

INDIVIDUAL SOLUTION

ALLIANZ ACCIDENT PROTECT



ALLIANZ ACCIDENT PROTECT POLICY

THIS POLICY is issued in consideration of the payment of premium as specified in the Policy Schedule and pursuant to the answers given in the Insured Person's proposal form (or when the Insured Person applied for this insurance) and any other disclosures made by the Insured Person between the time of submission of the Insured Person's proposal form (or when the Insured Person applied for this insurance) and the time this contract is entered into. The answers and any other disclosures given by the Insured Person shall form part of this contract of insurance between the Insured Person and Allianz Insurance Singapore Pte. Ltd. (hereinafter called "the Company"). In the event of any pre-contractual misrepresentation made in relation to the Insured Person's answers or in any disclosures made by the Insured Person, it may result in avoidance of the Insured Person's contract of insurance, refusal or reduction of the Insured Person's claim(s), change of terms or termination of the Insured Person's contract of insurance.

All payment of claims in this Policy are payable to the Insured Person or as otherwise directed in writing by the Insured Person. In the absence of any such written direction and the death of the Insured Person, accrued benefits unpaid at the time of the Insured Person's death shall be paid to the legal personal representative. Any release given by the Insured Person, or any third party to whom the Insured Person has directed that payment be made, to the Company acknowledging receipt of the benefit paid under this Policy shall be deemed a final and complete discharge of all liability of the Company.

INTRODUCTION

ELIGIBILITY

The Insured Person must be:

- (a) Holding a valid Singapore identification document such as a Singapore NRIC, Employment Pass, Work Permit, Long Term Visit Pass, Student Pass, Dependent's Pass or other recognised work pass entitling the holder thereof to remain, or enter and remain, in Singapore; and
- (b) (i) for an Adult, between 18 and 65 years old (both ages inclusive) on the first effective date of the Policy, or up to eighty (80) years old for renewal policies.
- (ii) for a Child, between 30 days and 18 years old or 24 years old for those registered as full time students at an Educational Institution.

Ages referred to in this Policy shall be in reference to the age as at the last birthday.

POLICY DEFINITIONS

Accident means any sudden or unexpected and violent event which the Insured Person did not intend or anticipate, resulting directly and independently from the action of an external cause, other than any intentionally self-inflicted injury.

Adult means an Insured Person who is above 18 years old and not a Child.

Child/Children means the Insured Person's biological/legally adopted/step child who has attained the age of thirty (30) days and is an unmarried person, is financially dependent upon the Insured Person up to the age of eighteen (18) years old or twenty four (24) years old for those registered as full time students at an Educational Institution.

Company means Allianz Insurance Singapore Pte. Ltd.

Confinement or Confined means a minimum of continuous uninterrupted period of at least 24 hours in a Hospital as a resident bed patient under the attendance of a Medical Practitioner.

Couple Plan means a Policy that covers up to 2 Adults, where each Insured Person is the Partner of the other.

Date of Loss/Accident means the day when any of the Injuries and other covered incident(s):

- (a) occurs;
- (b) is inflicted on; and/or
- (c) contracted by the Insured Person.

Disability means a physical condition that limits an Insured Person's movements, senses or activities.

Educational Institution means any school, vocational institute, polytechnic, college, university or institute of higher learning which is operated by the government or licensed to provide educational services by trained or qualified teachers.

Family Plan means a Policy that covers up to 2 Adults, where each Insured Person is the Partner of the other, and up to 10 Children.

Home means Insured Person's usual place of residence in Singapore.

Home Territory means Singapore.

Hospital means any government or licensed hospital/medical centre which provides room, board and 24 hours a day nursing services and medical treatment (other than an institution for the aged, chronically ill, mental, treatment of substance abuse, convalescent or rest or nursing home).

Hospitalisation means admission to a Hospital as a registered inpatient for medically necessary treatments upon recommendation of a Medical Practitioner. A patient shall not be considered as under Hospitalisation if the patient does not physically stay in the Hospital for the whole period of Confinement.

Intensive Care Unit (ICU) means a part of a Hospital established for a formal intensive care program for the acutely ill, providing extra medical services and equipment that is prescribed by the Medical Practitioner, and billed as a specific charge by the Hospital.

Injury means bodily injury suffered anywhere in the world caused solely by an Accident and not by sickness, disease or gradual physical or mental wear and tear occurring during the Period of Insurance.

Illness means any sudden and unexpected deterioration of health certified by any Medical Practitioner during the Period of Insurance.

Insured Person means person named or described in the Schedule and in respect of whom coverage have been confirmed in writing by the Company.

Medical Practitioner means a qualified Medical Practitioner legally registered and licensed by the medical authorities of the country in which treatment is provided and who is practising within the scope of his/her licensing and training.

Partial Permanent Disablement means the conditions under Permanent Disablement that are less than 100% percentage of Principal Sum Insured under the Scale of Benefits.

Partner means the legally married spouse of the Insured Person.

Period of Insurance means the duration for when an Insured Person is insured, subject to the terms, conditions and exclusions as set out in this Policy and the specific dates confirmed by the Policyholder to the Insured Person as set out in the Schedule.

Permanent Disablement means the conditions, other than death, described under the Scale of Benefits in Section I, and which conditions must be beyond hope of improvement.

Policyholder means a person or a corporate body as described in the Schedule to whom this Policy has been issued in respect of cover for the Insured Person(s).

Pre-existing Conditions means any Injury, Illness, condition or symptom:

- (a) for which a Medical Practitioner has provided consultation, diagnosis or medication prior to the commencement of the Policy to the Insured Person, or
- (b) which was known to be aware by the Insured Person prior to the commencement of the Policy.

Principal Sum Insured means the sum insured of the death benefit according to the type of plan purchased, and which is set out in the Schedule.

Schedule means the document which is issued to the Policyholder detailing the particulars of the Policyholder and the benefits provided under this Policy.

Total Permanent Disablement means the conditions under Permanent Disablement that are of 100% percentage of Principal Sum Insured under the Scale of Benefits.

Traditional Chinese Medicine (TCM) Practitioner means a licensed or registered person practising traditional Chinese medicine and/or acupuncture (including bonesetter or chiropractor) in accordance with the applicable laws and regulations of the country in which treatment is provided. For the avoidance of doubt, where the applicable laws and regulations of the country in which treatment is provided does not license or register a person practising traditional Chinese medicine and/or acupuncture (including bonesetter or chiropractor), such person shall not qualify as a Traditional Chinese Medicine (TCM) Practitioner for the purposes of this Policy.

EXCLUSIONS

This Policy does not cover death or any Injury or Illness directly or indirectly caused by or in connection with any of the following:

1. Pre-existing Conditions;
2. Whilst an Insured Person is performing these occupational activities:
 - (a) Full time military, airforce, navy, police and civil defence personnel (other than activities that are sedentary desk-bound duties, SG National Service or reservist training).
 - (b) Any professional sportsman, motor car/bike racer, entertainer, stuntman, jockey, wood working, welding
 - (c) Any air/sea crew
 - (d) Any off-shore occupations (ship crew, diver, oil-rigger, fisherman)
 - (e) Any construction worker
 - (f) Workers engaged in maintenance, cleaning, roofing or repair activities involving scaffolding or gondolas
3. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power;
4. Insanity, suicide (whether sane or insane), intentional self-inflicted injuries or any attempt thereof;

5. Any form of disease, infection or parasites related to Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or Human Immunodeficiency Virus Infection (HIV).
6. Childbirth, miscarriage, pregnancy or any complications thereof;
7. Provoked murder or assault;
8. While committing or attempting to commit any unlawful act;
9. While participating in any professional sports;
10. Aerial activities including parachuting and hang-gliding, underwater activities exceeding fifty (50) metres in depth, mountaineering involving the use of ropes or mechanical guides;
11. Racing (other than on foot), pace-making, speed or reliability trials;
12. Ionisation, radiation or contamination by radioactivity, nuclear weapons material;
13. Riding/driving without a valid driving license.

CONDITIONS

1. IDENTIFICATION

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

2. ELIGIBILITY

The Insured Person must be:

- (a) Holding a valid Singapore identification document such as a Singapore NRIC, Employment Pass, Work Permit, Long Term Visit Pass, Student Pass, Dependent's Pass or other recognised work pass entitling the holder thereof to remain, or enter and remain, in Singapore; and
- (b) (i) for an Adult, between 18 and 65 years old (both ages inclusive) on the first effective date of the Policy, or up to eighty (80) years old for renewal policies.
(ii) for a Child, between 30 days and 18 years old or 24 years old for those registered as full time students at an Educational Institution.

Ages referred to in this Policy shall be in reference to the age as at the last birthday.

For the avoidance of doubt, any Insured Person under a Couple Plan or a Family Plan shall cease to be insured under this Policy if he or she ceases to be eligible hereunder as at the date of any renewal of this Policy.

3. COOPERATION

As a condition precedent to the Company's liability, the Insured Person or his/her personal representatives shall cooperate fully with the Company and its medical advisors (where applicable) and will fully and faithfully disclose all material facts and matters which the Insured Person knows or ought to know and will upon request execute any document to empower the Company to obtain relevant information, at the Insured Person's expense, from any doctor or Hospital or other source.

4. REASONABLE PRECAUTIONS AND MATERIAL CHANGES

The Insured Person shall take all reasonable precautions or prevent and minimise any Injury and the Company must be informed immediately in writing of any material information or change of circumstances which may increase the possibility of a claim under the Policy. The Company reserves the right to continue cover on terms and conditions it considers appropriate to such changes in material information or circumstances or to decline to continue cover under the Policy.

5. OVERSEAS RESIDENT

Only death and Permanent Disablement benefits will be payable should the Insured Person reside outside of Singapore for more than ninety (90) consecutive days.

6. CHANGE OF ADDRESS OR PARTICULARS

The Insured Person shall give immediate notice to the Company of any change in his/her name and residence. The Insured Person shall also give notice before any renewal of this Policy of any Injury, disease, physical defect or infirmity by which the Insured Person has become affected or has knowledge of.

7. CLAIMS (ACTION BY INSURED)

- (a) Notice of Injury, Accident or Illness on which the claim may be based and which is covered by this Policy, must be given in writing to the Company within thirty (30) days after the occurrence. The Company upon receipt of such notice shall furnish the Insured Person with a claim form for the filing of proof of claim.
- (b) In case of death reasonable notice shall be given to the Company before burial or cremation and the Company may require to be represented at a post-mortem or examination of the body of the Insured Person. The Company shall have the right and opportunity to conduct an autopsy at their own expense where it is not forbidden by law. Immediate notice of time and place shall be given to the Company of any inquest appointed.

All certificates, information and evidence required by the Company shall be furnished by the Insured Person or his/her legal personal representative and shall be in such form and of such nature as the Company may prescribe.

8. FREE LOOK PERIOD (NOT APPLICABLE TO RENEWAL POLICIES)

Should the Insured Person decide to not continue with the Policy for any reason, it may be returned to the Company for cancellation within 14 days after your receipt of the Policy. The Insured Person is assumed to have received the Policy Schedule 5 days after the Company dispatches it. Any premium paid will be refunded without interest. In such case, this Policy shall be deemed to have been void from the inception and the Company shall not be liable under this Policy for any loss, damage or liability sustained or incurred.

9. AUTOMATIC RENEWAL CLAUSE

It is noted and agreed that subject to the terms and condition and payment of premium, this Policy shall be renewed upon expiry until a notice of cancellation has been received

10. CHANGES IN POLICY TERMS AND CONDITIONS

- (a) The Company reserves the right to alter the Policy terms during any Period of Insurance as the Company reasonably considers appropriate or if the Policy or the Company are affected by a change in legislation or taxation, or any judicial decision. The Company will give the Insured Person 30 days written notice of any such alteration. The Insured Person's continued payment of premium after the Company gives such notice will constitute acceptance of the change.
- (b) Premium rates are not guaranteed and may be increased or varied by the Company:
 - (i) when a material change in risk occurs or
 - (ii) when there is a general rate increase affecting all Policyholders reflecting the Company's actual or anticipated results in this class of business.
- (c) Any other misrepresentation of or failure to disclose of material facts in any document signed by the Insured Person, will entitle the Company to alter, amend, cancel the Policy or exercise any other right available to it at law having regard to the true facts. A material fact is any information that could influence the Company in its assessment of the application.
- (d) In the event of the entire product being withdrawn by the Company due to adverse experience or for any other reason, Insured Person(s) so affected will be offered participation in a replacement product, if available, on the terms, conditions and premium rates then prevailing.

11. CANCELLATION

This Policy may be cancelled at any time at the request of the Insured Person in writing to the Company and the premium hereon shall be adjusted on the basis of the Company receiving or retaining the customary short term

premium or minimum premium. The Policy may also be cancelled by the Company by thirty days' notice given in writing to the Insured Person at his last known address, and the premium hereon shall be adjusted on the basis of the Company receiving or retaining pro rata premium.

12. TERMINATION

This Policy shall terminate and the cover for all Insured Person(s) under it will cease immediately upon:

- (a) the Insured Person attaining the age of eighty one (81) years old;
- (b) when the Policy is not renewed (whether due to the failure to make payment of the premium by the due date as described in the Payment Before Cover Warranty of this Policy or otherwise); or
- (c) upon the cancellation of this Policy in accordance with its terms, whichever occurs earlier.

13. NO TRUST

The Company will not recognize or be affected by any notice of trust, charge or assignment relating to this Policy and the Insured Person's receipt or that of the Insured Person's legal personal representatives shall in all cases effectively discharge the Company's liability.

14. LEGAL PERSONAL REPRESENTATIVES

The terms, exceptions and conditions of this Policy also apply to the legal personal representatives of the Insured Person.

15. GOVERNING LAW AND JURISDICTION

The Policy shall be construed according to and governed by the laws of the Republic of Singapore.

16. LEGAL PROCEEDINGS

No action in law or equity shall be brought to recover under the Policy until after the expiration of 60 (sixty) days from the date proof of the claim has been furnished in accordance with the Policy conditions. The parties submit themselves to the exclusive venue and jurisdiction of the Courts of Singapore for the resolution of any such conflict or dispute between the parties with regard to the Policy except where the circumstances are governed by the Difference of Medical Opinion Clause of this Policy.

17. DIFFERENCE OF MEDICAL OPINION

Any difference of medical opinion in connection with the results of any Injury will be settled between two Medical Practitioners appointed respectively in writing by the two parties to the dispute. Any difference of opinion between the two Medical Practitioners shall be referred to an umpire, who shall have been appointed in writing by the two Medical Practitioners at the outset and the umpire's decision shall be conclusive.

18. FORFEITURE OF BENEFITS

If any claim under this Policy shall be in any respect fraudulent or if any fraudulent means or devices are used by the Insured Person or any one acting on his behalf to obtain any benefit under this Policy; or, if the loss or damage be occasioned by the wilful act or with the connivance of the Insured Person; or, if the claim be made and rejected and an action or suit be not commenced within twelve months after such rejection, then the Policy shall be cancelled immediately and all benefits hereunder shall be forfeited.

19. EXCLUSION OF RIGHTS UNDER CONTRACTS (RIGHTS OF THIRD PARTIES) ACT

Any person or entity who is not a party to this Policy shall have no rights under the Contracts (Right of Third Parties) Act (Cap. 53B) to enforce any terms of the Policy.

POLICY BENEFITS

ONLY SECTIONS AS STATED IN THE INSURED PERSON'S SCHEDULE ARE APPLICABLE.

SECTION 1 – BASIC PERSONAL ACCIDENT BENEFITS

If the Insured Person sustains Injury which directly results in **(a) Death, (b) Total Permanent Disablement** or **(c) Partial Permanent Disablement** within twelve calendar months from the date of Accident, the Company will pay the Insured Person or the Insured Person's legal personal representative in accordance to the Injury description and Scale of Benefits below.

SCALE OF BENEFITS

DESCRIPTION OF INJURY	PERCENTAGE OF PRINCIPAL SUM INSURED
(a) Death (b) Total Permanent Disablement & (c) Partial Permanent Disablement	100%
Loss of two limbs	100%
Loss of both hands or of all fingers and both thumbs	100%
Loss of sight of both eyes	100%
Total paralysis	100%
Injuries resulting in being permanently bedridden	100%
Any other Injury causing Total Permanent Disablement	100%
Loss of arm at shoulder	100%
Loss of arm between shoulder and elbow	100%

DESCRIPTION OF INJURY	PERCENTAGE OF PRINCIPAL SUM INSURED	
Loss of arm at elbow	100%	
Loss of arm between elbow and wrist	100%	
Loss of leg	at hip	100%
	between knee & hip	
	below knee	
Eye: Loss of	whole eye	100%
	all sight in one eye	100%
	sight of except perception of light	50%
Loss of four fingers and thumb of one hand	50%	
Loss of four fingers	40%	
Loss of thumb	both phalanges	30%
	one phalanx	15%
Loss of index finger	three phalanges	15%
	two phalanges	10%
	one phalanx	5%
Loss of middle finger	three phalanges	8%
	two phalanges	5%
	one phalanx	3%
Loss of ring finger	three phalanges	6%
	two phalanges	5%
	one phalanx	3%
Loss of little finger	three phalanges	5%
	two phalanges	4%
	one phalanx	3%
Loss of metacarpals	first or second (additional)	4%
	third, fourth or fifth (additional)	3%
Loss of toes	all	20%
	great, both phalanges	8%
	great, one phalanx	3%
	other than great, if more than one toe lost, each	2%
Permanent loss of hearing in both ears and speech	100%	
Loss of hearing	both ears	75%
	one ear	15%
Loss of speech	50%	
Shortening of arm	more than 1" up to 2"	2.5%
	more than 2" up to 4"	5%
	more than 4"	12.5%

DESCRIPTION OF INJURY		PERCENTAGE OF PRINCIPAL SUM INSURED
Shortening of leg	more than 1" up to 2"	5%
	more than 2" up to 4"	10%
	more than 4"	25%
Third Degree Burn (Head)	8% or more	100%
	5% to 8%	75%
	2% to 5%	50%
Third Degree Burn (Body)	20% or more	100%
	15% to 20%	75%
	10% to 15%	50%

Where the Injury is not specified, the Company reserves the right to adopt a percentage of disablement which, in its opinion, is not inconsistent with the provisions of the above Scale of Benefits.

Permanent total loss of use of member shall be treated as loss of member. Loss of Speech shall mean total permanent inability to communicate verbally.

The aggregate of all percentages payable for (a) Death, (b) Total Permanent Disablement or (c) Partial Permanent Disablement in respect of any one or more Accident(s) shall not exceed 100% of the Principal Sum Insured. In the event of a total of 100% of the Principal Sum Insured having been paid during the Period of Insurance, all insurance hereunder shall immediately cease to be in force. All other paid losses lesser than 100% shall reduce the coverage by that amount from the date of Accident until the expiry of this Policy.

(d) Bereavement Allowance/Grant

The Company will pay the Insured Person's legal personal representative a lump sum as stated in the Schedule as bereavement allowance in the event of accidental death of the Insured Person.

(e) Medical & Surgical Expenses

The Company will indemnify the Insured Person for medical expenses incurred by the Insured Person as a result of an Accident up to the benefit limit as stated in the Schedule. Medical expenses shall include expenses incurred for Hospital (including room and board), clinical, inpatient and outpatient medical and surgical treatments.

This section also extends to indemnify charges incurred from medical treatment by a chiropractor or a certified/registered Traditional Chinese Medical (TCM) Practitioner, subject to a per-consultation sub-limit as stated in the Schedule and not more than one consultation per day.

If at the time of claim there is any other insurance covering the same liability, the Company shall only be liable for any amount if and only so far as the amount is not recoverable under other insurance.

(f) Ambulance/Transport Fee

The Company will reimburse the Insured Person for the costs incurred for ambulance or taxi rendered in Singapore to and/or from the Hospital up to the amount specified in the Schedule provided such costs were incurred as a result of an Accident to the Insured Person.

(g) Mobility Aids & Home Modification

In the event that the Insured Person sustains Injury which directly results in a Permanent Disablement of 50% or more of the percentage of Principal Sum Insured based on the Scale of Benefit, the Company will indemnify the Insured Person for necessary costs incurred due to:

1. Mobility aids prescribed by a Medical Practitioner, including but not limited to wheelchair and walking aids.
2. Home modifications at the Insured Person's main place of residence for the sole purpose of coping with the Permanent Disablement. Modifications that are already ongoing or modifications that do not aid the Insured Person's mobility are not covered.

(h) Infectious Disease Benefits

In the event the Insured Person is contracted with the specified Infectious Diseases below, the Company will pay a lump sum benefit as stated in the Schedule to the Insured Person.

1. Dengue
2. Zika Virus
3. Malaria
4. Japanese Encephalitis
5. Chikungunya
6. Hand Foot Mouth Disease

The Infectious Disease must be diagnosed by a Medical Practitioner, and any diagnosis within thirty (30) days of the first effective date of the Policy shall be excluded. This lump sum benefit is payable for each and every diagnosis event during the Period of Insurance, subjected to each diagnosis date having a separation period of at least ninety (90) days.

OPTIONAL SECTIONS

NOT INCLUDED UNLESS SPECIFIED IN THE POLICY SCHEDULE

SECTION 2 – HOSPITALISATION BENEFITS

(a) Daily Hospital Cash

In the event the Insured Person requires Hospitalisation as a result of an Accident the Company will pay the Insured Person a daily benefit as stated in the Schedule for the period of Hospitalisation, up to a maximum of seven hundred and fifty (750) days for any one Accident. This benefit is triggered only if the Insured Person is Hospitalised for more than twelve (12) hours, and is payable for each (24hour) day of Confinement in a Hospital.

(b) Double Daily Hospital Cash (in ICU)

The (a) Daily Hospital Cash benefit will be doubled in case the Insured Person is Confined in an Intensive Care Unit (ICU), up to a maximum of ninety (90) days for any one Accident.

Only one of (a) Daily Hospital Cash and (b) Daily Hospital Cash (in ICU) is payable for the same day of Confinement.

(c) Recuperation Benefit

In the event that the Insured Person has been discharged from a minimum seven (7) consecutive days of Hospitalisation from an Accident and is on medical leave, the Company will pay a daily benefit to the Insured Person as stated in the Schedule, up to a maximum of 30 days for any one Accident.

The medical leave granted must be certified by a Medical Practitioner from the same Hospital where the Insured Person is in Confinement.

SECTION 3 – WEEKLY CASH BENEFIT

(a) Weekly Cash Benefit due to temporary disablement

In the event that the Insured Person is temporarily unable to engage in or attend to the Insured Person's usual profession or occupation due to Injury caused by an Accident covered under this Policy as certified by a Medical Practitioner, the Company will pay the Insured Person a weekly cash amount as stated in the Schedule up to a period of one hundred and four (104) weeks, effective from the date of confirmation of such temporary disablement by a Medical Practitioner.

The benefits herein are payable to the Insured Person provided that the Insured Person has not made any claims under Section 1(b) Total Permanent Disablement or (c) Partial Permanent Disablement.

SECTION 4 – DEPENDENT COVER BENEFITS

(a) Child Education Fund

In the event that the Company have accepted a claim under Section I (a) Death or (b) Total Permanent Disability, the Company will pay a lump sum benefit as stated in the Schedule.

SPECIAL PROVISIONS

1. NO CLAIMS BONUS

If there is no claim made under the Policy, the Insured Persons will enjoy a 10% discount on the premium upon each renewal, up to a maximum of 30% for 3 years without claim. Each subsequent renewal is entitled to the maximum 30% discount. If a claim is made, the discount given will reduce to 0%.

2. PLAN DISCOUNTS

Discounts are applicable for the following plans:

- Couple Plan, in which a 15% discount is applicable on the total premium payable.
- Family Plan, in which a 15% discount is applicable on the total premium payable (excluding the premium in respect of coverage for the Child/Children).

3. POISONOUS FOOD OR DRINK

This Policy is extended to cover the Insured Person in respect of Injury which may be sustained through food or drink poisoning.

4. INSECT, SNAKE AND ANIMAL BITES

This Policy is extended to cover the Insured Person in respect of Injury which may be sustained through harmful insect, snake and animal bites excluding diseases or Illness caused by parasite, bacteria or viruses carried by insects such as mosquitoes and the like, snake or animal.

5. AMATEUR SPORTS

This Policy is extended to cover the Insured Person in respect of Injury which may be sustained through indoor or outdoor sport as an amateur including water sports activities (water skiing, yachting, surfing, snorkelling, underwater activities involving the use of breathing apparatus/scuba diving up to 50 metres), polo playing, bungee jumping, hunting (except big game hunting) and mountaineering (without use of ropes and guides). All amateur sports must be for leisure purposes only, and must not be an activity where the Insured Person could earn an income or remuneration.

6. MISCARRIAGE DUE TO ACCIDENT

This Policy is extended to cover the Insured Person in respect of Injury in the event of a miscarriage as a result of an Accident. The miscarriage must not be attributed to any natural causes and/or Illness relating to pregnancy or childbirth.

7. RESERVIST TRAINING

This Policy is extended to cover the Insured Person undergoing peace time Singapore reservist duty (under Section 14 of the Enlistment Act Cap. 93 of the Republic of Singapore) for a period not exceeding 40 days

8. DISAPPEARANCE

If after a period of one (1) year has lapsed from the date of reported disappearance and the Company having examined all evidence available shall have no reason to suppose other than that an Accident has occurred which in all probability has resulted in the death of the Insured Person, the disappearance of the Insured Person shall be considered to constitute a claim under this Policy and the Principal Sum Insured shall be payable. However, if at any time after payment has been made the Insured Person is found to be living, any sums paid by the Company in settlement of the claim shall be refunded to the Company.

9. COMA

Upon certification by a Medical Practitioner that the Insured Person has been in a coma state for at least one (1) year due to an Accident, the Company will pay the Principal Sum Insured. However, the Company has the right to recover the payment made if the Insured Person regains consciousness provided that a deduction be made of 10% of the aforesaid payment for each year the Insured Person was in a coma state.

10. EXPOSURE

This Policy covers death or Permanent Disablement claims caused by exposure to the elements as a result of an Accident provided that in the event of death of the Insured Person caused by exposure to the elements, the death is subject to an inquest by which it is found that the Insured Person died of exposure as a result of an Accident.

11. TERRORISM COVER

This Policy is extended to cover the Insured Person in respect of bodily injury, death and Permanent Disablement which may be sustained through Terrorism provided that there is no liability when such act and/or acts of terrorism involve utilisation of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined.

For the purpose of this Clause:

- (a) Terrorism means an act or acts, of any person, or group(s) of person, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorism can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore the perpetrators of Terrorism can either be acting alone, or on behalf of, or in connection with any organisation(s) or governments(s).
- (b) Utilisation of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or devise or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.

GOODS AND SERVICES TAX IMPACT ON CLAIMS SETTLEMENT

CLAIMS SETTLEMENT

We will pay your claim inclusive of the GST on items which are taxable supplies, up to the limit of the Principal Sum Insured. In the event that you are entitled to claim for the Input Tax Credit and if we make a payment under this Policy as compensation to you, we will reduce the amount of the payment by deducting your Input Tax Credit entitlement irrespective of whether you have or have not claimed the Input Tax Credit, up to the limit of the Principal Sum Insured.

DETERMINING THE ADEQUACY OF THE PRINCIPAL SUM INSURED

If the subject matter hereby insured (inclusive of the GST) shall, on the happening of an insured peril, be collectively of greater value than the Principal Sum Insured thereon, then the Insured shall be considered as being his own insurer for the difference, and shall bear a rateable proportion of the loss accordingly. Every insured item, if more than one, of the Policy shall be separately subject to this condition.

In the event that you are entitled for the Input Tax Credit on each of the insured item(s), the value as stated above will be reduced by deducting your Input Tax Credit entitlement in determining the adequacy of the Principal Sum Insured.

SANCTION LIMITATION AND EXCLUSION CLAUSE

No Insurer shall be deemed to provide cover and no Insurer shall 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 that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United States of America and/or any other applicable national economic or trade sanction law or regulations.

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 or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

PREMIUM WARRANTY

Payment Before Cover Warranty (For Non-Corporate Insured)

1. Notwithstanding anything herein contained but subject to clause 2 hereof, it is hereby agreed and declared that the total premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date (the "Inception Date") of the coverage under the Policy, Renewal Certificate, Cover Note or Endorsement.
2. In the event that the total premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the Inception Date referred to above, then the Policy, Renewal Certificate, Cover Note and Endorsement

shall not attach and no benefits whatsoever shall be payable by the Company. Any payment received thereafter shall be of no effect whatsoever as cover never attached on the Policy, Renewal Certificate, Cover Note and Endorsement.

3. In respect of insurance coverage with Free Look provision, the Insured may return the original Policy document to the Company or intermediary within the Free Look period if the Insured decides to cancel the cover during the Free Look period. In such an event, the Insured will receive a full refund of the premium paid to the Company provided that no claim has been made under the insurance and the cover shall be treated as if never put in place.

Condition Precedent (For Corporate Insured)

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

- (a) for the risk insured, the Insured has never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or
- (b) if the Insured has declared that it has breached any premium payment condition in respect of a previous Policy taken up with another insurer in the last twelve (12) months:
 - (i) the Insured has fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous Policy; and
 - (ii) a copy of the written confirmation from the previous insurer to this effect is first provided by the Insured to the Company before cover incepts.

Premium Payment Warranty (For Corporate Insured)

1. Notwithstanding anything herein contained but subject to clause 2 hereof, it is hereby agreed and declared that if the Period of Insurance is sixty (60) days or more, any

premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within sixty (60) days of the:

- (a) inception date of the coverage under the Policy, Renewal Certificate or Cover Note; or
 - (b) effective date of each Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note.
2. In the event that any premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the sixty (60) day period referred to above, then:
 - (a) the cover under the Policy, Renewal Certificate, Cover Note or Endorsement is automatically terminated immediately after the expiry of the said sixty (60) day period;
 - (b) the automatic termination of the cover shall be without prejudice to any liability incurred within the said sixty (60) day period; and
 - (c) the Company shall be entitled to a pro-rata time on risk premium.
 3. If the Period of Insurance is less than sixty (60) days, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the period of insurance.

NOTICE

For all intents and purposes where there is a conflict or ambiguity as to the meaning in provisions of other languages of any part of the Contract, it is hereby agreed that the English version of the Contract shall prevail.

THIS POLICY AND ITS CONDITIONS SHOULD BE EXAMINED AND IF INCORRECT, RETURNED AT ONCE FOR ALTERATION.

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