

Supplementary Benefit Product Summary

HSBC Insurance Online Critical Illness Rider

This supplementary benefit is underwritten and issued by HSBC Insurance (Singapore) Pte. Limited (the “Company”) and is **only** suitable for customers who are comfortable conducting their own research and prefer to purchase an insurance policy online without advice from a financial advisor. Please refer to the resources available to help you in your financial planning below.

The content of this summary may vary from the terms of the Policy contract finally issued to you. Only terms in your Policy contract are binding between us. Please refer to the Policy contract for the definition of the capitalized terms used in this document.

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

The HSBC Insurance Online Critical Illness Rider (“**Rider**”) is an optional supplementary benefit to the HSBC Insurance Online Protector (“**Base Product**”). You should read this document together with the Base Product documentation.

Benefits and Risks at a Glance

Key Benefits	Key Risks
<ul style="list-style-type: none"> • Accelerated¹ Critical Illness rider that provides: <ul style="list-style-type: none"> (i) Lump sum payout should you be diagnosed with any of the 30 Critical Illnesses covered in Section 2.1 of the Product Summary. (ii) Unemployment Benefit to defer premiums up to one (1) year until Age 65. • Your coverage will be automatically renewed every 10 years regardless of your health subject to conditions set out in Section 2.3 in the product summary. Maximum renewal age is Age 80. 	<ul style="list-style-type: none"> • Buying a life insurance policy is a long-term commitment. If you do not pay all the premiums due for the Base Product and / or this Rider within our Grace/ Extended Grace Period, this Rider will lapse. • A claim on this Rider will reduce the Sum Insured of your Base Product by the exact amount. • The Sum Insured for this Rider will not be payable if the Critical Illness claim fall under any exclusion set out in the Product Summary and / or the Annexure. • The Premium rates are not guaranteed.

Resources for Financial Planning

- As this is a direct sale of an insurance product without financial advice, you are encouraged to go through the following items before buying a life insurance product:
 - i) Your Guide to Life Insurance, Your Guide to Health Insurance, insuranceonline.hsbc.com.sg, or www.lia.org.sg,
 - ii) Insurance Estimator to calculate the amount of life insurance coverage you would need: <https://www.cpf.gov.sg/eSvc/Web/Schemes/InsuranceEstimator/InsuranceEstimator>,
 - iii) Budget Calculator to check if the premiums you will pay is affordable based on your income and expenditure: <http://www.moneysense.gov.sg/Financial-Planning/Financial-Calculators/Budget-Calculator.aspx>,
 - iv) <http://www.comparefirst.sg> to compare the features and premiums of DPI and other types of life insurance products, and
 - v) Considered the different types of DPI and other types of life insurance products that are available, and whether the product that you intend to purchase is suitable for your financial circumstances and needs.

¹ Accelerated means that any claim on this Rider will reduce the Sum Insured of the Base Product by the exact amount.

1. Rider Description

- This Rider is a non-participating supplementary benefit which provides Critical Illness coverage over the duration of the Base Product. This Rider is an accelerated benefit that reduces the Sum Insured of the Base Product once a claim has been admitted.
- If the Life Insured is diagnosed with any of the 30 covered Critical Illnesses listed below, the Company will pay the Sum Insured of this Rider. Thereafter, the Sum Insured of the Base Product will be reduced by the exact amount claimed. This Rider will terminate when its Sum Insured has been paid in full.
- The CI Benefit payable on all policies issued by the Company and other insurance companies for a Life Insured is capped at an aggregate of S\$2,000,000 per life.

2. Benefits

2.1 Critical Illnesses (“CI”) Covered (Refer to Sections 5 of the Annexure for the definitions)

1	Alzheimer’s Disease / Severe Dementia	16	Kidney Failure
2	Angioplasty & Other Invasive Treatment For Coronary Artery*	17	Loss of Speech
3	Aplastic Anaemia	18	Major Burns
4	Bacterial Meningitis	19	Major Cancers
5	Benign Brain Tumour	20	Major Head Trauma
6	Blindness (Loss of Sight)	21	Major Organ / Bone Marrow Transplantation
7	Coma	22	Motor Neurone Disease
8	Coronary Artery By-pass Surgery	23	Multiple Sclerosis
9	Deafness (Loss of Hearing)	24	Muscular Dystrophy
10	End Stage Liver Failure	25	Paralysis (Loss of Use of Limbs)
11	End Stage Lung Disease	26	Parkinson’s Disease
12	Fulminant Hepatitis	27	Primary Pulmonary Hypertension
13	Heart Attack of Specified Severity	28	Stroke
14	Heart Valve Surgery	29	Surgery to Aorta
15	HIV Due to Blood Transfusion and Occupationally Acquired HIV	30	Viral Encephalitis

**Under this condition, only 10% of Sum Insured is payable, up to maximum of SGD 25,000*

The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2014), these Critical Illnesses fall under Version 2014. You may refer to www.lia.org.sg for the standard Definitions (Version 2014).

2.2 Unemployment Benefit

- This benefit is only applicable if you are employed at Policy inception and can only be activated after the first (1st) Policy Year.
- This benefit allows you to defer the premium for your Policy for one year without interest if you become involuntarily unemployed.
- This benefit will expire either when your Rider ends or when you reach Age 65, whichever is earlier.
- To exercise this benefit, you must contact us and submit a written request to us within sixty (60) days from the date of your unemployment.

2.3 Guaranteed Renewal Every 10 Years

- The Rider will automatically be renewed for an additional 10 years for the same Sum Insured without proof of your health condition(s) if you meet the following conditions:
 - There is no Death, TI, TPD or CI claims
 - You do not miss any premium payments
 - Your Policy is still valid
- Maximum renewal age is Age 80.

3. Premiums

- Premiums are payable throughout the Policy term.
- The premium rates are not guaranteed.
- This Rider will lapse if you do not pay your premiums within the Grace Period (or the Extended Grace Period).
- If the Sum Insured for the Base Product is more than the Sum Insured for this Rider and all the Sum Insured for this Rider has been paid out, the Premiums for the Base Product based on the reduced Sum Insured will continue to be payable for the remaining Policy Term.

Example: The following table illustrates the reduction in the Base Product’s Sum Insured and the new premiums payable after a Critical Illness claim. Assuming the Base Product’s Sum Insured is SGD 600,000 and the Rider Sum Insured is SGD 400,000:

Base Product / Rider	Before Critical Illness Rider Claim		After a Critical Illness Rider Claim	
	Sum Insured (SGD)	Premiums Payable (SGD)	Sum Insured (SGD)	New Premiums Payable (SGD)
Base Product	600,000	800	200,000	267
Rider	400,000	600	-	-

4. Exclusions

Please read the Policy contract for the full list of Exclusions. The exclusions applicable to this Rider include the following:

CI Benefit Exclusions	<p>CI caused by any of the following is excluded:</p> <ul style="list-style-type: none"> i) The CI is sustained due to the influence of narcotics or drugs which were not prescribed by a Medical Practitioner; ii) Failure to meet conditions specified in the definitions of the critical illnesses defined in the Annexure; iii) The specific exclusions set out in “Section 5: Critical Illness Definitions” of the Annexure; iv) The claim(s) due to Major Cancer, Heart Attack of Specified Severity, Coronary Artery By-pass Surgery or Angioplasty and Other Invasive Treatment for Coronary Artery which is diagnosed within the first 90 days of the Date of Issue, Date of Endorsement or Reinstatement Date, whichever is later; or v) The Critical Illness suffered by the Life Insured was in a way caused or contributed by any Pre-existing Conditions. <p><i>“Pre-existing Condition” is any medical condition or illness for which treatment, medication, advice or diagnosis was sought by the Life Insured or which presented any signs or symptoms that would have caused a reasonably prudent person to seek treatment, medication, diagnosis or advice, in each case prior to the Date of Issue, Date of Endorsement or Reinstatement Date (if any) in the Policy, whichever is later.</i></p>
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Unemployment Benefit	<p>Unemployment caused by any of the following will be excluded:</p> <ul style="list-style-type: none"> i) your misconduct or any action that contributes to or leads to dismissal; ii) your retirement, non-confirmation after probation, resignation or expiry of your fixed contract term; iii) labour disputes such as strikes and lock-outs; iv) you were a part-time employee, temporary staff or Self-Employed; or contract staff; or v) you were employed for less than six (6) months prior to the claim being made.
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5. Our commitment to you

5.1 Free look period

- You have 30 days to look through the Policy contract. Should you decide to cancel your Policy during these 30 days, you will receive your money back less expenses incurred in issuing your Policy. The 30 day free look period starts from the date you receive the Policy. If the Policy is delivered by post, it is considered received 7 days after the date of posting.

6. Policy owner's protection scheme

- This Policy is protected under the Policy Owner's Protection Scheme which is administrated by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your Policy is automatic and no future action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact HSBC Insurance (Singapore) Pte. Limited or visit the LIA or SDIC web-sites (www.lia.org.sg or www.sdic.org.sg).

Supplementary Benefit Annexure

HSBC Insurance Online Critical Illness Rider

Important Notice:

- This document supplements the Policy contract between HSBC Insurance (Singapore) Pte. Limited (the “Company”) and the Policyowner. It is made up of the General Provisions, the Application, the Policy Schedule(s), the Annexure and any subsequent Endorsements issued by the Company and made part of this Policy. The terms of this Supplementary Benefit become binding on you (the Policyowner) and on us from the Date of Issue of this Supplementary Benefit.
 - We have granted this Supplementary Benefit described in the Policy Schedule(s) which expressly refers to these General Provisions. We will provide the Benefits described in the Policy Schedule(s) subject to payment of the Premium(s) stated and to these General Provisions. This is an important document. It explains the supplementary insurance cover we provide you, the rights the Supplementary Benefit gives you, the conditions you are to comply with and situations where we will not pay under this Supplementary Benefit. Please read the terms of this Supplementary Benefit carefully and ensure that it meets your requirements.
 - This Supplementary Benefit is issued to you based on the information you provided us when you applied for the insurance. You must disclose to us fully and faithfully the facts you know or ought to know that are relevant to your insurance application. If you have not done so, the Supplementary Benefit issued to you may be void and you may not receive any benefit from it.
 - If the Supplementary Benefit does not meet your requirements or if you find any error in the Supplementary Benefit, kindly return it to us and contact us immediately for correction.
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SECTION 1: CONDITIONS

1. **Agreement** We agree to pay you the Benefits set out in the Policy Schedule(s) and any Endorsements issued by us if a Specified Event occurs.

2. **Free-Look Period** You have a 30-day free-look period starting from the date you receive this Policy to review it. If this Policy is delivered by post, it is considered received seven (7) days after the date of posting.

If you decide to cancel this Supplementary Benefit, you must notify us in writing and return the Supplementary Benefit within the free-look period. We will refund the Premium you paid without interest after deducting medical and underwriting expenses incurred in accepting your Application.

3. **Accuracy of Information** We have relied on the information given in the Application to decide whether to issue this Supplementary Benefit to you. All information must be correct and complete on the Date of Issue, Date of Endorsement or Reinstatement Date (if any, whichever is later. You must notify us of any amendment to this information that occurred before the Date of Issue, Date of Endorsement or Reinstatement (if any), whichever is later.

If any information in the Application is inaccurate or incomplete, this Supplementary Benefit may become void from the start and we reserve the right to amend or revoke the Supplementary Benefit or adjust the Benefits at our sole and absolute discretion.

4. **Currency and Law** All amounts payable either to or by the Company will be payable in the currency shown on the relevant Policy Schedule(s).

This Supplementary Benefit is issued under, governed by, construed and interpreted in accordance with 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.

SECTION 2 : BENEFITS UNDER THIS POLICY

5. **Critical Illness Benefit** If the Life Insured is diagnosed with any one (1) of the Critical Illnesses defined in **Section 5** during the Coverage term, we will pay you the Benefit(s) as set out in the Supplementary Insurance Table of the Policy Schedule.

The Critical Illness must not be due to any congenital abnormality or condition which is known to exist before the Date of Issue or the Reinstatement Date of the Policy, whichever is later.

The Supplementary Benefit terminates when the Benefit(s) has been paid in full.

This Critical Illness Benefit will not acquire any Cash Value.

The maximum Critical Illness Benefit payable on all policies issued by the Company and other insurance companies for a Life Insured is capped at an aggregate of S\$2,000,000 per life.

6. Unemployment Benefit

If you are involuntarily unemployed for at least thirty (30) consecutive days and we accept your claim for the Unemployment Benefit, the Grace Period in respect of the next premium or premium instalment due will be extended (Extended Grace Period) up to three hundred and sixty five (365) days from that due date.

Written notice of a claim must be submitted to us within sixty (60) days of the date on which you become involuntarily unemployed.

This Benefit terminates at the end of premium payment term or when you reach the Age of sixty-five (65), whichever is earlier.

You may make a claim for the Unemployment Benefit as long as the Policy is in-force for at least one (1) year.

Multiple claims are not allowed within the Extended Grace Period.

7. Renewability

At the Expiry Date and subject to availability, the Supplementary Benefit will be automatically renewed for an additional ten (10) years at the prevailing Sum Insured with Premiums as set out in the Renewal Policy Schedule and on the same terms and conditions. The Life Insured does not need to provide evidence of health condition as long as the following have been fulfilled:

- the Policy and this Supplementary Benefit is in force on the Expiry Date;
- upon Renewal, the Life Insured attains the age of 80 or less at his/ her next birthday;
- there has been no claim on the Policy prior to the Renewal; and
- the premiums for Policy Renewal are paid and received by us within the Grace Period or the Extended Grace Period.

We will notify you of the expiry of your current Renewal term and upcoming Renewal prior to the next Renewal date.

Alternatively, the Supplementary Benefit will not be renewed upon receipt of a written cancellation request at least thirty (30) days prior to the next Renewal date. The Policy will then be terminated on the Expiry Date.

If you have exercised the Unemployment Benefit and you would like your Supplementary Benefit to be automatically renewed when the Expiry Date falls during the Extended Grace Period, you must pay all your outstanding Premiums before the end of the Extended Grace Period or the Expiry Date, whichever earlier.

SECTION 3: EXCLUSIONS

8. **Critical Illness Benefit Exclusions** We will not pay the Critical Illness Benefit if;
- The Critical Illness is sustained due to the influence of narcotics or drugs which were not prescribed by a Medical Practitioner; or
 - The Critical Illness does not meet the definition set out in Section 5; or
 - The Critical Illness is excluded as set out in Section 5; or
 - The claim(s) due to Major Cancer, Heart Attack of Specified Severity, Coronary Artery By-pass Surgery or Angioplasty and Other Invasive Treatment for Coronary Artery which is diagnosed within the first 90 days of the Date of Issue, Date of Endorsement or Reinstatement Date, whichever is later; or
 - The Critical Illness suffered by the Life Insured was in a way caused or contributed by any Pre-existing Conditions.

“Pre-existing Condition” is any medical condition or illness for which treatment, medication, advice or diagnosis was sought by the Life Insured or which presented any signs or symptoms that would have caused a reasonably prudent person to seek treatment, medication, diagnosis or advice, in each case prior to the Date of Issue, Date of Endorsement or the Reinstatement Date (if any) in the Policy, whichever is later.

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9. **Unemployment Benefit Exclusions** The Unemployment Benefit will not apply if:
- (i) Unemployment is caused by any of the following:
 - your misconduct or any action that contributes to or leads to dismissal;
 - your retirement, non-confirmation after probation, resignation or expiry of your fixed contract term;
 - labour disputes such as strikes and lock-outs; or
 - (ii) the date on which you become involuntarily unemployed is within one (1) year of the Date of Issue or the Reinstatement Date (if any); or
 - (iii) you were a part-time employee, temporary staff or Self-Employed or contract staff; or
 - (iv) you were employed for less than six (6) months prior to the claim being made.

SECTION 4: PREMIUMS

10. **Payment of Premium(s)** To be insured with the Benefits, you must pay additional Premiums for the Critical Illness Benefit cover, as set out in the Supplementary Insurance Table of the Policy Schedule.

The first (1st) Premium payment will be due on the date we inform you of our acceptance of your Application. We will issue the Policy only after we receive your payment of the Premium for the first Policy year. The Supplementary Rider will only be effective after the Date of issue regardless of the Commencement Date.

Thereafter, Premium(s) are payable in advance for the entire Policy Year and due on the Policy Anniversary.

Our Premium rates are not guaranteed. We reserve the right from time to time to increase the Premium rate applicable to this Critical Illness Benefit. The revised rate will take effect from the Policy Anniversary immediately following the change. We will inform you of any such increase 30 days in advance.

Your Supplementary Benefit will lapse if we do not receive the Premium(s) due in full at the end of the 30-Days Grace Period or the Extended Grace Period. You will no longer enjoy the Benefits once your Policy or this Supplementary Benefit is terminated. All Premiums paid will be forfeited.

Any premiums due but not paid after our acceptance of your unemployment claim, may be paid in full at any time within the Extended Grace Period. The Policy will lapse if all premiums due are not paid by the end of the Extended Grace Period and an automatic premium loan is not available. The Extended Grace Period will terminate once the outstanding premiums have been paid.

If your Supplementary Benefit has lapsed, you may apply to reinstate it in accordance to Clause 14.

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- 11. Frequency Of Premium Payment(s)** You may pay your Premium(s) by instalments on a semi-annual, quarterly or monthly basis stated on the Policy Schedule issued to you.
- You may write to us to request a change of the instalment basis subject to our prevailing terms and conditions at the time of request.

SECTION 5: CRITICAL ILLNESS DEFINITIONS

- A. Alzheimer's Disease / Severe Dementia** Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life assured.

This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor.

Exclusion:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol related brain damage.

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- B. 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 Assured under this Supplementary Benefit subject to a SGD 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.

Exclusion: Diagnostic angiography

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- C. Aplastic Anaemia** Chronic persistent bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one (1) of the following:
- Blood product transfusion;
 - Marrow stimulating agents;
 - Immunosuppressive agents; or
 - Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist.

D. 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 six (6) weeks.

This diagnosis must be confirmed by:

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

Exclusion: Bacterial Meningitis in the presence of HIV infection.

E. 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 is life threatening;
- It has caused damage to the brain;
- 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.

Exclusion:

- Cysts;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland or spinal cord.

F. Blindness (Loss of Sight)

Permanent and irreversible loss of sight in both eyes as a result illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 3/60 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.

G. Coma

A coma that persists for at least ninety-six (96) hours.

This diagnosis must be supported by evidence of all of the following:

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

Exclusion: Coma resulting directly from alcohol or drug abuse.

H. Coronary Artery Bypass 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.

	<p>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.</p> <p>Exclusion: Angioplasty and all other intra arterial, catheter based techniques, 'keyhole' or laser procedures.</p>
I. Deafness (Loss of Hearing)	<p>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.</p> <p>Total means "the loss of at least eighty (80) decibels in all frequencies of hearing".</p>
J. End Stage Liver Failure	<p>End stage liver failure as evidenced by all of the following:</p> <ul style="list-style-type: none"> • Permanent jaundice; • Ascites; and • Hepatic encephalopathy. <p>Exclusion: Liver disease secondary to alcohol or drug abuse.</p>
K. End Stage Lung Disease	<p>End stage lung disease, causing chronic respiratory failure.</p> <p>This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> • FEV1 test results which are consistently less than one (1) litre; • Permanent supplementary oxygen therapy for hypoxemia; • Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ ≤ 55mmHg); and • Dyspnea at rest. <p>The diagnosis must be confirmed by a respiratory physician.</p>
L. Fulminant Hepatitis	<p>A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure.</p> <p>This diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none"> • 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.
M. Heart Attack of Specified Severity	<p>Death of heart muscle due to obstruction of blood flow, that is evident by at least three (3) of the following criteria proving the occurrence of a new heart attack:</p> <ul style="list-style-type: none"> • 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; or • 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.

Exclusion:

- 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

N. Heart Valve Surgery

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities.

The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

O. 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 Date of Issue, date of Endorsement or Reinstatement Date of this *Annexure C13*, whichever is the later;
- 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; and
- The Insured does not suffer from Thalassaemia Major or Haemophilia.

B) Infection with the HIV which resulted from an accident occurring after the Date of Issue, date of Endorsement or Reinstatement Date of this *Annexure C13*, 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 of the accident giving rise to the infection must be reported to the Company within 30 day of the accident taking place;
- 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 five (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).

Exclusion: 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.

P. Kidney Failure	Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.
Q. Loss of Speech	Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of twelve (12) months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose and Throat (ENT) specialist. Exclusion: All psychiatric related causes.
R. Major Burns	Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Insured's body.
S. Major Cancers	A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma. Exclusion: For the above definition, the following are excluded: <ul style="list-style-type: none"> • All tumours which are histologically classified as any of the following: <ul style="list-style-type: none"> - Pre-malignant; - Non-invasive; - Carcinoma-in-situ; - Having borderline malignancy; - Having any degree of malignant potential; - Having suspicious malignancy; - Neoplasm of uncertain or unknown behavior; or - Cervical Dysplasia CIN-1, CIN-2 and CIN-3; • Any non-melanoma skin carcinoma 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 tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below; • All Gastro-Intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs; • Chronic Lymphocytic Leukaemia less than RAI Stage 3; and • All tumours in the presence of HIV infection.
T. Major Head Trauma	Accidental head injury resulting in permanent neurological deficit with persisting clinical symptoms to be assessed no sooner than six (6) weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. Exclusion: <ul style="list-style-type: none"> • Spinal cord injury; and

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- Head injury due to any other causes.

For the purpose of this definition:

"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.

"Permanent" means expected to last throughout the lifetime of the Life Insured.

"Permanent neurological deficit with persisting clinical symptoms" means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Insured. Symptoms that are covered include numbness, paralysis, localised 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.

U. Major Organ / Bone Marrow Transplantation	The receipt of a transplant of: <ul style="list-style-type: none">• Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or• One of the following human organs: heart, lung, liver, kidney or pancreas, that resulted from irreversible end stage failure of the relevant organ.
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Exclusion: Other stem cell transplants.

V. 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.
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This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

W. Multiple Sclerosis	The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all of the following: <ul style="list-style-type: none">• Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis;• Multiple neurological deficits which occurred over a continuous period of at least six (6) months; and• Well documented history of exacerbations and remissions of said symptoms or neurological deficits.
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Exclusion: Other causes of neurological damage such as SLE and HIV

X. Muscular Dystrophy	A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle.
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The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist. The condition must result in the inability of the Life Insured to perform (whether aided or unaided) at least three (3) of the following six (6) "Activities of Daily Living" for a continuous period of at least six (6) months:

For the purpose of this definition:

Activities of Daily Living shall mean:

- (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.

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

**Y. Paralysis
(Loss of Use
of Limbs)**

Total and irreversible loss of use of at least two (2) entire limbs due to injury or disease persisting for a period of at least six (6) weeks and with no foreseeable possibility of recovery.

This condition must be confirmed by a consultant neurologist.

Exclusion: Self-inflicted injuries.

**Z. 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;
- Signs of progressive impairment; and
- Inability of the Life Insured to perform (whether aided or unaided) at least three (3) of the following six (6) “Activities of Daily Living” for a continuous period of at least six (6) months:

For the purpose of this definition:

Activities of Daily Living shall mean:

- (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.

Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson’s Disease are excluded.

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

AA. 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.

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

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least six (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.

For the purpose of this definition:

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

Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Insured. Symptoms that are covered include numbness, paralysis, localised 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.

Exclusion: 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; and
- Ischaemic disorders of the vestibular system.

CC. 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.

Exclusion: Surgery performed using only minimally invasive or intra-arterial techniques.

DD. Viral Encephalitis Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit.

This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least six (6) weeks.

Exclusion: Encephalitis caused by HIV infection.

SECTION 6: CHANGES TO THE SUPPLEMENTARY BENEFIT, TERMINATION AND REINSTATEMENT

12. Changes to the Supplementary Benefit You may write to us to make changes to the Supplementary Benefit. We have the right to require documents or information to be provided at your expense to support your request.

All changes to the Supplementary Benefit will be recorded in an Endorsement issued by us and signed by our authorised officer. Any unsigned Endorsement is invalid. Our agents and representatives are not authorised to make any amendment to the Supplementary Benefit on your behalf.

13. Termination This Supplementary Benefit will end at the earlier of any of the following instances:

- if we receive a written request from you to terminate your Policy or Supplementary Benefit; or
- non-payment of Premium(s) within the Grace Period or the Extended Grace Period; or
- the Policy or Supplementary Benefit is void under Clause 3; or
- upon expiry of the Policy; or
- we have paid you the Benefit(s) in full.

14. Reinstatement of Insurance You may reinstate your Supplementary Benefit if it lapses due to non-payment of premium(s) by:

- applying to us within twenty-four (24) months from the date the Policy lapsed;
- providing satisfactory evidence of the health of the Life Insured at your expense; and
- paying all unpaid Premium(s) with interest.

We will notify you in writing if your application is accepted.

Reinstatement is subject to our prevailing terms and conditions at the time of your application to Reinstatement the Supplementary Benefit. We reserve the right to reject any application for Reinstatement.

SECTION 7: CLAIMS

15. Notice and Proof Of Claims If the Life Insured has been diagnosed with a Critical Illness, written notice of the claim must be given to us within 60 days from the date of diagnosis by a Medical Practitioner. We must receive written proof of the Critical Illness during the lifetime of the Life Insured and within 6 months from the date of the diagnosis. The diagnosis must be supported by acceptable clinical, radiological, histological and laboratory evidence.

We will only consider a claim for Critical Illness Benefit if:

- written notice of the claim is given to us within the required notice period;
- all required documents, evidence and information are provided at the claimant's own expense; and
- all documents, evidence and information requested by us to satisfy our requirements on proof of claim.

We will deduct any outstanding amount owing to us (together with application interest) from the Benefit Amount before making payment.

Additional examination on the Life Insured may be requested by our appointed Medical Practitioner where additional information is needed to assess and approve the claim.

16. Payment of Benefits

We will pay the Benefits to you after our assessment based on the information provided in Clause 45.

This Supplementary Benefit will automatically terminate when we pay the Benefits in full.

Upon payment of the Critical Illness Benefit, the sum insured of the Policy will automatically be reduced by the amount paid.

When 100% of the sum insured has been accelerated for payment, the Policy will automatically terminate. Otherwise, the Policy will remain in force with a proportionally reduced premium, subject to all other terms and conditions of the Policy which shall remain unchanged.

SECTION 10A: DEFINITIONS FOR SECTIONS 1 TO 9A

Age	The age next birthday.
Application	The form(s) you signed, acknowledged and submitted (both online or any hardcopy) for this Policy.
Benefits	The amount(s) payable by us when a Specified Event occurs, as set out in the relevant Policy Schedule(s). The amount(s) payable will be reduced by the exact amount of any Critical Illness Benefit paid out when a claim on one (1) or more of the Critical Illnesses defined in the this Annexure has been admitted before the Specified Event.
Commencement Date	The date when the terms and conditions of this Policy becomes legally binding on us.
Coverage Term	The period where the Life Insured is covered for the Benefit(s) in this Supplementary Benefit, as stated in the Policy Schedule(s).
Customer, Policyowner, you or your	The owner of this Policy as named in the Policy Schedule(s).
Customer Information	Personal Data, confidential information, and/or Tax Information of either the Customer or a Connected Person.
Date of Endorsement	The date when the Endorsement is issued to you.

<i>Date of Issue</i>	The date this Policy is issued to you.
<i>Endorsement</i>	Any supplementary document(s) we issue to you to record and confirm changes to the Policy, including but not limited to the addition of supplementary benefits.
<i>Expiry Date</i>	The date as specified in the Policy Schedule when the Policy and our obligations to pay the Benefits under the Policy ends.
<i>Extended Grace Period</i>	An extended grace period of three hundred and sixty (365) days if you exercise the Unemployment Benefit.
<i>Grace Period</i>	The period of thirty (30) days from the due date of any Premium or Premium Instalment except for the first Premium.
<i>HSBC, the Company, we, us or our</i>	HSBC Insurance (Singapore) Pte. Limited.
<i>HSBC Group</i>	HSBC Holdings plc, and/or any of its affiliates, subsidiaries, associated entities and any of their branches and offices, and any member of the HSBC Group has the same meaning.
<i>Life Insured</i>	The person named in the Policy Schedule(s) whose life is insured under this Policy.
<i>Medical Practitioner</i>	Refers to a person who is qualified in western medicine, is licensed and registered in Singapore and accredited by a medical board or equivalent organisation to render medical services and is approved by us.
<i>Policy Anniversary</i>	The same day of the same month of each year following the Commencement Date.
<i>Policy Schedule(s)</i>	The schedule(s) which sets out the details of the Benefits provided under this Policy as may be amended by us from time to time. The schedule provided under the Renewal of a Policy is known as " Renewal Policy Schedule ".
<i>Policy Term</i>	The period where you will be insured for the Benefits. This period is ten (10) years from the date the Policy is issued to you.
<i>Policy Year</i>	The period between two (2) consecutive Policy Anniversaries. The period from the Commencement Date to the first Policy Anniversary is the first Policy Year.
<i>Premium(s)</i>	The amount(s) payable to us in advance on each Policy Anniversary in order to keep this Policy and any Supplementary Benefits attached to this Policy valid.
<i>Premium Term</i>	The period of payments as specified in the Policy Schedule.
<i>Reinstate or Reinstatement</i>	The resumption of this Policy after it has been terminated due to non-payment of Premium.
<i>Reinstatement Date</i>	The date when Reinstatement takes effect.
<i>Renewal</i>	The extension of insurance coverage by an additional ten (10) years upon the Expiry Date.

<i>Self-Employed</i>	This is where a person is a sole proprietor, a partner of a business or where a person is employed by a business or company where he or his spouse, parents, parents-in-law, siblings, siblings-in-law, children, grandparents, uncles, aunts, step-parents, step-children, nieces or nephews own at least twenty percent (20%) of the equity share capital or are entitled to at least twenty percent (20%) of the profits, either individually or jointly.
<i>Specified Event</i>	Death or the diagnosis of Terminal Illness and/or Total and Permanent Disability of the Life Insured.
<i>Sum Insured</i>	The amount as shown on Schedule I of the Policy Schedule or Renewal Policy Schedule.
<i>Supplementary Insurance Table</i>	The table in the Policy Schedule which details the Sum Insured, Premiums payable and the coverage period of this Supplementary Benefit.
<i>Terminal Illness</i>	The conclusive diagnosis of an illness that is expected to result in the death of the Life Insured within twelve (12) months. This diagnosis must be supported by a specialist and confirmed by the Company's appointed doctor.
<i>Total and Permanent Disability</i>	<p>Total and Permanent Disability means any of two (2) situations:</p> <p>(i) The Life Insured, due to accident or sickness, is disabled to such an extent as to be rendered totally unable to engage in any occupation, business or activity for income, remuneration or profit; and the disability must continue uninterrupted for a least 6 consecutive months from the time when the disability started; and the disability must, in the view of a medical examiner appointed by the company, be deemed permanent with no possibility of improvement in the foreseeable future.</p> <p>(ii) The Life Insured, due to accident or sickness, suffers total and irrecoverable loss of use of:</p> <ul style="list-style-type: none"> - the entire sight in both eyes; - any two limbs at or above the wrist or ankle; or - the entire sight in one eye and any one limb at or above the wrist or ankle.
<i>Unemployed</i>	The state of a person who is currently in Unemployment.
<i>Unemployment</i>	This is where you are involuntarily unemployed by reason of your employment contract being terminated by your employer on the ground of redundancy or by reason of any re-organisation of your employer or your employer's business.
<i>Unemployment Date</i>	The date on which Unemployment commences.