INDIVIDUAL SOLUTION

ALLIANZ ACCIDENT PROTECT PLUS



Allianz

POLICY WORDING

ALLIANZ ACCIDENT PROTECT PLUS POLICY

THIS POLICY is issued in consideration of the payment of premium as specified in the Policy Schedule and pursuant to the answers given in the Insured Person's proposal form (or when the Insured Person applied for this insurance) and any other disclosures made by the Insured Person between the time of submission of the Insured Person's proposal form (or when the Insured Person applied for this insurance) and the time this contract is entered into. The answers and any other disclosures given by the Insured Person shall form part of this contract of insurance between the Insured Person and Allianz Insurance Singapore Pte. Ltd. (hereinafter called "the Company"). In the event of any pre-contractual misrepresentation made in relation to the Insured Person's answers or in any disclosures made by the Insured Person, it may result in avoidance of the Insured Person's contract of insurance, refusal or reduction of the Insured Person's claim(s), change of terms or termination of the Insured Person's contract of insurance.

All payment of claims in this Policy are payable to the Insured Person or as otherwise directed in writing by the Insured Person. In the absence of any such written direction and the death to the Insured Person, accrued benefits unpaid at the time of the Insured Person's death shall be paid to the legal personal representative. Any release given by the Insured Person, or any third party to whom the Insured Person has directed that payment be made, to the Company acknowledging receipt of the benefit paid under this Policy shall be deemed a final and complete discharge of all liability of the Company.

POLICY DEFINITIONS

Accident or **Accidental** means a sudden, unintentional, unexpected, unusual and specific event that occurs at an identifiable time and place which shall, independently of any other cause, be the sole cause of bodily Injury. Such event shall not be directly related to any Illness or medical condition.

Activities of Daily Living means the following activities which the Insured Person can undertake on their own without any assistance:

a. Washing means 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;
b. Dressing means the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
c. Feeding means the ability to feed oneself once food has been prepared and made available;
d. Toileting means the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
e. Mobility means the ability to move indoors from room to room on level surfaces;
f. Transferring means the ability to move from a bed to an upright chair or wheelchair and vice versa.

Adult means an Insured Person who is above eighteen (18) years old and not a Child.

Child/Children means the Insured Person's biological/ legally adopted/step child who has attained the age of thirty(30) days and is an unmarried person, is financially dependent upon the Insured Person up to the age of eighteen (18) years old or twenty four (24) years old for those registered as full time students at an Educational Institution or national servicemen.

Chiropractor means a practitioner in chiropractic medicine who is licensed and authorized in the geographical area they are practicing in to provide chiropractic services but excluding the following persons – the Insured Person, Policyholder , or an insurance intermediary, Policyholder's or/and the Insured person's employer, employee, immediate family member by blood, marriage or adoption, or business partner.

Company means Allianz Insurance Singapore Pte. Ltd.

Couple Plan means a Policy that covers up to two (2) Adults, where each Insured Person is the Partner of the other.

Educational Institution means any school, vocational institute, polytechnic, college, university or institute of higher learning which is operated by the government or licensed to provide educational services by trained or qualified teachers.

Endorsement means an authorised amendment to this policy.

Family Plan means a Policy that covers up to two (2) Adults, where each Insured Person is the Partner of the other, and up to ten (10) Children.

Home means Insured Person's usual place of residence in Singapore.

Hospital means an establishment duly constituted and registered as a hospital for the care and treatment of sick and Injured persons as paying bed patients, and which:

a. has facilities for diagnosis and surgeries;
b. provides twenty four (24) hours a day nursing services by registered nurses;
c. is under the supervision of a Medical Practitioner;
d. is not primarily a Clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged, a mental hospital or institution or similar establishment; and
e. maintains a medical record of each patient which is accessible to the Company.

Hospitalisation means admission to a Hospital as a registered inpatient for medically necessary treatments upon recommendation of a Medical Practitioner. A patient shall not be considered as under Hospitalisation if the patient does not physically stay in the Hospital for the whole period of Hospitalisation.

Illness means a physical condition marked by a pathological deviation from the normal healthy state.

Injury means bodily injury caused solely by an Accident and not by sickness, disease or gradual physical or mental wear and tear occurring during the Period of Insurance.

Insured Person means person named or described in the Schedule and in respect of whom coverage have been confirmed in writing by the Company.

Intensive Care Unit (ICU) means a part of a Hospital established for a formal intensive care program for the acutely ill, providing extra medical services and equipment that is prescribed by the Medical Practitioner, and billed as a specific charge by the Hospital.

Limb means the entire limb between the shoulder and the wrist or between the hip and the ankle.

Medical Practitioner means a doctor qualified in western medicine who is licensed and authorized in the geographical area they are practicing in to provide medical or surgical services but excluding the following persons – the Insured Person, Policyholder , or an insurance intermediary, Policyholder's or/and the Insured person's employer, employee, immediate family member by blood, marriage or adoption, or business partner.

Occupation means your full-time or part-time gainful employment or any other work for pay or profit.

Partner means the legally married spouse of the Insured Person.

Period of Insurance means the duration for cover for the respective Insured Persons, subject to the terms, conditions and exclusions as set out in this Policy, as shown in the latest Schedule or if applicable in the latest Endorsement.

Permanent means lasting for at least twelve (12) consecutive months and at the end of that time is certified by a Medical Practitioner as being beyond hope of improvement and will in all probability continue for the remainder of the Insured Person's natural life.

Policyholder means the person or a corporate body who is the legal holder of this Policy and as specified in the Schedule.

Political Risk means risk relating to political decisions, events, or conditions and resulting from any kind of events, organized resistance or actions intending or implying the intention to overthrow, supplant or change the existing ruler or constitutional government.

Pre-existing Conditions means any Injury, Illness, condition or symptom that the Insured Person has reasonable knowledge of prior to the commencement of the Policy. The Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:

a. the Insured Person had received or is receiving treatment;
b. medical advice, diagnosis, care or treatment has been recommended;
c. clear and distinct symptoms are or were evident; or
d. its existence would have been apparent to a reasonable person in the circumstances.

Principal Sum Insured means the sum insured of the Accidental death benefit according to the type of plan purchased, and which is set out in the Schedule.

Public Transport means any regularly scheduled aircraft, bus, ferry, hovercraft, hydrofoil, ship, train, tram or underground train which has fixed and established routes and is operated by a licensed carrier or operator to transport fare-paying passengers. This does not include taxis and all other methods of transport that are chartered or arranged as part of a tour even if they are regularly scheduled.

Radiographic Imaging shall mean an X-ray, MRI Scan, CT Scan or any radiographic scans performed by a licensed radiographer or radiologist.

Schedule means the document which is issued to the Policyholder detailing the particulars of the Policyholder, Insured Person and the benefits provided under this Policy.

Traumatic Injury means sprains, fractures or torn ligaments.

Total Disablement means Injury which solely, directly and totally disables and prevents the Insured Person from attending to the Insured Person's business, profession or Occupation (of any and every kind). If the Insured Person have no business, profession or Occupation, it means Injury which solely, directly and totally disables and prevents the Insured Person from performing three (3) or more Activities of Daily Living.

Total Loss means:

a. In the case of a Limb
- i. Loss by Permanent physical severance of the Limb; or
- ii. Permanent total and irrecoverable loss of use of the Limb.

b. In the case of a loss of thumb, finger or toe
- i. Loss by Permanent physical severance of the entire thumb, finger or toe;
- ii. Permanent, total and irrecoverable loss of use of a complete thumb, finger or toe.

c. In the case of loss of sight
- i. Permanent, total and irrecoverable physical loss of one or both eyes;
- ii. Permanent, total and irrecoverable loss of the sight of one or both eyes.

d. In the case of loss of speech
- i. Permanent, total and irrecoverable loss of speech resulting in the inability to articulate any three (3) of the four (4) sounds which contribute to the speech such as the labial sounds, the alveololabial sounds, the palatal sounds and the velar sounds or Total Loss of vocal cord or damage of speech centre in the brain resulting in Aphasia.

e. In the case of loss of hearing
- i. Permanent, total and irrecoverable loss of hearing in one or both ears as certified by a Medical Practitioner.

Traditional Chinese Medicine (TCM) Practitioner means a person qualified as a Traditional Chinese Medicine practitioner engaged in the practice of traditional Chinese medicine, and who is licensed and registered with the relevant statutory traditional Chinese medical practitioners board or council in the geographical area they are practicing to provide traditional Chinese medicine, but excluding the following persons – the Insured Person, Policyholder, or an insurance intermediary, Policyholder's or/and the Insured Person's employer, employee, immediate family member by blood, marriage or adoption, or business partner.

EXCLUSIONS

This Policy does not cover death or any Injury directly or indirectly caused by or in connection with any of the following:

1. Pre-existing Conditions;

2. Whilst an Insured Person is performing these occupational activities:
   a. Full time military, airforce, navy, police and civil defence personnel (other than activities that are sedentary desk-bound duties, SG National Service or reservist training)
   b. Any professional sportsman, motor car/bike racer, entertainer, stuntman, jockey, wood working, welding
   c. Any air/sea crew
   d. Any off-shore Occupations (shipcrew, diver, oil-rigger, fisherman)
   e. Any construction worker
   f. Workers engaged in maintenance, cleaning, roofing or repair activities involving scaffolding or gondolas

3. War, invasion, act of foreign enemy, hostilities (whether war be declared or not) and any type of Political Risk including but not limited to:
   a. Nationalization
   b. Confiscation
   c. Expropriation (including Selective Discrimination and Forced Abandonment)
   d. Deprivation
   e. Requisition
   f. Revolution
   g. Rebellion
   h. Insurrection
   i. Civil commotion assuming to proportion of or amounting to an uprising
   j. Military and usurped power

4. Insanity, suicide (whether sane or insane), intentional self-inflicted injuries or any attempt thereat;

5. Any form of disease, infection or parasites related to Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or Human Immunodeficiency Virus Infection (HIV);

6. Childbirth, miscarriage, pregnancy or any complications thereof;

7. Provoked murder or assault;

8. While committing or attempting to commit any unlawful act;

9. While participating in any professional sports;

10. Aerial activities including parachuting and hang-gliding, underwater activities exceeding fifty (50) metres in depth, mountaineering involving the use of ropes or mechanical guides;

11. Recreational activities where the safety procedures are not complied with and the recreational activity is not carried out under the guidance, supervision or instructions of licensed guides or instructors of the tour operator or activity provider;

12. Racing (other than on foot), pace-making, speed or reliability trials;

13. Ionisation, radiation or contamination by radioactivity, nuclear weapons material;

14. The effect or influence of alcohol or drugs;

15. Riding/driving without a valid driving license;

16. cosmetic (aesthetic) or plastic surgery or treatment, or any treatment which relates to or is needed because of previous cosmetic treatment but, this exclusion does not apply to reconstructive surgery if:
    - it is carried out to restore function or appearance after an accident or infectious disease, whichever is applicable; and
    - it is done at a medically appropriate stage after the accident or infectious disease, whichever is applicable; and the cost of the treatment is approved by us in writing before it is done;

17. Failing to take reasonable efforts to avoid Injury to minimise claims under this policy.

CONDITIONS

1. IDENTIFICATION

This Policy and the Schedule shall be read together as one contract and any other word or expression to which a specific meaning has been attached in any part of this Policy or the Schedule shall bear such specific meaning wherever it may appear.

2. ELIGIBILITY

The Insured Person must be:

a. Holding a valid Singapore identification document such as a Singapore NRIC, Employment Pass, Work Permit, Long Term Visit Pass, Student Pass, Dependent's Pass or other recognised work pass entitling the holder thereof to remain, or enter and remain, in Singapore;

b. Living or working in Singapore, or away from Singapore for no more than 180 days at any one time; and

c. i. for an Adult, between eighteen (18) and sixty five (65) years old (both ages inclusive) on the first effective date of the Policy, or up to eighty (80) years old for renewal policies.

   ii. or a Child, between thirty (30) days and eighteen (18) years old or twenty four (24) years old for those registered as full time students at an Educational Institution or national servicemen.

Ages referred to in this Policy shall be in reference to the age as at the last birthday.

For the avoidance of doubt, any Insured Person under a Couple Plan or a Family Plan shall cease to be insured under this Policy if the Insured Person ceases to be eligible hereunder as at the date of any renewal of this Policy.

3. COOPERATION

As a condition precedent to the Company's liability, the Insured Person or the Insured Person's personal representatives shall cooperate fully with the Company and its medical advisors (where applicable) and will fully and faithfully disclose all material facts and matters which the Insured Person knows or ought to know and will upon request execute any document to empower the Company to obtain relevant information, at the Insured Person's expense, from any Medical Practitioner or Hospital or other sources.

4. CURRENCY OF PAYMENT

All payment under this Policy shall be in Singapore dollars. If an admissible claim is made for losses incurred in a foreign currency, The Company will make payment in Singapore dollars based on the prevailing currency exchange rate determined by The Company. The Company will not bear any bank or other transactional charges.

5 REASONABLE PRECAUTIONS AND MATERIAL CHANGES

The Insured Person shall take all reasonable precautions or prevent and minimise any Injury. If the Insured Person shall engage in any activities or Occupations in which a greater risk may be incurred, the Company must be informed immediately in writing of any material

information or change of circumstances which may increase the possibility of a claim under the Policy. The Company reserves the right to continue cover on terms and conditions it considers appropriate to such changes in material information or circumstances (subject to the payment of additional premium) or to decline to continue cover under the Policy.

6. OVERSEAS COVERAGE

Only Accidental death and Permanent Disablement benefits will be payable should the Insured Person reside outside of Singapore for more than ninety (90) consecutive days.

7. DUPLICATION OF COVER AND OTHER INSURANCE COVER

If the Insured Person make a valid claim under this Policy, and have more than one Policy with the Company which is the same product and provides the same cover, the Company will consider the Insured Person to be insured under the Policy which provides the highest benefit level. If the cover is for reimbursement of costs, expenses or third party liability payments and the Insured Person have more than one Policy with the Company which provide the same or similar cover but which are not identical products, such costs, expenses or third party liability payments will be distributed proportionately between the policies based on the proportion of the cover limit. If however the cover is for reimbursement of costs expenses or third party liability payments and the Insured Person have insurance with other insurers providing the same or similar cover, the Company will only pay the Insured Person proportion of the cover limit of the Insured Person's claim based on the total number of policies covering such claim against the proportion of the cover limit of the other insurer(s) subject always to the limit under this Policy and any other Policy(ies) the Insured Person have with the Company.

8. CHANGE OF ADDRESS OR PARTICULARS

The Insured Person shall give immediate notice to the Company of any change in his/her name and residence.

9. CLAIMS (ACTION BY INSURED PERSON)

a. Notice of Injury or Accident on which the claim may be based and which is covered by this Policy, must be given in writing to the Company within thirty (30) days after the occurrence.

b. In case of Accidental death, reasonable notice shall be given to the Company before burial or cremation and the Company may request to be represented at a post-mortem or examination of the body of the Insured Person. The Company shall have the right and opportunity to conduct an autopsy at their own expense where it is not forbidden by law. Immediate notice of time and place shall be given to the Company of any inquest appointed.

All certificates, information and evidence required by the Company shall be furnished by the Insured Person or the Insured Person's legal personal representative and shall be in such form and of such nature as the Company may prescribe.

Claims are not deemed complete and eligible benefits are not payable unless all bills for such claims have been submitted and agreed upon by the Company.

Only actual costs incurred shall be considered for reimbursement. Any variation or waiver of the foregoing shall be at the Company sole discretion.

10. SUBROGATION

The Company has the right to proceed at own expense in the name of the Insured Person against third parties who may be responsible for an occurrence giving rise to a claim under this Policy.

11. FREE LOOK PERIOD (NOT APPLICABLE TO RENEWAL POLICIES)

Should the Policyholder decide to not continue with the Policy for any reason, the Policyholder must inform the Company of the cancellation within fourteen (14) days after the receipt of the Policy. Any premium paid will be refunded without interest. In such case, this Policy shall be deemed to have been void from the inception and the Company shall not be liable under this Policy for any loss, damage or liability sustained or incurred.

12. AUTOMATIC RENEWAL CLAUSE

It is noted and agreed that subject to the terms and condition and payment of premium, this Policy shall be renewed upon expiry until a notice of cancellation has been received.

13. CHANGES IN POLICY TERMS AND CONDITIONS

a. The Company reserves the right to alter the Policy terms during any Period of Insurance as the Company reasonably considers appropriate or if the Policy or the Company are affected by a change in legislation or taxation, or any judicial decision. The Company will give the Policyholder's thirty (30) days written notice of any such alteration. The Policyholder's continued payment of premium after the Company gives such notice will constitute acceptance of the change.

b. Premium rates are not guaranteed and may be increased or varied by the Company:
   i. when a material change in risk occurs; or
   ii. when there is a general rate increase affecting all Policyholders reflecting the Company's actual or anticipated results in this class of business.

c. Any other misrepresentation of or failure to disclosure of material facts in any document signed by the Policyholder, will entitle the Company to alter, amend, cancel the Policy or exercise any other right available to it at law having regard to the true facts. A material fact is any information that could influence the Company in its assessment of the application.

d. In the event of the entire product being withdrawn by the Company due to adverse experience or for any other reason, Policyholder so affected will be offered participation in a replacement product, if available, on the terms, conditions and premium rates then prevailing.

14. CANCELLATION

This Policy may be cancelled at any time at the request of the Policyholder in writing to the Company and the premium hereon shall be adjusted on the basis of the Company receiving or retaining the customary short term premium or minimum premium. The Policy may also be cancelled by the Company by thirty (30) days' notice given in writing to the Policyholder at his last known address, and the premium hereon shall be adjusted on the basis of the Company receiving or retaining pro-rata premium.

15. TERMINATION

This Policy shall terminate and the cover for all Insured Person(s) under it will cease immediately upon:

a. the Insured Person attaining the age of eighty- one (81) years old;

b. the Insured Person, who is a Child, attaining the age of twenty-five (25) years old;

c. when the Policy is not renewed (whether due to the failure to make payment of the premium by the due date as described in the Payment Before Cover Warranty of this Policy or otherwise); or

d. upon the cancellation of this Policy in accordance with its terms, whichever occurs earlier.

16. NO TRUST

The Company will not recognize or be affected by any notice of trust, charge or assignment relating to this Policy and the Insured Person's receipt or that of the Insured Person's legal personal representatives shall in all cases effectively discharge the Company's liability.

17. LEGAL PERSONAL REPRESENTATIVES

The terms, exceptions and conditions of this Policy also apply to the legal personal representatives of the Insured Person.

18. GOVERNING LAW AND JURISDICTION

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

19. FIDREC/ARBITRATIONS

Any dispute about any matter arising under, out of, or in connection with this Policy shall first be referred to the Financial Industry Disputes Resolution Centre Ltd ("FIDReC"). This applies as long as the dispute can be brought before FIDReC. If the dispute cannot be referred to or resolved by FIDReC, it shall be referred to and finally resolved by arbitration in Singapore in accordance with the Arbitration Rules of the Singapore International Arbitration Centre ("SIAC Rules") for the time being in force, which rules are deemed to be incorporated by reference in this clause. The tribunal shall consist of one (1) arbitrator.

20. DIFFERENCE IN MEDICAL OPINION

Any difference of medical opinion in connection with the results of any Injury will be settled between two Medical Practitioners appointed respectively in writing by the two parties to the dispute. Any difference of opinion between the two Medical Practitioners shall be referred to an umpire, who shall have been appointed in writing by the two Medical Practitioners at the outset and the umpire's decision shall be conclusive.

21. FORFEITURE OF BENEFITS

If any claim under this Policy shall be in any respect fraudulent or if any fraudulent means or devices are used by the Insured Person or any one acting on his behalf to obtain any benefit under this Policy; or, if the loss or damage be occasioned by the wilful act or with the connivance of the Insured Person; or, if the claim be made and rejected and an action or suit be not commenced within twelve months after such rejection, then the Policy shall be cancelled immediately and all benefits hereunder shall be forfeited.

22. EXCLUSION OF RIGHTS UNDER CONTRACTS (RIGHTS OF THIRD PARTIES) ACT

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

POLICY BENEFITS

ONLY SECTIONS AS STATED IN THE INSURED PERSON'S SCHEDULE OR ENDORSEMENT ARE APPLICABLE.

THE BENEFITS PAYABLE UNDER THIS POLICY ARE SUBJECTED TO ANY LIMITS (INCLUDING BUT NOT LIMITED TO SUBLIMIT FOR EACH BENEFIT ITEM OR PER EVENT LIMIT), IF ANY, AS STATED IN THE SCHEDULE OR ENDORSEMENT.

SECTION 1 – BASIC PERSONAL ACCIDENT BENEFITS

a. Accidental Death and Permanent Disablement

If during the Period of Insurance, the Insured Person sustains an Injury that directly results in one of the Items listed in the

Compensation Table below within twelve (12) months from the date of the Accident, the Company will pay the Insured Person or the Insured Person's legal personal representative up to the benefit limits using the scale of Compensation Table as shown below.

COMPENSATION TABLE

ITEM		% OF PRINCIPAL SUM INSURED
Accidental death		100%
Permanent Total Disablement		100%
Permanent Total Loss of sight in both eyes		100%
Permanent Total Loss of sight in one eye, except perception of light		50%
Permanent Total Loss of hearing	both ears	75%
	one ear	15%
Permanent Total Loss of speech		50%
Permanent Total Loss of two Limbs		100%
Permanent Total Loss of one Limb		75%
Permanent Total Loss of both hands or of all fingers and both thumbs		100%
Permanent Total Loss of four fingers and thumb of one hand		50%
Permanent Total Loss of four fingers		40%
Permanent Total Loss of thumb	both phalanges	30%
	one phalanx	15%
Permanent Total Loss of index finger	three phalanges	15%
	two phalanges	10%
	one phalanx	5%
Permanent Total Loss of middle finger	three phalanges	8%
	two phalanges	5%
	one phalanx	3%
Permanent Total Loss of ring finger	three phalanges	6%
	two phalanges	5%
	one phalanx	3%
Permanent Total Loss of little finger	three phalanges	5%
	two phalanges	4%
	one phalanx	3%
Permanent Total Loss of metacarpals	first or second (additional)	4%
	third, fourth or fifth (additional)	3%
Permanent Total Loss of toes	all	20%
	great, both phalanges	8%
	great, one phalanx	3%
	more than one toe lost, each	2%
Shortening of arm	more than 1 inch up to 2 inches	2.5%
	more than 2 inches up to 4 inches	5%
	more than 4 inches	12.5%
Shortening of leg	more than 1 inch up to 2 inches	5%
	more than 2 inches up to 4 inches	10%
	more than 4 inches	25%
Third Degree Burn (Head)	8% or more	100%
	5% to 8%	75%
	2% to 5%	50%
Third Degree Burn (Body)	20% or more	100%
	15% to 20%	75%
	10% to 15%	50%

The aggregate of all percentages payable in respect of any one or more Accident(s) shall not exceed 100% of the Principal Sum Insured. In the event of a total of 100% of the Principal Sum Insured having been paid during the Period of Insurance, this Policy shall immediately cease to be in force. All other paid losses lesser than 100% shall reduce the coverage by that amount from the date of Accident until the expiry of this Policy.

In the event that the total percentage of compensation due is 100% or more, the benefit payable shall be reduced by any benefit that have been paid out under Temporary Total Disablement (if applicable) for the same Accident.

b. Bereavement Allowance/Grant

If, during the Period of Insurance, the Insured Person sustains death resulting from an Accident, the Company will pay the Insured Person's legal personal representative the benefit amount as stated in the Schedule.

c. Medical & Surgical Expenses

If, during the Period of Insurance, the Insured Person incurred medical expenses as a result of an Injury due to Accident, the Company will pay the medical expenses up to the benefit amount as stated in the Schedule or up to a period of twelve (12) months from the date of the accident, whichever comes first. Medical expenses shall include expenses incurred for ambulance or taxi charges in Singapore to and/or from the Hospital, Hospital (including room and board), clinical, inpatient and outpatient medical and surgical treatments.

This benefit also extends to pay charges incurred from medical treatment by a Chiropractor or a certified/ registered Traditional Chinese Medical (TCM) Practitioner or Physiotherapist of not more than $100 per consultation per day covering up till a limit of:

i. 20% of the Sum Insured without the presence of evidence of Traumatic Injury in the form of Radiographic Imaging
ii. 100% of the Sum Insured with evidence of Traumatic Injury in the form of Radiographic Imaging, or comment from a registered radiographer/ radiologist indicating Traumatic Injury,

If at the time of claim, there is any other insurance covering the same liability, the Company shall only be liable for any amount if and only so far as the amount is not recoverable under other insurance.

d. Mobility Aids & Home Modification

If, during the Period of Insurance, the Insured Person sustains Injury which directly results in a benefit payout of 50% or more of the percentage of the Principal Sum Insured,

the Company will pay the Insured Person up to the benefit amount stated in the Schedule for necessary costs incurred due to:

i. Mobility aids prescribed by a Medical Practitioner, including but not limited to wheelchair and walking aids.
ii. Home modifications at the Insured Person's Home for the sole purpose of coping with the Injury. Modifications that are already ongoing or modifications that do not aid the Insured Person's mobility are not covered.

e. Infectious Disease Benefits

If, during the Period of Insurance, the Insured Person contracted an infectious disease as stated below, the Company will pay the benefit amount as stated in the Schedule.

1. Anthrax
2. Botulism
3. Chikungunya Fever
4. Cholera
5. Dengue Fever / Dengue Hemorrhagic Fever
6. Diptheria
7. Ebola
8. Hand, Foot, Mouth Disease (HFMD)
9. Japanese Viral Encephalitis
10. Legionellosis
11. Leptospirosis
12. Malaria
13. Measles
14. Meningococcal
15. Mumps
16. Nipah Virus Encephalitis
17. Parathyphoid Fever
18. Pertussis
19. Plague
20. Poliomyelitis
21. Rabies
22. Rubella
23. SARS
24. Tetanus
25. Variant Creutzfeldt-Jakob Disease (vCJD)
26. Yellow Fever
27. Zika virus

The infectious disease must be diagnosed by a Medical Practitioner, and any diagnosis within thirty (30) days of the first effective date of the Policy shall be excluded. This benefit is payable for each and every diagnosis event during the Period of Insurance, subjected to each diagnosis date having a separation period of at least ninety (90) days.

SECTION 2 – HOSPITALISATION BENEFITS

a. Daily Hospital Cash

If, during the Period of Insurance, the Insured Person requires Hospitalisation as a result of an Accident, the Company will pay a daily benefit amount as stated in the Schedule for the period of Hospitalisation, up to a maximum of seven hundred and fifty (750) days for any one Accident. This benefit is payable for each twenty- four (24) hours of Hospitalisation.

b. Double Daily Hospital Cash (in ICU)

The (a) Daily Hospital Cash benefit will be doubled in case the Insured Person is hospitalised in an Intensive Care Unit (ICU), up to a maximum of ninety (90) days for any one Accident. Only one of (a) Daily Hospital Cash and (b) Double Daily Hospital Cash (in ICU) is payable for the same day of Hospitalisation.

c. Recuperation Benefit

If, during the Period of insurance, the Insured Person has been discharged from a minimum seven (7) consecutive days of Hospitalisation from an Accident and is on medical leave, the Company will pay a daily benefit to the Insured Person as stated in the Schedule, up to a maximum of thirty (30) days for any one Accident.

The medical leave granted must be certified by a Medical Practitioner from the same Hospital where the Insured Person is under Hospitalisation.

SECTION 3 – WEEKLY CASH BENEFIT

a. Temporary Total Disablement

If, during the Period of Insurance, the Insured Person is temporarily unable to engage in or attend to the Insured Person's usual profession or occupation due to Injury caused by an Accident covered under this Policy as certified by a Medical Practitioner, the Company will pay the Insured Person a weekly cash amount as stated in the Schedule up to a period of one hundred and four (104) weeks, effective from the date of confirmation of such temporary disablement by a Medical Practitioner.

The Company will not pay this benefit:

i. if the period of Temporary Total Disablement is less than seven (7) consecutive days;
ii. if the first medical treatment from a Medical Practitioner is not obtained within seven (7) days from date of the Accident;
iii. if the Insured Person is not gainfully employed when the Accident happens; or
iv. for more than one Injury for the same period of time.

SECTION 4 – DEPENDENT COVER BENEFITS

a. Child Education Fund

In the event that the Company have accepted a claim for Accidental Death or Permanent Total Disablement, the Company will pay a lump sum benefit as stated in the Schedule.

SPECIAL PROVISIONS

1. AMATEUR SPORTS

This Policy extends to cover the Insured Person in respect of Accidental death and Injury which may be sustained through amateur sports that exclude aerial activities including parachuting and hang-gliding, underwater activities exceeding fifty (50) metres in depth and mountaineering involving the use of ropes or mechanical guides. All amateur sports must be for leisure purposes only, and must not be an activity where the Insured Person could earn an income or remuneration.

2. COMA

If, during the period of insurance, the Insured Person sustains an Injury, which results in the Insured Person being in a Hospital and in a coma State for at least one (1) year, within thirty (30) days of the date of the Accident, the Company will pay the Principal Sum Insured stated in the Schedule.

3. DISAPPEARANCE

If the Insured Person's body is not found within twelve (12) months after the sinking, wrecking or destruction of the Public Transport in which the Insured Person is travelling during the period of insurance, the Company will presume that the Insured has died from this Accident and pay the Accident death benefit shown in the Compensation Table in Section 1. This is subject to a signed undertaking by the Insured Person's legal representative that if this presumption is subsequently found to be wrong, any payment made under this Policy will be refunded to the Company.

4. DROWNING AND SUFFOCATION BY GAS, POISONOUS FUMES OR SMOKE

This Policy extends to cover Injury or Accidental death from drowning or suffocation by gas, poisonous fumes or smoke, provided that such event does not arise as a result of or in connection with the Insured Person's wilful and intentional act and death or Injury as a consequence of such event could not reasonably have been avoided by the Insured Person.

5. EXPOSURE

This Policy extends to cover the Insured Person in respect of Accidental death and Injury caused by exposure to natural elements as a result of an Accident.

6. HIJACK, MURDER, OR ASSAULT

This Policy extends to cover the Insured Person in respect of Accidental death and Injury which may be sustained through the Insured Person being a victim of hijack, murder or assault. The Company will not pay this benefit if the Insured Person take part in these acts, make an agreement with other people to carry out these acts or if such act could reasonably have been avoided.

7. INSECT, SNAKE, AND ANIMAL BITES

This Policy extends This Policy is extended to cover the Insured Person in respect of Accidental death and Injury which may be sustained through harmful insect, snake and animal bites excluding diseases or Illness caused by parasite, bacteria or viruses carried by insects such as mosquitoes and the like, snake or animal.

8. MISCARRIAGE DUE TO ACCIDENT

This Policy extends This Policy is extended to cover the Insured Person in respect of Injury in the event of a miscarriage as a result of an Accident. The miscarriage must not be attributed to any natural causes and/or Illness relating to pregnancy or childbirth.

9. POISONOUS FOOD OR DRINK

This Policy extends to cover the Insured Person in respect of Accidental death and Injury which may be sustained through food or drink poisoning.

10. RESERVIST TRAINING

This Policy extends to cover the Insured Person in respect of Accidental death and Injury when undergoing peacetime Singapore reservist duty (under Section 14 of the Enlistment Act Cap. 93 of the Republic of Singapore) for a period not exceeding forty (40) days.

11. STRIKE, RIOT OR CIVIL COMMOTION

This Policy extends to cover the Insured Person in respect of Accidental death and Injury which may be sustained through Strike, Riot or Civil Commotion provided that there is no liability when such acts involve Political Risk. The Company will not pay this benefit if the Insured Person take part in any these acts, make an agreement with other people to carry out these acts or if such act could reasonably have been avoided.

12. TERRORISM COVER

This Policy extends to cover the Insured Person in respect of Accidental death and Injury which may be sustained through Terrorism provided that there is no liability when such act and/or acts of terrorism involve utilisation of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined.

The Company will not pay this benefit if the Insured Person take part in these acts, make an agreement with other people to carry out these acts or if such act could reasonably have been avoided.

For the purpose of this Clause:

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

b. Utilisation of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or devise or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.

GOODS AND SERVICES TAX IMPACT ON CLAIMS SETTLEMENT

CLAIMS SETTLEMENT

The Company will pay the claim inclusive of the GST on items that are taxable supplies, up to the limit of the Principal Sum Insured.

In the event that there is an entitlement to claim for the Input Tax Credit and if the Company make a payment under this Policy as compensation, the Company will reduce the amount of the payment by deducting the Input Tax Credit entitlement irrespective of whether the Input Tax Credit has been claimed, up to the limit of the Principal Sum Insured.

SANCTION LIMITATION AND EXCLUSION CLAUSE

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Singapore, United States of America and/or any other applicable national economic or trade sanction law or regulations.

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 the Policy is automatic and no further action is required. 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 the Company or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

PREMIUM WARRANTY

PAYMENT BEFORE COVER WARRANTY

1. Notwithstanding anything herein contained but subject to clause 2 hereof, it is hereby agreed and declared that the total premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 30 days of the inception date (the "Inception Date") of the coverage under the Policy, Renewal Certificate, Cover Note or Endorsement.

2. In the event that the total premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 30 days of the Inception Date referred to above, then the Policy, Renewal Certificate, Cover Note and Endorsement shall not attach and no benefits whatsoever shall be payable by the Company. Any payment received thereafter shall be of no effect whatsoever as cover never attached on the Policy, Renewal Certificate, Cover Note and Endorsement.

3. In respect of insurance coverage with Free Look provision, the Insured may return the original policy document to the Company or intermediary within the Free Look period if the Insured decides to cancel the cover during the Free Look period. In such an event, the Insured will receive a full refund of the premium paid to the Company provided that no claim has been made under the insurance and the cover shall be treated as if never put in place.

Condition Precedent (For Corporate Insured)

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

1. for the risk insured, the Insured 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

2. if the Insured 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:
   a. the Insured 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
   b. a copy of the written confirmation from the previous insurer to this effect is first provided by the Insured to the Company before cover incepts.

Premium Payment Warranty (For Corporate Insured)

1. Notwithstanding anything herein contained but subject to clause 2 hereof, it is hereby agreed and declared that if the Period of Insurance is sixty (60) days or more, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within sixty (60) days of the:
   a. inception date of the coverage under the Policy, Renewal Certificate or Cover Note; or
   b. effective date of each Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note.

2. In the event that any premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the sixty (60) day period referred to above, then:
   a. the cover under the Policy, Renewal Certificate, Cover Note or Endorsement is automatically terminated immediately after the expiry of the said sixty (60) day period;
   b. the automatic termination of the cover shall be without prejudice to any liability incurred within the said sixty (60) day period; and
   c. the Company shall be entitled to a pro-rata time on risk premium.

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

PERSONAL DATA USE

Any information collected or obtained in relation to this Policy, whether contained in the Application or otherwise obtained may be used and/or disclosed to the Company's associated individuals/companies within Allianz Group or any independent third parties (within or outside Singapore) for any matters relating to the Application, any Policy issued and to provide advice or information about the Company's products and services which the Company believes may be of the Policyholder and/or the Insured Person's interest and to communicate with the Policyholder and/or the Insured Person for any purpose. Such data may also be used for audit, business analysis and reinsurance purposes, amongst others.

The Company may collect, use, disclose and/or process such data in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in the Company's Privacy Policy. The Privacy Policy can be found at the Company's website.

NOTICE

THIS POLICY AND ITS CONDITIONS SHOULD BE EXAMINED AND IF INCORRECT, RETURNED AT ONCE FOR ALTERATION.

ALLIANZ INSURANCE SINGAPORE PTE. LTD.
UEN 201903913C
79 Robinson Road #09-01
Singapore 068897
www.allianz.sg

ALLIANZ CONTACT CENTRE
+65 6222 1919
Monday to Friday between 9 am and 5 pm
(excluding Public Holidays)
customerservice@allianz.com.sg