INDIVIDUAL SOLUTION

ALLIANZ CANCER PROTECT

Allianz

POLICY WORDING

ALLIANZ CANCER PROTECT POLICY

THIS POLICY is issued in consideration of the payment of premium as specified in the Policy Schedule and the Application (as defined below). The Application shall form part of this Policy between the Policyholder (as named in the Policy Schedule) and Allianz Insurance Singapore Pte. Ltd. (hereinafter called "the Company"). In the event of any pre-contractual misrepresentation made in relation to the Application, it may result in avoidance of this Policy.

All payment of claims in this Policy are payable to the Policyholder. In the event of death of the Policyholder, the accrued benefits payable at the time of the Policyholder's death shall be paid to the Policyholder's legal personal representative(s). Any release given by the Policyholder, or any third party to whom the Policyholder has directed that payment be made, to the Company acknowledging receipt of the benefit paid under this Policy shall constitute a final and complete discharge of all liability of the Company under this Policy.

The Policyholder shall read the terms and conditions of this Policy carefully and ensure all information (including without limited to information related to the Policyholder, the Insured Person(s), and the amount of coverage for each Insured Person) are correct and accurate. Should there be any information that are incorrect or inaccurate, the Policyholder shall notify the Company immediately and return this Policy to the Company for any necessary rectifications.

POLICY DEFINITIONS

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

Accident means an Insured Person who is eighteen (18) years old or above and is not a Child.

Allianz Group means the Company and its related companies, business corporations and other legal entities that are directly or indirectly wholly-owned of the Company's parent company, and are relevant for the provision of insurance products and services.

Application means, in respect of this Policy, the proposal or application form (including any declarations, statements and disclosures made thereunder) and any other declarations, statements and disclosures completed and made by or for the Policyholder prior to the First Effective Date.

Carcinoma in Situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.

The following conditions are specifically excluded from coverage:

(a) Cervical Dysplasia, CIN-1, CIN-2 and CIN-3 and low grade & high grade squamous epithelial lesions.

(b) Prostatic Intraepithelial Neoplasia (PIN).

(c) Vulvar Intraepithelial Neoplasia (VIN).

(d) All tumours in the presence of Human Immunodeficiency Virus (HIV) infection

Child/Children means the Policyholder'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 Policyholder 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.

Date of Diagnosis means the day within the Period of Insurance on which Major Cancer or Non Invasive Cancer:

(a) is diagnosed;

(b) is inflicted on; and/or

(c) contracted by the Insured Person.

Early Bladder Cancer means Papillary microcarcinoma of Bladder.

Early Chronic Lymphocytic Leukemia means Chronic Lymphocytic Leukemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded.

Early Melanoma means invasive melanomas or less than 1.5mm Breslow thickness, or less than Clark Level 3. Non-invasive melanoma histologically described as "in-situ" is excluded.

Early Prostate Cancer means Prostate Cancer that is histologically described using the TNM Classification as T1a or T1b or Prostate cancers described using another equivalent classification.

Early Thyroid Cancer means Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of thyroid that is less than 1cm in diameter.

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.

First Effective Date means the date specified as such in the Policy Schedule. It is the month, day and year this Policy first takes effect. For the avoidance of doubt, when this Policy is renewed, the First Effective Date shall remain unchanged.

Hospital means any legally licensed hospital/medical centre in the country in which it is located which provides room, board and twenty four (24) hours a day nursing services and medical treatment (exclude an institution for the aged, chronically ill, mental health, treatment of substance abuse, rehabilitation, convalescent or rest or nursing home).

Insured Person means the person(s) named or described as such in the Policy Schedule and in respect of whom coverage have been confirmed in writing by the Company.

Major Cancer means a malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.

Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

(a) All tumours which are histologically classified as any of the following:
   - Pre-malignant;
   - Non-invasive;
   - Carcinoma-in-situ (Tis) or Ta;
   - Having borderline malignancy;
   - Having any degree of malignant potential;
   - Having suspicious malignancy;
   - Neoplasm of uncertain or unknown behavior; or
   - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;

(b) Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;

(c) Malignant melanoma that has not caused invasion beyond the epidermis;

(d) All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;

(e) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

(f) All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below; and all pituitary neuroendocrine tumours (PitNET) except Metastatic PitNET and Pituitary Carcinoma;

(g) All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;

(h) All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;

(i) Chronic Lymphocytic Leukaemia less than RAI Stage 3;

(j) All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and

(k) All tumours in the presence of HIV infection.

Medical Practitioner means a doctor who is qualified in western medicine and legally registered and licensed by the medical authorities of the country in which treatment is provided and who is practicing within the scope of his/her licensing and training. For the purpose of this Policy, Medical Practitioner will include a registered or licensed physician, surgeon and specialist.

Non Invasive Cancer means Carcinoma in situ, Early Prostate Cancer, Early Thyroid Cancer, Early Bladder Cancer, Early Chronic Lymphocytic Leukemia, Early Melanoma.

Period of Insurance means the period specified as such in the Policy Schedule, during which an Insured Person is insured, subject to the terms, conditions and exclusions as set out in this Policy.

Policy means this Policy, the Policy Schedule, the Application, any endorsement(s) and amendment(s) signed by the authorized representatives of the Company, and any other schedule attached to this Policy.

Policy Anniversary means, in case of renewal of this Policy, the same day and month each year as the First Effective Date. Policy Schedule means the document which is issued to the Policyholder detailing the particulars of the Insured Person and the benefits provided under this Policy.

Policyholder means the person named or described as such in the Policy Schedule to whom this Policy has been issued in respect of coverage for the Insured Person(s).

Pre-existing Conditions mean bodily injury or sickness sustained or suffered by the Insured Person which:

(a) has been diagnosed; or

(b) has exhibited symptoms; or

(c) has occurred; or

(d) required medical advice and/or treatment and/or the prescriptions of drugs; or

(e) was known to or aware by the Insured Person before the First Effective Date.

Terms defined above and any other terms defined in this Policy shall have the same meaning wherever used in this Policy unless the context otherwise requires. Where the context permits, words in this Policy denoting the singular shall include the plural and vice versa. Words denoting any gender shall include a reference to each other gender and references to the word "include" or "including" are to be construed without limitation.

POLICY BENEFITS

ONLY BENEFITS AS STATED IN THE SCHEDULE ARE APPLICABLE.

The benefits under this "Policy Benefits" section will apply to each Insured Person independently.

(a) Major Cancer Benefit

Subject to the terms and conditions of this Policy, if the Insured Person is diagnosed with Major Cancer by a Medical Practitioner during the Period of Insurance, a lump sum payment (less any amount which has already been paid or is payable on account of any claims made for Non Invasive Cancer Benefit, whether during the current or preceding Period of Insurance), as stated in the Policy Schedule will be payable. Once a Major Cancer Benefit is paid or payable under this Policy, no further Major Cancer Benefit shall be paid or payable under this Policy (including any renewal thereof).

(b) Non Invasive Cancer Benefit

If the Insured Person is diagnosed with Non Invasive Cancer by a Medical Practitioner during the Period of Insurance, a lump sum payment as stated in the Policy Schedule will be payable, subject to the terms and conditions of this Policy.

Subject to paragraph 9 in the "Conditions" section below, only one (1) claim can be made for the benefits listed under this paragraph (b). Once one (1) claim is made and accepted for the benefits listed under this paragraph (b), whether during the current or preceding Period of Insurance, no such further benefits shall be paid or payable under this Policy (including any renewal thereof).

(c) Monthly Income Benefit

Subject to the terms and conditions of this Policy, if the Major Cancer Benefit is payable under this Policy, a monthly payment of twelve (12) months as stated in the Policy Schedule ("Monthly Income Benefit") will also be payable in addition to the Major Cancer Benefit claim. If the Insured Person to which the Major Cancer Benefit is payable dies within the 12-month payment period of Monthly Income Benefit, the remaining monthly payment of the Monthly Income Benefit will be payable in a lump sum to the Policyholder, or the Policyholder's legal personal representative(s) in the event of the death of the Policyholder.

EXCLUSIONS

No benefit shall be payable under this Policy if the Insured Person is diagnosed with the Major Cancer or Non Invasive Cancer, which is caused by any of the following:

(a) any self-inflicted injury, provoked assault or attempt at suicide, whether sane or insane; or

(b) the influence of any narcotic, alcohol, gas or fumes, voluntarily taken, administered, absorbed or inhaled or drugs not prescribed by a Medical Practitioner; or

(c) infection from any Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS) or any AIDS-related condition unless the infection arose in accordance with the definition of HIV due to Blood Transfusion, Assault, Organ Transplant & Occupational Acquired HIV; or

(d) Pre-existing Condition.

Further, no benefit shall be payable under this Policy if:

(e) the Insured Person does not survive for fourteen (14) days from the Date of Diagnosis of Major Cancer or Non Invasive Cancer. For the avoidance of doubt, such fourteen (14) days' period need not be within the Period of Insurance; or

(f) Major Cancer or Non Invasive Cancer diagnosed or the signs or symptoms of which first occurred within the first ninety (90) days from the First Effective Date of the Policy.

CONDITIONS

1. IDENTIFICATION

This Policy, the Policy Schedule, the Application, any endorsement(s) and amendment(s) signed by the authorized representatives of the Company, and any other schedule attached to this Policy shall be read together as one contract.

No terms or conditions set out in this Policy may be waived or modified except by way of endorsement issued by the Company in writing.

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

Should the Policyholder decide to not continue with the Policy for any reason, it may be returned to the Company for cancellation within 14 days after the receipt of the Policy by the Policyholder. The Policyholder 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.

3. PREMIUM

The total premium (including any applicable GST) payable for this Policy is set out in the Policy Schedule and are payable in advance on or before the premium due dates as monthly or yearly modes or by any other mode/method as may be made available by the Company from time to time.

If the premium is paid monthly under this Policy, the premium due date will be the same day in each month as the First Effective Date, and where there is no such a day in a particular month, the premium due date will be the last day of that month.

If the premium is paid yearly under this Policy, the premium due date will be each Policy Anniversary.

Premium rates are not guaranteed and may be changed by the Company at its absolute discretion at any of the Policy Anniversary.

4. GRACE PERIOD

A grace period of maximum 30 days from the premium due date will be allowed for payment of premium. If the premium is not received within this period, this Policy will be terminated from the date on which the premium is first due and there will be no coverage available for any Insured Person(s) under this Policy.

5. 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) an Adult, between eighteen (18) and sixty five (65) years old (both ages inclusive) on the First Effective Date of the Policy, or up to seventy nine (79) years old for renewal policies; or

(ii) a Child.

If an Insured Person reaches the age of eighty (80) years during the Period of Insurance, the coverage for that Insured Person shall automatically terminate at the next renewal date and that Insured Person shall cease to be covered under this Policy.

If an Insured Person who is a Child and reaches the age of nineteen (19) years or the age of twenty five (25) years for those that are registered as full time students at an Educational Institution during the Period of Insurance, the coverage for that Insured Person shall automatically terminate at the next renewal date and the Insured Person shall cease to be covered under this Policy.

For the avoidance of doubt, any Insured Person under this Policy 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.

Age(s) referred to in this Policy shall be in reference to the age of the Insured Person(s) as at the last birthday.

6. COOPERATION

As a condition precedent to the Company's liabilities and obligations under this Policy, the Insured Person, Policyholder and/or their personal representative(s) shall cooperate fully with the Company and its appointed Medical Practitioners (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 or provide any consent or authorization necessary to empower the Company to obtain all relevant data and information of or related to the Insured Person, at the Insured Person's expense, from any Medical Practitioner or Hospital or other sources.

7. REASONABLE PRECAUTIONS AND MATERIAL CHANGES

The Insured Person shall take reasonable care and shall follow medical advice so as to prevent or minimize aggravation of the condition of any illness or disease on which a claim may be based and which is covered by this Policy. The Policyholder must inform the Company immediately in writing of any material information or change of circumstances which may increase the possibility of a claim under this 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 this Policy.

8. CHANGE OF ADDRESS OR PARTICULARS

The Policyholder shall give immediate notice to the Company of any change in his/her name, residence or other personal particulars.

9. CLAIMS (ACTION BY POLICYHOLDER AND INSURED PERSON)

Notice of illness or diseases 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 Date of Diagnosis. The Company upon receipt of such notice shall furnish the Policyholder with a claim form for the filing of proof of claim. For the avoidance of doubt, such thirty (30) days' period need not be within the Period of Insurance.

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

No benefits shall be payable for any claim made under this Policy until and unless the claim form together with all the required certificates, information and evidence are completed and provided to the full satisfaction of the Company.

10. WAITING PERIOD

No benefits shall be payable under this Policy if Major Cancer or Non Invasive Cancer diagnosed or the signs or symptoms of which first occurred within the first ninety (90) days from the First Effective Date of the Policy.

11. AUTOMATIC RENEWAL CLAUSE

It is agreed and acknowledged that subject to the terms and conditions of this Policy and subject to timely payment of any premiums due, this Policy shall be renewed on each Policy Anniversary upon expiry unless this Policy is cancelled pursuant to paragraph 13 below.

Upon renewal of this Policy on each Policy Anniversary, the Company shall have the right to adjust the amount of premium payable under this Policy.

12. CHANGES IN POLICY TERMS AND CONDITIONS

(a) The Company reserves the right to alter the terms and conditions of this Policy at any time during any Period of Insurance as the Company reasonably considers appropriate or if the Company considers it necessary to comply with any applicable laws, regulations, orders, guidelines and codes issued by any public, judicial, taxation, governmental and/or other regulatory authorities from time to time. The Company will give the Policyholder thirty (30) days written notice of any such alteration. The Policyholder's continued payment of premium after the Company gives such notice will constitute acceptance of the change.

If any provision of this Policy is determined by a court of competent jurisdiction to be illegal, invalid or unenforceable, that provision shall not affect the legality, validity or enforceability of any other provision of this Policy.

(b) Premium rates are not guaranteed and may be increased or varied by the Company, at its absolute discretion, upon renewal of this Policy on each Policy Anniversary:

(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 disclosure of material facts by or for the Policyholder, will entitle the Company to cancel this Policy or exercise any other right available to it at law. A material fact is any information that could influence the Company in its assessment of the Application or the eligibility of an Insured Person.

13. CANCELLATION

The Policyholder may cancel the policy at any time by giving a 7-day notice in writing to the Company, and:

(a) if the premium is paid monthly under this Policy, this Policy may be cancelled on the next premium due date after the receipt and acceptance of such written notice by the Company, and no premium paid shall be refunded.

(b) If the premium is paid yearly under this Policy, this Policy may be cancelled at the termination date requested by the Policyholder (if any) in the written notice to the Company, or the date such written notice received and accepted by the Company, whichever is later; and the premium paid shall be refunded, less any pro rata premium received or retained by the Company for the period during which cover has been provided.

This Policy may also be cancelled by the Company by seven (7) days' notice given in writing to the Policyholder at his/her last known address, and the premium paid shall be refunded, less any pro rata premium received or retained by the Company for the period during which cover has been provided.

14. TERMINATION

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

(a) when this Policy is not renewed (whether due to non-receipt of the due premium by the Company prior to or within the Grace Period or otherwise); or

(b) upon the cancellation of this Policy by the Policyholder or the Company pursuant to paragraph 13 above; or

(c) on the death of the Policyholder;
whichever occurs earlier.

Further, the coverage for an Insured Person(s) under this Policy will cease immediately upon:

(d) the date of renewal on or immediately following the Insured Person's 80th birthday;

(e) the date of renewal on or immediately following the 19th birthday of an Insured Person who is a Child, or the 25th birthday of an Insured Person who is a Child and is registered as full time students at an Educational Institution;

(f) the Major Cancer Benefit is paid or payable under this Policy (including any renewal thereof); or

(g) the death of the Insured Person.

15. COMPENSATION

In the event that Major Cancer Benefit is payable in respect of any one Insured Person:

(a) If the premium is paid yearly under this Policy, no premium for the unexpired period for that Insured Person will be refunded under any conditions; and

(b) If the premium is paid monthly under this Policy, the remaining annual premium payable for the unexpired period for that Insured Person shall become payable immediately under any conditions and shall be paid before Major Cancer Benefit is paid.

16. NO TRUST

The Company will not recognize or be affected by any notice of trust, charge or assignment relating to this Policy.

17. LEGAL PERSONAL REPRESENTATIVES

The terms, conditions and exclusions of this Policy also apply to the legal personal representative(s) of the Policyholder.

18. GOVERNING LAW AND JURISDICTION

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

19. 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.

20. 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.

21. DISPUTES RESOLUTION

Any dispute arising from a matter that is related to or in connection with this Policy shall be referred to the Financial Industry Disputes Resolution Centre Ltd ("FIDReC"). This would apply as long as the dispute can be brought before FIDReC.

In the event that the dispute cannot be referred to or dealt with by FIDReC, it shall be referred to and resolved by arbitration in Singapore in accordance with the Arbitration Rules of the Singapore International Arbitration Centre which shall be applicable at that time.

22. 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, then this Policy shall be cancelled with immediate effect and all benefits hereunder shall be forfeited.

If any claims payment was made to anybody prior to the discovery of the above occurrences, the Company shall be entitled to recover the sum paid and any costs incurred from the Policyholder, the Insured Person and/or anyone acting on their behalf who committed the fraud.

23. EXCLUSION OF RIGHTS UNDER CONTRACTS (RIGHTS OF THIRD PARTIES) ORDINANCE

Any person 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.

24. DUTY TO DISCLOSE

Pursuant to Section 25 of the Insurance Act (or any subsequent amendments thereof), The Policyholder/Insured Person has the duty to disclose fully and faithfully the facts he/she knows or ought to know relevant to the issuance of this Policy, otherwise it could lead to the Policy being voided or invalidated and the Company will not pay out in the event of any claim(s) made.

SANCTIONS LIMITATION AND EXCLUSION CLAUSE

No insurer shall be deemed to provide coverage 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 (re)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

(a) 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.

(b) 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.

(c) 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.

PERSONAL DATA USE

Any information collected or obtained in relation to this Policy, whether contained in the Insured's application or otherwise obtained may be used and/or disclosed to the Company's associated individuals/companies within Allianz Group or any independent third parties (within or outside Singapore) for any matters relating to the Insured's application, any policy issued and to provide advice or information about the Company's products and services which the Company believe may be of interest to the Insured and to communicate with the Insured for any purpose. The Insured's data may also be used for audit, business analysis and reinsurance purposes.

The Company may collect, use, disclose and/or process the Insured's data in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in the Company's Privacy Policy. The Privacy Policy can be found at the Company's website.

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 Policy, it is hereby agreed that the English version of the Policy shall prevail.

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

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