

HospitalSurance Plus

Policy Booklet

Your Policy

Important Notice

This Policy is issued to the Insured (You/Your) based on the information You provided HSBC Insurance (Singapore) Pte. Limited (We/Us/Our) when You applied for the insurance. You should note that You must disclose to Us fully and faithfully the facts You know or ought to know that are relevant to Your insurance application. If You had failed to disclose the relevant facts to Us, the Policy issued to You may be void and You may not receive any benefit from it.

This Policy, inclusive of the Policy Schedule, any Memorandum, and Endorsement, is an important document. It explains the insurance cover We provide You, the rights the Policy gives You, the conditions You are to comply with, and situations where We will not pay under the Policy. Please read this Policy carefully and ensure that it meets Your requirements. If the Policy does not meet your requirements or You find any error in the Policy, kindly return it to Us and contact Us immediately for correction.

In the course of Your relationship with Us, information will be used, stored, transferred to or exchanged with such persons (whether situated within or outside of Singapore) that HSBC may consider necessary. These persons include, but is not limited to, any member of the HSBC Group (including Us) for any purpose in connection with promoting, improving and furthering the provision of other

financial services to You by any member of the HSBC Group, and/or for other purposes as may be in accordance with Our general policy on disclosure of information as set out in statements, circulars, notices or other terms and conditions made available by Us to You from time to time.

Where We consider it necessary or appropriate, We may transfer data, details or information to the appointed service provider(s) whether situated in or outside Singapore, under conditions of confidentiality imposed on such service providers, for the purpose of data processing or providing any service on Our behalf.

The appointed overseas service providers may be required by law to disclose information received from Us to third parties. Such circumstances include the service provider(s) being compelled to disclose information pursuant to a court order, police investigations and criminal prosecutions for tax evasion or other offences.

Any information received or held by HSBC Insurance may be used, stored and transferred (whether within or outside Singapore) to or with any member of the HSBC Group or third party services providers for purposes associated with the provision of our services to you including in relation to data processing and simple underwriting.

Whereas:

1. The Insured has applied for insurance, and
2. The Company has agreed to provide such insurance.

The Company agrees only on the basis of the Terms and Conditions contained in this Policy to provide insurance cover to the Insured Persons for those risks insured against to the extent and in the manner stated in the Policy Schedule.

Part 1 - Schedule of Benefits

1. Daily Cash Benefit for Hospital Confinement

Subject to the exclusions in Part 3 and the other terms of this Policy, when Sickness or Injury shall cause an Insured Person's Hospital Confinement, the Company will pay the relevant Daily Cash Benefit for each Day of Hospital Confinement.

Provisions

- i. Benefit shall be paid for Hospital Confinement only when the Insured Person is under the regular care and attendance of a Medical Practitioner.
- ii. The Daily Cash Benefit shall be paid from the first Day of Hospital Confinement for a period not exceeding five hundred (500) days for all such Confinements consequent upon any one period of Sickness or Injury.
- iii. Hospital Confinement of an Insured Person resulting from causes which are the same as, or related to, the causes of a prior Hospital Confinement for which Benefit has been payable and not separated from the last such prior Hospital Confinement by a period of at least twelve (12) months, shall be considered a continuation of the prior Hospital Confinement. Such Confinements shall be considered to have occurred during the same period of Sickness or to have resulted

from the same Injury for the purpose of this Policy including, without limitation, determining the relevant Daily Cash Benefit period and the maximum Benefit payable under this Policy. A Hospital Confinement separated by a period of twelve (12) months or more from the last Hospital Confinement shall be considered to be a separate Hospital Confinement and shall not be considered to have occurred during the same period of Sickness or to have resulted from the same Injury for the purpose of this Policy including, without limitation, determining the relevant Daily Cash Benefit Period and the maximum Benefit payable under this Policy.

- iv. An Insured Person shall not be covered under more than one Hospital Insurance Plus Policy issued by the Company. In the event that an Insured Person is covered under more than one such Policy, the Company will consider that person to be insured under the Policy which provides the greatest amount of Benefit. When the Benefit under each such Policy is identical, the Company will consider that person to be insured under the Policy first issued. The Company will refund any duplicated insurance premium payments which may have been made by or on behalf of that person.
- v. Except as provided in Paragraph iv above, Benefit under this Policy shall be paid in addition to any other insurance benefit to which the Insured Person may be entitled.

2. Double Indemnity Benefit when hospitalized in Intensive Care

The Policy will pay double the Daily Cash Benefit defined in the Policy in the event of Hospital Confinement in respect of any period of Sickness or any Injury for up to the first ninety (90) days of hospitalisation in the intensive care ward.

3. Hospital/Surgical Allowance Benefits

A surgical benefit will be reimbursed in an amount equal to the sum actually charged for the operation or surgery on a per Injury or per period of Sickness basis; including fees for surgeons, anaesthetist and operating theatre. The operation or surgery should be performed in any hospital by a qualified surgeon, provided always that:

- i. the maximum reimbursement shall not exceed the benefit limit stipulated in the Schedule of Benefits Table attached to this Policy for any period of Sickness or any Injury;
- ii. the Insured Person shall be confined as a Resident In-patient for a minimum of twenty-four (24) hours.

4. Post-Hospitalisation Benefit

In the event of Hospital Confinement of ten (10) or more consecutive days, the Company will in addition pay a post-hospitalisation benefit per Injury or Sickness of the amount stipulated in the Schedule of Benefits Table attached to this Policy.

5. Confinement to Commence During Policy Term

For any Benefit to be payable in relation to a Sickness or Injury, the Hospital Confinement in relation to the period of Sickness or in relation to the Injury must commence (or, where Hospital Confinement is waived, the Insured Person must have sought treatment for the relevant Sickness or Injury) whilst insurance under this Policy is in effect.

6. Automatic Indexation Benefit on Daily Cash

The Insured Person's Daily Cash Benefit will increase upon each Anniversary Date up to (and including) the fifth Anniversary Date by ten percent (10%) of the Principal Daily Cash Benefit (so that on the fifth Anniversary Date the Progressive Daily Cash Benefit will be fifty percent (50%) greater than the Principal Daily Cash Benefit) provided always that there has been no interruption of cover in the Period or between Periods of Insurance.

This automatic increase is not applicable to any Benefits relating to an insured Child.

7. 30% Premium Refund Benefit

In the event of no claim being made or arising under this Policy for any period of three (3) consecutive years, thirty percent (30%) of the premiums plus GST received during this period by the Company will be refunded to the Insured.

Further premium refund will only be paid in the event of no claim being made or arising under this Policy for a period of another three (3) consecutive years from the date to which the previous premium refund was assessed.

In the event of a claim being made or arising under this Policy, thirty percent (30%) of the premiums plus GST received by the Company for a period of three (3) consecutive years from the date of the initial Hospital Confinement in respect of the period of Sickness or the Injury to which the claim relates (or where Hospital Confinement is waived in relation to the claim, the date on which treatment was first sought in relation to the Sickness or the Injury) will be refunded to the Insured provided no further claim is made or arises under this Policy for that period of three (3) consecutive years.

If the Company gives notice to terminate this Policy before the completion of any relevant period of three (3) consecutive years of insurance and providing that no claim is made or arises during this period, the Company shall refund to the Insured thirty percent (30%) of the premiums plus GST received by the Company for the period from the commencement of the relevant period of three (3) consecutive years to the date of termination of the Policy.

Optional Benefits (where stated in the Policy Schedule or pursuant to any Endorsement and subject to payment of additional premium. These Benefits are unavailable to Insured Children.)

1. Broken Bones Coverage

In the event of an Injury resulting in the Insured Person sustaining a complete or compound Fracture, the Company will pay per Schedule of Compensation below up to a maximum of S\$10,000 for any one fracture or multiple fractures.

Schedule of Compensation:

• Neck, skull or spine	100%
• Hip	50%
• Jaw, pelvis, leg, ankle or knee	25%
• Cheekbone, shoulder	25%
• Arm, elbow, wrist or ribs	25%

2. Traditional Chinese Medicine (TCM)

The Company will reimburse the Insured Person for up to S\$100 per TCM consultation or treatment visit, payable up to a maximum of S\$10,000 per Sickness or Injury for TCM expenses incurred, Hospital Confinement is waived under this TCM benefit cover.

Where treatment is sought in respect of a Sickness or Injury resulting from causes which are the same as, or related to, the causes of prior treatment and are not separated from the last such treatment by a period of at least twelve (12) months, such treatment shall be considered to be in relation to the same Sickness or Injury for the purposes of this Benefit.

Part 2 - Definitions

"Adult" means an Insured Person of at least eighteen (18) years old and not falling within the definition of "Child".

"Accident" means a sudden, unforeseen and fortuitous event which shall independently of any other cause be the sole and direct cause of bodily injury.

"Anniversary Date" means each anniversary of the Original Effective Date of Insurance.

"Benefit" means any benefit payable under this Policy.

"Child" means all legally dependent unmarried child(ren), including step child(ren) and legally adopted child(ren) of the Insured, who is/are between six (6) months and eighteen (18) years of age (or under twenty-three (23) years of age if studying full-time in a recognized institution of higher learning).

"Congenital Conditions" means medical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within six (6) months of birth. They shall include (but not to the exclusion of others which may medically be regarded as congenital conditions):

- i. Hernias of all types (except when caused by a trauma after commencement of insurance under this policy);
- ii. Strabismus;
- iii. Hydrocephalus;
- iv. Undescended Testicle;
- v. Hypospadias;
- vi. Meckel's Diverticulum.

"Day of Hospital Confinement" means each continuous twenty-four (24) hour period that an Insured Person is confined in a Hospital as a Resident In-patient for a minimum of twenty-four (24) hours.

"Confinement to a Day Ward" means a confinement in a Hospital as a Resident in-patient for a minimum of six (6) hours and thereafter for each subsequent continues twenty-four (24) hours.

“Deemed Pre-Existing Conditions”:

- a. The following conditions when occurring during the first year from the Original Effective Date:
 - i. Tumours of Internal Organs;
 - ii. Haemorrhoids;
 - iii. Diseased Tonsils Requiring Surgery;
 - iv. Pathological Abnormalities of Nasal Septum or Turbinates;
 - v. Hyperthyroidism;
 - vi. Cataracts;
 - vii. Sinus Conditions requiring surgery;
 - viii. Hallux Valgus.
- b. The following conditions when occurring during the first six (6) months from the Original Effective Date:
 - i. Tuberculosis;
 - ii. Anal Fistulae;
 - iii. Gall Stones;
 - iv. Calculii of Kidney, Urethra or Bladder;
 - v. Hypertension or Cardio Vascular Disease;
 - vi. Gastric or Duodenal Ulcer;
 - vii. Tumours of skin, muscular tissue, bone tumours, or malignancies of blood or bone marrow;
 - viii. Diabetes Mellitus.

“Eligible Family Members” means the legally married spouse and/or Child(ren) of the Insured.

“Eligible Person” means the Insured who has attained the age eighteen (18) years at the time of application for insurance, and also the Insured’s Eligible Family Members.

“Fracture” means a complete fracture where the bone is broken completely across or a compound fracture where the bone breaks the skin.

“Hospital” means a legally constituted establishment operated pursuant to the laws of the country in which it is based.

“Hospital” shall not include the following:

- mental institution; and institution confined primarily to the treatment of psychiatric disease including sub-normality; the psychiatric department of a hospital.
- place for the aged; a rest home; a place for drug addicts or alcoholics.
- health hydro or nature cure clinic; a nursing or convalescent home; a special unit of a hospital used primarily as a place for drug addicts or alcoholics, or as a nursing, convalescent, rehabilitation, extended-care facility or rest home.

“Hospital Confinement” means confinement to Hospital as a Resident In-patient on the advice of and under the regular care and attendance of a Medical Practitioner.

“Injury” means accidental bodily injury occurring to the Insured Person whose injury is the basis of a claim under this Policy while the insurance under this Policy is in effect. Such injury must result directly and independently of all other causes in Hospital Confinement covered by this Policy.

“Insured” means the applicant in whose name this Policy is issued.

“Insured Person” means Eligible Person(s) named in the Policy Schedule.

“Medical Practitioner” means a legally licensed physician or surgeon duly registered and practicing pursuant to the laws of the country in which such practice is maintained. “Medical Practitioner” shall not include the Insured Person whose Hospital Confinement is the basis of a claim hereunder, or a relative of such Insured Person unless approved by the Company.

“Nominated Account” means the bank account with HSBC or the Visa or MasterCard credit card account first nominated by the Insured as the account for premium debit at inception of this Policy or such other account nominated by the Insured from time to time in writing.

“Nuclear, Chemical, Biological Terrorism” means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s) committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

“Original Effective Date” means the day, month and year stated in the Policy Schedule when this Policy was incepted.

“Principal Daily Cash Benefit” in respect of an Insured Person means the Benefit payable for each day of Hospital Confinement for Sickness or Injury covered by this Policy at the inception of this Policy as shown in the Policy Schedule or otherwise stated in this Policy.

“Policy Schedule” means the Policy Schedule which is attached to and forms part of this Policy.

“Pre-Existing Condition” means any:

- a. illness, disease or medical condition existing as at the Original Effective Date which presented any signs or symptoms of which the Insured Person was aware or ought reasonably to have been aware at such time.
- b. Deemed Pre-Existing Condition.

“Progressive Daily Cash Benefit” means the Principal Daily Cash Benefit as subsequently varied by Automatic Indexation under the terms of this Policy.

“Terrorist Activity” means an act, or acts, of any person or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist Activity can include, but not be limited to the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization or government.

“Traditional Chinese Medicine TCM/Physician” shall mean treatment by a registered herbalist, acupuncturist, bonesetter or chiropractor licensed under any applicable laws. The attending physician shall not be an Insured Person, or business partner or an employer or employee of the Insured Person, or an agent of an Insured Person or a person who is related to an Insured Person in any way.

“Resident In-patient” means an Insured Person whose Hospital Confinement is as a resident bed patient and whose Confinement is necessary for the medical care, diagnosis and treatment of a Sickness or Injury covered by this Policy, and not merely for any form of nursing, convalescence, rehabilitation, rest or extended-care.

“Sickness” means illness, disease or medical condition contracted by the Insured Person whose illness, disease or medical condition is the basis of claim under this Policy. Such Sickness must result directly and independently of all other causes in Hospital Confinement covered by this Policy.

Part 3 - Exclusions

The insurance under this Policy does not cover and no Benefits shall be paid for Hospital Confinement caused by or resulting from or otherwise in relation to:

1. war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
2. Terrorist Activity in Algeria, Libya, Egypt, Israel, Jordan, Lebanon, Syria, Iraq, Iran, Kuwait, Saudi Arabia, Yemen, Afghanistan and Sudan.
3. activities as personnel in armed forces, police, fire fighting and civil defense services, occupation involving the handling of explosives firearms, occupation involving work in confined spaces in vessels, tanks, tunnels, underground civil works mines, rigs or ships, industrial workers using heavy machinery, woodworking related, or any occupation involving working at heights on scaffolds and/or stagings, occupation as offshore rig personnel, timber camp personnel, divers, jockeys, trucks and/or taxi drivers, air/sea crew other than for injury sustained whilst as a fare-paying passenger in an air/waterborne craft duly licensed for regular transportation of fare-paying passengers.
4. injury sustained whilst engaging in motorcycling or pillion riding.
5. injury directly or indirectly arising from high risk activities including but not limited to engaging in or taking part in:
 - a. mountaineering, potholing, parachuting, parasailing, bungee jumping, canyoning, hang-gliding, aviation, daring feats or stunts, driving or riding in any kind of race, scuba diving, skiing, tobogganing, sledging and ice skating, including ice hockey and any other sports requiring snow or ice for play;
 - b. a sport in a professional capacity or where an Insured Person would or could earn income or remuneration from engaging in such sports.
6. suicide, attempted suicide or intentional self-inflicted injury or participating in an illegal activity, violation or attempted violation of the law or resistance to arrest.
7. any venereal disease or Acquired Immuno-deficiency Syndrome ("AIDS"), AIDS related complex or infection by Human Immuno-deficiency Virus ("HIV").
8. pregnancy (including childbirth, miscarriage or abortion) and complications arising therefrom including from Assisted Reproduction Program.
9. Injury directly or indirectly resulting from or consequent upon:
 - a. drug addiction, influence of alcohol or wilful misuse of drugs or alcohol;
 - b. work or activities involving the handling of exposure to industrial disease, dangerous or contaminable substances bacteria or viruses.
10. Congenital Conditions or Pre-Existing Conditions.
11. Treatment directly or indirectly arising from any insanity, geriatric, pschyo-geriatric or psychiatric condition including but not confined to psychoses, neuroses, depression of any kind, anxiety, anorexia nervosa, bulimia, schizophrenia and other behavioral disorders.
12. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or nuclear weapons materials.

13. nuclear, chemical and biological terrorism.

Part 4 - Effective Date and Renewal Agreement

1. This Policy shall become effective and commence at 12.01 AM Singapore time on the Original Effective Date and shall remain in force until it terminates in accordance with Part 5 of the Policy.
2. Payment of premium when due will keep this Policy in force until the next premium due date.
3. This Policy will be automatically renewed upon Anniversary Date until the natural expiry date unless written notice of cancellation has been received by the Company. No renewal documents will be issued and the existing Policy is the evidence of valid cover, unless otherwise notified.
4. Premiums as stated in the Policy Schedule shall be payable monthly and on the same day of each month after the first month or if payable on an annual basis, on each Anniversary Date of the Policy when premium is due always by direct debit to the Insured's Nominated Account.
5. In the event that the policy premium payment is by cheque, this Policy shall be considered to take effect and/or the premium shall be considered as received only upon the successful clearance of the cheque.

Part 5 - Termination

1. In the event the Insured is not satisfied with the Policy for any reason, it may be returned to the Company for annulment within fourteen (14) business days after receipt of the Policy by the Insured. If this Policy is delivered by post it is considered received seven (7) business days after posting.

Any premium billed to the Nominated Account during this free-look period will be refunded without interest by crediting such premium to the Nominated Account.

In such event, this Policy shall be deemed to have been void from the Original Effective Date and the Company shall not be liable in respect of any Sickness or Injury occurring prior to the return of this Policy.

If the Insured subsequently gives notice in writing to the Company to terminate cover with respect to all Insured Persons included hereunder, such termination shall become effective on the date such notice is received or on the date specified in such notice, whichever is the later. In this event, the Company shall apply the relevant premium charge for the period that the Company was on risk.

2. This Policy shall terminate immediately on the earliest of the following events:
 - a. upon the death of the Insured Person;
 - b. the termination of the Nominated Account;
 - c. the Anniversary Date immediately following the Insured Person's attainment of the age of sixty-five (65) years;
 - d. upon the Insured Person departing and no longer permanently residing in Singapore;
 - e. unless specifically agreed by the Company and noted by endorsement, upon the Insured Person departing on a temporary re-location/stay outside of Singapore for a consecutive period of one hundred and eighty (180) days or more.
3. In the event that the premium charged to the Nominated Account or otherwise due is not paid in cleared funds, this Policy shall be terminated and deemed to have been void from the date that premium was due.
4. Such termination shall be without prejudice to any claims relating to an event that occurred prior to the effective date of termination.

5. If the Company gives notice of termination by registered letter to the Insured at the Insured's last address known to the Company, such termination shall become effective following the date of such notice being issued, provided such notice period will not be less than seven (7) business days.

Part 6 - Premium

1. The premium as stated in the Policy Schedule will be charged to the Nominated Account when due and subject to any GST or other tax, charge or levy chargeable by law and payable by the Insured.
2. The Company agrees that no adjustment in premium shall be made on this Policy in respect solely of age of the Insured Persons. The Company reserves however the right to amend premiums in event of unsatisfactory claims experience of this Policy.

Part 7 - Additions

1. If the Insured only is covered hereunder, he or she may include his or her Eligible Family Members as Insured Person by submitting a written application to the Company, specifying the relationship, name, sex and age of the person to be insured. The application to include these Eligible Family Members would then be subject to approval of the Company and payment of additional premiums as appropriate.
2. Subject to approval of the Company, insurance for such eligible Person will commence on the Date when the request was received or the date specified in the request whichever is the later.
3. The addition premium payable for such Eligible Person will be charged to the Nominated Account.

Part 8 - Claims Provisions

Notice of Claim

Written notice must be given to the Company within fourteen (14) days after the commencement of the Hospital Confinement in respect of the Sickness or Injury to which the claim relates (or where Hospital Confinement is waived in relation to any claim within fourteen (14) days after the treatment of Sickness or Injury to which the claim relates).

Failure to give notice in the time prescribed shall not invalidate a claim if it can be shown to the Company's satisfaction that notice had been provided as soon as was reasonably practicable, but in any event within sixty (60) days from the date of commencement of such Hospital Confinement or treatment as appropriate.

Claim Forms

The Company, upon receiving a notice of claim, will furnish to the claimant such forms as it usually provides for filing proof of claim.

Medical Reports and all proof of claim as required by the Company shall be furnished at the expense of the Insured and shall be in such form and of such nature as the Company may prescribe.

The Company shall in the event of the death of the Insured Person in relation to whom a claim has been or may be made be entitled to have a post-mortem examination at its own expense except when such examination is prohibited by law.

Payment of Benefits

All benefits of this Policy are payable to the Insured except that in respect of death, to the estate of such Insured on his/her death.

Legal Action

No action shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of claim has been filed in accordance with the requirements of this Policy, nor shall such action be brought at all unless commenced within one hundred and eighty (180) days from the expiration of thirty (30) days within which proof of claim is required.

Arbitration

Any difference arising out of this Policy, shall be referred to the decision of an Arbitrator to be appointed by both parties or if they cannot agree upon a single Arbitrator, to the decision of two Arbitrators, one to be appointed in writing by each party, and in case of disagreement between the Arbitrators, to the decision of an Umpire who shall have been appointed in writing by the Arbitrators before entering on the reference and an award shall be a condition precedent to any liability of the Company or right of action against the Company. If the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within twelve (12) months from the date of such disclaimer have been referred to arbitration under the provisions herein contained, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

Part 9 - General Policy Provisions

Consideration

This Policy is issued in consideration of the statements contained in the Application, the Policy Schedule and the Insured's agreement to pay premium charged to his or her Nominated Account as specified in the Policy Schedule.

The Insured shall give immediate notice to the Company of any change in the name, residence, occupation or essential particulars relating to this insurance in respect of the Insured and/or Insured Person.

Duties of the Insured/Insured Person

The due observance and fulfillment of the Terms and Conditions of this Policy in so far as they relate to anything to be done or complied with by the Insured and/or Insured Person shall be conditions precedent to any liability of the Company to make any payment under this Policy.

Geographical Limits

Such insurance as is afforded under this Policy shall apply twenty-four (24) hours a day, anywhere in the world unless otherwise stated, endorsed or amended.

Terms and Conditions

Payment of any Benefits under this Policy is subject to the definitions, exclusions and all other terms and conditions of this Policy.

Entire Contract Changes

This Policy, including the Policy Schedule and the endorsements and amendments, if any, will constitute the entire contract between the parties. No change in this Policy shall be valid unless approved by the Company and evidenced by endorsements or amendments.

Misstatement or Fraud

If any claim under this Policy shall be in any respect fraudulent or if any fraudulent means or devices shall be used by the Insured, Insured Person or anyone acting on behalf of the Insured and/or Insured Person to obtain any benefit under this Policy, the Company shall be under no liability in respect of such claim.

Interest

No amounts payable by the Company under this Policy shall carry interest.

Currency

Premiums and benefits payable under this Policy shall be in Singapore Dollars.

Clerical Error

A clerical error by the Company shall not invalidate insurance otherwise validly in force, nor continue insurance otherwise not validly in force.

Governing Law

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

Contracts (Rights of Third Parties) Act (Cap. 53B)

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

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact HSBC Insurance (Singapore) Pte. Limited or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

Part 10 - Payment Before Cover Warranty

1. Notwithstanding anything herein contained but subject to Paragraph 2 below, it is hereby agreed and declared that the premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date of the coverage under the Policy, Cover Note or Endorsement.
2. In the event that the premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date referred to above, then the Policy, Cover Note or Endorsement shall not attach and no benefits whatsoever shall be payable by the Company. Any payment received thereafter shall be of no effect whatsoever as cover never attached on the Policy or Endorsement.

Schedule of Benefits Table

Coverage per Adult	Plan 1 Principal Daily Cash Benefit S\$100	Plan 2 Principal Daily Cash Benefit S\$200
Daily Cash Benefit, up to 500 days of Hospital Confinement	100%* per day	100%* per day
Double Indemnity Benefit for ICU stay, up to 90 days	200%* per day	200%* per day
Automatic Indexation Benefit on Principal Daily Cash Benefit	10% increase in the Principal Daily Cash Benefit at the end of each year, up to a maximum of 150% of the Principal Daily Cash Benefit at the end of Year 5. See table below.	
Hospital Surgical Allowance Benefit	Up to S\$1,000	Up to S\$2,000
Post-Hospitalisation Benefit in the event of Hospital Confinement of 10 or more consecutive days	S\$500	S\$1,000
Premium Refund Benefit	Refund of 30% of Premium paid (including GST) for each period of three consecutive years in the absence of a claim during the same period.	

*Benefit amount will depend on the Progressive Daily Cash Benefit at the time of claim. See "Progressive Daily Cash Benefit" Table below.

Coverage per Child	Principal Daily Cash Benefit
Daily Cash Benefit, up to 500 days of Hospital Confinement	S\$100 per day
Double Indemnity Benefit for ICU stay, up to 90 days	S\$200 per day
Automatic Indexation Benefit on Principal Daily Cash Benefit	Not Available
Hospital Surgical Allowance Benefit	Up to S\$500
Post-Hospitalisation Benefit in the event of Hospital Confinement of 10 or more consecutive days	S\$250
Premium Refund Benefit	Refund of 30% of Premium paid (including GST) for each period of three consecutive years in the absence of a claim during the same period.

Progressive Sum	Principal Sum S\$100	Principal Sum S\$200
End of Year 1	S\$110	S\$220
End of Year 2	S\$120	S\$240
End of Year 3	S\$130	S\$260
End of Year 4	S\$140	S\$280
End of Year 5 and from Year 6 onwards	S\$150	S\$300

Optional Benefits, if selected for cover

Broken Bones Coverage arising from an Accident	Up to S\$10,000 per Accident
Traditional Chinese Medicine (TCM) Coverage arising from an Accident and Sickness	Up to S\$100 per treatment, up to a maximum of S\$10,000 per Accident or Sickness

HSBC Insurance (Singapore) Pte. Limited. (Reg. No. 195400150N)

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Mailing Address: Robinson Road Post Office P.O. BOX 1538 Singapore 903038

General Information

Please note the information below do not form part of the above Policy.

Data Protection and Customer Privacy

In the course of Your relationship with HSBC Insurance (Singapore) Pte. Limited, We will use, store and transfer (whether within or outside Singapore) and/or exchange information to or with all such persons as We may consider necessary. This includes, but is not limited to, any member of the HSBC Group for any and all purposes in connection with such service and/or for the purpose of promoting, improving and furthering the provision of other financial services by Us and any member of the HSBC Group to You generally, and/or any other purposes and to such persons as may be in accordance with Our general policy on disclosure of information as set out in statements, circulars, notices, letters or other terms and conditions made available by Us to You from time to time.

Without prejudice to the above, where We consider it necessary and appropriate, We may transfer any such data, details or information to any service provider (whether situated in or outside Singapore), under conditions of confidentiality imposed on such service providers (including third party service providers, sales and telemarketing agencies) for the purpose of data processing or providing any service on behalf of Us to You.

Further, please note that overseas service providers may be required by law to disclose information received from Us to third parties. Such circumstances include the service providers being compelled to disclose information pursuant to a court order, police investigations and criminal prosecutions for tax evasion or other offences.