

AIA SINGAPORE PRIVATE LIMITED
CITIBANK CREDIT INSURE

POLICY SCHEDULE

Policyholder: Citibank Singapore Limited
Policy Number: 79657

Benefits		Amount Covered
1.	<p>Death Benefit, Total and Permanent Disablement Benefit and Critical Illness Benefit Upon due proof of Insured Person's Death, Total Permanent Disablement or Diagnosis of Critical Illness (whichever occurs first), the sum assured will be payable in a lump sum</p>	<p>(i) Death Benefit or Total and Permanent Disablement Benefit: [4 x Indebtedness as at date of Death/ Total and Permanent Disablement (whichever is applicable)] + a maximum of interest accrued for two (2) months after the date of Death / Total and Permanent Disablement (whichever is applicable), subject to a cap of S\$160,000 or 4.8 times of Insured Person's Credit Limit, whichever is lower.</p> <p>OR</p> <p>(ii) Critical Illness Benefit: [2 x Indebtedness as at date of Diagnosis of Critical Illness] + a maximum of interest accrued for two (2) months after the date of Diagnosis of Critical Illness , subject to a cap of S\$80,000 or 2.4 times of Insured Person's Credit Limit, whichever is lower.</p>
2	<p>Funeral Expenses Benefit Upon payment of a Death Benefit, an amount for Funeral Expenses Benefit will be payable in a lump sum.</p>	<p>2x Indebtedness as at date of the Death, subject to a cap of S\$80,000 or 2.4 times of Insured Person's Credit Limit, whichever is lower.</p>
3	<p>Total and Temporary Disablement Benefit Upon due proof of Insured Person's Total and Temporary Disablement, we will pay for each month of Insured Person's Total and Temporary Disablement</p>	<p>Minimum Monthly Instalment for each month of Insured Person's Total and Temporary Disablement until the limit in Limitation of Payment clause in Part III Section E (ii) is reached.</p>
4	<p>Premium Waiver Benefit</p>	<p>In case of Total and Temporary Disablement for a continuous period of at least thirty (30) days, Insurer will waive or refund (as the case may be) the payment of the Premium during the period of the uninterrupted continuance of the Total and Temporary Disablement but will cease when the limit in Limitation of Payment in Part III Section E (ii) is reached.</p>

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PART I – DEFINITIONS

In this policy where consistent with the context, the singular shall include the plural and the plural the singular; words importing the masculine gender shall include the feminine gender; and each of the following words and expressions shall have the following meanings:

1. **“Accident”** shall mean an unforeseen event, which is caused solely and directly by external, violent, sudden and accidental means.
2. **“Activities of Daily Living”** (ADLs) means the following activities as defined:
 - (i) 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;
 - (ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - (iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; (iv) Mobility - the ability to move indoors from room to room on level surfaces;
 - (v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - (vi) Feeding - the ability to feed oneself once food has been prepared and made available
3. **“Benefit”** shall mean a Death Benefit, Total and Temporary Disablement Benefit, Total and Permanent Disability Benefit, Critical Illness Benefit or Funeral Expenses Benefit (whichever is applicable).
4. **“Certificate of Nomination”** shall mean the Policy Schedule and provisions comprised in this document issued for the coverage of the Insured Person..
5. **“Citibank”** shall mean Citibank Singapore Limited with its registered address at 5 Changi Business Park Crescent #05-00, Singapore 486027.
6. **“Commencement Date”** shall mean the date the Insurance is issued.
7. **“Credit”** shall mean the credit or other form of financial accommodation provided by Us to Insured Person under the Facility.
8. **“Credit Card”** or **“Credit Card Facility”** shall mean the Citibank credit card facility, which has been nominated as the facility to which Insurance is to apply.
9. **“Credit Limit”** shall mean such limit of credit as may be provided by Us to Insured Person under each Facility.
10. **“Company”** shall mean AIA Singapore Private Limited, including its assigns and successors.
11. **“Critical Illness”** shall mean illnesses or surgical procedures falling within the definitions and fulfilling the criteria set out in Part VII – Schedule of Critical Illness.
12. **“Date of Diagnosis”** for conditions that pay a benefit on surgical procedure, this “date of diagnosis” shall refer to the date of diagnosis of the medical condition that leads to the surgical procedure, and not to the date of surgical procedure.
13. **“Effective Date of Coverage”** shall mean the date an Eligible Person becomes an Insured Person under this Policy.
14. **“Event”** shall mean any of the following:
 - (i) The Insured Person’s Death; or
 - (ii) The Insured Person’s Total and Temporary Disablement; or
 - (iii) The Insured Person’s Total and Permanent Disability; or
 - (iv) The Insured Person’s being diagnosed with a Critical Illness.
15. **“Existing Insured Person”** shall mean the insured person covered under the CreditShield or CreditShield Plus.

16. **“Facility”** shall mean Insured Person’s Credit Card Facility or Unsecured Credit Facility (as the case may be).
17. **“Hospital”** shall refer exclusively to an institution duly licensed as such and operated pursuant to law for the care and treatment of sick and injured persons as registered bed patients, with facilities for diagnosis and major surgery, which is under the supervision of one or more Registered Medical Practitioners, and which has 24 hours a day professional nursing service. “Hospital” does not include any institution or that portion of any institution which is operated as a convalescent or nursing home, rest home, home for the aged, a place for alcoholics or drug addicts, or for any similar purpose.
18. **“Indebtedness”** shall mean an amount calculated as follows:
- (i) If, at the time of Death or Total and Permanent Disability or Diagnosis of Critical Illness (whichever is applicable), no Total and Temporary Disablement Benefit has been paid, an amount equal to:
 - (a) the closing balance, including any expenses of supplementary cardholders and any fraction thereof shown on the last billing statement issued on the Insured Person’s Facility prior to the Insured’s Death or Total and Permanent Disability or Diagnosis of Critical Illness (whichever is applicable); and
 - (b) an amount equal to any authorised transactions made on the Insured Person’s Facility prior to Insured Person’s Death or Total and Permanent Disability or Diagnosis of Critical Illness (whichever is applicable) which were not included in the said billing statement, and
 - (c) where the Insured Person has, as at Death, Diagnosis of Critical Illness, Total and Temporary Disablement or Total and Permanent Disability (whichever is applicable), an arrangement with Citibank to repay a fixed monthly instalment plan, and each instalment is charged to his or her Facility (including but not limited to arrangements relating to retail purchases, personal loans and bank transfers), an amount equal to the unpaid instalment(s). “Unpaid instalments”, means instalment(s) which have neither been included in the statement of accounts nor paid by the Insured Person , and comprises of unbilled principal.

OR

- (ii) If, at the time of Death or Total and Permanent Disability or Diagnosis of Critical Illness (whichever is applicable), Total and Temporary Disablement Benefit has been paid, an amount equal to:
 - (a) the closing balance, including expenses of supplementary cardholders and any fraction thereof shown on the last billing statement issued on the Insured Person’s Facility prior to the Insured Person’s Death or Total and Permanent Disability or Diagnosis of Critical Illness (whichever is applicable); and
 - (b) an amount equal to any authorised transactions made on the Insured Person’s Facility prior to the Insured Person’s Death or Total and Permanent Disability or Diagnosis of Critical Illness (whichever is applicable) which were not included in the said last billing statement; and
 - (c) where the Insured Person has, as at Death, Diagnosis of Critical Illness, Total and Temporary Disablement or Total and Permanent Disability (whichever is applicable), an arrangement with Citibank to repay a fixed monthly instalment plan, and each instalment is charged to his or her Facility (including but not limited to arrangements relating to retail purchases, personal loans and bank transfers), an amount equal to the unpaid instalment(s). “Unpaid instalments”, means instalment(s) which have neither been included in the statement of account nor paid by the Insured Person , and comprises of unbilled principal. Less the total amount of Total and Temporary Disablement Benefit which has been paid.
19. **“Injury”** shall mean bodily injury which is caused solely and directly by Accident occurring after the Effective Date of.
20. **“Insurance”** means the cover under Credit Insure Insurance Group Policy No. 79657 provided by the Company to the Insured Person in respect of the amount outstanding under the Facility.

21. **“Insured Person”** shall mean Eligible Person , who, in accordance with the provisions of Part II Section A, is participating in and covered under this Policy.
22. **“Master Policy”** means the master group insurance policy number 79657 issued by the Company to Citibank.
23. **“Minimum Monthly Instalment”** shall mean the minimum amount due and payable by the Insured Person to Us under a Facility as set out in the last statement of account issued prior to the Event giving rise to a claim.
24. **“Permanent Neurological Deficit”** shall mean symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Insured Person. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.
- Permanent means expected to last throughout the lifetime of the Insured Person.
25. **“Premium” or “Premiums”** shall mean any and all premiums payable under this Policy by Us to the Company in respect of the Insured Person.
26. **“Policy”** shall mean this Certificate of Nomination and the Master Policy, any riders or endorsements therein, any amendments thereto signed by the Company, and the individual enrolment forms, if any, of the Insured Persons , which together constitute the entire contract between the parties.
27. **“Registered Medical Practitioner”** shall mean only a person qualified by a degree in western medicine and legally authorized in the geographical area of his practice to render medical or surgical services, and who is not: (i) the insured, or (ii) a member of his immediate family, or (iii) other relative of the insured, or (iv) business partner of the insured
28. **“Sickness”** shall mean a physical condition marked by a pathological deviation from the normal healthy state.
29. **“Specialist”** shall mean a Registered Medical Practitioner who specializes in a specific area in a medical field, and who is not: (i) the insured, or (ii) a member of his immediate family, or (iii) other relative of the insured, or (iv) business partner of the insured.
30. **“Total and Permanent Disability”** shall mean the following:
- (i) that the disability must be total and permanent and that there is neither at the point of commencement of the disability nor at any time thereafter any work, occupation or profession that the insured can ever sufficiently do or follow to earn or obtain any wages, compensation or profit for a minimum of six consecutive months; or
 - (ii) The total and irrecoverable loss of sight of both eyes; or
 - (iii) the loss by severance of two or more limbs at or above wrist or ankle; or
 - (iv) total and irrecoverable loss of sight of one (1) eye and loss by severance of one (1) limb at or above the wrist or ankle.
31. **“Total and Temporary Disablement”** shall mean disablement directly caused by Injury or Sickness and as result of which the Insured Person is prevented from performing every duty pertaining to the Insured Person’s occupation or employment on a regularly scheduled full-time basis and provided the Insured Person is not otherwise gainfully employed.
32. **“Unsecured Credit Facility”** means a Citibank Ready Credit Account, Citibank Power Cash Account, or Citibank UltraCash Account (as the case may be) to which Insurance is to apply.

33. **“We”, “Our”, “Us” or “Policyholder”** means Citibank Singapore Limited, a company incorporated in Singapore and licensed under the Banking Act, Chapter 19 of Singapore with registered office at 5 Changi Business Park Crescent #05-00, Singapore 486027 and our successors and assigns.

PART II – ELIGIBILITY AND TERMINATION

Section A – Eligibility

1. To be eligible for cover under this Policy, an Insured Person at the time of the Effective Date of Coverage:
 - i. must be the basic account holder of a Credit Card Facility or the account holder for Unsecured Credit Facility or the first named person in that account in the case of joint accounts; and
 - ii. must be aged between 21 years old (age last birthday) and 59 years old (age last birthday), Coverage is renewable up to the Insured Person having attained 64 years old (age last birthday)

Section B – Termination

The insurance hereunder of any Insured Person shall automatically cease on the earliest of the following dates:

1. Non-payment of premiums by the Insured Person for a period of sixty (60) days after the premiums have become due, for any reason other than as a result of the Premium Waiver Benefit applying.
2. The Insured Person having attained the age of 65.
3. The date of payment of the insured amount for the Death Benefit, or Total Permanent Disablement or Critical Illness Benefit, whichever occurs earliest.
4. The Insured Person's Credit Card Facility or Unsecured Credit Facility had been cancelled with written notice from Us to the Insured Person.
5. The Insured Person's written notice for termination of coverage at any time by giving Us 7 days' notice period. Such termination shall become effective on the date notice is received by Us or on the date specified in such notice, whichever is later.

PART III – BENEFIT PROVISIONS

Section A – Death Benefit, Total Permanent Disablement Benefit and Critical Illness Benefit

Upon due proof of the Insured Person's Death, Total Permanent Disablement Benefit or Critical Illness Benefit (whichever occurs first), the sum assured will be payable in a lump sum.

The Company will pay to Us an amount computed as follows:

- a) Death Benefit or Total and Permanent Disability Benefit
[4 x Indebtedness as at date of Death/ Total and Permanent Disability (whichever is applicable)] + a maximum of interest accrued for two (2) months after the date of Death / Total and Permanent Disability (whichever is applicable), subject to a cap of S\$160,000 or 4.8 times of Insured Person's Credit Limit, whichever is lower.

Or

- b) Critical Illness Benefit
- c) [2 x Indebtedness as at date of Diagnosis of Critical Illness] + a maximum of interest accrued for two (2) months after the date of Diagnosis of Critical Illness , subject to a cap of S\$80,000 or 2.4 times of Insured Person's Credit Limit, whichever is lower.

We will deduct from the amount paid to Us by the Company what is owing to Us under the Facility and pay the Insured Person or his estate (as the case may be) the remainder (if any).

Section B – Funeral Expenses Benefit

The Company shall pay a lump sum benefit computed as follows upon payment of Death Benefit

2x Indebtedness as at date of the Death, subject to a cap of S\$80,000 or 2.4 times of Insured Person's Credit Limit, whichever is lower.

Section C - Total and Temporary Disablement Benefit and Total and Permanent Disability Benefit.

- a) Company will pay to Us for each month of Insured Person's Total and Temporary Disablement, the Minimum Monthly Instalment for each month of Insured Person's Total and Temporary Disablement until the limit in Part III Section E (ii) is reached. However, the Minimum Monthly Instalment will not be paid for the first thirty (30) days of Insured Person's Total and Temporary Disablement. Payment under this benefit will not terminate the policy until the limit in Part III Section E (ii) is reached.
- b) The Company reserves the right to ask for proof to satisfy itself that the Insured Person qualifies for Total and Temporary Disablement Benefit before each payment is made. Where the Total and Temporary Disablement Benefit is paid for a period in excess of six (6) consecutive months, Company may, after consideration of medical evidence from legally qualified Registered Medical Practitioner(s) appointed by Company, classify the Insured Person as having suffered Total and Permanent Disability and entitled to Total and Permanent Disability Benefit under Part III Section A (a) instead of continuing to be entitled to Total and Temporary Disablement Benefit.

Section D – Premium Waiver Benefit

In case of Total and Temporary Disablement for a continuous period of at least thirty (30) days, the Company will waive or refund (as the case may be) the payment of each Premium otherwise falling due under Part VI Section A, during the period of the uninterrupted continuance of the Total and Temporary Disablement but will cease when the limit in Part III Section E (ii) is reached.

Section E – Limitation on Payment of Benefits

- (i) No Total and Temporary Disablement Benefit shall be payable for the first thirty (30) days of any period of Total and Temporary Disablement.
- (ii) (a) The maximum payable for Death, Total and Permanent Disability and Total and Temporary Disability in aggregate cannot exceed S\$160,000 or 4.8 times of the Insured Person's Credit Limit, whichever is less.

(b) The maximum payable for Critical Illness Benefit is S\$80,000 or 2.4 times of the Insured Person's Credit Limit, whichever is less.

(c) The maximum payable for Funeral Expenses Limit is S\$80,000 or 2.4 times of the Insured Person's Credit Limit, whichever is less.
- (iii) If an Event enables the Insured Person to qualify for more than one Benefit, only one Benefit will be paid, being the higher Benefit applicable, except that where the Event is death, both the Death Benefit and Funeral Expenses Benefit will be paid. The maximum payable for Death Benefit or Critical Illness on each Facility shall not exceed S\$80,000 or 2.4 times of the Insured Person's Credit Limit, whichever is less.

PART IV - EXCLUSIONS

Section A – Death Benefit and Funeral Expenses Benefit

No benefits will be payable under this Policy in respect of the Insured Person where Death occurs as a result of: -

- (i) death by suicide within 12 months of the Effective Date of Coverage ;
- (ii) any disease or sickness occurring within 28 days of the Effective Date of Coverage ;
- (iii) any deliberate self-inflicted Injury;
- (iv) any Accident occurring on or in or about any aircraft other than an aircraft in which the Insured Person was travelling as a fare paying passenger and which is operated by a licensed commercial or chartered airline;
- (v) riot, civil commotion, strikes and war (whether war be declared or not);
- (vi) the influence of alcohol or drugs, or drugs overdose (whether intentional, accidental or otherwise);
- (vii) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) as defined by the World Health Organisation from time to time, or the presence of the Human Immune deficiency Virus (HIV) as revealed by the positive HIV anti-body or HIV test;

Section B – Critical Illness Benefit

- (i) This clause applies where Existing Insured Persons were first nominated under CreditShield (now known as Credit Insure) Master Policy and subsequently covered under this revised Master Policy.

No Critical Illness Benefit will be payable under this Policy where the Critical Illness occurs as a result of:

- (a) A Critical Illness caused directly or indirectly by a Pre-existing Condition. "Pre-existing Condition" means any condition that was diagnosed, treated, or for which a Registered Medical Practitioner was consulted, or the existence of any illness, disease or symptoms of the condition whether known or unknown to Insured that existed twelve (12) months prior to the Effective Date of Coverage.
- (ii) This clause applies where Existing Insured Persons were first nominated under CreditShield Plus Master Policy. No Critical Illness Benefit will be payable under this Policy where the Critical Illness occurs as a result of:
 - (a) With respect to any of the 7 CIs, if advice or treatment was sought or obtained from a medical practitioner, chiropractor, naturopath, or any other practitioner of a similar kind within twelve months immediately prior to the Effective Date of Coverage. .
 - (b) With respect to any of the 23 CIs, if the Critical Illness was diagnosed prior to 1 November 2013 or diagnosed within ninety (90) days of 1 November 2013
 - (c) With respect to any of the 23 CIs, a Critical Illness caused directly or indirectly by a Pre-existing Condition. "Pre-existing Condition" means any condition that was diagnosed, treated, or for which a

Registered Medical Practitioner was consulted or the existence of any illness, disease or symptoms of the condition at any time prior to 1 November 2013

"7 CIs" refer to "Blindness (Irreversible Loss of Sight)", "Coronary Artery Bypass Surgery", "Heart Attack of Specified Severity", "End Stage Kidney Failure", "Major Cancer", "Major Organ/Bone Marrow Transplantation" and "Stroke with Permanent Neurological Deficit". "23 CIs" refer to all the other CIs in 30 Critical Illnesses listed apart from the 7 CIs;

Section C – Total and Permanent Disability

No benefit will be payable under this Policy if the Insured Person has previously received Total and Permanent Disability Benefit relating to this Policy.

PART V – CLAIMS PROVISIONS

Section A – Filing Proof of Loss

The Company must be notified through the submission of a completed claim form and other proof of loss documents as may be determined by the Company to its satisfaction. Such claim submission and proof of loss must be filed with the Company within 365 days after the date of such loss and there must be sufficient particulars to enable the Company to identify the insured, the occurrence, nature and extent of the loss. The occurrence of a covered event must be proven to the Company's satisfaction at the Insured Person's own expense.

1. Any medical adviser of the Company or Registered Medical Practitioner acceptable to the Company shall be allowed to examine the insured at the insured's expense in such manner and at the times such medical adviser, Registered Medical Practitioner or the Company may require. If the insured is residing in a country outside Singapore, the Company may at its discretion require the insured to come to Singapore for medical examinations by a Registered Medical Practitioner in Singapore.
2. Proof of the date of birth of the insured must be furnished to the Company before any claim will be admitted or payable. If the date of birth and/or age of any insured notified to the Company is incorrect, the Company shall not be liable to pay more than the amount which would be payable under this Policy if the date of birth and/or age had been correctly stated.

Section B – Proof of Indebtedness

In determining the amount of the Benefit, the Company will accept as conclusive and binding, and will act upon any statement in writing which has been signed for or on Our behalf by a responsible officer, as to the Insured Person's inclusion in this Insurance and the amount of the Insured Person's indebtedness.

Section C – Payment of Benefits

1. All payments for benefits under this Policy shall be made to Us, unless expressly stated otherwise, and the Insured Person by participating in this Insurance agrees that the Company may pay Us directly if a Benefit is payable. We will pay the Insured Person or his estate the remaining amount (if applicable) after deducting the amount of the indebtedness from the amount paid by the Company.
2. Payment made in accordance with this Section shall release the Company of all liabilities for that relevant insured under this Policy.

Payment of all claims and benefits will be made in the currency in which this Policy is effected. Charges incurred in any other currency shall be payable in Singapore Dollars, or currency of the Policy on the basis of the prevailing rate used by the Company on the date the claims were processed.

PART VI - GENERAL PROVISIONS

Section A – Premium Payments

The premium is payable to the Company on each premium due date, unless otherwise specified by the Company in writing.

All premiums shall be borne by the Insured Person and paid to Us monthly by deduction from the Insured Person's Facility. The due date for payment each month shall be a day of the month determined by Us from time to time.

The premium payable shall be based on the sum of the following:

- (i) the closing balance shown on the Facility's statement of account each month; and
- (ii) where the Insured Person has, an arrangement with Citibank to repay a fixed monthly instalment plan and each instalment is charged to his or her Facility (including but not limited to arrangements relating to retail purchases, personal loans and bank transfers), an amount equal to the unpaid instalment(s). "Unpaid instalments", means instalment(s) which have neither been included in the statement of account nor paid by the Insured Person, and comprises of unbilled principal.

The Premium payable shall not exceed S\$144.00. The Premium rate of S\$0.36/S\$100.00 is subject to revision by the Company.

Section B – 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 this Policy is automatic, and no further action is required from the Policyholder.

PART VII – Schedule of Critical Illness

1. Major Cancer

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 ischaemia, 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.

For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are 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.

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 Insured Person'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; and
- Multiple neurological deficits which occurred over a continuous period of at least 6 months.

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 Person 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 Person 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 Insured Person. 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 or Date of endorsement 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 or date of endorsement 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

Specimen