AIA SINGAPORE
CITIBANK CREDIT INSURE
CRITICAL ILLNESS CLAIM FORM
Corporate Solutions

3 Tampines Grande, #07-00, AIA Tampines, Singapore 528799 Email : sg.eb.claims@aia.com

CLAIMS PROCEDURES

Please furnish the following documents within 90 days from the date Critical Illness is diagnosed and confirmed by a Medical Practitioner :-

a) Duly completed Claimant's Statement (to be completed by the Insured Person)

b) Duly completed Physician's Statement by the Attending Physician / Surgeon. The cost of such report will be borne by the Insured Person

c) Copy of MRI / CT Scan / Histology / X-ray / Laboratory Reports.

d) Any other documents required, will be based on the case itself.

e) Every question must be distinctly and fully answered. The company reserves the right to pursue or obtain further information / document should it be deemed necessary.

f) For details of complete Coverages, Exclusions and any other terms and conditions, please refer to the Credit Insure Certificate.

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Section 1 - To be completed by Citibank

To provide a copy of the billing statement for all eligible credit facilities prior to date of event and the following two months

Part A : Insured Person's Particular		
1) Name of Insured Person		Insured Person NRIC / Passport No.
Date of Birth (DD/MM/YY)	Gender ☐ Female ☐ Male	Contact No.
Address of Insured Person for Correspondence		

Part B : Eligible Credit Facilities	
Date of Event (DD/MM/YY)	Policy Status ☐ In Force ☐ Terminated
Credit Card No.	Coverage Commencement Date
Credit Card No.	Coverage Commencement Date
Credit Card No.	Coverage Commencement Date
Ready Credit A/C No.	Coverage Commencement Date
Others.	Coverage Commencement Date

Part C : Completed & Verified By

Name of Citibank Officer

Signature

Designation

Date

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Section 2 - Claimant's Statement

Part A : To be completed by Insured Person	
Name of Insured Person	NRIC / Passport No.
Date of Birth (DD/MM/YY)	Gender ☐ Female ☐ Male
Personal Email Address	Contact No.
Address of Insured Person for Correspondence	

Part B : Details of Illness

1. Which Critical Illness are you claiming for?

2. Which physician first made the diagnosis?

Name of Physician	Address	Date of First Consultation (DD/MM/YY)	Date of Diagnosis (DD/MM/YY)

3. What are the symptom(s) related to this illness?

Description of Symptom(s)	Date of Onset (DD/MM/YY)	Duration

4. Who was your regular physician prior to the diagnosis?

Name of Physician	Address	Date of First Consultation (DD/MM/YY)	Date of Last Consultation (DD/MM/YY)

5. Are there any other physician(s) whom you have consulted in connection to this illness? ☐ Yes ☐ No

If Yes, please provide the following information:

Name of Physician	Address	Date of First Consultation (DD/MM/YY)	Date of Last Consultation (DD/MM/YY)

6. Are you insured for similar benefits with any other Company? ☐ Yes ☐ No
If Yes, please provide the following information:

Name of Company	Policy No(s).	Amount of Benefit	Claim submitted?
			☐ Yes ☐ No
			☐ Yes ☐ No

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Part C : Declaration and Authorisation

1) I/We acknowledge and accept that the furnishing of this form, or of any other forms supplemental thereto, by AIA Singapore Private Limited ("AIA Singapore") is neither an admission that there was any insurance in force on the life in questions, nor an admission of liability nor a waiver of any of its rights or defences.

2) I/We
   a) hereby declare that I/we are duly authorised to make this claim and all statements and responses whether on this form or otherwise together with any required questionnaire, amendments, materials and supporting documents submitted in connections with the claim and the Policy ("Information");
   b) declare that all information is complete, true and correct and that no information or materials have been withheld and that AIA Singapore will rely and act on the Information accordingly. Otherwise, AIA Singapore shall be at liberty to deny liability or recover amounts paid whether wholly or partially;
   c) acknowledge and accept that AIA Singapore shall be a liberty to deny liability or recover amount paid, whether wholly or partially, if any of the information is incomplete, untrue or incorrect in any respect of if the Policy does not provide cover on which such claim is made; and
   d) acknowledge and accept that AIA Singapore expressly reserves its rights or obtain further information as it deems necessary.

3) I/We hereby authorize, agree and consent to AIA Singapore to request from any hospital, physician, person or organization, all information with respect to any illness, injury, medical history, and copies of all hospital or medical records concerning myself at any time and authorize the prior mentioned organizations to disclose all such information to AIA Singapore.

4) I/We consent to AIA Singapore, its associated persons/organisations, third party service providers and representatives, whether within or outside Singapore (collectively "**AIA Persons**") to collect, use, disclose, store, retain and/or process (collectively, "**Use**") all personal data and information ("**Personal Data**") provided to AIA Persons or that they possess about me/us, in the manner and for the purposes described in the AIA Personal Data Policy ("**PD Policy**") which is available on AIA Singapore's website.

5) I/We agree to accept the provisions in the PD Policy as amended from time to time. Where Personal Data of another person is disclosed by me/us, I/we confirm that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws to collect, use and/or disclose such Personal Data. I/We waive (on my/our own behalf and on behalf of each such other person) any right to claim against any of the AIA Persons for any Use in the nature of or for the purposes described above or in the PD Policy. I/We will indemnify AIA Persons for all losses and damages if I/we breach these provisions.

6) This consent shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not our Application/form is accepted by AIA Singapore. A photocopy of this consent shall be valid and effective as the original.

Signature of Insured Person	Date (DD/MM/YY)

Part D : To be completed by Witness

Name of Witness	NRIC / Passport No.
Signature	Date

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Section 3 – Physician's Statement

Please have Part A, B, C and D of Section 2 completed by the Attending Physician at the insured's expense.

Name of Patient	Occupation	NRIC / Passport No.

Part A : General Information

1.	Are you the patient's usual medical provider?	☐ Yes ☐ No If "Yes", over what period do your records extend?
2.	Please provide name and address of doctor who referred the patient to you.	
3.	When did the patient first consult you for this illness? (DD/MM/YY)	
4.	What were the symptoms presented?	
5.	According to the patient, how long had he/she been experiencing these symptoms?	
6.	How long do you feel the symptoms have lasted? Please provide reasons.	
7.	What is the diagnosis?	
8.	On which date was the diagnosis made? (DD/MM/YY)	
9.	On which date was the patient first made aware of the diagnosis? (DD/MM/YY)	
10.	Was there any surgical procedure performed?	☐ Yes ☐ No If "Yes", what was the surgical procedure performed?
11.	When was the surgical procedure performed? (DD/MM/YY)	

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Name of Patient	NRIC / Passport No.

12.	What is the prognosis of the patient's condition?	
13.	Has the patient previously suffered from the illness or any related condition ticked [✓] above?	☐ Yes ☐ No If "Yes", please give dates of consultations and resulting diagnosis.
14.	Is there anything in the patient's family history which would have increased the risk of the illness?	☐ Yes ☐ No If "Yes", please give family history.
15.	Please provide full and exact details of the diagnosis and its clinical basis.	
16.	Has the patient suffered from/been treated for any other illness(es)/complaints other than his Critical Illness?	☐ Yes ☐ No If "Yes", please give dates of consultations and resulting diagnosis
17.	Is there any further information which in your opinion will assist us in assessing this claim?	☐ Yes ☐ No If "Yes", please furnish such information.
18.	Will you agree and authorize to release this medical information if such disclosure is required by the Financial Industry Disputes Resolution Centre Ltd (FIDReC) of Singapore or any proper Government Authority?	☐ Yes ☐ No If "Yes", please furnish such information.

Please indicate the Critical Illness and provide the details in the relevant section.

Kindly refer to Appendix A for the Critical Illnesses' definitions.

Part B : Details of Patient's Illness

1. Major Cancers

Besides Female Cancer rider, all cancers exclude Carcinoma-In-Situ of the Breasts, Cervical Dysplasia CIN-1, CIN-2 and CIN-3.

1.	Please describe the extent of the disease.	
	a. What is the histological diagnosis of the disease?	
	b. What is the staging of the Tumour?	
	c. When was the above staging first determined? (DD/MM/YY)	
	d. Is the disease completely localized?	☐ Yes ☐ No
	e. Is there spread of malignant cells to lymph nodes or distant part of the body?	☐ Yes ☐ No If "Yes", please describe degree of regional nodal involvement and/or spread to distant parts of the body.
	f. Is the tumour histologically described as pre-malignant or non-invasive, including, but not limited to Carcinoma-In-Situ of the Breasts, Cervical Dysplasia CIN-1, CIN2 or CIN-3?	☐ Yes ☐ No
	g. Was the tumour present due to HIV/AIDS infection?	☐ Yes ☐ No
2.	To be completed ONLY if diagnosis is skin cancer, prostate cancer, thyroid and bladder cancer, chronic lymphocytic leukaemia or gastrol-intestinal stromal tumours.	
	a. For skin cancer, is the tumour histologically described as hyperkeratosis, basal cell and squamous skin cancers?	☐ Yes ☐ No
	b. For melanomas cancers, is the lesion of less than 1.5mm Breslow thickness, nor less than Clark level 3?	☐ Yes ☐ No
	c. For prostate cancer, is the tumour histologically described a Papillary micro-carcinoma of less than 1cm in diameter?	☐ Yes ☐ No
	d. For Chronic Lymphocytic Leukemia, is the disease classified as lesser than RAI Stage 3?	☐ Yes ☐ No
	e. For Gastrol-Intestinal Stromal tumours, is the mitotic count of less than or equal to 5/50 HPFS?	☐ Yes ☐ No
3.	What is the nature of treatment?	☐ Surgical ☐ Radiotherapy ☐ Chemotherapy ☐ Palliative Please provide details of procedure(s).
4.	Is biopsy of the tumour performed?	☐ Yes ☐ No
5.	In your opinion, does the patient's condition fulfill the definition of "Major Cancer" described in Appendix A?	☐ Yes ☐ No
6.	Please enclose copies of all reports including biopsy, cytology reports, x-rays, CT scans, other imaging studies, laboratory evidence, surgical reports, etc, and relevant hospital reports that are available.	

2. Heart Attack of Specified Severity	
1. What is the diagnosis?	
2. Please describe the heart attack.	
a. Date of attack (DD/MM/YY)	
b. Was there a current history of typical chest pain?	☐ Yes ☐ No
c. Were there any changes in the ECG indicative of a myocardial infarction?	☐ Yes ☐ No
d. Was there ST elevation or depression?	☐ Yes ☐ No If "Yes", please provide details.
e. Was there T wave inversion?	☐ Yes ☐ No
f. Was there pathological Q waves?	☐ Yes ☐ No
g. Was there left bundle branch block?	☐ Yes ☐ No
h. Was there elevation of Troponin (T or I) documented?	☐ Yes ☐ No If "Yes", please state the date of test and its reading (DD/MM/YY).
i. Was there elevation of cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels?	☐ Yes ☐ No If "Yes", please state the date of test and its reading (DD/MM/YY).
j. Was left ventricular ejection fraction taken 3 months or more after the event?	☐ Yes ☐ No If "Yes", please state the date it was done and its percentage. (DD/MM/YY)
k. Was there death of a portion of the heart muscle?	☐ Yes ☐ No
3. Date of return to normal activities and/or the patient's current limitations – physical and mental. (DD/MM/YY)	
4. In your opinion, does the patient's condition fulfill the definition of "Heart Attack of Specified Severity" described in Appendix A?	☐ Yes ☐ No
5. Please enclose copies of all reports, resting ECGs, exercise stress tests, troponin results, enzymes assays, isotope studies, imaging (echocardiograms), coronary angiography and any relevant hospital reports that are available.	

3. Stroke with Permanent Neurological Deficit	
1. What is the diagnosis?	
2. Please describe the episode.	
a. Date of episode (DD/MM/YY)	
b. Nature of the episode	
c. Duration of the acute symptoms	
d. Is this a Transient Ischaemic Attack?	☐ Yes ☐ No
e. Please comment on any neurological sequelae which lasted more than 24 hours.	
f. Have these sequelae lasted at least 6 weeks after the events?	☐ Yes ☐ No
g. How long have these sequelae been present since the initial episode? Please give the number of days/months.	
h. Which of these symptoms of neurological deficits are present?	☐ Numbness ☐ Paralysis ☐ Localized weakness ☐ Dysarthria ☐ Aphasia ☐ Dysphagia ☐ Coma ☐ Delirium ☐ Visual Impairment ☐ Dementia ☐ Seizures ☐ Difficulty in walking ☐ Tremor ☐ Lack of Coordination
i. Are the neurological deficits expected to be permanent?	☐ Yes ☐ No Please state the basis of prognosis.
j. Has there been an infarction of brain tissue, cerebral haemorrhage, thrombosis or embolization from an extracranial source?	☐ Yes ☐ No
k. Was the brain damaged due to an accident or injury, infection, vasculitis or inflammatory disease?	☐ Yes ☐ No
l. Is this a vascular disease that affects the eye and optic nerve?	☐ Yes ☐ No
m. Is this an ischaemic disorder of the vestibular system?	☐ Yes ☐ No
3. Date of return to normal activities (DD/MM/YY)	
4. What are the patient's present physical and/or mental limitations?	
5. In your opinion, does the patient's condition fulfill the definition of "Stroke" described in Appendix A?	☐ Yes ☐ No
6. Please enclose copies of all reports, radiological procedures, MRI, CT scanning, laboratory evidence, other imaging procedure, etc, and any relevant hospital reports that are available.	

4. Coronary Artery By-pass Surgery

1. Please describe the extent of the disease.	
a. Which arteries are involved and what is the degree of narrowing (%) in respect of each involved artery?	
b. Was coronary arteriography performed?	☐ Yes ☐ No
c. Was open heart surgery performed?	☐ Yes ☐ No If "Yes", state the number and sites of grafts inserted.
d. What other forms of treatments were rendered?	
2. Has the patient previously suffered from the above illness or other cardiovascular disease?	☐ Yes ☐ No If "Yes", please provide the details.
3. In your opinion, does the patient's condition fulfill the definition of "Coronary Artery By-pass Surgery" described in Appendix A?	☐ Yes ☐ No
4. Please enclose copies of all surgical reports, x-rays, CT-scans, Thallium scans, and any other imaging studies, laboratory evidence, angiograms, etc, and any relevant hospital reports that are available.	

5. End Stage Kidney Failure

1. Please describe the extent of the kidney failure.	
a. Has the patient's renal disease reached end-stage?	☐ Yes ☐ No If "Yes", what was the exact date of diagnosis? (DD/MM/YY)
b. Are both kidneys involved?	☐ Yes ☐ No
c. Is the patient undergoing regular peritoneal dialysis or haemodialysis?	☐ Yes ☐ No If "Yes", what was the date of commencement? (DD/MM/YY)
d. Has renal transplantation been performed?	☐ Yes ☐ No If "Yes", when was it done? (DD/MM/YY)
e. Was the patient a recipient of the renal transplant?	☐ Yes ☐ No
f. Is the renal dialysis/transplantation required as a life-saving procedure?	☐ Yes ☐ No
2. In your opinion, does the patient's condition fulfill the definition of "Kidney Failure" described in Appendix A?	☐ Yes ☐ No
3. Please enclose copies of all reports including x-rays, blood tests, other laboratory tests, cystoscopy report, pyelograms, ultrasound, and biopsy reports, surgical procedures and any relevant hospital reports that are available.	

6. Irreversible Aplastic Anaemia	
1. Please describe the extent of disease.	
a. When was the date of onset? (DD/MM/YY)	
b. What was the diagnosis?	
2. What is the haemoglobin level, red cell count, white cell count and platelet count?	
3. What is the nature of treatment?	☐ Blood product transfusion ☐ Marrow stimulating agents ☐ Immunosuppressive agents ☐ Bone marrow transplantation
4. In your opinion, does the patient's condition fulfill the definition of "Aplastic Anaemia" described in Appendix A?	☐ Yes ☐ No
5. Please enclose copies of all reports, radiological procedures, CT scans, laboratory evidence, other imaging procedure, etc, and any relevant hospital reports that are available.	

7. End Stage Lung Disease	
1. Diagnosis and etiology.	
2. Please describe the extent of the lung failure.	
a. Has the patient's lung disease reached end-stage?	☐ Yes ☐ No If "Yes", please state the date. (DD/MM/YY)
b. What is the FEV1 of the patient?	
c. Is the patient undergoing extensive and permanent oxygen therapy for hypoxemia?	☐ Yes ☐ No
d. What is the Arterial blood gas analysis (PaO_2) of the patient?	
3. In your opinion, does the patient's condition fulfill the definition of "End Stage Lung Disease" described in Appendix A?	☐ Yes ☐ No
4. Please enclose copies of all reports including x-ray, blood test, other laboratory tests, brochoscopy reports, bronchograms, ultrasound and biopsy reports, surgical procedures and any relevant hospital reports that are available.	

8. End Stage Liver Failure	
1. What is the diagnosis?	
2. Please describe the extent of illness.	
a. When was the date of onset? (DD/MM/YY)	
3. Is there end stage liver failure? If "Yes",	☐ Yes ☐ No
a. Is there permanent jaundice?	☐ Yes ☐ No
b. Is there ascites?	☐ Yes ☐ No

c. Is there hepatic encephalopathy?	☐ Yes ☐ No
4. What was the cause of the liver failure?	
5. Was the liver disease secondary to alcohol or drug abuse?	
6. What is the current condition of the patient and what is the prognosis?	
7. In your opinion, does the patient's condition fulfill the definition of "End Stage Liver Failure" described in Appendix A?	☐ Yes ☐ No
8. Please enclose copies of all reports including liver function test, ultrasound, MR and other imaging studies, laboratory evidence and any relevant hospital reports that are available.	

9. Coma

1. Please describe the extent of the coma.	
a. When was the date of onset? (DD/MM/YY)	
b. Is there lack of response to external stimuli for at least 96 hours?	☐ Yes ☐ No
c. Is the use of a life support system necessary to sustain life?	☐ Yes ☐ No
d. Was there brain damage resulting in permanent neurological deficit?	☐ Yes ☐ No
e. Has the sequelae lasted more than 30 days from the onset of the coma?	☐ Yes ☐ No
2. What was the cause of coma?	
3. Did the coma directly result from alcohol or drug abuse?	☐ Yes ☐ No If "Yes", please specify the exact cause.
4. In your opinion, does the patient's condition fulfill the definition of "Coma" described in Appendix A?	☐ Yes ☐ No
5. Please enclose copies of all reports, neurological reports, x-rays, CT scans, MR and other imaging studies, laboratory test, surgical reports, and nay relevant hospital reports that are available.	

10. Deafness (Irreversible Loss of Hearing)

1. Please describe the extent of the loss of hearing.	
a. When was the date of onset? (DD/MM/YY)	
b. Was the diagnosis confirmed by an audiometric and sound-threshold?	☐ Yes ☐ No
c. Is the loss of hearing considered total and irreversible?	☐ Yes ☐ No
d. Is there a loss of at least 80 decibels in all frequencies of hearing?	☐ Yes ☐ No

2. What was the cause of the loss of hearing?	
3. In your opinion, does the patient's condition fulfill the definition of "Deafness" described in Appendix A?	☐ Yes ☐ No
4. Please enclose copies of all audiometric and sound-threshold reports, x-rays, laboratory tests, surgical reports, and any relevant hospital reports that are available.	

11. Open Chest Heart Valve Surgery

1. Please describe the extent of the disease.	
a. When was the date of onset of the heart valve defects? (DD/MM/YY)	
b. What was the diagnosis?	
2. Was open heart surgery performed?	☐ Yes ☐ No If "Yes", state the surgical procedure used to correct the valvular problem.
3. In your opinion, does the patient's condition fulfill the definition of "Heart Valve Surgery" described in Appendix A?	☐ Yes ☐ No
4. Please enclose copies of all surgical reports, x-rays, CT scans, and any other imaging studies, laboratory evidence, angiograms etc, and any relevant hospital reports that are available.	

12. Irreversible Loss of Speech

All psychiatric related causes are excluded.

1. Please describe the extent of the loss of speech.	
a. When was the date of onset? (DD/MM/YY)	
b. What was the duration of the loss of speech?	
c. Is the loss of speech considered total and irrecoverable?	☐ Yes ☐ No
2. What was the cause of the loss of speech?	
3. In your opinion, does the patient's condition fulfill the definition of "Loss of Speech" described in Appendix A?	☐ Yes ☐ No
4. Please enclose copies of all reports from (Ear, Nose and Throat) specialist, x-ray, laboratory tests, surgical reports, and any relevant hospital reports that are available.	

13. Major Burns

1. Please describe the extent of the major burns.	
a. When was the date of onset? (DD/MM/YY)	
b. Is the burns considered Third degree Burns?	☐ Yes ☐ No If "Yes", please describe the extent (in percentages) of the burns covering the body surface.
2. What was the cause of the major burns?	

3. In your opinion, does the patient's condition fulfill the definition of "Major Burns" described in Appendix A?	☐ Yes ☐ No
4. Please enclose copies of surgical reports and all relevant hospital reports that are available.	

14. Major Organ Transplant / Bone Marrow Transplantation

1. Please describe the transplant operation.	
a. Which of the organ was involved?	
b. What was the date of operation? (DD/MM/YY)	
c. What is the prognosis?	
d. Was the transplant resulted from an irreversible end stage failure of the relevant organ?	☐ Yes ☐ No
2. In your opinion, does the patient's condition fulfill the definition of "Major Organ Transplant / Bone Marrow Transplantation" described in Appendix A?	☐ Yes ☐ No
3. Please enclose copies of all reports including x-rays, CT scans, ultrasound or other studies, ECG, surgical reports, laboratory evidence etc, and any relevant hospital reports that are available.	

15. Multiple Sclerosis

1. Please describe the extent of the disease.	
a. Is there a history of repeated relapse and remission or a steady progressive disability?	☐ Yes ☐ No
b. Are there lesions producing well-defined neurological deficits involving the optic nerves, brain stem and spinal cord which occurred over a continuous period of at least 6 months?	☐ Yes ☐ No
c. Are there signs and symptoms of multiple lesions?	☐ Yes ☐ No
d. Was the neurological damages caused by SLEs or HIV/AIDS?	☐ Yes ☐ No If "Yes", what was the cause?
2. Date of return to normal activities (DD/MM/YY)	
3. What are the patient's present physical and/or mental limitations?	
4. In your opinion, does the patient's condition fulfill the definition of "Multiple Sclerosis" described in Appendix A?	☐ Yes ☐ No
5. Please enclose copies of all neurological reports, x-rays, ECGs, ultrasound or other imaging studies, laboratory tests, biopsy reports, etc, and any relevant hospital reports that are available.	

16. Muscular Dystrophy

1.	Please describe the cause of infection.	
	a. Is there evidence of sensory disturbance, abnormal cerebrospinal fluid, or diminished tendon reflex?	☐ Yes ☐ No If "Yes", please describe findings.
	b. Which are the muscles involved?	
	c. Can the disease be controlled with medication?	☐ Yes ☐ No
	d. Are there signs of progressive impairments?	☐ Yes ☐ No If "Yes", what are the signs?
2.	Was the diagnosis confirmed by an electromyogram?	☐ Yes ☐ No
3.	Was the diagnosis confirmed by Muscle Biopsy?	☐ Yes ☐ No
4.	In your opinion, does the patient's condition fulfill the definition of "Muscular Dystrophy" described in Appendix A?	☐ Yes ☐ No
5.	Please enclose copies of all neurological reports, electromyogram studies, and muscle biopsy, laboratory tests, etc, and any relevant hospital reports that are available.	

17. Idiopathic Parkinson's Disease

1.	Please describe the extent of disease.	
	a. When was the date of onset? (DD/MM/YY)	
	b. What was your diagnosis?	
	c. What is the cause of the disease?	
2.	In your opinion, does the patient's condition fulfill the definition of "Parkinson's Disease" described in Appendix A?	☐ Yes ☐ No
3.	Please enclose copies of all reports, radiological procedures, CT scans, laboratory evidence, other imaging procedures, etc, and any relevant hospital reports that are available.	

18. Open Chest Surgery to Aorta	
1. Please describe the extent of the disease.	
a. What is the diagnosis?	
b. When was the date of onset of the diseased aorta? (DD/MM/YY)	
2. Was excision and surgical replacement of the diseased aorta with a graft performed?	☐ Yes ☐ No
3. Was the surgery performed using minimally invasive or intra arterial techniques?	☐ Yes ☐ No
4. In your opinion, does the patient's condition fulfill the definition of "Surgery to Aorta" described in Appendix A?	☐ Yes ☐ No
5. Please enclose copies of all surgical reports, x-rays, CT scans, any other imaging studies, laboratory evidence, angiograms etc, and any relevant hospital reports that are available.	

19. Alzheimer's Disease / Severe Dementia	
1. What is the age of onset of Alzheimer's Disease?	
2. Please describe the extent of the disease.	
a. Is there evidence of deterioration or loss of intellectual capacity?	☐ Yes ☐ No
b. Is there abnormal behavior resulting in significant reduction in mental and social functioning requiring the continuous supervision of patient?	☐ Yes ☐ No If "Yes", please describe findings.
c. Did the deterioration or loss of intellectual capacity or abnormal behavior arise from neurosis, psychiatric illness and any drug or alcohol related organic disorder?	☐ Yes ☐ No
3. In your opinion, does the patient's condition fulfill the definition of "Alzheimer's Disease / Severe Dementia" described in Appendix A?	☐ Yes ☐ No
4. Please enclose copies of questionnaires or test reports or any relevant hospital reports that are available.	

20. Fulminant Hepatitis

1.	Please describe the extent of the illness.	
	a. What is the diagnosis and etiological agent?	
	b. What is the approximate date of onset? (DD/MM/YY)	
	c. Is there a rapid decreasing liver size?	☐ Yes ☐ No
	d. Is there a submissive to massive necrosis of the liver?	☐ Yes ☐ No
	e. Is there a rapid deterioration of liver function tests?	☐ Yes ☐ No
	f. Was there deepening jaundice?	☐ Yes ☐ No
	g. Was there hepatic encephalopathy?	☐ Yes ☐ No
2.	What is the current condition of the patient?	
3.	What is the prognosis of the patient?	
4.	In your opinion, does the patient's condition fulfill the definition of "Fulminant Hepatitis" described in Appendix A?	☐ Yes ☐ No
5.	Please enclose copies of all reports including liver function test, ultrasound, MR and other imaging studies, laboratory evidence, etc, and any relevant hospital reports that are available.	

21. Motor Neurone Disease

1.	Please describe the extent of disease.	
	a. When was the date of onset? (DD/MM/YY)	
	b. What was your diagnosis?	
	c. Is there progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons including spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis & primary lateral sclerosis?	☐ Yes ☐ No If "Yes", please elaborate.
2.	In your opinion, does the patient's condition fulfill the definition of "Motor Neurone Disease" described in Appendix A?	☐ Yes ☐ No
3.	Please enclose copies of all reports, radiological procedures, CT scans, laboratory evidence, other imaging procedure, etc, and any relevant hospital reports that are available.	

22. Primary Pulmonary Hypertension

1.	Please describe the extent of the pulmonary arterial hypertension.	
	a. Was there dyspnea and fatigue?	☐ Yes ☐ No
	b. Was there increase in left atrial pressure of at least 20 units or more?	☐ Yes ☐ No
	c. Was there pulmonary resistance of at least 3 units above normal?	☐ Yes ☐ No
	d. Was there pulmonary artery pressure of at least 40mmHg?	☐ Yes ☐ No
	e. Was there pulmonary wedge pressure of at least 6mmHg?	☐ Yes ☐ No
	f. Was there right ventricular end-diastolic pressure of at least 8mmHg?	☐ Yes ☐ No
	g. Was there right ventricular hypertrophy, dilation and signs of right heart failure and decompensation?	☐ Yes ☐ No
2.	Was the patient able to engage in any physical activity without discomfort?	☐ Yes ☐ No
3.	Are the symptoms present even at rest?	☐ Yes ☐ No
4.	Was there permanent physical impairment of at least class IV of the NYHA classification of cardiac impairment?	☐ Yes ☐ No If "No", what is the NYHA classification for the current condition?
5.	In your medical opinion what was the cause of the pulmonary arterial hypertension.	
6.	In your opinion, does the patient's condition fulfill the definition of "Primary Pulmonary Hypertension" described in Appendix A?	☐ Yes ☐ No
7.	Please enclose copies of all reports including x-rays, ECGs, ultrasound, cardiac catherisation, laboratory tests, pulmonary function studies etc, and any relevant hospital reports that are available.	

23. HIV Due to Blood Transfusion & Occupationally Acquired HIV

1.	Please describe the cause of infection.	
	a. Was the infection due to blood transfusion?	☐ Yes ☐ No
	b. Was the blood transfusion medically necessary or given as part of a medical treatment?	☐ Yes ☐ No
	c. Was the blood transfusion received in Singapore?	☐ Yes ☐ No If "Yes", when was the transfusion done? (DD/MM/YY)

d. Was the infection resulted from any other means including sexual activity and the use of intravenous drug?	☐ Yes ☐ No If "Yes", please state the likely cause.
2. Is the source of infection established from the Institution that provided the blood transfusion?	☐ Yes ☐ No
3. Is the institution able to trace the origin of the HIV tainted blood?	☐ Yes ☐ No
4. Is the patient suffering from Thalassaemia Major or Haemophilia?	☐ Yes ☐ No
5. Is the occupation of the patient a medical practitioner, houseman, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic in Singapore?	☐ Yes ☐ No If "Yes", please state the actual occupation.
a. Was there an accident whilst the patient was carrying out the normal professional duties of his occupation in Singapore?	☐ Yes ☐ No If "Yes", please state the exact date of accident. (DD/MM/YY)
b. Was the accident involved a definite source of the HIV infected fluids?	☐ Yes ☐ No
c. Was an HIV antibody test done before the accident occurred?	☐ Yes ☐ No If "Yes", please state the date of test and the result. (DD/MM/YY)
d. Was an HIV antibody test done after the accident occurred?	☐ Yes ☐ No If "Yes", please state the date of test and the result. (DD/MM/YY)
6. In your opinion, does the patient's condition fulfill the definition of "HIV Due to Blood Transfusion & Occupationally Acquired HIV" described in Appendix A?	☐ Yes ☐ No

24. Benign Brain Tumour

1. Please describe the extent of the Benign Brain Tumour	
a. When was the date of onset? (DD/MM/YY)	
b. When was the patient informed of the diagnosis? (DD/MM/YY)	
c. Please provide the detailed location of the diagnosis.	
d. Is the tumour life threatening?	☐ Yes ☐ No

e. Has the tumour caused damage to the brain?	☐ Yes ☐ No
f. Has the patient undergone surgical removal?	☐ Yes ☐ No
g. Has the tumour caused a permanent neurological deficit?	☐ Yes ☐ No
h. Is the tumour confirmed by imaging studies such as CT scan or MRI?	☐ Yes ☐ No
2. In your opinion, does the patient's condition fulfill the definition of "Benign Brain Tumour" described in Appendix A?	☐ Yes ☐ No
3. Please provide the copy of CT scan or MRI report.	

25. Severe Encephalitis

1. Please describe the extent of the illness.	
a. When was the date of diagnosis? (DD/MM/YY)	
b. When was the patient informed of the diagnosis? (DD/MM/YY)	
c. Date of return to normal activities. (DD/MM/YY)	
d. Was there any significant and serious permanent neurological deficit?	☐ Yes ☐ No If "Yes", what are they?
e. Are the permanent neurological deficit documented for at least six (6) weeks?	☐ Yes ☐ No Please provide details.
f. What are the patient's present limitations, physical and mental?	
2. In your opinion, does the patient's condition fulfill the definition of "Viral Encephalitis" described in Appendix A?	☐ Yes ☐ No
3. Please enclose copies of all surgical reports, EEG, x-rays, CT scans and any other imaging studies, laboratory evidence, CSF culture etc, and any relevant hospital reports that are available.	

26. Severe Bacterial Meningitis

1.	Please describe the extent of the disease.	
	a. When was the date of diagnosis? (DD/MM/YY)	
	b. When was the patient informed of the diagnosis? (DD/MM/YY)	
	c. Was the diagnosis confirmed by the presence of bacterial infection in cerebrospinal fluid by lumbar puncture?	☐ Yes ☐ No
	d. Date of return to normal activities. (DD/MM/YY)	
	e. What is the patient's present physical and/or mental limitations?	
	f. Were there any neurological deficits which have lasted for at least six weeks?	☐ Yes ☐ No
	g. Are these neurological deficits permanent?	☐ Yes ☐ No
	h. What are these neurological deficits?	
	i. Was the condition present due to HIV/AIDS infections?	☐ Yes ☐ No
2.	In your opinion, does the patient's condition fulfill the definition of "Bacterial Meningitis" described in Appendix A?	☐ Yes ☐ No
3.	Please enclose copies of all surgical reports, x-rays, CT scans, and any other imaging studies, laboratory evidence, CSF culture etc, and any relevant hospital reports that are available.	

27. Blindness (Irreversible Loss of Sight)

1.	Please describe the extent of the blindness.	
	a. When was the date of onset? (DD/MM/YY)	
	b. What is the visual acuity of both eyes at present?	Left: Right:
	c. What forms of treatment were rendered?	
	d. What is the prognosis?	
	e. Will further surgery improve his/her sight?	☐ Yes ☐ No If "Yes", what kind of surgery will be necessary?
2.	What was the cause of blindness?	

3. In your opinion, does the patient's condition fulfill the definition of "Blindness" described in Appendix A?	☐ Yes ☐ No
4. Please enclose copies of all reports including opthamologist's reports, CT scans and any other relevant hospital reports that are available.	

28. Major Head Trauma

1. Was the head injury the result of an accident?	☐ Yes ☐ No
2. When did the accident occur? (DD/MM/YY)	
3. If not due to accident, please advise the cause.	
4. Is the major head trauma a self-inflicted injury?	☐ Yes ☐ No
5. Which of these symptoms of neurological deficits present?	☐ Numbness ☐ Paralysis ☐ Localized weakness ☐ Dysarthria ☐ Aphasia ☐ Dysphagia ☐ Coma ☐ Delirium ☐ Visual Impairment ☐ Dementia ☐ Seizures ☐ Difficulty in walking ☐ Tremor ☐ Lack of Coordination ☐ Others, please specify: _____
6. Are the neurological deficits expected to be permanent?	☐ Yes ☐ No Please state the basis of prognosis.
7. Date of return to normal activities (DD/MM/YY)	
8. What are the patient's present physical and/or mental limitations?	
9. In your opinion, does the patient's condition fulfill the definition of "Major Head Trauma" described in Appendix A?	☐ Yes ☐ No
10. Please enclose copies of all reports, radiological procedures, MRI, CT scanning, laboratory evidence, other imaging procedure, etc, and any relevant hospital reports that are available.	

29. Paralysis (Irreversible Loss of Use of Limbs)

1. Please describe the extent of the paralysis.	
a. When was the date of onset? (DD/MM/YY)	
b. Please describe the areas of involvement and the corresponding limitations.	
c. Is the loss of use of the involved limbs considered complete and permanent?	☐ Yes ☐ No If "Yes", please provide basis for prognosis.

d. Has the loss been at least 6 weeks?	☐ Yes ☐ No
2. Was the paralysis caused by self-inflicted injuries?	☐ Yes ☐ No If "No", what was the cause?
3. In your opinion, does the patient's condition fulfill the definition of "Paralysis (Loss of Use of Limbs)" described in Appendix A?	☐ Yes ☐ No
4. Please enclose copies of all reports including x-rays, CT scans, ultrasound or other studies, ECG, surgical reports, laboratory evidence etc, and any relevant hospital reports that are available.	

30. Systemic Lupus Erythematosus with Lupus Nephritis

1. What is the diagnosis?	
2. Please describe the extent of illness.	
a. When was the date of onset? (DD/MM/YY)	
b. Has the systemic lupus erythematosus involved the kidneys?	☐ Yes ☐ No
c. Is the disease of at least class III of the WHO classification of Lupus Glomerulonephritis?	☐ Yes ☐ No
3. In your opinion, does the patient's condition fulfill the definition of "Systemic Lupus Erythematosus with Lupus Nephritis" described in Appendix A?	☐ Yes ☐ No
4. Please enclose copies of all reports including x-rays, blood tests, other laboratory tests, cystoscopy report, pyelograms, ultrasound, and biopsy reports, surgical procedures and any relevant hospital reports that are available.	

AIA SINGAPORE
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Corporate Solutions

3 Tampines Grande, #07-00, AIA Tampines, Singapore 528799, Email : sg.eb.claims@aia.com

Part C : Activity of Daily Living

1. Is the patient able to perform (whether aided or unaided) the following?

a. Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means	☐ Yes ☐ No If "No", since when did the inability start? (DD/MM/YY)
b. Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances	☐ Yes ☐ No If "No", since when did the inability start? (DD/MM/YY)
c. Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa	☐ Yes ☐ No If "No", since when did the inability start? (DD/MM/YY)
d. Mobility- the ability to move indoors from room to room on level surfaces	☐ Yes ☐ No If "No", since when did the inability start? (DD/MM/YY)
e. Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene	☐ Yes ☐ No If "No", since when did the inability start? (DD/MM/YY)
f. Feeding- the ability to feed oneself once food has been prepared and made available	☐ Yes ☐ No If "No", since when did the inability start? (DD/MM/YY)

Part D : Declaration by Attending Physician

I hereby declare that I was physician in attendance during the last illness of the patient and that the foregoing answers are true to the best of my knowledge and belief and that no material fact has been concealed from the Company.

Signature of Physician	Date (DD/MM/YY)
Name / Designation	Name and Address of Clinic / Hospital & Stamp

3 Tampines Grande, #07-00, AIA Tampines, Singapore 528799, Fax: 6538 5603 / 6538 4340, Email : sg.eb.claims@aia.com

Appendix A – Critical Illness Definition

1. Major Cancers

A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

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

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

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
  Pre-malignant;
  Non-invasive;
  Carcinoma-in-situ (Tis) or Ta;
  Having borderline malignancy;
  Having any degree of malignant potential;
  Having suspicious malignancy;
  Neoplasm of uncertain or unknown behaviour; or
  All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;
- Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of HIV infection.

2. Heart Attack of Specified Severity

Death of heart muscle due to obstruction of blood flow, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;
- New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company.

For the above definition, the following are excluded:

- Angina;
- Heart attack of indeterminate age; and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

3. Stroke with Permanent Neurological Deficit

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit. This diagnosis must be supported by all of the following conditions:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve;
- Ischaemic disorders of the vestibular system; and
- Secondary haemorrhage within a pre-existing cerebral lesion.

4. Coronary Artery By-pass Surgery

The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty and all other intra arterial, catheter based techniques, "keyhole" or laser procedures are excluded.

5. End Stage Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

6. Irreversible Aplastic Anaemia

Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion;
- Bone marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow or haematopoietic stem cell transplantation.

The diagnosis must be confirmed by a haematologist.

7. End Stage Lung Disease

End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:

- FEV1 test results which are consistently less than 1 litre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO2 . 55mmHg); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

8. End Stage Liver Failure

End stage liver failure as evidenced by all of the following:

- Permanent jaundice;
- Ascites; and
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

9. Coma

A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

Coma resulting directly from alcohol or drug abuse is excluded.

10. Deafness (Irreversible Loss of Hearing)

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.
Total means "the loss of at least 80 decibels in all frequencies of hearing".

Irreversible means "cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention."

11. Open Chest Heart Valve Surgery

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.
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12. Irreversible Loss of Speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric related causes are excluded.

13. Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assured¡¦s body.

14. Major Organ / Bone Marrow Transplantation

The receipt of a transplant of:
- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

15. Multiple Sclerosis

The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all of the following:
- Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis;
- Multiple neurological deficits which occurred over a continuous period of at least 6 months; and
- Well documented history of exacerbations and remissions of said symptoms or neurological deficits.

Other causes of neurological damage such as SLE and HIV are excluded.

16. Muscular Dystrophy

The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Insured Member to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.

For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

17. Idiopathic Parkinson’s Disease

The unequivocal diagnosis of idiopathic Parkinson’s Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:
- The disease cannot be controlled with medication; and
- Inability of the Insured Member to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.

For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

18. Open Chest Surgery to Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra arterial techniques are excluded.

19. Alzheimer's Disease / Severe Dementia

Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the life assured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor.
The following are excluded:
- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol related brain damage.

20. Fulminant Hepatitis

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:
- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

21. Motor Neurone Disease

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

22. Primary Pulmonary Hypertension

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The NYHA Classification of Cardiac Impairment:

Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.
Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.
Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

23. HIV Due to Blood Transfusion and Occupationally Acquired HIV

A. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later; and
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.

B. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or date of reinstatement of this Supplementary Contract, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:

- Proof that the accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit is only payable when the occupation of the insured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore).

This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

24. Benign Brain Tumor

Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:

- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- Cysts;
- Abscess;
- Angioma;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland, spinal cord and skull base.

25. Severe Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in permanent neurological deficit which must be documented for at least 6 weeks. This diagnosis must be certified by a consultant neurologist and supported by any confirmatory diagnostic tests.

Encephalitis caused by HIV infection is excluded.

26. Severe Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:

- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- A consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

27. Blindness (Irreversible Loss of Sight)

Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

The blindness must not be correctable by surgical procedures, implants or any other means.

28. Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head Injury.

The following are excluded:
- Spinal cord injury; and
- Head injury due to any other causes.

29. Paralysis (Irreversible Loss of Use of Limbs)

Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

30. Systemic Lupus Erythematosus With Lupus Nephritis

The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

The RPS/ISN classification of lupus nephritis:

Class I	Minimal mesangial lupus nephritis
Class II	Mesangial proliferative lupus nephritis
Class III	Focal lupus nephritis (active and chronic; proliferative and sclerosing)
Class IV	Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global)
Class V	Membranous lupus nephritis
Class VI	Advanced sclerosis lupus nephritis