

**LADY MEDICARE INSURANCE
APPLICATION AND HEALTH DECLARATION FORM**

THE INSURANCE ACT : On this application, you are required to disclose fully and faithfully all the facts which you know or ought to know in respect of the risk that is being proposed; otherwise the policy issued hereunder may be void.

(A) Particulars of Applicant

Name : Mrs/Ms/Mdm/Dr* _____

(*delete if not applicable) (Name as in your NRIC/Fin/Passport. Please underline surname)

Residential Address: _____ Postal Code _____

NRIC/FIN/Passport No: _____ Date of Birth : _____ Nationality: _____

(Please provide NRIC No. if Applicant is a Singaporean/PR)

Marital Status : _____ Occupation: _____

Tel : _____ (Home) _____ (Hp) Email Address : _____

(B) Period of Insurance

From _____ to _____

(C) Plan to be Insured & Frequency of Payment

☐ Plan A

☐ Monthly Premium

☐ Annual Premium

☐ Plan B

☐ Plan C

(D) Declaration of Health (complete all questions and if any of the answers are 'Yes', provide full details.)

1. (a) Please state your height and weight. Height: _____ cm, Weight _____ kg

(b) Has your weight decreased by more than 20% in the past 2 years? ☐ No ☐ Yes

If Yes, please provide details:

(c) Do you smoke? ☐ No ☐ Yes

If Yes, please advise the average number of sticks smoke per day: _____

2. Have you ever had a policy or application for life or sickness or medical or critical illness on your life postponed, declined, withdrawn or had any special terms (including extra premium or exclusions) imposed by any insurance company? ☐ No ☐ Yes

If Yes, please provide details:

3. Do you have/had any immediate family members (i.e. parents or siblings) that have died or suffered from cancer*, heart disease, stroke, high blood pressure, diabetes, kidney disease or any known hereditary disease or disorder? ☐ No ☐ Yes

If Yes, please provide details (*Note: Please state the type of cancer):

4. Are you now receiving or considering to receive, medical treatment from a doctor or intending to consult any doctor for any reason? ☐ No ☐ Yes

If Yes, please provide details:

5. Have you had a surgical operation, or been advised to have any diagnostic test, hospital confinement or surgical operation which has not yet been performed? ☐ No ☐ Yes

If Yes, please provide details:

6. Have you ever undergone any health screening which shows abnormal results or had any medical investigations (including genetic tests) carried out, whether on your own accord or on the recommendation of a doctor, such as X-ray, ultrasound, electrocardiogram (ECG), barium meal examination, CT scan, biopsy, blood or urine test, etc., in the past 5 years? ☐ No ☐ Yes

If Yes, please provide details:

7. Have you ever suffered from, experience symptoms for or received any medical advice, investigation or treatment for any health condition relating to : heart, lungs, kidney, liver, hepatitis, thyroid, nervous system, breast or female reproductive system (i.e uterus, cervix, ovaries, fallopian tubes or vagina) or had an abnormal pap smear test or mammogram, hereditary or congenital conditions, cancer or tumours or growths or cysts, stroke, diabetes, high blood pressure, SLE (Systemic Lupus Erythematosus), HIV, sexually-transmitted diseases or any other illness or injury? ☐ No ☐ Yes

If Yes, please provide details:

(C) Payment Authorisation – Please select ONE payment method

I hereby authorise Standard Chartered Bank Singapore (Limited) (“the Bank”) to debit from my Bank Account or charge to my credit card specified below for the premiums due under my Personal Accident Protection Plan with MSIG Insurance (Singapore) Pte. Ltd. This authorisation will remain in force until terminated by my/our written notice at least 30 days in advance of the intended date of cancellation.

☐ VISA / MasterCard Card Account _____ - _____ - _____ Exp (___/___) Issuing Bank _____

☐ Standard Chartered Bank Savings / Current / Cheque and Save Account _____)
I agree that the Bank

1. will be under no obligation to effect payment if my account does not have sufficient funds and charge me a fee for this.
2. may also at its discretion allow the debit even if this results in an overdraft/increase of the overdraft on the account and impose charges accordingly.
3. will be under no liability to me if for any reason it fails to comply with this direct debit authorisation.

☐ Annual Cheque Payment (Cheque No _____)

(Please note for joint account with “and” mandate, both account holders’ signatures would be required)

(D) Preference For Receiving Updates (Please mark one box)

- ☐ Yes, I would like to receive promotional offers (such as travel insurance and exclusive promotions for policyholders) and updates from MSIG on insurance products via SMS and phone calls.
- ☐ No, I do not wish to receive promotional offers and updates from MSIG on insurance products via SMS and phone calls.

(E) Declaration

1. I hereby declare that to the best of my knowledge and belief the statements and answers given in this Application Form are true, complete and that I have not withheld any material facts, that is, facts likely to influence the assessment and acceptance of this application. I agree to accept the insurance as specified in the policy.
2. I understand that any misstatement of material fact, whether by commission or omission may be grounds for MSIG Insurance (Singapore) Pte. Ltd. (“MSIG”) in its absolute and sole discretion to decline to pay any benefit for myself which may otherwise have been payable. I agree that this application, together with any additional statements signed by me which shall be deemed to be part of this declaration, shall be the basis of the contract of the insurance.
3. I understand this Application will be subjected to the approval and acceptance by MSIG and the premium fully paid and received by the Company before cover can be effected, and special terms and conditions may be imposed depending on MSIG’s underwriting assessment of my Application.
4. I agree that any information collected or held by MSIG Insurance (Singapore) Pte. Ltd. (whether contained in the Application or otherwise obtained) may be used and disclosed by MSIG Insurance (Singapore)Pte. Ltd., its associated individuals/companies or any independent third parties (within or outside Singapore) for any matters relating to this Application, any Policy issued and to provide advice or information concerning products and services which MSIG Insurance (Singapore) Pte. Ltd. believes may be of interest to me and to communicate with me for any purposes.
5. I am aware that I can seek advice from a qualified advisor before I sign this Application Form. Should I choose not to, I take the sole responsibility to ensure that this product is appropriate to my/our financial needs and insurance objectives.
6. I confirm that I have received, read and understood on the contents Product Summary.
7. I agree that the policy will be entered in the register of Singapore policies.

8. I understand and accept that my personal particulars will be collected, used and disclosed by MSIG in accordance with the Personal Data Protection Act 2012 and MSIG's Privacy Policy, for the provision of all services related to, and protection under, this insurance policy, including for proper servicing, underwriting and claims administration. MSIG may disclose my personal particulars to its business partners and third party service providers for these purposes. MSIG may also send me marketing mailers by post or emails. Where there are more than one individual insured persons, I confirm they have consented to MSIG's collection, use and disclosure of their personal particulars. The full MSIG's Privacy Policy can be found at www.msig.com.sg.

Signature of Applicant (for and on behalf of all persons to be insured)

Date

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

This Application Form is not a contract of insurance. Please refer to the policy which will be issued to you upon acceptance of your application for the applicable terms, conditions and exclusions.

PRODUCT SUMMARY
LADY MEDICARE INSURANCE POLICY
 Underwritten by MSIG Insurance (Singapore) Pte. Ltd.

PRODUCT INFORMATION

Lady MediCare covers the Benefits listed below, as defined in the Policy. With the exception of the Benefit under Section 3, this Policy pays on top of any other insurance policies that You may have.

You may choose to apply for any of the 3 Plans.

BENEFITS		Sum Insured		
		Plan A	Plan B	Plan C
1	<p>Critical Illness*</p> <p>We will pay the benefit only once either under Section 1.1 (Female-Related Critical Illnesses) or Section 1.2 (Other Critical Illness Benefits) for the first instance of either a Female-Related Critical Illness or Other Critical Illness suffered by the Insured Person after the Commencement Date or the date of any reinstatement of the Policy and only this once during the lifetime of this Policy in respect of the Insured Person regardless of how many times the Policy has been renewed.</p> <p><i>Section 1.1 – List of Female-Related Critical Illnesses</i> Breast Cancer, Cervical Cancer, Uterine Cancer, Cancer of the Fallopian Tube, Cancer of the Vulva and Vagina, Ovarian Cancer, Systemic Lupus Erythematosus with Lupus Nephritis; or</p> <p><i>Section 1.2 – List of Other Critical Illnesses</i> Other types of Major Cancers not listed in Section 1.1. but fulfilled the definition of the Major Cancer, Heart Attack of Specified Severity, Stroke, Coronary Artery By-pass Surgery, Kidney Failure, Aplastic Anaemia, Blindness (Loss of Sight), End Stage Lung Disease, End Stage Liver Failure, Coma, Deafness (Loss of Hearing), Heart Valve Surgery, Loss of Speech, Major Burns, Major Organ/Bone Marrow Transplantation, Multiple Sclerosis, Muscular Dystrophy, Paralysis (Loss of Use of Limbs), Parkinson's Disease, Surgery to Aorta, Alzheimer's Disease/Severe Dementia, Fulminant Hepatitis, Motor Neurone Disease, Primary Pulmonary Hypertension, HIV due to Blood Transfusion and Occupationally Acquired HIV, Benign Brain Tumour, Bacterial Meningitis, Major Head Trauma, Progressive Scleroderma.</p> <p>* 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). For Critical Illnesses that <u>do not</u> fall under Version 2014, the definitions are determined by the insurance company.</p>	\$15,000	\$20,000	\$40,000
		\$7,500	\$10,000	\$20,000
2	<p>Non Invasive Female Cancer</p> <p>We will pay the benefit once for the first instance of a Non Invasive Female Cancer suffered by an Insured Person after the Commencement Date or the date of any reinstatement of the Policy, and only this once during the lifetime of this Policy in respect of the</p>	\$1,500	\$2,000	\$4,000

	<p>Insured Person regardless of how many times the Policy has been renewed</p> <p>List of Non Invasive Female Cancer</p> <p>Breast Cancer, Cervical Cancer, Uterine Cancer, Cancer of the Fallopian Tube, Cancer of the Vulva and Vagina, Ovarian Cancer</p>			
3	<p>Hospitalisation Benefits</p> <p>We will pay for Hospitalisation Benefits listed below as a direct result of the Insured Person suffering from any of the following covered Illnesses as defined in the Policy:</p> <ol style="list-style-type: none"> 1. Non Invasive Female Breast Cancer or Breast Cancer, 2. Non Invasive Female Cervical Cancer or Cervical Cancer, 3. Non Invasive Female Uterine Cancer or Uterine Cancer, 4. Non Invasive Cancer of the Fallopian Tube or Cancer of the Fallopian Tube, 5. Non Invasive Female Cancer of the Vulva and Vagina or Cancer of the Vulva and Vagina, 6. Non Invasive Ovarian Cancer or Ovarian Cancer, 7. Rheumatoid Arthritis, 8. Osteoporosis, 9. Urinary Incontinence requiring Surgical Repair <p><u>Hospitalisation Benefits:</u></p> <p>a) In-Hospital treatment, facilities and services including Hospital accommodation (up to daily Room & Board up to S\$250 per person per day),</p> <p>b) Day Care Surgery,</p> <p>c) Pre-Hospital Diagnostic Services (Laboratory, X-ray or other medically necessary diagnostic procedures ordered by a Physician and which is within 30 days of being carried out, result in the Insured Person being admitted as a registered in-patient to a Hospital for a covered Illness under this Section),</p> <p>d) Post- Hospital Follow-up Treatment (The medically necessary follow-up treatment ordered by a Physician to be rendered up to 30 (thirty) days from the Insured Person's discharge from Hospital. Cover is restricted to the follow-up treatment of the covered Illness under this Section for which the Insured Person received in-patient Hospital treatment covered by the Policy),</p> <p>e) Home Nursing Care (Following discharge from Hospital, the full-time or part-time services of a State registered or Government-licensed Nurse in the Insured Person's home when prescribed by a Physician for the continued treatment of the covered Illness under this Section 3 for which the Insured Person was hospitalised, and only when such services are essential for medical as distinct from domestic reasons. Cover is limited to a maximum period of 26 (twenty-six) weeks for any one claim or event and In total for any one Period of Insurance.</p>	As charged, up to the Annual Limit Per Person Per Year		
		Annual Limit of \$10,000	Annual Limit of \$15,000	Annual Limit of \$20,000
4	<p>Female Related Illnesses</p> <p>We will pay the benefit once for the first instance for a covered Female- Related Illness suffered by the Insured Person after the Commencement Date or the date of any reinstatement of the Policy and only this once during the lifetime of this Policy in</p>	\$1,500	\$2,000	\$4,000

	<p>respect of the Insured Person regardless of how many times the Policy has been renewed.</p> <p>List of Female Related Illnesses</p> <ul style="list-style-type: none"> - Rheumatoid Arthritis, - Osteoporosis, - Urinary Incontinence requiring Surgical Repair. 			
5	<p>Maternity Complications</p> <p>We will pay the benefit once for the first instance of Maternity Complication suffered by the Insured Person after the Commencement Date or the date of reinstatement of the Policy and only this once during the lifetime of this Policy in respect of the Insured Person regardless of how many times this Policy has been renewed:</p> <p>List of Maternity Complications:</p> <ul style="list-style-type: none"> - Ectopic Pregnancy, - Miscarriage (or Abortion) due to Accident, - Pre-Eclampsia, - Disseminated Intravascular Coagulation (DIC). 	\$1,500	\$2,000	\$4,000

MONTHLY PREMIUM (inclusive of 7% GST)

Age Band	Plan A	Plan B	Plan C
18-30	\$17	\$18	\$23
31-40	\$28	\$33	\$51
41-45	\$39	\$49	\$82
46-50	\$56	\$72	\$123
51-55	\$67	\$87	\$150
56-59 (Renewal Only)	\$72	\$94	\$159
60-64 (Renewal Only)	\$85	\$114	\$201

ANNUAL PREMIUM (inclusive of 7% GST)

Age Band	Plan A	Plan B	Plan C
18-30	\$193	\$212	\$267
31-40	\$330	\$388	\$605
41-45	\$463	\$587	\$982
46-50	\$666	\$863	\$1,470
51-55	\$793	\$1037	\$1,798
56-59 (Renewal Only)	\$854	\$1,118	\$1,906
60-64 (Renewal Only)	\$1,019	\$1,356	\$2,411

SOME DEFINITIONS

- “**Accident**” means an event which happens suddenly, solely and directly caused by violent and external means and give rise to a result which the **Insured Person** did not intend or anticipate.
- “**Illness**” means physical illness or disease, marked by a pathological deviation from the normal healthy state.
- “**Injury**” means all bodily injury suffered and caused solely by an **Accident** and not by sickness, disease or gradual physical or mental wear and tear.
- “**Non Invasive Female Cancer**” means the focal autonomous new growth of carcinomatous cells which have yet resulted in the invasion of normal tissues. ‘Invasion’ means an infiltration or active destruction of tissue or surrounding tissue.

- “**Notification Period**” means the period of thirty (30) days from the time an **Insured Person** is first diagnosed by a **Physician** as suffering from any of the covered **Illnesses** or **Injury** or surgical procedures as expressly stated under the Benefits of this Policy during which any claims must be notified to the **Company**, otherwise no benefit will be payable under the Policy,
- “**Pre-existing Conditions**” means any **Injury**, **Illness**, condition or symptom which existed before the **Commencement Date** or the date of any reinstatement of the Policy for the **Insured Person** concerned: for which treatment or medication or advice or diagnosis has been sought or received or was foreseeable, or which before the **Commencement Date** or the date of any reinstatement of the Policy presented signs or symptoms of which the **Insured Person** was aware or should reasonably have been aware.

KEY PRODUCT PROVISIONS

The following are some key provisions found in the Policy. This is only a brief summary and You are advised to refer to the actual terms & conditions in the Policy. Please call our Customer Service Hotline at 6827 7605 should you require further explanation.

ELIGIBILITY

Unless We agree in writing otherwise any person You wish to insure under this Policy must be named as an **Insured Person** in the **Schedule** and must at the **Commencement Date** of date of any reinstatement of the Policy aged between eighteen (18) years and below fifty-five (55) years old, with her **Usual Country of Residence** as Singapore.

EXCLUSIONS (apply to the whole Policy)

The following items, conditions, activities and their consequences are excluded from the Policy and the **Company** shall not be liable for:

- (a) **Pre-existing Conditions**, as defined in the Policy.
- (b) Any claim which is within the **Waiting Period** as stated in The Benefits - Sections 1 to 5.
- (c) Routine medical examinations or check-ups, routine eye or ear examinations, routine physical or any other examinations not incident to the treatment or diagnosis of a covered **Injury**, **Illness** or disease; medical treatment for prevention of **Illness**; vaccinations, medical certificates, and examinations for employment or travel; treatment related to cosmetic surgery or beautification or promotion of health or enhancement of bodily function or appearance; or treatment for obesity, weight reduction or weight gain; sleep apnea or any non medically necessary procedure.
- (d) Instrument examinations and laboratory tests not ordered by a **Physician** or not resulting in a diagnosis of a condition leading to a covered Hospitalisation or Surgery or Treatment.
- (e) Tests of treatment related to infertility, contraception, sterilisation, impotence, sexual dysfunction, birth defects, congenital **Illnesses**, hereditary conditions or any abortion performed due to psychological or social reasons and consequences thereof.
- (f) **Hospital** inpatient treatment for conditions in respect of which the **Insured Person** can be properly treated as an outpatient.
- (g) Treatment provided to an **Insured Person** by a family of the **Insured**, or self-treatment by the **Insured Person**, including the prescription of drugs.
- (h) **Illness** or **Injury** arising from the **Insured Person** taking part in any flying activity other than as a passenger in a commercially licensed passenger carrying aircraft.
- (i) Alcohol or solvent abuse or the taking of drugs except under the direction of a **Physician**.
- (j) Unreasonable failure to seek or follow medical advice.
- (k) **Illness** or **Injury** arising from the **Insured Person** participating in hazardous sports or pastimes including taking part in (or practising for) boxing, caving, climbing, horse-racing, jet-skiing, martial arts, mountaineering, off-piste skiing, pot-holing, power-boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.
- (l) Infection with Human Immunodeficiency Virus (HIV) or conditions due to any Acquired Immune Deficiency Syndrome (AIDS).
- (m) If the **Insured Person** is living or intends to live outside the **Usual Country of Residence** for more than four (4) consecutive weeks.
- (n) Mental **Illness**, psychiatric disorders, self-inflicted **Injury** or suicide, sexually transmitted diseases.

- (o) **Injury** due to any cause or in any form other than specifically covered under this Policy.
- (p) Act of terrorism including nuclear radiation and/or contamination by chemical and/or biological agents.
- (q) War, invasion, act of foreign enemies, hostilities or warlike operations, civil war, rebellion, revolution, insurrection, civil commotion, military or usurped power.

AUTOMATIC RENEWAL OF COVERAGE AND PREMIUM PAYMENT

Unless the **Insured** or the **Company** exercises the right to cancel the Policy, the Policy will be renewed automatically monthly or annually so long as premium is paid when due.

ALTERATIONS

- (a) At each renewal of this Policy, the **Company** has the right to vary the terms, conditions and exceptions of the Policy. The **Company** will notify **You** of any such change at least 30 days before the renewal date. **Your** continued payment of premium after the **Company** give such notice will mean that **You** accept the change.
- (b) Notwithstanding anything in the Policy, the **Company** reserves the right to alter the Policy as the **Company** reasonably considers appropriate if the Policy or the **Company** are affected by a change in legislation or taxation, or any judicial decision. The **Company** will give the **Insured** written notice of any such alteration.
- (c) If the date of birth of the **Insured Person** has been incorrectly stated, the benefits will be amended by the **Company** having regard to the true date of birth. If the true date of birth is such that, had it been known to the **Company** at the time the Policy was proposed for, the **Company** would not have issued the Policy, then the **Company** may cancel the Policy and no benefits will be payable.
- (d) Any other misrepresentation of or failure to disclose material facts by the **Insured** or **Insured Person**, will entitle the **Company** to alter, amend or cancel the Policy having regard to the true facts. A material fact is any information which could influence the **Company** in its assessment of the proposal.

CANCELLATION

Either the **Insured** or the **Company** may cancel this Policy by giving the other party 30 days notice in writing sent to the last known address. Refunds of premium in respect of a period of insurance will be made as follows:

- (a) If the **Insured** cancels the Policy, the **Company** will make a refund of premium that the **Insured** has paid on pro-rated basis from the date of cancellation provided no claim has arisen in relation to that period of insurance and the amount refundable is more than S\$10.00.
- (b) If the **Company** cancels the Policy, the **Company** will make a pro-rata refund of the premium paid.

TERMINATION

The Policy will terminate and all cover will cease immediately in any of the following circumstances, whichever first occurs:

- i) non-payment of premium by the due date as described in the Payment Before Cover Warranty of this Policy;
- ii) the cancellation of this Policy as described in General Condition 8;
- iii) when the **Insured Person's Usual Country of Residence** ceases to be Singapore, or
- iv) where the **Insured Person**, on the expiry of the period of insurance in which she attains her 65th birthday.

WAITING PERIOD

You cannot claim for a condition covered by the Policy listed under Benefits below, if it is diagnosed within the **Waiting Period** from the **Commencement Date** or the date of any reinstatement of the Policy.

Benefits	Waiting Period
Critical Illness	90 days
Non Invasive Female Cancer	180 days
Hospitalisation Expenses	30 days
Female Related Illness	180 days
Maternity Complications	365 days

SURVIVAL PERIOD

A claim for a condition covered by the Policy can only be made if you survive at least 30 days from the first diagnosis of the condition.

CLAIMS CONDITIONS

The payment of claims under this Policy is dependent upon observation of its terms and conditions by You and so far as they apply, by the Insured Person or any other claimant.

1. Notification of Claim

Claims or potential claims must be notified to the **Company** within the **Notification Period** defined in the Policy.

2. Proof of Claim

The following must be provided to the **Company** :

- (a) completed **Company** Claim Form with original supporting documents must be signed by the treating **Physician** within thirty (30) days after **You** notify Us of a claim.
- (b) proof of the **Insured Person's** date of birth.
- (c) the **Insured Person** or his legal personal representative's written consent to allow the **Company** to receive the results of any medical examinations and / or tests and / or the **Insured Person's** medical history or records.
- (d) proof of legal title of a claimant.
- (e) supporting documents must include medical certificates and evidence of **Illness, Injury** or surgical procedures which is filed for, obtained at the **Insured's** own expense at such intervals as the **Company** may reasonably require,
- (f) all medical certificates and results of medical examinations and/or tests must be submitted to the **Company** in writing and must be provided by **Physicians** resident and practicing in Singapore.
- (g) if on the balance of medical fact or probability it is appropriate for the **Company** to decline a claim by virtue of the **Pre-existing Condition** exclusion or any other exclusion in the Policy, the **Insured Person** shall have the right and the obligation to produce such medical evidence at her own expenses as the **Company** may reasonably require to enable the **Company** to reconsider the claim under the Policy.
- (h) such other information that the **Company** may reasonably require

3. Examinations

The **Company** is entitled to require:

- (a) medical examinations of and / or tests on the **Insured Person** carried out by a medical examiner appointed by the **Company** at the **Company's** expense at such intervals as the **Company** may reasonably decide.
- (b) a post-mortem examination, where this is not forbidden by law.

FREE LOOK PERIOD

You have 14 business days from the date You receive the Policy to review the Policy. If dissatisfied, You may cancel the Policy within these 14 days with no questions asked. Any premiums paid will be refunded, provided no claim has arisen.

IMPORTANT NOTE

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

This is a short-term accident and health policy and the insurer is not required to renew this policy. The insurer may terminate this policy by giving you 30 days notice in writing.

You should consider carefully if you are intending to switch accident and health policies, as this might be detrimental to your current and/or future needs. You may wish to seek advice from a financial advisor before making a commitment to purchase this policy. In the event that you choose not to seek advice, you should carefully consider whether the policy is suitable for you. If you decide that this policy is not suitable after purchasing the policy, you may terminate the policy in accordance with the free-look provision.

The total distribution-related cost of this product is between 15% and 35% of the insurance premium.

This Product Summary is not a contract of insurance. Full details of the terms, conditions and exceptions of this insurance are provided in the Policy and will be sent to you upon acceptance of Your application by MSIG Insurance (Singapore) Pte. Ltd.

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