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GST Reg No. 199903512M
Co. Reg No. 199903512M

Product Summary

SmartCare Executive

I acknowledge that the contents of SmartCare Executive product summary have been explained to me to my satisfaction by my Financial Planner.

Name of Policyholder:	
Signature of Policyholder:	
Name of the Member / Insured Person:	
Name & Signature of Financial Planner:	
Date:	

Important Note:
This product is underwritten by HSBC Life (Singapore) Pte. Ltd. (**"HSBC Life" or "Our" or "Us" or We").**

This Product summary contains a summary of product features only and it is to be read in conjunction with the policy terms and conditions of SmartCare Executive, policy schedule, and endorsement if any. The policy wording document, issued upon successful application, will serve as a contract between you and us. The content of the summary may vary from the policy terms and conditions and other contractual documents. The precise terms and conditions of the product and definitions are specified in the policy wordings. Terms not otherwise defined in this document shall bear the meanings ascribed to them in the policy terms and conditions. A sample of the policy terms and conditions is available upon request.

In this product summary, where consistent with the contents:
- the singular shall include the plural and the plural the singular; and
- words importing the masculine gender shall include the feminine gender.

1. **Nature and objective of the Product**
This is an annual hospital & surgical plan that helps to relieve the financial burden of the family while you or your covered family member is hospitalised. Subject to the full terms and conditions, we will pay expenses according to the benefits set out in the benefits schedule, depending on the plan you have chosen.

This policy is not a Medisave-approved policy, and you may not use Medisave to pay the premium for this policy.

2. **Benefits of the Product**
HSBC Life (Singapore) Pte. Ltd. (the Company) will reimburse you the hospitalisation costs and expenses for other covered benefits depending on the limits provided in the benefits table for the plan you have selected. Please refer to the policy provisions for details of the benefits and coverage.

Section 1 - Benefits Schedule

Benefits Schedule	Private Hospital Plan			Public Hospital Plan		
	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
ANNUAL LIMIT (Applicable to All Benefits [S$])	**70,000**	**55,000**	**40,000**	**70,000**	**40,000**	**25,000**
Hospital and Surgical Benefits (S$)						
Bed Type (Standard Types)	1-Bedded	2-Bedded	4-Bedded	1-Bedded	4-Bedded	6-Bedded
Room & Board (Includes meal & general nursing care)	**As charged** up to 20,000 Per disability	**As charged** up to 15,000 Per disability	**As charged** up to 10,000 Per disability	**As charged** up to 20,000 Per disability	**As charged** up to 10,000 Per disability	**As charged** up to 5,000 Per disability
Intensive Care Unit (ICU)						
Hospital Miscellaneous Expenses (Prescription drugs, Inpatient Diagnostic Procedures, Operating Theatre Fees, Ancillary Charges)						
Inpatient Physiotherapy						
Ambulance Services						
Surgeon's Fee (Includes Inpatient Surgery & Day) Surgery						
Anesthetist's Fee						
In-Hospital Physician's Visit						
Pre-Hospitalisation/Surgery Specialist's Consultation (Up to 90 days)						
Pre-Hospitalisation/Surgery Diagnostic Services (Up to 90 days)						
Post-Hospitalisation/Surgery Treatment (Up to 90 days)						
Emergency Outpatient Treatment (due to accident only)						
Outpatient Benefits (S$)						
Outpatient Cancer Treatment (Per Year)	20,000	15,000	10,000	20,000	10,000	5,000
Outpatient Kidney Dialysis (Per Year)	20,000	15,000	10,000	20,000	10,000	5,000
Emergency Outpatient Dental Treatment (due to accident only)	2,000	1,500	1,000	2,000	1,500	1,000
Extended Benefits (S$)						
Major Organ Transplant	As charged	As charged	As charged	As charged	As charged	As charged
Miscarriage due to accident (Per Occurrence)	3,000	2,000	1,000	3,000	2,000	1,000
Ectopic Pregnancy (Per Occurrence)	3,000	2,000	1,000	3,000	2,000	1,000
Surgical Implants (Per Disability)	3,000	2,000	1,000	3,000	2,000	1,000
Medical Report Fees	As charged	As charged	As charged	As charged	As charged	As charged
Daily Recovery Benefits (Per Day After 7 days of hospitalisation, up to 20 days)	200	150	100	200	100	50
Special Grant	5,000	3,000	3,000	5,000	3,000	3,000

Please note:

a) Treatment received under the Ministry of Health's Mobile Inpatient Care at Home (MIC@Home), will be processed under the Hospital and Surgical Benefit, and is only applicable to admission in Government Restructured Hospital.

b) Per Disability shall mean all medical conditions resulting from an Illness or Injury arising from the same cause, including any and all complications arising therefrom 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.

c) Special Grant benefit is payable upon death due to:
   i. Injury
   ii. Illness during or after treatment for such illness, at a Hospital or in Day Surgery
   iii. Critical illness*

d) Deductible is 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.

e) Co-payment is the percentage of the Covered Expenses in excess of any Deductible, which is borne by you.

*Note: 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).

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**	**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%	D	Private Hospital : 1-bedded Private Hospital : 2 or 4-bedded Private Hospital/ Clinic: Day Surgery Public Hospital : 4 or 6-bedded	50% 60% 60% 100%
B	Private Hospital : 1-bedded Private Hospital : 4-bedded Public Hospital : 1, 4 or 6-bedded	60% 100% 100%	E	Private Hospital : 1, 2 or 4-bedded Private Hospital/ Clinic: Day surgery Public Hospital : 1-bedded Public Hospital : 6-bedded	50% 50% 60% 100%
C	Private Hospital : 1-bedded Private Hospital : 2-bedded Public Hospital : 1-bedded Public Hospital : 4 or 6-bedded	50% 60% 60% 100%	F	Private Hospital : 1, 2 or 4-bedded Private Hospital/ Clinic: Day Surgery Public Hospital : 1 or 4-bedded	50% 50% 60%

Section 2 – Key Product Provisions

The following are some key provisions found in the policy contract of this plan, this is only a brief summary, and you are required to refer to full actual terms and conditions in the contract. Please consult your Financial Planner should you require further explanation.

1. Eligibility

a) Cover under this Policy shall be subject to the fulfillment 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. Termination

Subject to the other terms of this policy, cover under this policy for the respective member shall also 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 or
(vi) breach of any regulation and/or law and/or economic sanctions
(vii) Insured Person is no longer the resident of Singapore
(viii) misrepresentation, non-disclosure, or fraud on the part of the policyholder and/or member;
(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
(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.

Termination of your policy shall automatically terminate cover for all members as well.

3. Waiting Period

No benefit will be payable for any illness 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. 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 the You or the Insured Person, no premiums paid are to be refunded.

We do 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.

5. Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the contract. The following is a list of some of the exclusions for this plan. The exclusions for this plan, include but are not limited to, the following conditions.

You are advised to read the policy contract for the full list of exclusions.

a) Pre-existing conditions, which refers to an injury or an illness which, prior to the date on which an Insured Person is first Covered under the Policy:
   (i) existed (or symptoms or manifestations of which existed) with respect to an Insured Person based on normal medically accepted pathological development of the injury or illness; or
   (ii) the Insured Person was aware or should reasonably have been aware irrespective of whether treatment was actually received.

b) Congenital conditions, which refers to congenital anomalies as well as neo-natal physical abnormalities developing within six (6) months of birth.

6. Medical Insurance for S Pass and Work Permit holders

This product does not provide coverage to Foreign Workers who are S Pass and Work Permit holders' as per the enhanced Medical Insurance requirements by Ministry of Manpower (MOM).

7. 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.

8. Cancellation Clause

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.

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.

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.

9. Claims Conditions

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) We require written notice 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 is obtainable from us upon request, and we will require all necessary supporting documents covering the nature and extent of loss, within sixty (60) days after the occurrence of the event giving rise to the claim. A claim form is obtainable from us upon request, and we will require all necessary supporting documents covering the nature and extent of loss, within sixty (60) days after the occurrence of the event giving rise to the claim.

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.

For further information, you can visit or contact us at the following designations:
Website: https://www.insurance.hsbc.com.sg/claims/ Telephone: +65 6880 4888

10. 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.

11. Country of Residence

In the event the Insured intends to remain outside Singapore for more than 90 days, the Insured shall notify the Company in writing prior to the departure. The Company will advise the Insured as to whether the Insured will be covered while outside Singapore, and the Company's terms and conditions for extending such cover.

12. Reasonable & 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 com- parable 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.

13. Free look period

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.

14. 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.

15. Conflict of interest

There is no conflict of interest with regards to the SmartCare Executive product and its benefit coverage.

16. 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.

17. 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.

18. 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.

19. Policy Owners' Protection Scheme

This Policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for Your Policy is automatic and no further action is required from You. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Us or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Important Note

This is a short-term Accident and Health Policy and We are not required to renew this Policy. We may terminate this Policy by giving You 30 days' notice in writing. If you have any existing medical condition at the policy renewal date, you may not be covered under the renewed policy for such a medical condition. If such a medical condition is covered under the renewed policy, you may need to pay additional premiums.

When switching from one health insurance product to another, You should consider carefully as there may be disadvantages in doing so. The new policy may cost more or have fewer benefits at the same cost.

Section 3 – Annual Premium Rate Table (SGD

Additional premiums will be applied on the basic annual premium upon underwriting. The basic annual premium rates for this plan are set out below and all rates are not guaranteed and subjected to change without prior notice. The basic annual premium is based on the Insured Person's age next birthday and the applicable rates at the time of renewal. The plan will terminate when the Insured Person has already attained age 80 on the upcoming renewal.

Private Hospital Plan

Age Next Birthday	1-17	18-29	30-39	40-44	45-49	50-54	55-59	60-65	66-69*	70-74*	75-80*
Plan A	551.11	725.31	899.50	1020.73	1141.95	1594.26	1795.95	2521.26	3611.26	5426.57	8327.81
Plan B	403.40	523.60	643.81	733.46	825.14	1140.94	1301.89	1827.54	2607.85	3913.81	5485.65
Plan C	343.30	433.96	553.15	629.55	689.65	975.91	1082.87	1554.53	2184.08	3127.38	4543.36

Public Hospital Plan**

Age Next Birthday	1-17	18-29	30-39	40-44	45-49	50-54	55-59	60-65	66-69*	70-74*	75-80*
Plan D	372.85	447.21	553.15	673.36	748.74	1049.26	1256.05	1727.70	2498.85	3882.23	5409.26
Plan E	251.62	313.76	387.10	463.50	523.60	733.46	839.40	1176.59	1727.70	2695.46	3754.90
Plan F	131.41	161.97	191.51	237.36	266.90	372.85	417.67	582.69	838.38	1366.06	1884.58

Note: Premium rates are inclusive of 9% GST, for standard lives and exclusive of any discounts. The actual premiums charged may be different due to rounding.

Deductible & Co-Payment

Deductible & Co-Payment	Optional Premium Discount	
	Plan A, B & C	Plan D, E & F
S$0 & 10%	10%	10%
S$2,000 & 0%	20%	N/A
S$2,000 & 10%	30%	N/A
S$1,000 & 0%	N/A	20%
S$1,000 & 10%	N/A	30%

Please note:
* For renewal only
** Public Hospitals refer to Government Restructured Hospitals

The Total Distribution Cost of this product is between 0% - 19% of the premium. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. We assure you that the Total Distribution Cost is not an additional cost to you, as it was already accounted in the calculation of your premium.