singapore Dollars and no interest will be added to any amount of benefit payable under this Policy. Charges incurred in another currency shall be payable in Singapore Dollars on the basis of the quoted exchange rate in effect on the date such claim is to be paid.

Rights Of Third Parties

A person or any entity 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.

Non-Assignment

This Policy is not assignable. We shall not be affected by notice of any trust, charge, lien, assignment or other dealing with this Policy.

Legal Proceedings

No action at law or in equity shall be brought under this Policy against Us prior to the expiration of 60 days after the proof of claim has been filed in accordance with the requirements of this Policy nor shall such action be brought at all unless it is brought within 2 years from the expiration of the period within which proof of claim is required under this Policy. If We shall disclaim liability for any claim under this Policy and no action has within 12 calendar months from the date of such disclaimer been commenced against Us, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable.

Dispute Resolution / Mediation / Arbitration

All disputes arising out of this Policy may be submitted to the Financial Industry Disputes Resolution Centre Ltd ("FIDReC") or the Singapore Mediation Centre ("SMC") for settlement in accordance with dispute resolution or mediation procedure for the time being in force, if the parties so agree.

The parties agree to take part in the dispute resolution / mediation in good faith and undertake to honour the terms of any settlement reached. If any dispute is not referred to FIDReC or SMC for resolution, or if the FIDReC or SMC fails to resolve the dispute, the dispute has to be referred to arbitration. Arbitration shall be conducted in accordance with the arbitration rules of the Singapore International Arbitration Centre ("SIAC"). The Tribunal shall consist of one (1) arbitrator. The language of arbitration shall be English. The seat of arbitration shall be Singapore.

Clerical Error

If a clerical error or other mistake occurs, that error will not deprive You of benefits under the Policy nor will it create a right to benefits. If You make a clerical error (including but not limited to, sending Us inaccurate information regarding addition or termination of coverage under the Policy), We will not make any retroactive adjustments beyond a 60-day period.

SCHEDULE OF SURGICAL BENEFITS

The limits for any surgical procedure will be determined by the percentages shown herein. If the operation is not shown in this table, the Company reserves the right to determine the limit for such operation which is consistent with the percentages listed herein; taking into account the nature and complexity of the procedure involved and the policy exclusions and/or other restrictions applicable.

If two or more surgical procedures are performed during the course of a single operation through the same incision, benefits will be allowed only for surgical procedure having the higher limit.

Item	Description of Surgical Benefits	Surgical %
1.	Abdomen Appendectomy Biopsy of pancreas Cholecystotomy, drainage or removal of calculus/gall stones Cholecystotomy, removal of gall bladder Colon resection, partial with or without colostomy Colon resection, total Gastric or duodenal ulcer, perforation, closure of Gastro-enterostomy/Gastro-jejunostomy Gastroscopy and/or duodenoscopy, diagnostic Gastroscopy and/or duodenoscopy, operative Gastrostomy (opening into the stomach / with exploration or foreign body removal) Gut, resection of Gastrectomy, total or partial resection of stomach Hepatectomy (resection of liver) partial lobectomy Intestinal obstruction, acute Laparotomy, exploratory Liver Biopsy Pancreatectomy, total or sub-total Splenectomy, removal of spleen	 50 45 60 65 50 100 75 75 15 30 60 100 100 75 100 55 20 75 65
2.	Abscess Incision and drainage of abscess, boil, furuncle or carbuncles; one or more - Simple, not requiring Hospitalisation 5 - Requiring Hospitalisation 20	 5 20
3.	Amputation of Arm, upper, forearm, entire hand or foot Fingers, thumbs or toes; primary or secondary, any joint or phalanx, single, including neurectomies with direct closure Hip joints Leg, through tibia and fibula Shoulder joint or blade (interscapula-thoracic) Thigh, between hip and knee Wrist, distal to metacarpals	 55 20 100 55 100 30
4.	Breasts Biopsy of breasts, incisional Excision of cyst, fibro-adenoma or other benign tumor, aberrant breast tissue, duct lesion or nipple lesions Mastectomy, simple Mastectomy, radical, including breast, pectoral muscles and axillary lymph nodes, unilateral	 20 25 50 75
5.	Chest Artificial pneumothorax, induction of Initial Refills, each but not more than six Bronchoscopy, diagnostic, rigid bronchoscope Bronchoscopy, operative, excluding biopsy Cardiolysis (removal of portion of chest walls) Cardiac heart, requiring sutures of wall/repair with bypass Intrathoracic or intra-abdominal aneurysm Lobectomy, total or sub-total/segmental Hepatectomy partial Lobectomy, wedge resection or enucleation of lesion, single or multiple Lung, complete removal or portion of Pericardium, opening and draining Pneumonectomy, total Thoracoplasty, complete Thoracotomy, exploratory Thoracotomy, removal of pus, tapping excepted	 12 5 20 30 100 100 100 90 75 90 75 100 100 50 100 12

SCHEDULE OF SURGICAL BENEFITS (continued)

Item	Description of Surgical Benefits	Surgical %
13.	Genito – Urinary Tract Cystorrhaphy: suture of bladder wound, Injury or rupture, simple Bladder, removal of growths by abdominal Surgery removal of growths by diathermy removal of stone Circumcision, surgical excision other than clamp or dorsal slit, except newborn Curettage or cauterisation of cervix, non-puerperal Cystectomy – with ureteroileal conduit or sigmoid with bilateral pelvic lymphadenectomy Cystoscopy – diagnostic - with minor endoscopic procedure (e.g. biopsy) Dilation and curettage, non-puerperal Exploration for undescended testis, unilateral Evacuation of foreign bodies from the bladder Hydrocele, radical care of Hysterectomy, radical for cancer with complete removal of tubes and ovaries with or without appendectomy Kidney hemorrhage due to accident Fixation of Removal of, with total ureterectomy & bladder cuff Removal of stone Laparoscopy Myomectomy, single or multiple, excision of fibroid tumor of uterus-abdominal approach Orchidectomy, simple, unilateral Renal homotransplantation with unilateral recipient nephrectomy Salpingectomy or oophorectomy or both, unilateral or bilateral, independent procedure Testicles – Castration for growth or tuberculosis of - Open testicular biopsy Transurethral resection of prostate Endoscopic means – partial removal Ureter, removal of stone Urethra, Stricture of, open operation Intra-urethral cutting operation Varicocele, epididymectomy Excision of single bilateral	60 60 40 75 15 12.5 100 5 10 25 40 25 30 65 75 65 75 75 85 50 20 60 30 100 55 33 10 75 30 85 30 15 25 35
14.	Goitre Hemithyroidectomy Lymphatic glands - Removal of malignant tumours of - Removal of tumours for diagnosis or adenoma of thyroid Thyroidectomy, sub-total total	40 100 50 50 65
15.	Hernia Herniorrhaphy Herniotomy Strangulated hernia	35 50 75
16.	Ligaments and Tendons Tendon, lengthening or shorting Repair and suture Transplantation Extensive grafting Deep suppuration in palm, forearm, arm sole, leg or thigh involving multiple incisions or drainage Repair of the tendoachilles	20 25 50 50 30 40
17.	Nail Excision of nail and nail matrix, partial or complete (e.g. ingrown nail)	15
18.	Nose Antrum puncture Extranasal sinus operation Intranasal sinus operation Mastoid, radical cure for Nose, reconstruction of Polypus, removal, one or more Sarcoma, operation for, or epithelioma of nose Submucous resection, nasal septum, classic Toilet and suture Turbinectomy	5 17.5 25 60 70 10 40 5 10

SCHEDULE OF SURGICAL BENEFITS (continued)

Item	Description of Surgical Benefits	Surgical %
19.	Paracentesis Tapping of – Abdomen 12.5 Chest or bladder, cauterization excepted 7.5 Ear drum, hydrocele, joints or spine 5	12.5 7.5 5
20.	Pilonidal Cyst or Sinus Removal of	30
21.	Rectum Colonoscopy with or without biopsy 20 Fissure-in-ano, cutting operation for - Independent Procedure 40 Fistulotomy or fistulectomy - simple 35 - multiple 45 Hemorrhoidectomy, internal & external, complex or extensive 55 Hemorrhoidectomy and fistulotomy or fistulectomy 60 Incision & drainage of ischiorectal and/or perirectal/perianal abscess 15 Papillectomy, single or multiple procedure 7.5 Other cutting operation of rectum 25 Rectum, excision of 100 Sigmoidectomy 20	20 40 35 45 55 60 15 7.5 25 100 20
22.	Skull Cutting into cranial cavity, trephning and tapping excepted 100 Removal of bone trephining or decompression 40 Trephining for fracture middle meningeal or other Intracranial hemorrhage 100 Tumor or abscess of the brain, cerebral of cerebellar tumor 100	100 40 100 100
23.	Spine or Spinal Cord Division of posterior spinal tracts or roots 100 Gasserian ganglion, resection of 75 Intervertebral disc, excision of - without spinal fusion 75 - with spinal fusion 100 Laminectomy 100 Nerve grafting 50 Spinal cord tumor, operation for 100	100 75 75 100 100 50 100
24.	Throat Adenoidectomy, independent procedure 15 Excision of tumor of cords & epiglottis/or stripping of vocal cords 35 Jaw, total excision of upper or lower 100 Partial excision 50 Laryngectomy, without neck dissection 75 Laryngoscopy, direct operative with biopsy 25 Parotidectomy 60 Removal of lower lip for cancer 50 Tongue, total excision of for cancer 100 Tonsillectomy with or without adenoidectomy 20 Tracheotomy, independent procedure 20 Turbinectomy 10	15 35 100 50 75 25 60 50 100 20 20 10
25.	Tumors Benign tumors of the testicles 20 Benign tumors one or more, except as otherwise herein provided; Requiring Hospital confinement 20 Not requiring Hospital confinement 5 Excision of Bartholin's tumor or cyst 25 Incision or drainage of cyst 5 Lesion of tendon or fibrous sheath or capsule (e.g. cyst or ganglion) foot or toe 20 Lesion of tendon sheath – wrist 20 Malignant tumors of the mucous membrane, skin and subcutaneous tissue 25 Malignant tumors, surgical removal of, except those of the mucous membrane, skin and subcutaneous tissue 50 Warts or moles 5	20 20 5 25 5 20 20 25 50 5
26.	Varicose Veins Aneurysm in large arteries 50 Cutting operation, complete procedure - One leg 25 - Both legs 40 Injection treatment, complete procedure one or both legs 20 Ligation of small arteries, smaller aneurysms 10 Stripping of varicose vein, one leg 30	50 25 40 20 10 30

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 the Company or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).