

Family Protect360

YOUR FAMILY PROTECT360 POLICY

Here is Your Family Protect360 Policy. Please examine this insurance Policy, to ensure that You understand the terms and conditions and that the cover You require is being provided. It is important that the documents and any amendments are read together to avoid misunderstanding.

We recommend that You keep this Policy in a safe place.

If You have any questions after reading these documents, please contact Your insurance agent, broker or Us.

If You need to change anything, please contact Us immediately.

IMPORTANT NOTICE

All information provided in Your application form, including declarations made over the phone or internet, forms the basis of this Policy. You must answer all the questions in Your application accurately and tell Us everything You know or could reasonably be expected to know that is relevant to Our decision to give You the insurance. Otherwise You may receive no benefit from the Policy.

HOW YOUR INSURANCE POLICY OPERATES

This Policy is a contract of insurance between You, Our Insured named in the Policy Schedule and Us, the Company.

This policy, the application, declaration or any statement of facts, any clauses endorsed on the Policy, the Policy Schedule and any changes highlighted in Your renewal notice form the contract of insurance between You and Us.

The insurance We provide in this Policy is subject to the terms, conditions, exclusions contained in this policy, the Policy Schedule and any Endorsement to this Policy (hereinafter collectively referred to as the "Terms of this Policy").

In consideration of Your paying to Us the required premium, We agree to indemnify You in the manner and to the extent described in the Policy, in respect of events occurring during the Period of Insurance, or any subsequent period for which You pay and We accept the required premium.

POLICY DEFINITIONS

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

"Accident/Accidental" means a specific event which is sudden, unforeseen and unexpected which occurs during the Period of Insurance.

"Benefit Limit" means the Maximum Benefit Payable as stated in the Coverage Outline of the Policy Schedule.

"Chinese Physician / Chiropractor" means a person qualified by a medical degree/certification and duly licensed or registered to practice Chinese medicine or Chiropractic in the geographical area of his practice, and who in rendering such services is practicing within the scope of his licensing and training but excluding a Chinese Physician or Chiropractor who is You or Your spouse, Your relative or Your employee.

"Child(ren)" means Your unemployed and unmarried dependent child(ren), including step or legally adopted child(ren) who is/are either:

- i. above one (1) year old but below eighteen (18) years; or
- ii. up to twenty-five (25) years of age, if studying full time in a recognized institution of higher learning at the Effective Date of this insurance.

Age is calculated as at last birthday.

"Effective Date" means this Policy shall become effective and commence on the date specified in the Policy Schedule.

"Expiry Date of the Policy" means the last day of every monthly or annual period starting from the Effective Date of the Policy stated on the Policy Schedule where Our liability thereunder shall only be extended upon payment of the monthly or annual premium as applicable.

"Death" means the cessation of all Your biological functions occurring within twelve (12) calendar months of the date of the Accident.

"Hospital" means an institution lawfully operated for the care and treatment of injured or sick persons with organized facilities for diagnosis and surgery, having twenty-four (24) hours per day nursing services by legally qualified registered nurses and medical supervision under Registered Medical Practitioners, but not including any institution used primarily as a clinic, a nursing or convalescent home, a place of rest, a geriatric care facility, a mental institution, a rehabilitation or extended care facility, or a place for the care or treatments of alcoholics or drug addicts.

“Infectious Disease” means the definite and irrevocable diagnosis of any of the following infectious disease by a Registered Medical Practitioner during the Period of Insurance and is supported by acceptable clinical, radiological, histological and laboratory evidence:

1. Avian Influenza or “Bird Flu”
2. Chikungunya fever
3. Cholera
4. Dengue fever
5. Ebola
6. Hand, foot and mouth disease
7. Japanese viral encephalitis
8. Malaria
9. Measles
10. Melioidosis or “Soil Disease”
11. Middle east respiratory syndrome
12. Mumps
13. Nipah viral encephalitis
14. Plague
15. Rabies
16. Rubella
17. Severe acute respiratory syndrome
18. Tuberculosis
19. Yellow fever
20. Zika virus

“Injury” means physical harm to Your body caused solely and directly by an Accident and not by sickness, disease or gradual physical or mental wear and tear.

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

“Medical Expenses” means usual, reasonable and customary medical, surgical, Hospital or nursing treatment expenses incurred by the You within one (1) year from the date of such Injury in respect of any one Accident. Provided that the medical or surgical treatment are prescribed by a Registered Medical Practitioner.

“Period of Insurance” means the period up to and including the Expiry Date of the Policy during which the Policy is effective and has not been cancelled or otherwise terminated and shall only be extended upon payment of the monthly or annual premium as applicable.

“Permanent Disablement” means a disability falling under one of the items of disablement listed in the scale of compensation in this Policy under Section 1, which was caused by an Accident, as long as the disability lasts for twelve (12) consecutive months from the date of the Accident and at the expiry of that period our appointed Registered Medical Practitioner confirms that the disability is not going to improve after twelve (12) months.

“Permanent Total Disablement” means a disability caused by an Accident as long as the disability lasts for twelve (12) consecutive months from the date of the Accident, prevents you from engaging in any kind of occupation or employment for remuneration or profit and at the expiry of that period our appointed Registered Medical Practitioner confirms that the disability is not going

to improve after twelve (12) months. We will pay the principal sum insured less any other amount paid or payable under the policy as the result of the same Accident.

“Pre-Existing Conditions” means an Injury or Illness which existed before the Effective Date of Cover:

- i. which you knew about before the start of the Policy; or
- ii. which you have received diagnosis, medical treatment or prescribed drugs before the start of the Policy; or
- iii. for which you are under investigation and awaiting result before the start of the Policy; or
- iv. for which you have been advised to get medical treatment by a medical practitioner before the Start of the Policy

or should reasonably have been aware, based on normal medically accepted pathological development of the Injury, Illness or Disease

“Registered Medical Practitioner” means a person qualified by degree in western medicine and duly licensed or registered with the relevant medical board or council to practice medicine and surgery in the geographical area of his practice, and who in rendering such services is practicing within the scope of his licensing and training. The attending Registered Medical Practitioner shall not be You, an employee of Yours, the spouse or relative of Yours.

“Policy” means this policy, Your application form, Your declarations, the Policy Schedule and any Endorsements We have issued under this policy.

“Policy Schedule” means the document issued by Us which reflects details of You and/or any terms and conditions that are specific to the Policy.

“Waiting Period” means the continuous period of fourteen (14) days from the Policy Effective Date in which no benefits are payable under the Policy.

“We, Our, Us or the Company” means HL Assurance Pte. Ltd.

“You or Your” means the Insured Person or Persons described as such in the Policy Schedule.

POLICY COVERAGE

Section 1. Accidental Death & Permanent Disablement

If You have suffered an Injury, which within twelve (12) months of its happening is the sole cause of Your Death or Permanent Disablement, We will pay You the relevant percentage as set out in the Scale of Compensation, up to the Benefit Limit as specified in the Policy Schedule.

Scale of Compensation

Description of Permanent Disablement	Percentage
1. Accidental Death	100%
2. Permanent Total Disablement	100%
3. Loss of all sight in one or both eyes	100%
4. Loss by physical severance or Permanent Disablement of:	
(a) one or two limbs	100%
(b) one or two hands	100%
(c) arm above the elbow	100%
(d) arm at or below the elbow	100%
(e) leg above the knee	100%
(f) leg at or below the knee	100%
5. Loss of sight in one eye except perception of light	50%
6. Third degree burn	
(a) head	
equals to or greater than 8%	100%
equals to or greater than 5% but less than 8%	75%
equals to or greater than 2% but less than 5%	50%
(b) body	
equals to or greater than 20%	100%
equals to or greater than 15% but less than 20%	75%
equals to or greater than 10% but less than 15%	50%
7. Loss of:	
(a) hearing in two ears	75%
(b) hearing in one ear	25%
(c) speech	50%
8. Loss by physical severance or Permanent Disablement of	
a) thumb and four fingers of one hand	50%
b) four fingers of one hand	40%
c) thumb	
two phalanges	25%
one phalanx	10%
d) index finger	
three phalanges	15%
two phalanges	10%
one phalanx	5%
e) middle finger	
three phalanges	10%
two phalanges	7%
one phalanx	3%
f) ring finger	
three phalanges	10%
two phalanges	7%
one phalanx	3%
g) little finger	
three phalanges	10%
two phalanges	7%
one phalanx	3%
h) all toes of one foot	15%
i) great toe	
two phalanges	5%
one phalanx	3%
j) any other toe	3%

We will not pay for any Permanent Disablement that is not listed in the scale of compensation above.

COMPENSATION LIMITS

We shall not pay for:

- a. any specific item of Permanent Disablement where that item is also comprised in any other item of Permanent Disablement for which a greater amount of compensation is payable in the circumstances. If benefit is payable for loss of use of a whole member of the body, the benefit for parts of the member cannot also be claimed.
- b. Death in addition to any Permanent Disablement if caused by the same Accident, except that if a payment has been made under any part of Permanent Disablement and Death occurs subsequently solely caused by and twelve (12) months of the Accident, then We will pay any difference if the Compensation payable for Death is greater than that already paid for Permanent Disablement.
- c. more than 100% of the Benefit Limit in aggregate of all percentages payable under Permanent Disablement in any one Period of Insurance

Section 2. Accidental Medical Reimbursement

We will pay You, up to the Benefit Limit as specified in the Policy Schedule, for the Medical Expense incurred as a result of an Injury, provided that all such fees or charges are necessarily and reasonably incurred for professional services from a Registered Medical Practitioner.

This benefit extends to cover:

1. The Chinese Physician / Chiropractor Treatment Expenses necessarily and reasonably incurred and supported by receipts from a licenced or registered Chinese Physician / Chiropractor up to 50% of the Benefit Limit as specified in the Policy Schedule.
2. Medical Expenses incurred as a result of Infectious Disease suffered by You, provided that the claim is not made within the Waiting Period.

Any Infectious Disease which is announced or notified as an epidemic or pandemic by the health authority of Singapore or the Government of the Republic of Singapore and a pandemic by the Whole Health Organisation (WHO). The cover for the epidemic or pandemic Infectious Disease shall cease from the date of such announcement or notification.

3. Ambulance charges incurred to transport You to a Hospital up to \$200 per injury up to the Benefit Limit as specified in the Policy Schedule.

If at the time any claim arises under this Policy there is any other insurance policy effected by or on behalf of You with other insurance company covering the same expenses, We shall only be liable for the remaining amount which You are not compensated for.

Section 3. Children Education Grant

We will pay You the Benefit Limit as specified in the Policy Schedule to Your surviving Child(ren) if You suffer Accidental Death as a result of an Injury.

Section 4. Parents Support Grant

We will pay You the Benefit Limit as specified in the Policy Schedule to Your surviving parent(s) if You suffer Accidental Death as a result of an Injury.

Section 5. No Claims Bonus

If no claim has been made under this Policy after twelve (12) consecutive months, We will refund 15% of the premium that You have paid at the end of each annual period.

Provided that:

- (a) There has been no interruption of cover for a period of twelve (12) consecutive months.
- (b) Premium has been fully paid.

Should a claim be made for the preceding annual period after a refund has been made to You, We shall have the rights to recover any refund made.

Section 6. Family Cash Relief

We will pay You the Benefit Limit as specified in the Policy Schedule if You suffer Accidental Death as a result of an Injury.

Section 7. Income Protector

We will pay You a monthly benefit up to the maximum of the Benefit Limit as specified in the Policy Schedule, if You suffer Permanent Total Disablement as a result of an Injury and as a result of Your Permanent Total Disablement You are terminated of Your employment.

Exclusions Applicable to Section 7

No benefit will be payable under Section 7:

1. If You are not employed gainfully employed at the time of the Accident
2. If You are unable to furnish proof of employment and income statement at the time of claim

Section 8. Home Care

We will Pay You up to the Benefit limit as specified in the Policy Schedule for the necessary costs of modification work to Your permanent place of residence in Singapore for the purpose of assisting You in Your mobility in Your residence due to Your Permanent Disablement, which You suffer as a result of an Injury.

Exclusions Applicable to Section 8

No benefit will be payable under Section 8:

1. For more than one (1) residence modification work
2. Any modifications that do not aid Your mobility
3. Any incomplete modification work

4. Any modification work without proof of original receipts/bills
5. Any other costs other than actual cost of modification work

POLICY EXTENSION

1. Disappearance

Notwithstanding anything contained in the Policy to the contrary, if Your body is not found within twelve (12) months after the date of the disappearance following sinking or wrecking or destruction of that aircraft or conveyance in which You were travelling during the Period of Insurance, we will consider You to be dead and this shall be considered as constituting a valid claim under this Policy payable under Section 1 of the Policy.

Any payment under this Policy Extension is made subject to the requirement that You and/or Your legal personal representatives must provide a signed undertaking to Us to guarantee that if it is subsequently found that You are alive, they undertake to and shall on demand, return to Us any sums We have paid under this Policy.

2. Exposure

If following an Accident, You are unavoidably exposed to the natural elements and as a direct result of such exposure suffers a Death or Permanent Disablement, We will consider such Death or Permanent Disablement as having been caused by an Injury.

3. Terrorism Cover

This Policy covers losses which may be sustained through acts of terrorism provided that there is no liability when such acts of terrorism involve the use of biological, chemical agents or nuclear devices, provided that you did not participate in or provoke such acts of terrorism.

Where You are insured under more than one Policy with Us covering act of terrorism, Our maximum liability for any and all claims arising directly or indirectly from any act of terrorism will be limited to one Policy only (with the highest limit on act of terrorism where applicable).

4. Suffocation by Smoke, Poisonous Fumes, Gas or Drowning

In the event that You sustain Injury caused by suffocation by smoke, poisonous fumes, gas or drowning, We will pay the appropriate amount of Benefit under the Policy.

5. Geographical Limits

The coverage under this Policy is twenty-four (24) hours a day, worldwide unless otherwise endorsed or amended.

GENERAL EXCLUSIONS

(Applicable to the whole Policy)

Unless otherwise expressly stated or extended in the Policy, this Policy does not insure any consequential loss or any legal liability or any Injury, Illness or disease and Death to You directly or indirectly caused by, or contributed to, or arising from:

1. Suicide or attempted suicide, self-injury or wilful exposure to peril (other than in an attempt to save human life).
2. Pregnancy, miscarriage, abortion or childbirth.
3. Infectious Disease (except for Section 3), venereal disease, HIV (Human Immuno Deficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivatives or variations of this however caused.
4. Mental and nervous or sleep disorders, including but not limited to insanity or any diagnosed psychological or psychiatric disorder, anxiety or depression.
5. Any Pre-Existing Conditions.
6. You being under the influence of drugs (other than those prescribed by a Registered Medical Practitioner but not when prescribed for the treatment of drug addiction).
7. You being under the influence of alcohol, unless it can be established to Our reasonable satisfaction by any claimant that alcohol was not a factor contributing to the happening of the Injury.
8. Any wilful, malicious, criminal or unlawful acts committed by You and/or any person acting on Your behalf.
9. Congenital anomalies and conditions arising out of or resulting therefrom or physical impairment.
10. Air travel, flying or other aerial activities except travelling as a fare paying passenger in a properly licensed, regular scheduled commercial airline operating between established and licensed commercial airports.
11. Any trade, technical or sporting activity in connection with an aircraft and/or vessel.
12. Rafting or canoeing involving white water rapids, bungee jumping, jet skiing, underwater activities involving artificial breathing apparatus such as compressed air or gas, ski racing, backcountry skiing or off-piste skiing, ski jumping, hang gliding, parasailing, parachuting, the use of bobsleigh or skeleton, hunting, pot-holing, mountaineering or rock climbing (except on man-made walls) that ordinarily requires the use of ropes or guides.
13. Motorcycling (as rider or pillion).
14. You participating in any terrorism activities.
15. You employed as:
 - (a) professional sportspersons or racer, where You would or could earn any remuneration, donation, sponsorship, award or certificate of any kind from engaging in such kind of sport, racing other than on foot or trial of speed or reliability.
 - (b) full time military personnel, law enforcement officer, civil defence officer, navy or fire fighters.
 - (c) air crew or pilot.
 - (d) off-shore occupation such as diver, rig worker fisherman, ship crew.
 - (e) workers engaged in maintenance, cleaning, roofing or repair activities involving scaffolding or gondola.
 - (f) construction worker at heights above 30 feet or work underground, in tunnels, demolition and quarry worker.
 - (g) in any occupation that requires handling of explosives, ammunitions, firearms, poisonous or hazardous gases or substances.
16. Nuclear weapons material or ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this Exclusions, combustion shall include any self-sustaining process of nuclear fission.
17. (a) War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, conspiracy, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.
 - (b) any Nuclear, Chemical, Biological Terrorism. "Nuclear, Chemical, Biological Terrorism" shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release, or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This endorsement also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any

action taken in controlling, preventing, suppressing or in any way relating to 17 (a) and/or 17 (b) above.

If We allege that by reason of these Exclusions any claim is not covered by this insurance, then the burden of proving that the claim is covered shall be upon You.

GENERAL CONDITIONS

(Applicable to the whole Policy)

1. Arbitration

If there is any dispute as to the amount to be paid under this Policy (liability being otherwise admitted) such dispute shall be determined by arbitration in accordance with the statutory provisions on arbitration in that behalf for the time being in force. It is hereby expressly stipulated that it shall be a condition precedent to any right of action or suit upon this Policy that an arbitration award shall be first obtained. Unless any such action or suit be commenced within six (6) months of the making of an award, We shall not be liable to make any payment in excess of the amount of the award.

2. Automatic Termination of Policy

This Policy will automatically terminate on the earliest of the following events:

- (i) On the date You attain seventy- one (71) years of age;
- (ii) On the date Your Child attains the maximum age as defined, if You have purchased a Family Policy;
- (iii) Upon Your Death;
- (iv) We have paid 100% of the Benefit Limit for Accidental Death or Permanent Disablement;
- (v) You ceased to be a Singapore Citizen, Singapore Permanent Resident, or expatriate or foreigner who is holding a valid employment pass, work permit, dependent pass, student pass or long term visit pass and who is ordinarily residing in Singapore; or
- (vi) If You are away from Singapore for more than one hundred and eighty three days at any one time.

3. Cancellation of the Policy

- (a) This Policy may be cancelled at any time by Us giving fourteen (14) days' notice by registered mail to Your last known address, such cancellation shall become effective from the first day of the month following the date of such notice issued and in such event We will return a pro rata portion of the premium for the unexpired part of the Period of Insurance, provided no claim has been made under the Policy.
- (b) The Policy may be cancelled by You by giving notice to Us in writing provided no claim has

arisen during the Period of Insurance. You shall be entitled to a return of premium subject to the short period rates for the period the Policy has been in force as follows:

Period of Coverage (Not Exceeding)	Premium Refund (% of Annual Premium)
2 months	60%
3 months	50%
4 months	40%
5 months	30%
6 months	20%
Exceeding 6 months	0%

4. Contract (Rights of Third Parties) Act 2001

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

5. Currency

All amount shown are in Singapore dollars. All claims will be paid in Singapore dollars.

6. Data Privacy

It is hereby declared that as a condition precedent to the liability of Us, You have agreed that any personal information in relation to You provided by or on behalf of You to Us may be held, used and disclosed to enable Us or individuals / organisations associated with Us or any independent third party (within or outside of Singapore) to:

- (a) process and assess the Insurer's application or any matter arising from the Policy Schedule and any other application for insurance cover and/or;
- (b) provide all services related to this Policy.

7. Declaration

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

- a. for the risk insured, You have 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
- b. if You have declared that You have breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months:
 - i. You have 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
 - ii. a copy of the written confirmation from the previous insurer to this effect is first provided by You to Us before cover incept.

8. Due Observance

The conditions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. The due observance and compliance of these conditions by You or the claimant and the truth of the statements and answers in the proposal shall be conditions precedent to any liability of Us to make any payment under this Policy.

9. Duplication of Cover

We shall not cover You under more than one Family Protect360 Insurance policy. In the event that You are covered under more than one such policy, We will consider You to be insured under the policy first issued and We will refund any duplicate insurance premium payment, which may have been made by or on behalf of You.

10. Eligibility

You are eligible for cover under this Policy if:

- (a) You are between the age of eighteen (18) to sixty-five (65) years old, renewable up to seventy (70) years old.
- (b) Cover for Child is from one (1) to eighteen (18) years of age or up to twenty-five (25) years of age, if studying full time in a recognized institution of higher learning at the commencement of this insurance. Age is calculated as at last birthday.
- (c) You must be a Singapore Citizen, Singapore Permanent Resident, or expatriate or foreigner who is holding a valid employment pass, work permit, dependent pass, student pass or long term visit pass and who is ordinarily residing in Singapore, if you are away from Singapore for no more than 183 days during the Period of Insurance.

11. Fraud, Misstatement or Concealment

Any fraud, misstatement or concealment in respect of this insurance or of any claim hereunder shall render this Policy null and void and any benefit due hereunder shall be or become forfeited.

12. Free Look Period

If this Policy shall have been issued and for any reason whatsoever You shall decide not to take up the Policy, You can return Your insurance by notifying Us in writing within fourteen (14) days from the date of delivery of the Policy. We will refund the Premium paid unless something has occurred for which a claim may be payable. The free look period will not apply to renewals of Your Policy with Us.

13. Governing Law

Any interpretation of this Policy relating to its construction, validity or operation shall be made in accordance with the Laws of Singapore.

14. Jurisdiction

Notwithstanding anything stated herein to the contrary, the indemnity provided by this Policy shall not apply in respect of judgments which are not in the first instance delivered by or obtained from a court of

competent jurisdiction within the Republic of Singapore nor to orders obtained in the said court for the enforcement of judgments made outside the Republic of Singapore whether by way of reciprocal agreements or otherwise.

15. Legal Personal Representative

The terms exceptions and conditions of this Policy, so far as applicable and with any necessary modifications, shall apply to Your legal personal representative.

16. Non-Assignment and Discharge

We will not recognize or be affected by any notice of trust, charge or assignment relating to this Policy. The receipt of the Insured, or his legal personal representatives or of any person(s) to whom any benefit is expressed to be payable shall in all cases effectively discharge Our liability.

17. Payment of Benefits

All benefits payable under this Policy shall be paid to You or Your legal representative or Your beneficiary (if any), or otherwise to Your estate in the event of Death. Any payment made by Us in accordance with this condition shall in all cases be deemed final and a complete discharge of all Our liability.

18. Premium Before Cover Warranty

- a. The premium due must be paid to the Us (or the intermediary through whom this Policy or Bond was effected) on or before the effective date ("the effective date") or the renewal date of the coverage. Payment shall be deemed to have been effected to Us or the intermediary when one of the following acts takes place:
 - i. Cash or honoured cheque for the premium is handed over to Us or the intermediary;
 - ii. A credit or debit card transaction for the premium is approved by the issuing bank;
 - iii. A payment through an electronic medium including the internet is approved by the relevant party;
 - iv. A credit in favour of Us or the intermediary is made through an electronic medium including the internet.
- b. In the event that the total premium due is not paid to the Us (or the intermediary through whom this Policy or Bond was effected) on or before the inception date or the renewal date, then the insurance shall not attach and no benefits whatsoever shall be payable by Us. Any payment received thereafter shall be of no effect whatsoever as cover has not attached.
- c. Premium Payment

- i. The payment of the premium when it is due will ensure the continuance of the Policy in force until the next premium is due;
- ii. This Policy will be renewed upon the payment of the premium when it is due either on a monthly or annual basis as applicable and stated in the Policy Schedule unless prior written notice of cancellation has been given in accordance with General Condition 3 or the Policy has otherwise been terminated.

19. Renewal of Your Policy

This Policy will be automatically renewed by Us on the Expiry Date of the Policy based on existing terms, conditions and exclusions, with no renewal notice given to You that the Policy is due for renewal upon satisfaction of the following:

- a) Payment of the premium under General Condition 18;
- b) There is no prior written notice of cancellation given in accordance with General Condition 3 before the Expiry Date of the Policy;
- c) The Policy has not been otherwise terminated; and
- d) Any material changes has already been notified to and accepted by Us.

No renewal policy will be issued and the current Policy that You hold is the evidence of valid cover, unless otherwise notified.

20. Sanction Limitation and Exclusion Clause

Notwithstanding any provision to the contrary within this Policy or any endorsement thereto, this insurance shall, in no case, be deemed to provide cover and 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 the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

21. Subrogation

You shall at Our expense do and concur in doing and permit to be done all such acts and things as may be necessary or reasonably required by Us for the purpose of enforcing any rights and remedies or of obtaining relief or indemnity from other parties to which We shall be or would become entitled to or subrogated upon its paying for or making good any loss destruction or damage under this Policy whether such acts and things shall be or become necessary or required before or after their indemnification by Us.

CLAIMS PROCEDURE

- (a) Notice shall be given to Us as soon as possible but in any case within fourteen (14) days of the happening of any Injury in respect of which a claim is to be made.
- (b) You or other claimant shall at Your or other claimant's own expense furnish to Us such certificates information, blood tests, medical reports and evidence as We may reasonably require.
- (c) You shall as soon as possible after the happening of any Injury in respect of which a claim is to be made procure and follow medical advice from a duly Registered Medical Practitioner.
- (d) You as often as required shall submit to medical examination on behalf of Us at Our own expense.
- (e) We shall in the case of Your Death be entitled to have a post mortem examination at Our own expense.

POLICY OWNERS' PROTECTION SCHEME

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

CARING FOR OUR CUSTOMERS

HL Assurance Pte. Ltd. will make every effort to provide a high level of service expected by all Our policyholders. If on any occasion Our service falls below the standard of Your expectation, the procedure below explains what You can do:

Your first point of contact should always be Your insurance agent or broker. Alternatively, You may submit Your feedback to the manager in charge of the matter You are raising.

We will acknowledge receipt of Your feedback within seven (7) working days whilst We look into the matter You have raised. We will contact You for further information if required within seven (7) working days and provide You with a full reply within fourteen (14) working days.

If the outcome of Your complaint is not handled to Your satisfaction, You can write to:

Chief Executive Officer
 HL Assurance Pte. Ltd.
 11 Keppel Road #11-01 ABI Plaza
 Singapore 089057

We will respond to Your appeal within fourteen (14) working days. If You are still dissatisfied with the CEO's

response, We will refer You to a dispute resolution organization, Financial Industry Disputes Resolution Centre Ltd (FIDReC) which is an independent organization. FIDReC's contact details are:

Financial Industry Disputes Resolution Centre Ltd
36 Robinson Road #15-01
City House
Singapore 068877

Telephone : (65) 6327 8878
Fax : (65) 6327 8488
Email : info@fidrec.com.sg
Website : www.fidrec.com.sg

Important – Please remember to quote Your Policy number / reference in Your communication.