SmartCare Executive

Caring for Our Customers

HSBC Life will make every effort to provide a high level of service expected by all Our policyholders. If on any occasion Our service falls below the standard of Your expectation, the procedure below explains what You can do:

- Your first point of contact should always be Your financial planner or broker. Alternatively, You may submit Your feedback to the HSBC Life Manager in charge of the matter You are raising.

- We will acknowledge receipt of Your feedback within 3 working days whilst We look into the matter You raised. We will contact You for further information if required within 7 working days and provide You with a full reply within 14 working days.

- If the outcome of Your complaint is not handled to Your satisfaction, You can write to:

  Chief Executive Officer
  HSBC Life (Singapore) Pte. Ltd.
  Privy Box No.: 920563
  Singapore 929292

  We will respond to Your appeal within 14 working days.

Important - Please remember to quote Your Policy number in Your communication with Us.

YOUR SmartCare Executive Policy
(Individual Medical Insurance)

Welcome to Your **SmartCare Executive** Policy.

Please read this Policy carefully together with Your Schedule to ensure that You understand the terms and conditions and that the Cover You require is being provided. Do keep these documents in a safe place as they are legal documents.

If You have any questions after reading these documents, please contact Your financial planner or HSBC Life at +65 6880 4888.

If there are any changes that may affect the insurance provided, please notify Us immediately.

IMPORTANT
NOTICE

1. Before We provide Cover, You and all Insured Persons must fully and faithfully tell Us everything You know (or could reasonably be expected to know) that is relevant to Our decision to give You the insurance. Failure to do so may result in no Benefit being payable under this Policy.

2. The insurance Cover provided under this Policy is based on the Fact Find form, Acceptance and Application Form, and any other information You provided Us when You applied for the insurance. If any such information is incorrect, please notify Us immediately before We issue the Policy. If You do not, You may receive no Benefit in the event of a claim. If any information which You subsequently provide to Us differs materially from the information provided, We may, at our sole discretion, offer Cover on different terms, decline to offer Cover altogether or void the Policy. You must disclose to Us fully and faithfully the facts You know or ought to know that are relevant to Your application. If You have not done so, this Policy may be void and You may not receive any benefit from it.

HOW YOUR INSURANCE OPERATES

Your Policy is a contract between You and Us, and comprises:

- Your Application and any enrolment forms submitted to Us;
- any declarations made by the Insured Persons;
- this Policy document;
- the Schedule;
- any supplementary agreements or riders; and
- any Endorsements,

and shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part shall bear the same meaning wherever it appears.

This Policy shall become effective on the date specified in the Schedule and end at 23:59 Standard Singapore Time on the last day of the Period of Insurance.

Having received and accepted all requisite premiums, We will provide the Cover shown in the relevant sections of the Policy, up to the sums insured or limits of indemnity stated in the Schedule and/or Endorsements.

(A) ELIGIBILITY AND SCOPE

1. Persons Eligible

(a) Cover under this Policy shall be subject to the fulfilment of all of the following eligibility requirements by the Insured Persons:

(i) satisfy the entry age

- You and Your Spouse are Aged Next Birthday between 18 and 65 years (inclusive); and
- Your Child is Aged Next Birthday between 15 days old and 18 years (inclusive); and

(ii) are Residents of Singapore;

(iii) are insurable in accordance with Our Terms and standards of acceptance, subject to full medical underwriting having been undertaken; and

(iv) You pay the applicable premiums.

(b) Subject to Our approval, Cover for You and Your Spouse may be renewed up to and including the Age Next Birthday of 80 years old. Cover for Your Children may be renewed up to and including their Age Next Birthday of 25 years old, provided that they are unmarried, unemployed and full-time students.

2. Addition of Dependants

(a) Provided that Your Dependants satisfy the eligibility requirements set out in Section A Part 1a above, they may be included as Insured Persons under this Policy.

(b) You must:

(i) provide written request of such inclusion of Your Dependants and provide all necessary information on enrolment forms in the form prescribed by Us;

(ii) provide evidence of insurability of such Dependants; and

(iii) pay any additional premiums.

Subject to Section A Part 3 below, Cover for Your Dependants will only commence on the Effective Date.

3. Further conditions concerning Cover

(a) If an Insured Person is confined in a Hospital on the date when his Cover would otherwise become effective, such Cover shall not become effective until the date following his discharge from the Hospital.

(b) An Insured Person's Cover shall cease automatically if he remains outside of his Country of Residence for a period in excess of ninety (90) consecutive days. In such event, the Insured Person's Cover shall terminate at 23:59 Standard Singapore Time on the ninetieth (90th) day after the Insured Person's departure

from his Country of Residence.

4. Geographical Scope

This Policy Covers an Insured Person in his/her Country of Residence and also while he/she is outside his/her Country of Residence for periods not exceeding ninety (90) consecutive days at a time and provided that where the treatment is otherwise than Emergency Treatment, Our liability is limited to charges for equivalent treatment in Singapore General Hospital, subject to the relevant maximum limits set out in the Schedule.

5. Co-payment/ Deductible

If You have opted to pay a lower premium on the basis that a Deductible shall be applicable and/or that You will co-pay a portion of any claims payable pursuant to the Deductible and/or Co-payment features of this Policy, respectively. The amount of such Deductible and/or percentage of such Co-payment shall be specified in the Schedule or Endorsement. The Deductible and Co-payment will only apply to the following Benefits:

(a) Benefit A (Hospital & Surgical Benefits), except the Outpatient Emergency Treatment (Due to Accident Only) Benefit; and

(b) Benefit E (Major Organ Transplant).

(B) DEFINITIONS

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

Term	Meaning
Accident	A sudden, unforeseen and unexpected event during the Period of Insurance that is independent of any other cause and is the sole and direct cause of physical bodily injury, and excludes any Illnesses and diseases.
Age Next Birthday	An Insured Person's age at his next birthday.
Anesthetist	A Specialist trained in the field of anesthesia.
Annual Limit	The amount stated in the Schedule or Endorsement and is the maximum amount payable by Us under this Policy in respect of any one Insured Person during the Period of Insurance. When the aggregate total Benefits paid under this Policy in any one Period of Insurance reaches the Annual Limit for any Insured Person, no further Benefits shall be payable in respect of that Insured Person for the remainder of that Period of Insurance.
Application	The form(s) that You signed to apply for the Policy, including any medical examination form, representation or statement made by You or the Insured Persons and any correspondence between Us and You or the Insured Persons which contain information that We relied on in deciding and/or would reasonably be relevant to Our decision whether to insure the Insured Persons.
Authorities	Any judicial, administrative or regulatory body, any government, or public or government agency, instrumentality or authority, any Tax Authority, securities or futures exchange, self-regulatory organization, trade repositories, court, central bank or law enforcement body, or any agents thereof, having jurisdiction over any part of the HSBC Group.
Benefits	The amount(s) which will be payable by Us in accordance with the terms and conditions, as set out in these policy wordings, the relevant Policy Schedule(s) and any Endorsement.
Child(ren)	Your natural or step or legally adopted Child(ren) who is unmarried, unemployed and whose Age Next Birthday is between 15 days to 25 years (inclusive), provided that the Age Next Birthday of 19 and 25 years (inclusive) shall be applicable to renewals only.
Co-payment	A percentage of the Covered Expenses in excess of any Deductible, which is borne by You.

Term	Meaning
Compliance Obligations	Obligations of any member of the HSBC Group to comply with: (i) any applicable local or foreign statute, law, regulation, ordinance, rule judgement, decree, voluntary code, directive, guidelines, administrative requirements, sanctions regime, court order, agreement between any member of the HSBC Group and an Authority, or agreement or treaty between Authorities and applicable to Us or a member of the HSBC Group ("Laws"), or international guidance and internal policies or procedures, (ii) any demand from Authorities or reporting, regulatory trade reporting, disclosure or other obligations under Laws, and (iii) Laws requiring Us to verify the identity of Our customers.
Congenital Conditions	A congenital condition is a genetic, physical or biochemical defect, malformation or anomaly, present at birth and whether or not manifested within five (5) years from date of birth, regardless of whether it is diagnosed or known about at birth. We reserve the right to refer to a medical condition classified as a congenital condition in the International Classification of Diseases (ICD) chapter on congenital condition, anomaly, malformations, and chromosomal abnormalities.
Connected Person	A person or entity other than You whose information (including Personal Data or Tax Information) is provided by, or on behalf of, You to any member of the HSBC Group or otherwise received by any member of the HSBC Group in connection with the provision of the Services. A Connected Person may include, but is not limited to, any person identified as a Insured Persons under the Policy, any person who is, or may be entitled to receive a payment under the Policy, a director or officer of a company, partners or members of a partnership, any Substantial Owner, Controlling Person, or beneficial owner, director, trustee, settlor or protector of a trust holding or controlling (directly or indirectly) the Policy, any of Your representatives, agents or nominees, or any other persons or entities having a relationship to You that is relevant to Your relationship with the HSBC Group.
Controlling Person	Individuals who exercise control over an entity (for a trust, these are the settlor, the trustees, the protector, the beneficiaries or class of beneficiaries, and any other individual who exercises ultimate effective control over the trust and in the case of a legal entity other than a trust, such term means persons in equivalent or similar positions of control).
Correspondence Address	The office address at which We conduct business.

Term	Meaning
Country of Residence	The country in which the Insured Person is residing and which will be shown as Your address and place of residence in Our records.
Cover / Coverage	Insurance Cover in accordance with the terms of this Policy, as applicable to each Insured Person.
Covered Expenses	Expenses incurred for any Medically Necessary treatment recommended by a Physician and provided to any Insured Person for any Illness or Injury during the Period of Insurance and which may be payable, in accordance with the terms and conditions of this Policy. Reimbursement of Covered Expenses shall include any goods and services tax and/or government tax that may be levied thereto.
*Critical illness	Means any of the following Illnesses: • Major Cancer • Heart Attack of Specified Severity • Stroke with Permanent Neurological Deficit • Coronary Artery By-pass Surgery • End Stage Kidney Failure • Irreversible Aplastic Anaemia • End Stage Lung Disease • End Stage Liver Failure • Coma • Deafness (Irreversible Loss of Hearing) • Open-Heart Heart Valve Surgery • Irreversible Loss of Speech • Major Burns • Major Organ / Bone Marrow Transplantation • Multiple Sclerosis • Muscular Dystrophy • Idiopathic Parkinson's Disease • Surgery to Aorta • Alzheimer's Disease / Severe Dementia • Fulminant Hepatitis • Motor Neurone Disease • Primary Pulmonary Hypertension • HIV Due to Blood Transfusion and Occupationally Acquired HIV • Benign Brain Tumour • Severe Encephalitis • Severe Bacterial Meningitis • Angioplasty & Other Invasive Treatment for Coronary Artery

	• Blindness (Irreversible Loss of Sight) • Major Head Trauma • Paralysis (Irreversible Loss of Use of Limbs) • Terminal Illness • Progressive Scleroderma • Persistent Vegetative State (Apallic Syndrome) • Systemic Lupus Erythematosus with Lupus Nephritis • Other Serious Coronary Artery Disease • Poliomyelitis • Loss of Independent Existence *The Life Insurance Association Singapore (LIA) has standard definitions for 37 severe-stage Critical Illnesses (Version 2024). These Critical Illnesses fall under Version 2024. You may refer to www.lia.org.sg for the standard definitions (Version 2024). Please refer to Appendix-Definitions for full description.
Customer Information	Either Your Personal Data, confidential information, and/or Tax Information or that of Your Connected Person.
Data Privacy Policy	Refer to Section (E) clause 33.
Day Surgery	Treatment (excluding outpatient Treatment) received at a Hospital or a medical daycare unit where the Insured Persons is admitted for a day procedure where recovery will need to be supervised by medical staff due to sedation or anaesthesia, without an overnight stay. It does not include Out-patient Treatment or any form of alternative treatment such as but not limited to traditional Chinese medicine and acupuncture.
Deductible	The amount out of an eligible claim which has to be borne by the Insured Person before the relevant Benefits are payable under this Policy.
Dental Practitioner (dentist)	A person who is qualified as a dental practitioner (dentist) with a degree in dentistry, duly licensed and registered with the relevant statutory dental board or council in the country where the dental treatment is provided. This person must be other than the Policyholder, the Insured Persons or the Policyholder's/ Insured Person's immediate family member or the Policyholder's/ Insured Person's employer.

Term	Meaning
Dependants	Any of the following persons related to You by blood or marriage or adoption: (a) Your Spouse; (b) Your Child.
Ectopic Pregnancy	Occurs when a fertilised egg is located or the foetus develops outside of the womb (uterus), as certified by a Specialist and which subsequently results in the termination of the pregnancy.
Effective Date	The date on which Cover under this Policy for the respective Insured Persons becomes effective and which is stated on the Schedule or Endorsement, whichever is later.
Emergency	A sudden, unexpected acute medical condition which, in Our opinion, constitutes a serious or life threatening emergency which will require immediate surgical or medical attention within twenty-four (24) hours of onset to avoid death or permanent and irreversible total loss of function or permanent impairment to the body system.
Emergency Treatment	Immediate treatment required as a result of an Accident or if the Member suffers a sudden or unforeseen illness that the Member has never suffered before.
Endorsement	A written statement or notice issued by Us to confirm and record any amendments made to this Policy, including any change in the wording of or Cover offered under this Policy or qualification of wording if the Policy is accepted on restricted terms.
Financial Crime	Money laundering, terrorist financing, bribery, corruption, tax evasion, fraud, evasion of economic or trade sanctions, and/or violations, or attempts to circumvent or violate any Laws or regulations relating to these matters.
Financial Crime Risk Management Activity	As defined in Section (E) Clause 31 below.
General Practitioner (GP)	A Physician whose practice is based on a broad understanding of all Illnesses and who does not restrict his practice to any particular field of medicine.

Term	Meaning
Government Restructured Hospital	Government Restructured Hospital means a Hospital in Singapore that: • is run as a private company owned by the Singapore Government; • is governed by broad policy guidance from the Singapore Government through the Ministry of Health; and • receives a yearly government subsidy to provide subsidised medical services to its patients.
Hospital	An establishment duly constituted and licensed in the geographical area in which it is located as a medical or surgical Hospital for the care and treatment of sick and injured persons as bed-paying patients, and which: • provides facilities for diagnosis, treatment and minor or major Surgery; • provides twenty-four (24) hours nursing services by registered graduate nurses; • is supervised by a full-time staff of Physicians at all times; and • is not primarily a clinic, a mental Hospital or institution, a place for custodial care or facility for alcoholics or drug addicts, a spa, or hydro clinic or a nursing or rest or convalescent home or a home for the aged, or such similar establishments. A reference to a Hospital in this Policy shall be construed to refer to either a Public Hospital or Private Hospital according to the type of Cover chosen by an Insured Person.
Illness	A physical condition marked by a pathological deviation from the normal healthy state.
Immediate Family	Any of the following people, related to an Insured Person by blood, marriage or adoption: (a) parents and parents-in law; (b) siblings and brothers-in-law and sisters-in-law; (c) Spouse; (d) Child.
Injury	An external and visible bodily Injury sustained by an Insured Person and caused solely and directly by an Accident and does not include any Illness or naturally occurring medical conditions or degenerative process.
In-patient Treatment	Eligible treatment at a Hospital where the Member has to stay in a Hospital bed for one or more nights. This excludes all forms of alternative treatment such as but not limited to Traditional

	Chinese Medicine and acupuncture.
Insured Person(s) or Member(s)	The person/persons so described in the Policy Schedule.
Intensive Care Unit	A section within a Hospital which is designated as an Intensive Care Unit and operates on a twenty-four (24) hour basis to provide specialised medical services and facilities. For the avoidance of doubt, a high dependency unit, coronary care unit and such other similar units or sections in a Hospital shall not be considered as an Intensive Care Unit.
Medically Necessary	Any treatment, test, medication, or stay in Hospital or part of a stay in Hospital which: • is required for the medical management of an eligible illness or injury suffered by the Member; • does not exceed the level of care necessary to provide safe, adequate, and appropriate medical care in scope, duration, or intensity; • has been prescribed by a medical practitioner; • conforms to widely-accepted professional standards ; • is not provided, used, or undertaken for the convenience or financial advantage of the Member and/or his/her medical practitioner, Hospital or clinic or medical institution; • is not a treatment that is unnecessary or irrelevant in treating an eligible medical condition; and • is considered and approved by Us and Our medical advisors as an appropriate, cost effective, conventional treatment which is not of an experimental, investigative, research or preventive nature.
Ministry of Health ("MOH")	The government agency in Singapore responsible for overseeing and managing the public healthcare system. Its scope includes restructured hospitals, national specialty centres, and MOH-supported care models such as Mobile Inpatient Care @ Home (MIC@Home). MOH also leads policy development, healthcare regulation, and the delivery of health services. Its mission is to promote good health, reduce illness, and ensure access to affordable, quality care for all Singaporeans.
Mobile Inpatient Care @ Home (MIC@Home)	An innovative care model introduced by MOH that provides an alternate healthcare support to patients who would otherwise be admitted to an acute hospital. The programme includes remote clinical monitoring, teleconsultations and home visits by teams of doctors, nurses and allied health professionals to care for suitable patients in the comfort of their own homes.
Multiple Sclerosis	The definite diagnosis of Multiple Sclerosis, and 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.
Notice of Cancellation at Policy Renewal/Anniversary Date	Unless We and/or You have agreed before the end of the year to renew the policy, cover will cease on the policy renewal/anniversary date. This will happen whether or not written notice of cancellation has been given by Us to You.
Per Disability	All medical conditions resulting from an Illness or Injury arising from the same cause, including any and all complications arising there from or closely related thereto as well as concurrent medical conditions from different causes during the same Hospital confinement, except that after fourteen (14) days following the latest discharge from Hospital or Day Surgery, any subsequent Illness or Injury from the same cause shall be considered as a new Illness or Injury.
Period of Insurance	The period of Cover for the respective Insured Persons as shown in the latest Schedule or Endorsement.
Personal Data	Any data relating to an individual, whether true or not, from which the individual can be identified, whether with other data or other information We are likely to have access to or otherwise, including, without limitation, sensitive personal data.
Physician or Medical Practitioner	A person (other than the policyholder or the policyholder's/Member's immediate family member or the policyholder's/Member's business associates including any business partners, employers, or employees) who, being recognised by Us, has the primary degrees in the practice of medicine and surgery following attendance at a recognised medical school and who is licensed to practice western medicine by the relevant licensing authority where the treatment is given. By 'recognised medical school' We mean "a medical school which is listed in AVICENNA Directory, which is in collaboration with the World Health Organisation and the World Federation for Medical Education."

Term	Meaning
Policy	The insurance contract between You and Us. Its full terms are set out in the current versions of the following documents as sent to You from time to time: • any application form We ask You to fill in, • these terms and the benefits table setting out the cover under Your plan, • Your Policy Schedule, and/or • Endorsements.
Policy Anniversary	The same date and month following a year from the policy commencement date or last policy anniversary.
Policy Schedule	The agreement We have with You which allows You to be registered as the policyholder. That agreement sets out who can be covered, when cover begins, how it is renewed, and how the premiums are paid. It also sets out the table applicable to Your plan showing the maximum benefits We will pay for each Member.
Policy Year	Refer to each term of cover under the policy, which is stated in Your policy schedule or endorsement.
Pre-existing condition	Any medical condition(s) which preceded the Member plan's Policy commencement date, or Policy Reinstatement date, whichever date is later: • has been diagnosed; • for which Insured Person has received medication, advice or treatment; • which Insured Person should reasonably, based on Our appointed Physician's opinion, have known about; or • for which Insured Person has experienced symptoms even if Insured Person has not consulted a Physician.
Prescription Drugs	Out-patient drugs and dressings as prescribed by a medical practitioner for the treatment of a medical condition covered by the Member's policy. It excludes vitamins, traditional Chinese medicine, supplements, over the counter medication, even if they are prescribed by a medical practitioner; as well as the delivery charges for any medication prescribed through telephone consultation/tele-medicine.

Term	Meaning
Private Hospital	Any licensed private hospital in Singapore that is not a Government Restructured Hospital.
Pro-ratio Table	The table attached to this Policy that states the percentage of Covered Expenses payable by Us under this Policy in the event that an Insured Person chooses (whether voluntary or otherwise) to be treated and/or confined in a different type of ward and/or Hospital, than that stated in the Schedule or Endorsement.
Reasonable and Customary Charges	This refers to charges for medical care which shall be considered by Us or by Our medical advisers to be reasonable and customary to the extent that they do not exceed the general level of charges being made by others of similar standing in the locality where the charges are incurred when giving like or comparable treatment. We will base that calculation on a combination of Our global experience, statistical information provided by local health authoritative body and information collected from medical specialists and surgeons practicing in the country or area where the treatment is received. For the avoidance of doubt when comparing treatment, We will take into account the complexity of the procedure and the standard of the medical facility where the treatment is received. If the charges are higher than is customary, We will only pay the amount which is, in Our experience, customarily charged and You will have to pay the rest. If Your treatment requires more than one specialist or surgeon present at the same operative (surgical) session, We shall review the medical necessity in the management of such surgical problem or medical condition in terms of the different trained skills and complexity of the services provided as an identification to cover the total services. No additional benefits or cost is payable for surgical assistants. For medical treatment and services incurred in Singapore, We shall also reference the guidelines and published fee benchmarks provided by Singapore Ministry of Health (MOH). In the event that the particular eligible treatment or service is not stated on the MOH published fee benchmark, We reserve the right to base the reference charge or proportionately reduce any claim to reflect the average charge of 2 physicians in the same specialty for the same surgical intervention or treatment. In the event of any differences in opinions between Our medical advisers or physicians and Your physicians, Our medical advisers or physicians opinion shall prevail.

Term	Meaning
Registered Nurse	A person qualified as a nurse (other than an Insured Person or a member of his Immediate Family or his business associates including any business partners, employers or employees) by a nursing qualification and duly licensed and registered with the relevant statutory nursing board or council to provide nursing services and who, in rendering such services, is practicing within the scope of his licensing and training in the geographical area of practice.
Reinstatement	The resuming of cover under this Policy after it has terminated.
Residents of Singapore	Singapore citizens and permanent residents (holders of re-entry permits) as well as holders of employment passes, work permits, students' passes or dependant's passes issued by the Ministry of Manpower.
Services	(Without limitation) (i) the sale, underwriting, acceptance and maintaining of the policy, (ii) the provision of services relating to the policy and its termination or expiry, and (iii) the maintenance of Our overall relationship with You, including reinsurance, insurance, audit, and administrative purposes.
Short-stay Ward	A designated hospital unit where patients, typically referred from the emergency department, are admitted for observation, diagnostic evaluation, or short-term treatment for a period not exceeding twenty-four (24) hours. The purpose of the stay is to allow attending physicians to determine whether the patient is medically fit for discharge or requires formal admission to an inpatient ward for continued care. For the purpose of this policy, claims arising from treatment in a Short-Stay Ward would be classified as follows: • Inpatient: If the patient is formally admitted and occupies a hospital bed overnight. • Outpatient: If the patient is not formally admitted and the stay does not exceed 24 hours. • Day Surgery (Day-patient): If the patient undergoes a medically necessary procedure or treatment that qualifies under the policy's day surgery treatment.

Term	Meaning
Specialist	A Physician who is classified by the appropriate health authorities in the geographical area of his practice, as a Physician with special expertise in a selected medical specialty to treat the type of Injury or Illness for which a claim may be made, for treatment provided to the Insured Person.
Spouse	Your husband or wife under a marriage recognized by law and whose Age Next Birthday is between 18 and 80 years (inclusive), provided that the Age Next Birthday of 66 to 80 years (inclusive)shall be applicable to renewals only.
Standard Room	With respect to rooms in a Hospital with an equivalent number of beds in each of such rooms, the standard accommodation Covered under this Policy shall mean the grade or class of room for which the Hospital levies the lowest charges for room and board.
Substantial Owner	Any individual entitled to more than 10% of the profits of or with an interest of more than 10% in an entity either directly or indirectly.
Surgeon	A Specialist who is qualified to perform Surgery.
Surgical Procedure	An operation or other invasive surgical intervention.
Tax Authorities	Domestic or foreign tax, revenue, fiscal or monetary authorities or agencies.
Tax Certification Forms	Any forms or other documentation as may be issued or required by a Tax Authority or by Us from time to time to confirm Your, or a Connected Person's, tax status.
Tax Information	Any documentation or information (and accompanying statements, waivers and consents) relating, directly or indirectly, to Your, or a Connected Person's tax status (regardless of whether You or such Connected Person is an individual or a business, non-profit or other corporate entity) and any owner, Controlling Person, Substantial Owner or beneficial owner of You or a Connected Person, that We consider, acting reasonably, is needed to comply (or demonstrate compliance, or avoid non-compliance) with any HSBC Group member's obligations to any Tax Authority. Tax Information includes, but is not limited to, information about: tax residence and/or place of organisation (as applicable), tax domicile, tax identification number, Tax Certification Forms, certain Personal Data (including name(s), residential address(es), age, date of birth, place of birth, nationality, citizenship).

Term	Meaning
Terrorist act	Refers to any use of violence by an individual terrorist or a terrorist group to coerce or intimidate the civilian population to achieve a political, military, social or religious goal. Terrorism shall also include any act, which is verified or recognised by the relevant Government as an act of terrorism.
Traditional Chinese Medicine Practitioner	A person qualified as a Traditional Chinese Medicine Practitioner (other than an Insured Person or a member of his Immediate Family or his business associates including any business partners, employers or employees) engaged in the practice of Traditional Chinese Medicine, and who is duly licensed and/ or registered with the relevant Traditional Chinese medical board or council to practice Traditional Chinese Medicine and who in rendering treatment, is practicing within the scope of his licensing and training in the geographical area of his practice.
Treatment	A surgical procedure or medical procedure carried out by a medical practitioner that is conventional treatment. This may include: • diagnostic procedures - consultations and investigations needed to establish a diagnosis. • in-patient treatment – treatment at a hospital where the Member has to stay in a hospital bed for one or more nights. • daycare treatment – treatment (excluding out-patient treatment) at a hospital or daycare unit where the Member is admitted to a hospital bed but does not stay overnight. • out-patient treatment – treatment at an out-patient clinic, a medical practitioner's consulting room or in a hospital where the Member is not admitted to a hospital bed. For avoidance of doubt, any of the above listed treatment is subject to the benefits table according to the Member's plan stated on the policy schedule. Certain benefits may exclude an entire class of treatment. We define conventional treatment as treatment that: • is established as best medical practice where the treatment is taking place; and • is clinically appropriate in terms of necessity, type, frequency, extent, duration and the facility or location where the treatment is provided; and • has been proven to be effective and safe for the treatment of the Member's medical condition through high quality clinical trial evidence; and

	• does not cost more than an equivalent treatment that delivers similar therapeutic or diagnostic outcome; and • is not provided, used, or undertaken for the convenience or financial advantage of the Member and/or his/her medical practitioner, hospital, clinic, or medical institution; and • is not any other treatment that is unnecessary; or • irrelevant in treating an eligible medical condition. If the treatment is a drug, the drug must be licensed for use by: (i) the Medicines and Healthcare products Regulatory Agency (MHRA) if the treatment is to be provided in the United Kingdom; or (ii) the European Medicines Agency (EMA) if the treatment is to be provided in Europe, but outside the United Kingdom; or (iii) the US Food and Drug Administration (FDA) or by the relevant Governmental Medicines and Healthcare products Regulatory Agency or Authority in the country where treatment takes place, if the Member is receiving treatment anywhere else in the world; and (iv) such drug must be used within the terms of its license and dosage for which it is approved for. Conventional treatment will also apply to the use of related medical equipment or consumables.
We, Us, Our, Ours, Company	HSBC Life (Singapore) Pte. Ltd. (Company Registration no.:199903512M).
Year	Twelve (12) Gregorian calendar months from when Your policy began or was last renewed unless We have agreed something different.
You / Your / Policyholder	The policyholder named on Your policy schedule, who is responsible for paying premiums and who may exercise all rights under this policy.

(C) DESCRIPTION OF BENEFITS

Important Notice

(i) The Benefits described below are subject to various limits including the maximum Annual Limit, a Co-payment and/or Deductible (if applicable) and are as stated on the Schedule or Endorsement.

(ii) If an Insured Person incurs Covered Expenses during the Period of Insurance, We will pay the Benefits below in accordance with the Schedule or any Endorsements. If an event Covered under this Policy shall occur during the Period of Insurance, but continues or extends beyond such Period of Insurance, We will only pay the Benefits applicable to that Insured Person in respect of the relevant Period of Insurance where such event first occurred.

(iii) If a Deductible and/or Co-payment shall be applicable, as stated in the Schedule or any Endorsements, We will pay the Covered Expenses in excess of any stipulated Deductible and/ or Co-payment for that Period of Insurance.

(iv) The Pro-ratio Table shall be applicable and any liability incurred by Us under this Policy shall be limited thereto, if an Insured Person shall choose (whether voluntary or otherwise) to be treated and/or confined in a different type of ward and/or Hospital (i.e. Public Hospital or Private Hospital), than that stated in the Schedule or Endorsement.

(v) In the event that an Insured Person shall choose (whether voluntary or otherwise) to be treated and/ or confined in a non-Standard Room, We shall pay only the charges incurred in respect of a Standard Room.

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Annual Limit Applicable to All Benefits	S$70,000	S$55,000	S$40,000	S$70,000	S$40,000	S$25,000

I. Reimbursement Basis

We will pay the Benefits A, B, C, D, E, F, G, H and I up to the respective limits (as specified in the Schedule or Endorsement), in the following manner:

(a) the Covered Expenses actually incurred by an Insured Person; or
(b) Reasonable and Customary Charges

whichever is lower, provided that all Benefits payable under this Policy shall be always subject to the maximum Annual Limit in respect of any one Period of Insurance for each Insured Person.

A	**Hospital and Surgical Benefits**	**Plan A**	**Plan B**	**Plan C**	**Plan D**	**Plan E**	**Plan F**
	Bed Type (Standard Types)	1-Bedded	2-Bedded	4-Bedded	1-Bedded	4-Bedded	6-Bedded
1	Daily Room & board	As Charged Up to S$20,000 Per disability	As Charged Up to S$15,000 Per disability	As Charged Up to S$10,000 Per disability	As Charged Up to S$20,000 Per disability	As Charged Up to S$10,000 Per disability	As Charged Up to S$5,000 Per disability
2	Intensive Care Unit						
3	Hospital Miscellaneous Expenses						
4	Inpatient Physiotherapy						
5	Ambulance Services						
6	Surgeon's Fee						
7	Anaesthetist's Fee						
8	In-Hospital Physician's Visit						
9	Pre-Hospitalisation/ Day-Surgery Specialist's Consultation (Up to 90 days)						
10	Pre-Hospitalisation/ Day Surgery						

	Diagnostic Services (Up to 90 days)						
11	Post-Hospitalisation/ Day Surgery Treatment (Up to 90 days)						
12	Emergency Outpatient Treatment (due to accident only)						
B	Outpatient Kidney Dialysis Per Year	S$20,000	S$15,000	S$10,000	S$20,000	S$10,000	S$5,000
C	Outpatient Cancer Treatment Per Year	S$20,000	S$15,000	S$10,000	S$20,000	S$10,000	S$5,000
D	Emergency Outpatient Dental Treatment due to accident only	S$2,000	S$1,500	S$1,000	S$2,000	S$1,500	S$1,000
E	Major Organ Transplant	As charged	As charged	As charged	As charged	As charged	As charged
F	Miscarriage due to accident Per Occurrence	S$3,000	S$2,000	S$1,000	S$3,000	S$2,000	S$1,000
G	Ectopic Pregnancy Per Occurrence	S$3,000	S$2,000	S$1,000	S$3,000	S$2,000	S$1,000
H	Surgical Implants Per Disability	S$3,000	S$2,000	S$1,000	S$3,000	S$2,000	S$1,000
I	Medical Report Fees	As charged	As charged	As charged	As charged	As charged	As charged

A. HOSPITAL AND SURGICAL BENEFITS

The following Benefits are payable on a Per Disability basis and provided that an Insured Person contracts an Illness or sustains an Injury, and requires either:

(a) confinement in a Hospital as an Inpatient;
(b) receiving treatment under the MIC@Home; or
(c) Day Surgery.

For the avoidance of doubt, some Benefits shall be applicable and payable only if the Insured Person is confined in a Hospital as an Inpatient.
Please note:

(i) Any Surgery not listed in the surgical operation fee Tables 1 to 7 and Minor Surgical Procedures (MSP) under the "Table of Surgical Procedures" published by the Singapore Ministry of Health, as at the date of the Surgery, is not covered.
(ii) MIC@Home is only applicable to admission in Government Restructured Hospital.

1. Daily Hospital Room and Board

Charges incurred for Standard Room accommodation (including meals and general nursing services) incurred per day while the Insured Person is confined to a Hospital or is receiving treatment under the MIC@Home.

This includes staying in a Short-stay Ward but excluding

(i) pre-Hospitalisation treatment which is given before and

(ii) post-Hospitalisation treatment which is given after the stay in a Short-stay Ward that does not result in Hospitalisation confinement.

In the event that an Insured Person shall be confined as an Inpatient in a high dependency unit or coronary care unit or such other similar care units or sections in a Hospital, We shall pay under this Benefit and the Intensive Care Unit Benefit shall not be payable.

2. Intensive Care Unit

Charges incurred during confinement as an Inpatient in the Intensive Care Unit of the Hospital.

3. Hospital Miscellaneous Expenses

(a) Prescription Drugs

Charges for medicines or drugs prescribed by a Physician which are Medically Necessary, but excluding charges for medicines or drugs prescribed for use beyond one hundred and twenty (120) days after the date of the last discharge from the Hospital or the date of the Day Surgery, for which the Insured Person had been receiving treatment in respect to such Illness or Injury.

(b) Inpatient Diagnostic Procedures

Charges for Inpatient diagnostic procedures that are Medically Necessary, arising out of or in connection to an Illness or Injury.

(c) Nursing, Theatre Consumables and Other Ancillary Charges

Charges for nursing and Medically Necessary ancillary services and consumable items.

(d) Operating Theatre Charges

Charges for usage of an operating theatre necessary for Surgery or Day Surgery.

4. Inpatient Physiotherapy

Charges for Inpatient physiotherapy that are Medically Necessary, arising out of or in connection to an Illness or Injury.

5. Ambulance Services

Charges for Medically Necessary ambulance service to and/or from the Hospital provided that the Insured Person is admitted as an Inpatient for treatment of an Illness or Injury.

6. Surgeon's Fees

Fees for Surgery or Day Surgery, provided that such Surgery or Day Surgery was performed by a Surgeon.

7. Anesthetist's Fees

Fees for the supply and administration of anesthesia by an anesthetist duly licensed and registered with the relevant statutory medical board or council for a Surgery or Day Surgery.

8. In-Hospital Physician's Visit

Fees charged by the attending Physician for daily bedside visits, after Inpatient treatment, limited to two (2) Physicians and one (1) visit per Physician per day.

9. Pre-Hospitalisation or Pre-Day Surgery Specialist's Consultation

Charges for consultation (including medication) with:

(i) a General Practitioner, or

(ii) a Specialist, if recommended in writing by a General Practitioner,

within ninety (90) days prior to an Inpatient treatment or Day Surgery but excluding pre-Hospitalisation treatment which is given before stay in Short-stay Ward that does not result in Hospitalisation confinement.

10. Pre-Hospitalisation or Pre-Day Surgery Diagnostic Services

Charges for diagnostic procedures and laboratory examinations, which are recommended in writing by a Physician, which are incurred within ninety (90) days prior to an Inpatient treatment or Day Surgery but excluding pre-Hospitalisation treatment which is given before stay in Short-stay Ward that does not result in Hospitalisation confinement.

11. Post-Hospitalisation or Post-Day Surgery Treatment

Charges incurred in follow-up treatment, (including treatment for physiotherapy, occupational therapy and speech therapy), after Inpatient treatment or Day Surgery, given by or recommended by the same attending Physician, within ninety (90) days immediately following the date of the last discharge from Hospital for which the Insured Person was confined as an Inpatient or the date of the Day Surgery, as a result of an Illness or Injury.

The following are excluded:

(i) charges for medicines or drugs prescribed for use beyond one hundred and twenty (120) days after such discharge.

(ii) post-Hospitalisation treatment which is given after stay in Short-stay Ward that does not result in Hospitalisation confinement.

(iii) treatment that is not provided in a Hospital or clinic.

12. Out-Patient Emergency Treatment (Due To Accident Only)

(a) Charges for Emergency Treatment of an Insured Person for an Injury and such Emergency Treatment was performed by a Physician or a Traditional Chinese Medicine Practitioner within twenty four (24) hours following the Accident.

(b) Charges for follow-up treatment by the same Physician or Traditional Chinese Medicine Practitioner up to thirty (30) days from the date of the Accident, including any charges for medication prescribed on a written basis by the attending Physician or Traditional Chinese Medicine Practitioner for that same treatment or consultation.

Provided That:
Where an Insured Person has been treated by a Traditional Chinese Medicine Practitioner, Our total aggregate liability under this Benefit shall not exceed Singapore Dollars three hundred (S$300.00) for each Accident in any Period of Insurance.

B. OUTPATIENT KIDNEY DIALYSIS

Charges for Medically Necessary Kidney Dialysis of an Insured Person as recommended by a Specialist received as an out-patient for an eligible medical condition at a registered medical facility recognised by Us.

The following are excluded under this Outpatient Kidney Dialysis Benefit:

(a) Complications that arise out of or in connection to Kidney Dialysis; and

(b) Costs for the acquisition or rental of any device, apparatus, appliance, machine and equipment for Kidney Dialysis. Without prejudice to the foregoing, We do not Cover the costs of acquisition of a cycler device or such similar equipment for peritoneal dialysis.

(c) Physician's consultation fees, prescriptions, drugs and medicines, diagnostic examinations and laboratory tests ordered by the Physician that are directly related to Outpatient Kidney Dialysis Treatment.

For such purposes, “Kidney Dialysis” shall mean dialysis treatment by either:

(a) haemodialysis (where waste products and excess water from the blood is removed by rerouting the blood out of the body through a machine) that is carried out at a legally registered dialysis centre; or

(b) peritoneal dialysis (where a dialysis solution is passed through the Insured Person’s abdomen to drain waste products and excess water from the blood through the peritoneum membrane lining).

C. OUTPATIENT CANCER TREATMENT

Charges for treatment of a Insured Person for Cancer as recommended by a Physician.

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

The term malignant tumour includes leukemia, lymphoma and sarcoma but excludes

non-invasion cancers-in-situ and any skin cancer other than malignant melanoma.

This Benefit extends to Cover the maintenance phase of Cancer treatment by the Insured Person's attending oncologist or with the Insured Person's attending Specialist (by this We mean the Specialist who has diagnosed and treated the Insured Person's Cancer). This will include consultation, diagnostic tests or scans, endoscopic procedures, medication prescribed by the attending oncologist or by the attending Specialist to keep the Cancer in remission or to prevent relapse of the Cancer.

D. OUTPATIENT DENTAL EMERGENCY TREATMENT (DUE TO ACCIDENT ONLY)

(a) Charges for Medically Necessary dental Emergency Treatment of an Insured Person by a Dentist within twenty-four (24) hours following the Accident in the event that the Insured Person shall suffer injuries or damage to his natural teeth and/or gums as a result of an Accident.

(b) Charges for follow-up treatment by the same Dentist up to thirty (30) days from the date of the Accident, including any charges for medication prescribed on a written basis by the attending Dentist.

(c) Charges for crowning will be excluded.
Note: There is no Cover for treatment required as the result of the consumption of food or drink or any foreign bodies contained in such food or drink.

E. MAJOR ORGAN TRANSPLANT

Charges for the transplantation of the major organs of the kidneys, heart, liver, lung or bone marrow by Surgery from a human donor to an Insured Person, excluding the costs of acquisition of the organ (including but not limited to, transportation costs) or any expenses incurred by the donor, in the event that an Insured Person shall contract an Illness or sustain an Injury and requires major organ transplantation.

F. MISCARRIAGE (DUE TO ACCIDENT ONLY)

Charges incurred for necessary Emergency Treatment by a Physician for miscarriage suffered by an Insured Person as a result of an Accident.

This benefit shall be payable for each occurrence of a miscarriage suffered by an Insured Personas a result of an Accident in each Period of Insurance, up to the limits shown on the Schedule or Endorsement.

In the event that an Insured Person shall suffer from an ectopic pregnancy and miscarries as a result of an Accident, We shall pay under this benefit and the Ectopic Pregnancy benefit shall not be payable.

G. ECTOPIC PREGNANCY

Charges incurred by an Insured Person for any treatment arising out of or in connection with Ectopic Pregnancy.

This Benefit shall be payable once per occurrence of Ectopic Pregnancy in each Period of Insurance, up to the limit set out in the Schedule or Endorsement.

H. SURGICAL IMPLANTS

Charges incurred by an Insured Person for any monofocal lens, prostheses, braces (excluding braces for teeth), pacemakers, autograft, allograft, artificial limbs or similar orthopaedic appliances and implants, provided that they are surgically implanted, and certified to be medically necessary and not implanted for cosmetic reasons. This benefit shall be payable on a Per Disability basis.

I. MEDICAL REPORT FEES

Charges incurred by an Insured Person in respect to any medical reports requested by Us in respect of an Illness or Injury suffered or sustained by the Insured Person in relation to an Inpatient claim submitted to Us under this Policy.

II. SPECIFIED SUM BASIS

Benefits J and K below are specified sums as stated in the Schedule or Endorsement and which are payable as one lump sum.

	Extended Benefits	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
J	Daily Recovery Benefits Per day, After 7 days of hospitalisation, up to 20 days	S$200	S$150	S$100	S$200	S$100	S$50
K	Special Grant	S$5,000	S$3,000	S$3,000	S$5,000	S$3,000	S$3,000

J. DAILY RECOVERY BENEFIT

In the event that an Insured Person shall be confined in a Hospital as an Inpatient as a result of an Illness or Injury, We shall pay this Daily Recovery Benefit (as stated in the Schedule or Endorsement) for each day that the Insured Person is confined in the Hospital as an Inpatient, provided that this benefit shall be payable only from the eighth (8th) day following the first day of confinement in the Hospital, and up to the twentieth (20th) day following the first day of confinement.

K. SPECIAL GRANT

If, during the Period of Insurance, an Insured Person dies from:

(a) an Injury;

(b) an Illness during or after treatment for such Illness, where such treatment was carried out at a Hospital or in Day Surgery; or

(c) a Critical Illness*.

*The Life Insurance Association Singapore (LIA) has standard definitions for 37 severe-stage Critical Illnesses (Version 2024). These Critical Illnesses fall under Version 2024. You may refer to www.lia.org.sg for the standard Definitions (Version 2024).

(D) POLICY EXCLUSIONS

The following treatment items, procedures, conditions, activities and their related and associated complications are not covered under Your policy:

1. Any period of Hospital confinement unless the entire confinement and all the special Hospital services so rendered and performed had been recommended and approved by a Physician and in accordance with the diagnosis and treatment of the Illness or Injury for which the Hospital confinement was required.

2. All Pre-existing Conditions unless declared by the Insured Person in the Application form and specifically accepted by Us during underwriting stage and endorsed thereon.

3. Any Illnesses suffered by an Insured Person that commence within thirty (30) days from the date an Insured Person is first Covered under the Policy except for Injuries sustained during an Accident which occurs after the date an Insured Person is Covered under the Policy.

4. Vitamins, supplements, scar gels, whether prescribed or not.

5. Cryopreservation, or harvesting or storage of stem cells as a preventative measure against possible future disease/Illness/Injury.

6. Toiletries such as, but not limited to shampoos, soaps, tooth-pastes, contraceptives, proprietary headache and cold cures, mouthwash, lotions, moisturisers, cleansers, shower gels, whether prescribed or not.

7. Hospitalisation primarily for diagnosis, x-ray examinations, or for general physical or medical check-up, routine physical examinations, health check-ups or any other tests, where there is no objective indication of impairment of normal health or any treatment of a preventive nature including vaccinations, acupuncture, or any treatment which is not Medically Necessary.

8. Administrative expenses, charges for telephone calls, television, radio, newspaper, guests' meals, companion accommodation and other ineligible non-medical items whilst confined as an Inpatient or for Day Surgery.

9. Outpatient treatment except as specifically Covered under this Policy.

10. Dental care or Surgery and its related treatment including treatment of Temporo-Mandibular Joint disorder, bruxism, problems relating to the teeth, gums and jaw, unless it is necessary to treat or replace sound natural teeth damaged or lost as a result of Accident.

11. Pregnancy, childbirth, abortion, miscarriage, infertility and all complications arising therefrom except as specifically Covered under this Policy.

12. Birth control measures, assisted reproduction, sterilisation (or its reversal) or any events arising out of or in connection thereto.

13. Circumcision unless Medically Necessary, varicocele, impotence, erectile dysfunction or any consequence of it.

14. Sickness or disease directly or indirectly arising from sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS), any AIDS related condition, or infection by Human Immune-Deficiency Virus (HIV).

15. Treatment which arises from, or is in any way attributable to, sex change.

16. Costs arising under any legislation or Covered under any corresponding insurance relating to occupational death, Injury, or Illness, including but not limited to, occupational insurance effected pursuant to the Workmen's Compensation Act (Cap. 354) and any revisions thereof.

17. Congenital Conditions and any physical birth defects arising out of or resulting therefrom.

18. Rest cures, hospice care, home or outpatient nursing or palliative care, convalescent care in convalescent or nursing homes, sanatoriums or similar establishments.

19. Psychological disorders, personality disorders, mental conditions or behavioural disorders, including any addiction or dependence arising from these disorders such as gambling or gaming addiction.

20. Treatment for Illness or Injury caused directly or indirectly by abuse or misuse of drugs, substances or alcohol.

21. Treatment for or in respect of any Injury suffered where a medical practitioner confirms significant impairment due to alcohol at the time of the event.

22. Suicide or attempted suicide, self-inflicted injuries or any attempt thereat whether sane or insane.

23. Eye tests, refractive errors of the eyes, treatment for strabismus and amblyopia, spectacles and contact lenses.

24. Provision of implants, medical appliances and prosthetic devices such as but not limited to hearing aids, wheelchairs, artificial limbs, lenses and dialysis machine except as specifically Covered under this Policy.

25. Treatment of injuries sustained from racing of any kind(except on foot), professional sports, white water rafting, base jumping, cliff diving, parachuting, skydiving, hot air balloon, diving to a depth of more than twenty (20) metres, trekking to a height of over three thousand and five hundred (3,500) metres, free climbing, mountaineering with or without ropes, bungee jumping, canyoning, hang gliding, paragliding or microlighting, potholing, cage diving, ice swimming.

26. Flying or other aerial activity except as a fare-paying passenger in a fully licensed aircraft operated by a licensed commercial air carrier or recognised charter company.

27. Nuclear or chemical contamination, war, invasion, losses by terrorist acts using chemical and/or biological substances, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, direct participation in riot, strike and civil commotion, insurrection or military or usurped power, or active duty in any of the armed forces.

28. The use, or any treatment arising therefrom, of any drugs not licensed by an official governmental control agency of the country in which the drug is given, or drugs used in any circumstances other than in accordance with their licensed indications.

29. Experimental or pioneering medical or surgical techniques and medical devices not approved by the Institutional Review Board and the Centre of Medical Device Regulation or medical trials for medicinal products whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority of Singapore.

30. All types of learning disorders, educational problems, behavioural problems, physical development, or psychological development, including assessment or grading of such problems.

31. Cosmetic or plastic Surgery except for reconstruction Surgery necessary to restore function or appearance caused by Accident or following Surgery for a medical condition, treatment of acne and alopecia.

32. Treatment of obesity or any medical condition which arises from, or is related to, obesity in any way including but not limited to the use of gastric banding or stapling, the removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons; weight improvement; supplements or medications for weight loss or weight improvement.

33. All types of sleep disorder including snoring, insomnia, obstructive sleep apnoea, sleep study test.

34. Violation or any attempted violation of the law or resistance or attempted resistance to lawful arrest.

35. All full-time uniformed service personnel, except national reservist duty under the Enlistment Act(Cap. 93).

36. Treatment provided to the Insured Person by an Immediate Family member of the Insured Person or self-treatment by the Insured Person, including the prescription of drugs.

37. We will not cover robotic Surgery unless it has been established that the treatment is recognised as appropriate by an authoritative medical body, and We have agreed in writing with the Medical Practitioner or the medical institution on what the fees will be prior to the Surgery.

(E) GENERAL CONDITIONS

It is an important part of Our contract that You observe the following General Conditions and they are, where their nature permit, condition precedents to the right to recover from Us.

If You or any Insured Person breaches any of the terms of the Policy or makes, or attempts to make, any dishonest claim, We can do any or all of the following:

(a) refuse to make any payment; and
(b) refuse to renew Your Policy; or
(c) impose different terms to any cover We are prepared to provide; or
(d) terminate Your policy and all cover under it immediately and You will have to repay to Us all amounts We have paid out under the policy.

If We do not enforce any of the conditions of Your Policy at any time, it does not mean We cannot enforce it in the future.

1. Liability

We will have no liability to pay any Benefits under this Policy if You or any Insured Person:

(a) fail to fully and truthfully disclose to Us, all material information known (or which could reasonably be expected to be known) by You or any Insured Person, before inception of this Policy and upon each renewal;
(b) fail to properly observe and fulfill the terms and conditions of this Policy;
(c) make any untrue statement;
(d) omit, suppress or incorrectly states any material information affecting the risk;
(e) make any claim that is fraudulent or exaggerated, or makes any false declaration or statement in support of a claim.

2. Changes in Circumstances

If there is any change in circumstances affecting the risk, You must give Us immediate written notice. In particular, You must notify Us of any changes in occupation/business or health affecting You or any Insured Person.

3. Accuracy of Information

If the age or date of birth or other relevant facts relating to the Insured Person shall be found to have been misstated and if such misstatement affects the scale of Benefits or has anything to do with the terms and conditions of this Policy, the true age and facts shall be used in determining whether insurance is in force under the terms of this Policy and the Benefits payable therefrom, and an equitable adjustment of premiums shall be made.

Where a misstatement of age or other relevant facts has caused the Insured Person to

be insured hereunder where he is otherwise ineligible for any insurance, or where such statement has caused the Insured Person to remain insured when he would otherwise be disqualified in accordance with the terms and limitations of this Policy, the Insured Person's entire cover shall be void and there shall be a refund of premiums paid in respect of the Insured Person, provided always that where there is fraud on the part of You or the Insured Person, no premiums paid are to be refunded.

We reserve the right to apply underwriting terms to Your Policy at any time if a medical condition that should reasonably have been declared comes to Our attention.

4. Policy Renewal/ Renewal Premium

(a) This Policy is renewable yearly. On or before the expiry of Your Policy, and subject to Our acceptance and full medical underwriting being undertaken, You may renew this Policy by paying the premium applicable at the time of renewal. This shall not apply in the event that the Policy expires, or is terminated or cancelled in accordance with the terms of this Policy and You should subsequently wish to reapply for insurance Cover under this Policy. We reserve the right to impose premium loadings or impose or change conditions (such as exclusions of pre-existing conditions or capping of certain conditions) at the point of such renewal.

(b) The premium rates payable shall be determined at each renewal based on the full medical underwriting undertaken, Insured Persons' Age Next Birthday, the table of premium rates then in effect, and any other factors which may materially affect the risks insured. We reserve the right to change the table of premium rates on a class basis for Our Individual SmartCare Executive and all similar policies.

5. Policy Plan Upgrading/ Downgrading

Upon Your written request, We may agree to a change in Policy Coverage, but any such change to Your Policy, as agreed by Us, shall be applicable only at the next renewal of the Policy and You have paid any additional premiums as may be applicable.

For any Illness or Injury occurring during the period of twelve (12) months after the Effective Date of the upgrading, We shall not be liable beyond the limits applicable for the immediately preceding Period of Insurance, if such Illness or Injury directly or indirectly arises or results from a condition occurring or sustained during the preceding Periods of Insurance.

For any Illness or Injury occurring, contracted or sustained at any time on or after the Effective Date of a downgrade, notwithstanding that such Illness or Injury may be a direct or indirect result of a condition or Accident occurring, contracted or sustained during the preceding Period of Insurance, Our liabilities shall be restricted to the limits applicable to the downgrade.

6. Automatic Termination

(a) Cover under this Policy for the respective Insured Person shall automatically terminate on the earliest occurrence of any of the following events:

(i) the date the Policy is terminated;
(ii) the date the Insured Person's Coverage is terminated;
(iii) when the applicable premiums are not paid in accordance with the terms of the Policy;
(iv) death of such Insured Person;
(v) upon such Insured Person ceasing to satisfy any of the eligibility requirements set out in this Policy;
(vi) breach of any regulation and/or law and/or economic sanctions;
(vii) the Insured Person is no longer a Resident of Singapore;
(viii) Misrepresentation, non-disclosure or fraud on the part of the Insured Person
(ix) at 23:59 Standard Singapore Time on the ninetieth (90th) day on which such Insured Person remains outside his Country of Residence for a consecutive period of more than ninety (90) days; or
(x) breach of any regulation and/or law and/or economic sanctions.

provided that if an Insured Person satisfies the age eligibility requirement at the Effective Date, his Cover shall not automatically terminate when he attains a higher age during that Period of Insurance.

(b) Termination of Your Cover shall automatically terminate Cover for all of Your Dependants as well.

7. Cancellation / Termination of Cover

(a) You have the right to cancel this Policy at any time by giving 14 days' written notice to Us. Provided that no claims have been made during the Period of Insurance, We will grant You a pro-rated refund of the total premium paid corresponding to the unexpired Period of Insurance.

(b) You have the right to terminate Cover for any Insured Person at any time by giving Us 14 days' written notice, and upon such termination, You will be granted a pro-rated refund of the premium paid in respect of that Insured Person corresponding to the unexpired Period of Insurance, provided that no claims have been made during the Period of Insurance.

(c) We have the right to cancel this Policy in the event that We decide to cease offering Our SmartCare Executive Individual plan (i) totally; or (ii) to any particular groups of persons insured with Us or proposing to be insured with Us. We will give You at least thirty (30) days' written notice of such cancellation and upon such cancellation You will be granted a pro- rated refund of the total premium paid corresponding to the unexpired Period of Insurance.

8A. Payment Before Cover Warranty

(a) This clause only applies to Your Policy if the Policyholder is an individual.

(b) Notwithstanding anything herein contained but subject to clauses 8A(c) and 8A(d) hereof, it is hereby agreed and declared that the total premium due must be paid and actually received in full by Us (or the intermediary through whom

this Policy was effected) on or before the inception date ("the inception date") of the Coverage under the Policy, Renewal Certificate, Cover Note or Endorsement.

(c) In the event that the total premium due is not paid and actually received in full by Us (or the intermediary through whom this Policy was effected) on or before the inception date referred to above, then the Policy, Renewal Certificate, Cover Note and Endorsement shall be deemed to be cancelled immediately and no Benefits whatsoever shall be payable by Us. Any payment received thereafter shall be of no effect whatsoever on the cancellation of the Policy, Renewal Certificate, Cover Note and Endorsement.

(d) In respect of Coverage with "Free Look" provision, You may return the original policy document to Us or to the intermediary within the "Free Look" period if You decide to cancel the Cover during the "Free Look" period. In such an event, You will receive a full refund of the premium paid to Us without interest provided that no claim has been made under the insurance.

8B. Premium Payment Warranty

(a) This clause only applies if the Policyholder is a business or commercial establishment.

(b) Notwithstanding anything herein contained but subject to clause 8B(c) hereof, it is hereby agreed and declared that if the Period of Insurance is 60 days or more, any premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within 60 days of the:

(i) inception date of the Coverage under the Policy, Renewal Certificate or Cover Note; or

(ii) Effective Date of each Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note.

(c) In the event that any premium due is not paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within the 60-day period referred to above, then:

(i) the Cover under the Policy, Renewal Certificate, Cover Note or Endorsement is automatically terminated immediately after the expiry of the said 60-day period;

(ii) the automatic cancellation of the Cover shall be without prejudice to any liability incurred within the said 60-day period; and

(iii) We shall be entitled to a pro-rata time on risk premium.

(d) If the Period of Insurance is less than 60 days, any premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within the Period of Insurance.

9. Reinstatement

The Policy will terminate if the premium due is not paid.

If the Policy or any cover issued to an Insured Person is terminated, the Policyholder may write to Us to apply for Reinstatement within ninety (90) days from the last premium due date. Please note that such Reinstatement is subject to Our approval. If the application for Reinstatement is approved, We may impose conditions on the reinstated Policy or cover and also, You must pay all the outstanding premium You owe to Us before We reinstate Your Policy. We will only pay for eligible claim incurred after We have reinstated Your Policy i.e., no benefit shall be payable for any eligible claim incurred between the last premium due date and the date We approve Your Reinstatement application.

If You have opted to pay Your premiums on an annual basis, the last premium due date is on the renewal date.

We may also refuse to reinstate Your Policy and We will inform You in writing if We do so.

10. Condition Precedent

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

(a) for the risk insured, the Insured Person has never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or

(b) if the Insured Person has declared that it has breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months:

  (i) the Insured Person has fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy; and

  (ii) a copy of the written confirmation from the previous insurer to this effect is first provided by the Insured Person to Us before Cover incepts.

11. Determination of Premiums

For the purposes of determining premiums payable, an Insured Person's age shall be deemed to be his Age on his Next Birthday, and any premium tables or other material We provide in this connection shall be read accordingly.

12. Payment of Benefits

We shall pay all Benefits to You or Your estate (in the event of Your death). You or Your estate's receipt of any Benefit payable under this Policy shall in all cases be deemed full and final discharge of all claims, demands, liabilities and damages whatsoever. We may, at Our sole discretion, pay the Benefits to an Insured Person unless You request otherwise in writing. We may appoint independent administrators to settle claims on Our behalf.

13. Indemnity and Last Payer Status

The Benefits of this Policy are payable on a reimbursement and/or indemnity basis.

If the Insured Person is entitled to reimbursement for the Covered Expenses incurred in respect of any claim from sources other than this Policy, including other insurance policies, employment benefits, and any insurance effected under the Workmen's Compensation Act (Cap. 354) and any revisions thereof, the Insured Person shall first seek reimbursement from the other policies before making a claim under this Policy. We will only be liable for the excess of the amount of Your Cover Expenses recovered from such other source of insurance subject to the limits and the terms and conditions of this Policy.

If any Covered Expenses payable under this Policy has been made to the Policyholder before a claim is made from other policies, the other policies shall reimburse Us their share. The Policyholder shall provide Us with all information including the full details of such other policies, and all relevant documentary proof that We require to make a claim for the Covered Expenses that We have paid.

14. Right of Recovery

In the event that payment is authorised and/or made by Us for expenses that are not Covered under this Policy, We shall be entitled to recover all sums in respect of any liabilities incurred by Us.

15. Subrogation

We have full rights of subrogation and may take proceedings in the Insured Person's name to recover the amount of any payment made under the Policy and/to recover an indemnity from a third party. The Insured Person shall cooperate fully with Us in this respect; and shall not do anything to prejudice Our rights.

16. Claim Procedures

It shall be condition precedent that You comply with the following stipulated time limits and procedures before any Benefits are payable under this Policy:

(a) Written notice shall be given to Us as soon as possible and in any event within thirty (30) days after the occurrence of any event, which may give rise to a claim under this Policy.

(b) A claim form obtainable from Us upon request and all necessary supporting evidence of the occurrence, nature and extent of loss shall then be submitted to Us within sixty (60) days after the occurrence of the event giving rise to a claim under this Policy.

(c) All certificates, receipts, information and evidence required by Us shall be in the English Language and supplied free of expense to Us, in the form(s) prescribed by Us. If the said documents are in a language other than the English Language, We will require a certified translation in English with a signed statement

declaring that the translation is an accurate and true representation of the original document.

(d) We shall have the right and the opportunity through Our medical representatives to examine any Insured Person whenever and as often as may be reasonably required during Our assessment of any claim. In addition, We shall have the right to require an autopsy in the case of death, where this is not forbidden by law or such religious beliefs that are recognised by the law. We will bear the expenses incurred in such examinations, unless We deny Your claim, in which case We shall be entitled to recover all the expenses so incurred from You.

17. Specific claims conditions

(a) The payment of any claim does not discharge Your obligations regarding the fulfilment of the terms and conditions under this Policy; and

(b) We are not obliged to pay the ongoing costs of continuing, or similar, treatment, even where We have previously paid for this type of or similar treatment, if it is subsequently noted that this claim is in fact not eligible.

18. Notices

Any notice sent to Us for the purposes of this Policy will only be considered accepted if We receive it at Our Correspondence Address or email address.

19. Difference in Opinions

In the event of any differences in opinions between Our Physician and Your Physician, Our Physician's opinion shall prevail.

20. Legal Proceedings

No proceedings in law or in equity may be commenced against Us prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the terms of this Policy. In any event, such proceedings shall not be commenced against Us after the expiration of a period of one (1) year from the date written proof of loss has been so furnished in accordance with the terms of this Policy.

21. Applicable Law/Jurisdiction

This Policy is governed by the laws of Singapore. The courts of Singapore have jurisdiction to settle any dispute. However, We shall not be prevented from taking proceedings relating to a dispute in any other courts with jurisdiction. To the extent allowed by law, We may take concurrent proceedings in any number of jurisdictions.

22. Rights of Third Parties

Except to the extent expressly set out in the Policy, a person who is not a party to this Policy will have no rights under the Contracts (Rights of Third Parties) Act 2001 (and any subsequent amendments or replacements of this Act) to enforce any terms of the Policy.

23. Non-Assignment

This Policy is not assignable. We shall not be affected by notice of any trust, charge, lien, assignment or other dealing with this Policy.

24. Right of Review

We may review and supplement or amend certain clauses of Your Policy. These include amendments to the Premiums, Benefit(s) and terms and conditions of Your Policy.

During the term of Your Policy, We may make changes to Your Policy if it is reasonably necessary to give effect to:

(a) applicable laws, rules, regulations; or
(b) a change, recommendation, order, requirement, notice, direction, code, circular or guidance issued by any regulatory, supervisory, governmental, statutory authority, industry association, self-regulatory, or resolution body having jurisdiction over Us or a court of competent jurisdiction.

If You renew Your Policy, We may make changes to Your Policy which will only take effect from the Policy Anniversary to reflect changes to or alignment with:

(a) the operational costs, business operations or practices, systems and processes;
(b) the industry or prevailing market conditions or practices;
(c) Our agreement or arrangement with third-party service providers;
(d) overall claims experience and sustainability of the plan;
(e) any past or foreseeable changes in medical practice or procedures; or
(f) general levels of inflation in healthcare costs.

To the extent reasonably practicable, We will provide You at least 30 days' advance notice in writing before such change takes effect.

If You do not agree with a change, You may, to the extent applicable:

(i) decide not to renew Your Policy;
(ii) terminate Your Policy; or
(iii) change the coverage of Your Policy.

Any changes to Your Policy will be recorded in an endorsement issued by Us. Our agents, representatives and intermediaries are not authorised to make any amendment to Your Policy or waive any of the terms and conditions on Our behalf.

25. Currency

All premiums and Benefits will be paid in Singapore Dollars. Charges incurred in any other currency shall be payable in Singapore Dollars on the basis of the exchange rate in effect on the date such charges were incurred as stipulated by Us.

26. Free-Look clause

We will give You a period of fourteen (14) days from the date You receive this Policy ("Free Look Period") to review it. If Your Policy is delivered by post or email, it is considered to have been received by You seven (7) days from the date of posting or

the date the email is sent. If You decide to cancel this Policy, You must write to Us and return the Policy documents within the Free Look Period. We will refund the Premiums paid less any expenses incurred in issuing this Policy such as medical examination fee and administrative charges.

After the Free Look Period, You may cancel Your Policy at any time by giving Us no less than thirty (30) days' notice in writing. This is an annual contract and We will not refund premiums if any claim, however small, has been made in the current Policy year. In the event that We do agree to make a refund (and this will be at Our sole discretion), We will only refund premiums on a pro-rata basis from the end of the Gregorian calendar month in which cancellation takes effect and provided You have returned to Us the Policy documents.

Please note that no claim of any kind will be considered after notification by You and acceptance by Us of any cancellation.

27. Clerical Error

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

28. Sanction Clause

We and other service providers will not provide Cover or pay claims under this Policy if doing so would expose Us or the service provider to a breach of international economic sanctions, laws or regulations, including but not limited to those provided for by the European Union, United Kingdom, United States of America, Singapore or under a United Nations resolution. If a potential breach is discovered, where possible We will advise You in writing as soon as We can.

29. Illegality Clause

Under no circumstances shall this Policy be deemed to provide Cover and no liability be incurred to pay or provide any Benefit hereunder to the extent that the provision of such Cover, payment of such claim or provision of such benefit would cause Us to be in breach of, or expose Us to any prohibition, or restriction under the laws or regulations of Singapore.

30. Tax Compliance

You acknowledge You are solely responsible for understanding and complying with Your tax obligations (including but not limited to, payment of any tax deduction or withholding tax or filing of returns or other required documentation relating to the payment of all relevant taxes) and other payment obligations in accordance with the applicable laws in all jurisdictions in which those obligations arise and relating to the opening and use of account(s) and/or Services provided by Us and/or members of the HSBC Group. Certain countries may have tax legislation with extra-territorial effect regardless of Your place of domicile, residence, citizenship or incorporation. We and/or any member of the HSBC Group do not provide tax advice. You are advised to seek independent legal and/or tax advice. We and/or any member of the HSBC Group

have no responsibility in respect of Your tax obligations in any jurisdiction which they may arise including, without limitation, any that may relate specifically to the opening and use of account(s) and/or Services provided by Us and/or members of the HSBC Group.

With regard to Your obligation to pay any tax deduction or withholding tax under any applicable law at any time with respect to Your payment of premium or other amounts made to Us, then You are liable (i) to pay Us the premium and/or such other amounts as if no such deduction or withholding have been made; (ii) to pay the full amount of such deduction or withholding to the relevant taxation authority or other authority in accordance with applicable law; and (iii) to provide Us with the evidence of such payment. Your payment of premium and other amounts made to Us hereunder shall be made without any deduction or withholding and free of any set off or counterclaim.

31. Financial Crime Risk Management Activity

We, and members of the HSBC Group, are required, and may take any action considered appropriate, to meet Compliance Obligations in connection with the detection, investigation and prevention of Financial Crime ("Financial Crime Risk Management Activity"). Such action may include, but is not limited to:

(a) screening, intercepting and investigating any instruction or communication by You or a Connected Person, or on Your or a Connected Person's behalf;

(b) investigating the source of or intended recipient of funds;

(c) combining Customer Information with other related information in the possession of the HSBC Group; and/or

(d) making further enquiries as to the status of a person or entity, whether they are subject to a sanctions regime, or confirming Your or Connected Person's identity and status.

To the extent permissible by law, neither We nor any other member of HSBC Group shall be liable to You or any third party in respect of any loss whether incurred by You or a third party in connection with the delaying, blocking or refusing of any payment or the provision of all or part of the Services or otherwise as a result of Financial Crime Risk Management Activity.

32. Data Protection

Whether it is processed in a home jurisdiction or overseas, in accordance with data protection legislation, Customer Information will be protected by a strict code of secrecy and security which all members of the HSBC Group, their staff and third parties are subject to.

Your attention is drawn to the fact that laws relating to data protection may not have extra-territorial effect and should be taken into consideration together with anti-money laundering and countering the financing of terrorism laws and regulations. Our service providers may be required by law to disclose Customer Information to third parties. Such circumstances include the service provider being compelled to disclose the

Customer Information pursuant to a court order, requests from governmental or regulatory authorities, police investigations and criminal prosecutions.

33. Data Privacy

We, other members of the HSBC Group and/or HSBC Group's authorised service providers may collect, use and share Customer Information (including relevant information about You, a Connected Person, Your use of Our products and services, and Your relationships with the HSBC Group) for the purposes set out in Our Data Privacy Policy (the "Purposes"). Customer Information may be requested from You or a Connected Person (or a person acting on Your behalf or on behalf of a Connected Person), or may also be collected by or on behalf of Us, or members of the HSBC Group, from other sources (including from publicly available information), generated or combined with other information available to Us or any member of the HSBC Group.

You agree to inform Us promptly, and in any event, within 30 days in writing if there are any changes to Customer Information supplied to Us or a member of the HSBC Group from time to time, and to respond to any request from, Us, or a member of the HSBC Group.

You confirm and warrant that every Connected Person whose information (including Personal Data Tax Information) has been provided to Us or a member of the HSBC Group has been notified of and agreed to the collection, use and disclosure of their information as set out in Our Data Privacy Policy. You shall advise Connected Persons that they may have rights of access to, and correction of, their Personal Data. We reserve the right to require You to produce documentary proof of the consents obtained from such Connected Persons, upon Our reasonable request made from time to time.

where:

(i) You or a Connected Person fail to provide Customer Information that We reasonably request; or

(ii) You or a Connected Person withhold or withdraw any consents which We may need to process, transfer or disclose Customer Information for the Purposes; or

(iii) We or a member of the HSBC Group has suspicions regarding the possible commission of Financial Crime or You present a potential Financial Crime risk to a member of the HSBC Group,

We may:

(i) be unable to provide new, or continue to provide all or part of the, Services to You;

(ii) take actions necessary for Us or a member of the HSBC Group to meet the Compliance Obligations; and/or

(iii) terminate the Policy if We reasonably consider that by continuing the Policy and/or the relationship with You, We may break any Laws or We, or a member of the HSBC Group, may be exposed to action or censure from any Authority.

Any termination will take effect as a surrender of the Policy.

In addition, Your failure to supply Your, or a Connected Person's, Tax Information and accompanying statements, waivers and consents, may result in Us making Our own decision with respect to Your or a Connected Person's status, including whether to report You or such Connected Person to a Tax Authority, and may require Us or other persons to withhold amounts as may be legally required by any Tax Authority and paying such amounts to any Tax Authority.

34. Miscellaneous

In the event of any conflict or inconsistency between the terms of Clauses 30. Tax Compliance to Clause 33. Data Privacy and those similar Clauses in any other service, product, business relationship, account, policy or agreement between You and Us, the terms of the Policy shall prevail. Any consents, authorisation, waivers requested by Us and permissions that already exist from You in relation to Customer Information shall continue to apply in full force and effect, to the extent permissible by applicable local law.

If all or any part of the Policy becomes illegal, invalid, or unenforceable in any respect under the law of any jurisdiction, that shall not affect or impair the legality, validity, or enforceability of such provision in any other jurisdictions or the remainder of the terms in that jurisdiction.

The Policy is intended for sale only in Singapore. If You, or anyone else with authority over or otherwise connected to the Policy (such as the Insured Person or the Beneficiary) is, temporarily or permanently:

(i) outside of Singapore; or

(ii) otherwise subject to the laws of any other place,

such that We reasonably believe that by complying with a particular term or condition of the Policy We would breach any laws of Singapore or such other place, then We are entitled not to comply with such term or condition for any period of time We deem necessary, regardless of what such term or condition may provide. This might include declining to service some of Your requests related to the Policy. You agree We will not be liable for any losses, damages, claims, liabilities or costs You or any other relevant person may suffer from Our exercise of Our rights under this clause.

Pro-ratio Table

We will pay up to a percentage of the Covered Expenses as per the following Pro-ratio Table if You are treated and/or stay in a different type of:

- ward; and/or
- Hospital (i.e. Private Hospital or Public Hospital) from that stated on the Schedule or Endorsement.

My Plan is	I am warded/treated in the Standard Room of the Hospital/Clinic	I will receive___% of the Covered Expenses
A	Private or Public Hospital : 1, 2, 4 or 6-bedded	100%
B	Private Hospital : 1-bedded	60%
	Private Hospital : 4-bedded	100%
	Public Hospital : 1, 4 or 6-bedded	100%
C	Private Hospital : 1-bedded	50%
	Private Hospital : 2-bedded	60%
	Public Hospital : 1-bedded	60%
	Public Hospital : 4 or 6-bedded	100%
D	Private Hospital : 1-bedded	50%
	Private Hospital : 2 or 4-bedded	60%
	Private Hospital/Clinic: Day Surgery	60%
	Public Hospital : 4 or 6-bedded	100%
E	Private Hospital : 1, 2, or 4-bedded	50%
	Private Hospital/Clinic: Day Surgery	50%
	Public Hospital : 1-bedded	60%
	Public Hospital : 6-bedded	100%
F	Private Hospital : 1, 2, or 4-bedded	50%
	Private Hospital/Clinic: Day Surgery	50%
	Public Hospital : 1 or 4-bedded	60%

Appendix- Definitions of "Critical Illness"

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, leukaemia, 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; and all pituitary neuroendocrine tumours (PitNET) except Metastatic PitNET and Pituitary Carcinoma;
- 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.

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

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.

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.

End Stage Kidney Failure

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

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.

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 ($PaO2 \leq 55mmHg$); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

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.

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 or self-inflicted injuries are excluded.

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, and Throat (ENT) specialist.

Total means "the loss of hearing to the extent that the quietest sound that can be heard is 80 decibels or greater across all frequencies".

Irreversible means "cannot be reasonably restored to 40 decibels or lower 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".

Open-Heart 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 catheterisation or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

The open-heart surgery refers to an incision on the heart for the direct visual replacement or repair of the heart valve abnormalities.

For the above definition, the following operation or procedures are excluded:

- The operation or procedure performed via endoscopic or keyhole surgery.
- The operation or procedure performed via catheterisation.

Irreversible Loss of Speech

Total and irreversible 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.

Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured Person's body.

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.

Multiple Sclerosis

The definite diagnosis of Multiple Sclerosis, and 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.

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.

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.

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.

Alzheimer's Disease / Severe Dementia

Deterioration or loss of cognitive function 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.

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

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.

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.

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.

Benign Brain Tumour

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.

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.

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.

Angioplasty & Other Invasive Treatment for Coronary Artery

The actual undergoing of balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Payment under this condition is limited to 10% of the Sum Insured under this Policy subject to a S$25,000 maximum sum payable. This benefit is payable once only and shall be deducted from the amount of this Contract, thereby reducing the amount of the Sum Insured which may be payable herein.

Diagnostic angiography is excluded.

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.

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.

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.

Terminal Illness

Terminal illness means "any condition caused by illness or injury, where at the time of claim, despite all reasonable medical treatment, the Insured Person is expected to live for no more than 12 months."

The specialist medical practitioner treating the condition must provide supporting evidence of the condition, possible medical treatment, the prognosis after undergoing the possible medical treatment, and certify that the Insured Person is expected to live for no more than 12 months despite all possible medical intervention. We reserve the right to appoint an independent medical specialist who is an expert in the condition to confirm the diagnosis and prognosis.

Terminal Illness in the presence of HIV infection is excluded.

Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally confirmed by a consultant rheumatologist and supported by biopsy or equivalent confirmatory test, and serological evidence, and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

Persistent Vegetative State (Apallic Syndrome)

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist. This condition has to be medically documented for at least one month.

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

Other Serious Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by invasive coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed.

The occurrence of the stenosis of the involved coronary arteries must be detected in a single invasive coronary angiography report performed in one sitting.

Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.

Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.

Loss of Independent Existence

A condition as a result of a disease, illness or injury whereby the Insured Person is unable to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living", for a continuous period of 6 months.

This condition must be confirmed by the company's approved doctor.

Non-organic diseases such as neurosis and psychiatric illnesses are excluded.

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.

Meaning of Certain Terms used in LIA Definitions

1. Permanent Neurological Deficit

Permanent means expected to last throughout the lifetime of the Insured Person.

Permanent neurological deficit means 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.

2. Activities of Daily Living (ADLs)

The six “Activities of Daily Living” are:

(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.

*The Life Insurance Association Singapore (LIA) has standard definitions for 37 severe-stage Critical Illnesses (Version 2024). These Critical Illnesses fall under Version 2024. You may refer to www.lia.org.sg for the standard Definitions (Version 2024).

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 your insurer or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).