



**PERSONAL ACCIDENT  
TOTAL MOBILE PROTECTION PLAN**

**A. Our Contract**

This Policy forms a legally enforceable contract between You and Us. We will insure You and pay the Benefits of this Policy in return for the premiums You pay.

We insure You based on the information that You have provided to us in the Application Form and/or through any other means.

You are to ensure that all information that You have provided are accurate and that You fully and faithfully disclose to Us all important facts which You know or ought to know in respect of this insurance. Failing this, this Policy may be void and You may not receive any Benefits under this Policy.

**B. Your Policy Benefits**

You are covered for the circumstances described under the following Benefits that occur during the Policy Period subject to the terms, conditions and exclusions of the Policy.

**Accidental Death**

If You sustain Injury that directly results in Your Accidental Death within 365 days from the date of the Accident, We will pay You the Compensation for this Benefit as specified in the Policy Schedule.

If this Benefit or Accidental Permanent Total Disability Benefit are payable for the same Accident, We will only pay under one Benefit.

This Policy will automatically terminate when the Compensation is paid under this Benefit.

**Accidental Permanent Total Disability**

If You sustain an Injury that directly results in one of the Events listed in the Compensation Table below within 365 days from the date of the Accident, We will pay You the Compensation as specified in the Compensation Table for such Event.

| Compensation Table   |                                                  |                                                                                           |
|----------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------|
| Events               |                                                  | Percentage of Compensation payable per Insured Person as specified in the Policy Schedule |
| Injury resulting in: |                                                  |                                                                                           |
| 1.                   | Permanent Total Disablement                      | 100%                                                                                      |
| 2.                   | Permanent quadriplegia                           | 100%                                                                                      |
| 3.                   | Permanent paraplegia                             | 100%                                                                                      |
| 4.                   | Permanent Total Loss of sight of both eyes       | 100%                                                                                      |
| 5.                   | Permanent Total Loss of sight of one eye         | 100%                                                                                      |
| 6.                   | Permanent Total Loss of Use of two or more Limbs | 100%                                                                                      |
| 7.                   | Permanent Total Loss of one Limb                 | 100%                                                                                      |

The maximum Compensation payable under this Benefit for any one Accident, regardless of the number of Events suffered, is 100%.

If this Benefit or Accidental Death Benefit are payable for the same Accident, We will only pay under one Benefit.

This Policy will automatically terminate when any Compensation is paid under this Benefit.

**Daily Hospital Income (Injury)**

If You sustain an Injury and are Hospitalized, We will pay Compensation as stated in the Policy Schedule for each Day You spend as an Inpatient.

Compensation under this Benefit shall continue up to the Aggregate Period of 90 days or until You are discharged from the Hospital as an Inpatient, whichever occurs first.

This Benefit is payable for only one Injury during the same Hospitalisation period, regardless of the number of Injuries sustained.



Successive periods of Hospitalisation due to the same Injury are considered to be part of the same period of Hospitalisation, unless the discharge date for the prior Hospitalisation is separated from the admission date for the next Hospitalisation by at least forty-five (45) consecutive days.

In the event You are discharged from a Hospital and transferred immediately to a Community Hospital for a further period of Hospitalisation for the same Injury, this Benefit is payable up to a maximum period of 90 days of Hospitalisation in a Community Hospital or the remainder Aggregate Period of 90 days, whichever is shorter.

### **E-Guard for Mobile Phone**

This Benefit covers You worldwide.

We will cover You for the repair cost You incurred for Your Mobile Phone as a result of an Accidental Damage, up to the Purchase Price or the maximum Compensation payable as specified in the Policy Schedule per Policy Period, whichever lower, up to 2 times per Policy Period.

For the avoidance of doubt,

- You will have to pay the Excess as specified in the Policy Schedule for every claim or series of claims made for each occurrence.
- coverage under this Benefit shall begin 14 days after the Effective Date and no claim will be payable under this Benefit within 14 days of the Effective Date.

In covering Your losses, We have the option of repairing, reinstating, replacing or offering a cash settlement for the Accidental Damage to Your Mobile Phone.

We will not cover loss or damage:

- to telephone S.I.M. card used in the operation of the Mobile Phone and any consequential loss resulting from the loss or misuse of the S.I.M. card;
- to accessories or any consumable parts related to the operation of the Mobile Phone, including but not limited to hands-free equipment, chargers, external or removable batteries, power banks, data or memory cards, casings, adaptors and/or any accessory that is secondary to the Mobile Phone;
- to any hinge of the Mobile Phone (such as hinged lids of a flip phone) ;
- or contamination of any kind, manufacturing defects or inherent vice, vermin, insects, termites, mold, wet or dry rot, bacteria, rust;
- arising out of cleaning, servicing, maintenance, adjustment or repairs;
- arising from misuse of Your Mobile Phone;
- caused by mechanical, electrical, software and data failure;
- to data;
- arising from Liquid Ingress; or
- that would otherwise be covered under the Mobile Phone's manufacturer warranty.

### **Duties After A Loss (Applicable for E-Guard for Mobile Phone)**

In the event of a covered loss, You must:

1. Complete, sign and return the claim form to Us with all the following documents, within 30 days from the date of the Accidental Damage to Your Mobile Phone;
  - i. a copy of diagnosis report from the repairer;
  - ii. Invoice for the repair; and
  - iii. all other relevant documents We may ask You to provide in support of the claim as soon as possible and in any event within 30 days after receipt of notice of such requirement.
2. Cooperate with Us in investigating, evaluating and settling a claim.

### **Accident Medical Reimbursement**

If You sustain an Injury, We will reimburse the Medical Expenses necessarily incurred within 365 days from the date of the Accident, up to the maximum Compensation payable as specified in the Policy Schedule for any one Accident.

For physiotherapy treatment: We will only reimburse the cost of physiotherapy if the physiotherapy treatment is deemed medically necessary by a Doctor and You have a written medical referral from the Doctor to the physiotherapist. We will reimburse You up to \$100 per visit and up to a maximum limit of \$300 for any one Accident.

For dental treatment: We will reimburse up to a maximum of \$300 for any dental related Medical Expenses to restore sound and natural teeth for any one Accident.

This Benefit is only payable if the first medical consultation/treatment sought for the Injury is within 30 days from the date of the Accident.



The Benefit is payable if and only after all supporting documents, including attending Doctor's reports and referral letters, are provided to the Company along with original Medical Expenses bills or receipts.

Any Hospitalisation accommodation is restricted up to the cost of a single standard private room.

We will not pay under this Benefit any claim in connection with:

- a) Any medical transportation services;
- b) Any additional cost of single or private room accommodation at a Hospital for any person besides You;
- c) Charges in respect of special or private nursing, non-medical personal services such as radio, telephone and the like; or
- d) Expenses incurred for Complementary or Alternative Medicine.

#### **Ambulance Fees & Transport Reimbursement**

If You sustain an Injury that requires immediate land ambulance transportation or any other paid land transportation to the nearest Hospital for medical attention and for Your return transfer from the Hospital or Community Hospital back to Your home, We will reimburse the actual ambulance or land transportation fees up to the maximum Compensation payable as specified in the Policy Schedule for any one Accident.

We will not pay under this Policy any claim in connection with any Injury sustained whilst Overseas.

### **C. Your Policy Exclusions**

#### **1. General Exclusions**

The following exclusions apply to all sections of this Policy

We shall not pay under this Policy any claim in connection with:

- a) Any Injury which arises in the course of Your occupation if Your occupation falls under Occupational Class 4.
- b) You engaging, practicing, training or participating in:
  - i) a sport in a professional capacity or when You would or could earn income or remuneration from engaging in such sport.
  - ii) underwater activities which ordinarily require the use of artificial breathing apparatus. This exclusion does not apply to recreational scuba diving whereby:
    - 1) You dive no deeper than 30 meters under the supervision of a qualified diving instructor; or
    - 2) You hold a PADI certification (or equivalent qualification) and dives with a buddy who holds a PADI certification (or equivalent qualification);
  - iii) racing, stunts, reliability trials and speed, endurance or duration testing. Training or practicing in relation to these activities is also not covered;
  - iv) any aerial activity, except as a fare paying passenger in a commercial aircraft licensed to carry passengers; or
  - v) any extreme sports or activity that presents a high level of inherent danger (i.e. involving exceptional speed and height, high level of expertise, exceptional physical exertion or highly specialized gear) or of personal risk. This shall include but not be limited to any mountaineering involving climbing harnesses, belay or rappel devices ropes and guides; any mountaineering or trekking above 5,500 meters; big wave surfing; winter activities like luging, bobsleighting, ski or snow board jumping or stunts, bicycle, motor, air or sea craft speed trials or stunts, canoeing/kayaking and white and black water rafting in grade 4 or higher rapids, cliff jumping, horse jumping, horse polo or any aerobatics. It does not mean usual tourist activities that are accessible to the general public without restriction (other than height or general health or fitness warnings) and which are provided by a recognised local tour operator/activity provider but always providing that You are acting under the guidance and supervision of qualified guides and/or instructors of the tour operator/activity provider when carrying out such tourist activities.
- c) Your suicide or attempted suicide or intentional self-inflicted injury whether when sane or insane or from deliberate or reckless exposure to danger (except in an attempt to save human life).
- d) You committing or attempting to commit any criminal or illegal act.
- e) Any sexually transmitted diseases, 'Acquired Immunodeficiency Syndrome' (AIDS), AIDS-related complex or, any infection by 'Human Immunodeficiency Virus' (HIV) or any type of venereal disease.
- f) Any deliberate provocation by You against another person that results in an Injury.
- g) You being under the influence of alcohol or drugs, unless the drug was prescribed or administered by a Doctor and taken in accordance with the directions of a Doctor.
- h) Any
  - i) routine or general health check ups, convalescence, custodial or rest cure;
  - ii) routine dental treatment due to normal wear and tear or the normal maintenance of dental health or lack thereof;
  - iii) Injury to unsound and/or unnatural teeth;
  - iv) Injury to teeth occurring during eating activities (e.g. biting and chewing).
  - vi) health supplements including but not limited to vitamins, prebiotics, probiotics and skin care products whether prescribed by a Doctor or purchased over the counter.



- vii) diagnosis, tests, examinations or x-rays where there is no objective indication of impairment of normal health, or
- viii) treatment or investigation of a preventive nature, vaccinations, acupuncture or any treatment which is not medically necessary.
- i) Your
  - i) Pre-Existing Condition or any complication arising from it.
  - ii) failure to follow medical advice given by a Doctor.
  - iii) pregnancy, miscarriage, abortion, childbirth, sterilization, contraception as well as treatment for infertility or birth control treatments or any complications.
  - iv) congenital anomalies and conditions arising out of or resulting therefrom or physical impairment
  - v) mental, psychiatric or nervous disorder (including any neuroses and their physiological or psychosomatic manifestations), sleep disturbance disorder, anxiety, stress or depression.
- j) Serving in any branch of the military or armed forces of Singapore, while on duty except while You are on peace time Singapore reservist duty (under Section 14 of the Enlistment Act 1970) for a period not exceeding 40 days; and
- k) Any Illness including Specified Infectious Disease.

## **2. War**

We will not cover any loss damage, injury or liability directly or indirectly caused or contributed to by war, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or popular uprising, or usurpation of power.

## **3. Nuclear Risks**

We will not cover any loss, damage, injury or liability directly or indirectly caused or contributed to by:

- ionizing radiation or contamination by radioactivity from any nuclear fuel or any nuclear waste from the combustion of nuclear fuel, including any self-sustaining process of nuclear fission; or
- the use of any nuclear weapons material.

## **4. Economic Sanctions**

The Insurer will not be liable to provide any coverage or make any payment under this Policy if to do so would be in violation of any sanctions law or regulation which would expose the Insurer, its parent company or its ultimate controlling entity to any penalty under any sanctions law or regulation.

## **D. Your Policy Conditions**

### **1. Geographical Limits**

The coverage under this Policy is 24 hours a day, worldwide unless otherwise endorsed or amended.

### **2. Governing Law**

This Policy is governed by the laws of Singapore.

### **3. Burden of Proof**

If We allege that by reason of any of the exclusions under Part C above, any loss, damage, Injury or liability is not covered by this Policy, the burden of proving the contrary shall be on You.

### **4. Duty of Disclosure**

As explained in Part A of this Policy, all information You provide to Us in the Application Form and through any other means form the basis of this contract of insurance between You and Us. You must inform us immediately if any of the information that You have given us changes or is no longer accurate.

You must also inform Us of any other facts which You know or ought to know which may affect Our decision whether to continue to insure You and on what terms.

These information/facts could result in additional premium being payable and different terms and conditions may apply on this Policy. If such information is not disclosed to Us or if there is any fraud, misstatement or concealment in respect of this Policy or of any claim, You may not receive any Benefits under this Policy and/or We may cancel or void this Policy.

## **5. Eligibility**

- a) Entry age is from age 16 to 60 years old (at last birthday), both ages inclusive, with renewal up to age 65 years old.
- b) Notwithstanding General Exclusion 1(a), if You are in Occupational Class 4, You will be eligible for cover under this Policy whilst You are off-duty.

## **6. Exclusion of Third Party Rights**

A person who is not a party to this contract will have no rights under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.



**7. Reasonable Care**

You must take all reasonable care to avoid or mitigate the occurrence of any circumstance which may lead to a claim under this Policy.

**8. Change in Country of Residence**

You must inform Us in writing of any change in Your country of residence. A change in the country of residence will be deemed to mean You are living or intending to live in another country other than Your country of residence at the Effective Date of this Policy, for more than 183 consecutive days. Upon receipt of such information, We may at Our option continue to cover You on the same terms and conditions or terminate this Policy.

**9. Notification and Claims Procedures**

Written notice of claim must be given to Us as soon as practicable and in any event within 30 days after the happening of any circumstances giving rise to a claim. Notice may be provided by completing the claim form which can be downloaded from Our website [www.aig.sg](http://www.aig.sg) and mailing it to: AIG Insurance Asia Pacific Pte Ltd, 78 Shenton Way, #09-16, Singapore 079120. Relevant documents to support the claim are to be given to Us within this 30 days but if the supporting documents cannot be submitted in time due to reasonable cause, the documents must be submitted as soon as possible but no later than 1 year from the date of incident happening.

Once claims are reported, We will ask for the completion of a claim form and for the claimant to provide, at his/her own expense, all supporting reports and documentation such as police reports, Doctor's reports, Hospital records, records, valuations or any other evidence as required by Us to support a claim. If the information supplied is insufficient, the We will advise if additional information is required.

Any information required due to any subsequent request for information by Us must be provided within 60 days of the information request date. We, at Our sole discretion, may reject the claim or withhold payment if We do not receive the required information within this stipulated time set.

**10. Right of Recovery**

In the event authorisation for payment and/or payment is made by Us for a medical claim for which Policy liability is not engaged, We reserve the right to recover against You for the full sum which We have paid.

We also reserve the right to recover any amount paid in excess of what You are not covered for under this Policy and that We have paid, should You submit a fraudulent claim.

**11. Receipts**

We will not be committed by any notice of any trust, charge, lien, assignment or other dealing with this Policy and Your receipt of any Compensation payable under this Policy will in all cases be effectual discharge of Our liability. In the event of any successful claim or demand made by any person or entity as beneficiaries in respect of the Compensation paid to You, You agree to indemnify Us in full.

**12. Medical Examination and Treatment**

You will at Your expense furnish to Us all such medical reports, certificates, information and evidence as may be required by Us and You will whenever required to do so, arrange to submit to medical examination by Doctors appointed by Us. In the event of Your death, where it is not forbidden by law, We will be entitled to have a post-mortem examination at Our own expense, and notice will, where practicable, be given to Us before interment or cremation, stating the name and place of any inquest appointed. In the event of any conflict of opinion between Our Doctor and Your Doctor, the opinion of Our Doctor will prevail and be binding on You or Your estate. Where medical certificates / reports are required to be furnished, We will only accept medical certificates / reports issued by a Doctor. Certificates or reports issued by a traditional chinese medical practitioner will not be accepted.

In the course of Our claims process, You are to render full cooperation to Us and to Our appointed service providers, vendors and experts, including providing face to face interviews, if and when required.

**13. Payment of Benefits**

Subject to Section 132 and Section 133 of the Insurance Act 1966, We will pay all Benefits to You or Your estate in the event of Your death. In the case of Your Dependent Child, all payment of Benefits will be made to You. The receipt of any Benefit payable under this Policy to You or Your legal representatives shall constitute full and final discharge of Our liability under this Policy.

**14. Cancellation**

We may cancel this Policy by giving You 7 days' notice at Your last known address. You may also cancel this Policy by writing to Us.

We will refund 80% of the premium less a pro-rated amount to cover the period when You were covered under this Policy.

You will not receive any refund of premium if on or before cancellation of this Policy:

- a claim has arisen



- You have not promptly paid the premium due

If this Policy is cancelled before the Effective Date of this Policy, You shall pay us an administrative fee of S\$25 (before GST).

**15. Termination of Policy**

This Policy will immediately terminate on the happening of any one of the following events:

- a) on the date You attain sixty-six (66) years of age;
- b) upon Your death;
- c) when any premium due is not paid in accordance to the Payment Before Cover Warranty clause under this Policy; and
- d) when Compensation is paid under the Accidental Death Benefit or the Accidental Permanent Total Disability Benefit.

For the avoidance of doubt, if this Policy is terminated under this clause, We will not refund You any premium (in full or pro-rated).

**16. Duplication of Cover and Other Insurance Cover**

If You make a valid claim under this Policy, and have more than one Policy with Us which is the same product and provides the same cover, We will consider You 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 You have more than one Policy with Us 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 You have insurance with other insurers providing the same or similar cover, We will only pay You Our proportion of the cover limit of Your 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) You have with Us.

**17. Dealing with Disputes**

Any disputes arising out of this Policy shall first be referred to the Financial Industry Disputes Resolution Centre Ltd (FIDREC), where it falls within FIDREC's jurisdiction. 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.

**18. Waiver of Your Rights**

If We reject liability for any claim made under this Policy and it is not referred to arbitration within 12 months from the date of Our rejection, it shall be deemed that You have accepted Our rejection of Your claim and You have waived all Your rights with respect to such a claim.

**19. 14 Days Free Look Privilege**

You have 14 days from the receipt of this Policy to examine its terms and conditions. You may cancel this Policy within this 14 days period by written request to Us. If there is no claim made within this 14 days period, We will refund You any premium paid. If this Policy is sent by post, it is deemed to have been delivered in the ordinary course of post. Once this Policy is cancelled, We will have no liability under the cancelled Policy and We will be entitled to recover any expense incurred by Us in underwriting this Policy. This provision is not applicable to any policies with terms of cover of less than a year and to renewals.

**20. Premium Payment for Annual Renewals**

Unless cancelled by You or by Us, this Policy will be automatically renewed by the payment of premium subject to all terms, conditions and exclusions of this Policy. Our acceptance of premium will constitute consent to renewal. In any event, Your coverage will terminate when the Policy terminates.

**21. Premium**

Premium payable for this Policy is not guaranteed and is subject to Our review from time to time at our absolute discretion. We will send You written notification at least 30 days in advance of any change in premium rate.

**22. Payment Before Cover Warranty**

Notwithstanding anything contained in this Policy, You agree and acknowledge that:

- a) The total premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) on or before the Effective Date of this Policy or renewal certificate.
- b) In the event that the total premium due is not paid and actually received in full by Us (or the intermediary through whom this Policy was effected) on or before the Effective Date, then the Policy or renewal certificate will be deemed to be cancelled immediately and no Benefits will be payable by Us as cover never attached. Any payment received thereafter shall not affect the cancellation of the Policy or renewal certificate.
- c) In respect of coverage with a "Free Look" provision, You may return the original Policy document to Us or Our intermediary within the "Free Look" period if You decide to cancel the cover during the "Free Look" period. In





such an event, You will receive a full refund of the premium paid to Us provided that no claim has been notified or made under this Policy.

- d) If payment of full premium is to be made by credit card or bank GIRO whether monthly, annually or at such periods as may be agreed, the submission to Us of a complete and properly signed direct debit authorisation form (or such other form as may be required by the card centre, bank or Us) to Us on or before the Effective Date will be deemed to be payment received by Us, subject to clause (e) below.
- e) In the event of any rejection by the card centre or bank of the direct debit authorization form (or such other form as referred to in clause (d) or any inability by Us to obtain payment of the premium by credit card or GIRO deduction due to any reason), We will allow a second attempt for the charge and deduction of the outstanding premiums from the relevant card centre or bank. Should the second attempt fail for any reason, the Policy or renewal certificate will be deemed to be cancelled immediately effective from the day of the month when premium was due and unpaid and no Benefits whatsoever will be payable by Us as cover never attached. Any payment received thereafter shall not affect the cancellation of the Policy or renewal certificate.

## **23. Validity of Remainder of Policy**

In the event that any portion of this Policy is found to be invalid or unenforceable, the remainder of this Policy will remain valid, in full force and effect.

## **24. Data Use**

You have agreed and consented that We may collect, use and process Your personal information (whether obtained in this Application Form or otherwise obtained) and disclose such information (whether in or outside of Singapore) to the following:

- a) Our group companies;
- b) Our (or Our group companies') service providers, reinsurers, agents, distributors, business partners;
- c) brokers, Your authorized agents or representative, legal process participants and their advisors, other financial institutions;
- d) governmental / regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purpose stated in Our Data Privacy Policy which include:
  - i) Processing, underwriting, administering and managing Your relationship with Us;
  - ii) Audit, compliance, investigation and inspection purposes and handling regulatory governmental enquiries;
  - iii) Compliance with legal or regulatory obligations, risk management procedures and Our internal policies;
  - iv) Managing Our infrastructure and business operations; and
  - v) Carrying out market research and analysis and satisfaction surveys.

Note: Please refer to the full version of Our Data Privacy Policy found at <http://www.aig.sg/privacy>.

If You have not opted out, You have also consented to Us, Our group companies, service providers and business partners using, processing and disclosing Your personal information to:

- (a) Enroll You in contests, prize draws and similar promotions
- (b) Contact You to market other insurance, and/or Our, Our group companies and/or Our business partners' financial products and/or services.

If You have any questions about Our collection, use and disclosure of personal information, You may contact Our Data Protection Officer at [singaporedataprotectionofficer@aig.com](mailto:singaporedataprotectionofficer@aig.com).

## **25. Insurance Act 1966**

This Policy is issued in Singapore and is subject to the Insurance Act 1966.

When You applied for this Policy, a declaration made by You at that time that You are ordinarily resident in Singapore must satisfy any one of the following descriptions of being treated as "ordinarily resident in Singapore":

- You are a citizen of Singapore, unless You have resided outside Singapore continuously for 5 or more years before the application date of the Policy and are not currently residing in Singapore;
- You are a permanent resident, unless You have resided in Singapore for less than a total of 183 days in the 12 months before the application date of the Policy;
- You have a work pass or permit required under the Employment of Foreign Manpower Act 1990, unless You have resided in Singapore for less than a total of 183 days in the 12 months before the application date of the Policy; or
- You have a pass or permit required under the Immigration Act 1959 that has duration longer than 90 days and You have resided in Singapore continuously for at least 90 days in the 12 months before the application date of the Policy.

If You do not satisfy any one of the above definitions of being "ordinarily resident in Singapore", You must notify Us immediately.



**26. Written Notice**

Every notice or communication to be made under this Policy shall be given in writing to Us either via post or electronic mail (e-mail).

**27. Currency**

All Benefits payable under this Policy will be in Singapore dollars. When a claim is made by You for losses incurred in a foreign currency, We will pay You in Singapore dollars based on the prevailing currency exchange rate determined by Us.

**28. Tax**

Where We are, or believe We will become, liable for any tax or other imposts levied by any Government, authority or other body in connection with this Policy, We may reduce, vary or otherwise adjust any amounts (including but not limited to premiums, charges and Benefits), under this Policy in the manner and to the extent it determines to be appropriate to take account of the tax or impost.

**29. Assignment**

No assignment of interest under this Policy will be binding upon Us. We do not assume any responsibility for the validity of any assignment.

**30. Compliance with Policy Provisions**

The due observance and fulfillment of the terms and conditions of this Policy so far as they relate to anything to be done or complied with and the truth to the best of Your knowledge and belief of the information furnished to Us in connection with this insurance shall be conditions precedent to Our liability. Failure to comply with any of the provisions contained in this Policy will invalidate all claims made under this Policy.

**31. Entire Contract**

This Policy, Policy Schedule and where applicable certificate of insurance, hold cover letter/cover note, Endorsement, Application Form, declaration and any other statements in writing will be read together as one contract. In the event of a conflict, the terms, conditions or provisions of this Policy will prevail. No agent has the authority to change or waive any provisions of the insurance. No change of provisions will be valid unless approved by Us and such approval will be endorsed onto this Policy.

**E. Your Policy Definitions**

Any word or expression which has a specific meaning has the same meaning whenever that word or expression is used in this Policy, Policy Schedule and where applicable, certificate of insurance, hold cover letter/cover note and Endorsement.

**Accident** means a sudden, fortuitous, violent, visible and specific event caused external to the body which occurs at an identifiable time and place during the Policy Period.

**Accidental Damage/Accidentally Damaged** means the subject of coverage under this Policy being no longer able to perform its intended function due to an Accident.

**Accidental Death** means death as a result of an Accident.

**Act of Terrorism** means an act which may or may not involve the use or threat of use of force or violence by any person or group of persons. This is regardless of whether any person or group is acting alone or on behalf or in connection with any organization or government committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear.

**Acquired Immune Deficiency Syndrome or AIDS** shall have such meanings assigned to it by the World Health Organization including Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus (HIV), Encephalopathy (Dementia), HIV Wasting Syndrome or any disease or illness in the presence of a sero-positive test for HIV provided that:

- a) **Malignant Neoplasm** includes but is not limited to Kaposi's sarcoma, central nervous system lymphoma and/or other malignancies now known or which become known as immediate causes of death, an illness, or disability, in the presence of Acquired Immune Deficiency Syndrome (AIDS).
- b) **Opportunistic Infection** includes but is not limited to pneumocystis carinii pneumonia, organism of chronic enteritis, virus and/or disseminated fungi infection.

**Activities of Daily Living** means the following activities which You 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;

**Aggregate Period** means the maximum number of days for which a Compensation is payable.

**Application Form** refers to the completed form(s) signed by You for this Policy whether prior or subsequent to Effective Date of this Policy or for and upon renewal of this Policy.

**Benefit** means the benefits listed in the Policy Schedule and which are subject to the terms and conditions as stated under this Policy respectively.

**Community Hospital** means any approved community hospital under the relevant government laws and regulations that provides medical services for patients who require a short period of continuation of care immediately after their discharge from a Hospital. It does not refer to a clinic, a nursing home, rest home, palliative care, hospice, a place used for custodial care, a place for the treatment of alcoholics or drug addicts, institution to treat mental or behavioural disorders, sanatorium, home for the aged or similar establishment even if located at the same place.

**Compensation / Sum Insured** refers to the maximum amount payable for a Benefit as specified in the Policy Schedule.

**Complementary or Alternative Medicine** means treatment(s) by a registered herbalist, chiropractor, acupuncturist, osteopath, podiatrist, orthotist, or bonesetter all licensed under any applicable laws including traditional chinese medical practitioners registered with the Traditional Chinese Medicine Practitioners Board. These treatments cannot be administered by You, Your Spouse, Your business partner, Your employer, Your employee, Your agent or a person who is related to You in any way by blood, marriage or adoption. For the avoidance of doubt, the types of registered practitioners under this definition are not considered Doctors as defined.

**Disablement** means physical impairment resulting from Injury that is caused solely and directly from an Accident and is independent of all other causes.

**Doctor** means a legally registered and qualified medical practitioner with a medical degree in western medicine and authorized by the medical licensing authority of that country to provide medical or surgical service within the scope of their license, specialized accreditation, and training. This does not include the types of registered practitioner(s) listed under the definition of Complementary or Alternative Medicine. The doctor cannot be You, Your business partner or agent, Your employer or employee or Your Spouse, Parent, grandparent sibling, child, grandchild, uncle or aunt.

**Effective Date** means the later of:

- (a) the Effective Date as specified on the Policy Schedule,  
(b) the first date Insured Person was covered under this Policy,  
(c) the effective date any additional cover or increased sum insured is granted to the Insured Person while they are covered under this Policy, only in respect to the additional cover or increased sum insured, or  
(d) the last reinstatement date of this Policy.

**Endorsement** means a written notice informing Insured Person of any change in information under this Policy and/or the cover We provide. The endorsement which applies to this Policy will be shown in a schedule.

**Excess** means the amount which You have to pay in the event of a claim.

**Hospital** means any institution lawfully operated for the care and treatment of sick or injured persons with organized facilities for diagnosis and surgery (including operating theatres) in the same premises, with 24 hours daily nursing service by registered graduate nurses and operated under the supervision of Doctor(s). It does not refer to a clinic, a nursing home, rest home, convalescence, palliative care, hospice or rehabilitation centres, a place used for custodial care, a place for the treatment of alcoholics or drug addicts, institution to treat mental or behavioural disorders, sanatorium, any transitional care centre or home for the aged or similar establishment; even if located at the same place.

**Hospitalization/Hospitalized means** Your admission to a Hospital or Community Hospital (if applicable) as an Inpatient and for which the Hospital or Community Hospital charges You for room and board.

**Inpatient** means You are confined in a Hospital or Community Hospital (if applicable) for a continuous period as a registered patient for medically necessary treatments with room and board charge and such confinement is certified as necessary by the attending Doctor.

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

**Injury** means a bodily injury which is sustained by You within 365 days from the date of the Accident during the Policy Period and is caused by an Accident solely and independently of any other causes including but not limited to any Illness, pre-existing or congenital condition.

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



**Liquid Ingress** means any deterioration or destruction of Your Mobile Phone that results from an external spillage of liquid substance on to the Mobile Phone or immersion of the Your Mobile Phone in any liquid substance whether unexpected and/or accidental or not.

**Medical Expenses** means any actual, reasonable and necessary expenses incurred by You within 365 days of sustaining Injury for:-

- a) Hospitalisation;
- b) Doctor's consultation;
- c) medical and/or surgical treatment;
- d) radiological tests;
- e) nursing treatment;
- f) Medical Supplies; and
- g) dental treatment where such treatment is necessarily incurred to restore sound and natural teeth following an Accident.

It includes costs incurred for treatment by a physiotherapist provided such physiotherapy treatment is deemed medically necessary by a Doctor and You have a written medical referral from the Doctor to the physiotherapist, but does not include costs incurred for Complementary or Alternative Medicine.

**Medical Supplies** means disposable health care materials and consumables which is primarily and customarily used to serve a medical purpose and includes dressings, ostomy supplies, catheters, oxygen and they cannot be used by an individual in the absence of Injury or repeatedly by different individuals.

**Mobile Phone** means the portable wireless devices that connects the calls between two devices with a matching International Mobile Equipment Identity ("IMEI") Number reflected on the Policy.

**Occupational Class** means the risk level associated with an occupation and encompasses the following 4 classes:

Class 1 (Very Light Occupational Hazards): Occupations that are professional, executive, administrative, managerial or clerical in nature which do not involve superintending or engaging in manual work.

Class 2 (Light Occupational Hazards): Occupations that are skilled/semi-skilled in nature or in wholesale or retail trade, which involve superintending but not engaging in manual work and which do not require exposure to any hazards.

Class 3 (Medium Occupational Hazards): Occupations that are skilled in nature and which involve manual work but does not require use of equipment or machinery. This includes but is not limited to skilled trades such as plumbing, light carpentry, dry cleaning and food service, but excludes offshore risks, working at great heights or depths.

Class 4 (High Occupational Hazards): Occupations that are hazardous in nature such as those involving the use of heavy machinery (cranes, forklifts, vehicles requiring a Class 4 or above driving license), welding, woodworking related, construction work, working at heights exceeding 30 feet above ground or floor level, diving, offshore work, ship crew, working on board vessels or oil rig platforms and/or chemicals and/or explosive materials, underground work, manual work in hazardous places and occupations that require the handling of hazardous chemicals.

**Overseas** means outside any territorial limits of Singapore.

**Parent** refers to Your father and mother, regardless of whether biological, step or adoptive parent

**Permanent** means lasting for at least 365 consecutive days and at the end of that time is certified by a Doctor as being beyond hope of improvement and will in all probability continue for the remainder of the Insured Person's natural life.

**Policy** means the Application Form, Policy terms and conditions, including any information provided or declaration made by You or on Your behalf, Policy Schedule and, where applicable, certificate of insurance, hold cover letter/cover note and any Endorsement to this Policy.

**Policyholder** means the person who is named as the Policyholder in the Policy Schedule, who may or may not be insured under this Policy. Also, the Policyholder owns this Policy, is responsible for premium payments and has the right to exercise all privileges under this Policy.

**Policy Period** means the period You are covered under this Policy and shall commence on the latter of Policy Effective Date or last renewal date and such period will end when the Policy is cancelled or not renewed.

**Policy Schedule** refers to the document showing details of the Policy Period, Your particulars, including the applicable Policy benefits and the corresponding sum insured, which should be read with this Policy.

**Pre-existing Condition** means any Injury, Illness or other condition which:

- a) You sought or received Doctor's treatment, prescribed medication, Doctor's advice or diagnosis before the Effective Date; or



- b) first manifested itself, worsened, became acute or presented signs or symptoms prior to the Policy Effective Date and which would have caused any reasonable person to seek diagnosis, care or treatment.

**Purchase Price** means the amount You paid when You purchased the Mobile Phone (inclusive of GST where applicable).

**Selected Plan** means the plan which You selected at the time of application for this Policy and as stated in the Policy Schedule.

**Specified Infectious Disease** means any of the following infectious diseases first contracted in Singapore during the Policy Period, which is classified as an 'Infectious Disease' under Section 2, the First Schedule and the Second Schedule of the Infectious Diseases Act 1976, and requires notification to Singapore's Ministry of Health as per Section 6 of the Infectious Disease Act 1976, within 24 hours upon diagnosis by a Doctor:

- a) Coronavirus Disease 2019 (COVID-19)
- b) Ebola Virus Disease (EVD)
- c) Middle East Respiratory Syndrome Coronavirus Infection (MERS-CoV)
- d) Severe Acute Respiratory Syndrome (SARS)
- e) Dengue Fever or Dengue Hemorrhagic Fever
- f) Avian Influenza
- g) Malaria
- h) Chikungunya Fever
- i) Zika Virus Infection
- j) Yellow Fever

**Spouse** means Your legal husband or wife.

**Strike, Riot or Civil Commotion** means:-

- a) the act of any person taking part together with others in any disturbance of the public peace (whether in connection with a strike or lock-out or not) or the action of any lawfully constituted authority in suppressing or attempting to suppress any such disturbance or in minimizing the consequences of such disturbance; or
- b) the intentional act of any striker or locked-out worker done in furtherance of a strike or in resistance to a lock-out or the action of any lawfully constituted authority in preventing or attempting to prevent any such act or minimizing the consequences of such act;

but does not apply to any accident, loss, damage or liability (except as legally required) which is directly or indirectly caused by or contributed to or arising out of or in connection with:

- a) war, invasion, or other acts of foreign powers or warlike operations (whether war is declared or not), civil war; or
- b) mutiny, civil commotion assuming the proportions of or amounting to a popular uprising, military rising, rebellion, revolution, insurrection, military or usurped power or any act of any person acting on behalf of or in connection with any organisation with activities directed towards the overthrow by force of the government de jure or de facto, or to the influencing of such government by terrorism or violence or by the direct or indirect consequences of any of the said occurrences.

**Total Disablement** means Injury which solely, directly and totally disables and prevents You from attending to Your business, profession or occupation (of any and every kind) or if You have no business, profession or occupation, from performing three 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 loss of sight
  - i) Permanent, total and irrecoverable physical loss of one or both eyes; or
  - ii) Permanent, total and irrecoverable loss of the sight of one or both eyes.

**We/Our/Us** means AIG Asia Pacific Insurance Pte. Ltd.

**You/Your/Insured Person** means the person(s) named in the Policy Schedule and insured under this Policy during a valid Policy Period.

#### **F. Your Policy Extensions**

The following extensions apply to this Policy

##### **1. Strike, Riot or Civil Commotion and Act of Terrorism**

This Policy is extended to cover You against Accidental Death or Injury as a result of Strike, Riot, Civil Commotion or any Act of Terrorism. We will not pay for any claim arising out of or in connection with Your own participation or provocation of any such actor if such act could reasonably have been avoided by You.

##### **2. Hijack, Murder and Assault**

This Policy is extended to cover Accidental Death or Injury as a result of You being a victim of hijack, murder or assault.



We will not pay for any claims arising out of or in connection with Your own participation or provocation of any such act.

**3. Drowning and Suffocation**

This Policy is extended to cover against Accidental Death or Injury as a result of drowning or suffocation by poisonous fumes, gas or smoke. We will not pay for any claim for such Injury arising out of or in connection with Your wilful or intentional act.

**4. Exposure and Disappearance**

This Policy is extended to cover You if You are exposed to the elements due to an Accident and You suffer an Injury or die as a result of such exposure.

If Your body has not been found within 365 days after the date of disappearance, sinking or wrecking of the aircraft or other conveyance either on the ground or at sea in which You were travelling at the time of the Accident provided that such disappearance was reported to the relevant authorities, We will presume that You died from this Accident. This is subject to a signed undertaking by Your legal representative that if this presumption is subsequently found to be wrong, any payment made under this Policy will be refunded to Us.

**5. Motor Cycling**

This Policy is extended to cover You when you are motor-cycling (whether as a licensed rider or a pillion-rider), provided that at the time of the Accident, You are wearing a safety helmet, abiding by all applicable road laws of that country that You are travelling in, and not engaging in or practising for any racing or hill climbing contests, reliability trial and speed or duration testing.