

EARLY PROTECT360

YOUR EARLY PROTECT360 POLICY

Here is Your Early Protect360 Policy (“this Policy”). Please read thoroughly the terms of this Policy to ensure that You understand the terms and conditions herein and that the coverage You require is being provided. It is important that the documents and any amendments are read together as one single contract.

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

If You have any questions after reading these documents, please contact Us.

If You require any changes to this Policy, please contact Us immediately.

IMPORTANT NOTICE

All information provided in the application form, supplementary form(s), including declarations made over the phone or internet, forms the basis of this Policy. You and the Insured Person must answer all the questions in the application accurately and tell Us everything You and the Insured Person 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 Person 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 You paying to Us the required Premiums, 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 Premiums.

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.

“**Benefit Limit**” means the Maximum Benefit Payable as stated in the Coverage Outline of the Policy Schedule.

“**Diagnosed**” means a diagnosis made by the Registered Medical Practitioner, based on radiological, clinical, histological or laboratory evidence accepted by Us. We may appoint another Registered Medical Practitioner to examine the Insured Person or the evidence presented. The opinion and diagnosis of this Registered Medical Practitioner will be binding on the Insured Person and Us.

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

“**Expiry Date of the Policy**” means this Policy shall expire on the date specified in the Policy Schedule.

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

“**Insured Person**” means the person described as such in the Policy Schedule.

“**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.

“**Permanent**” means expected to last throughout the lifetime of the Insured Person.

“**Permanent Neurological Deficit**” means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Insured Person. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

“**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

“**Premiums**” means the amount to be paid to Us to keep this Policy in force until the Expiry Date of the Policy.

“**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 the Insured Person and/or any terms and conditions that are specific to the Policy.

“**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 the Insured Person, You, an employee of the Insured Person, Your employee, Your spouse, Your relative or the spouse or relative of the Insured Person.

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

“**You or Your**” means the Policyholder described as such in the Policy Schedule.

POLICY COVERAGE

Section A. Early Stage Critical Illness

If the Insured Person have been unequivocally Diagnosed by a Registered Medical Practitioner as suffering from of any one (1) of the Early Stage Critical Illness as defined in clause (i) in this Section during the Period of Insurance for the first time, We will pay You 30% of the Benefit Limit of Section B, as specified in the Policy Schedule.

Once a claim has been made under Section A:

1. The Benefit Limit payable under Section B, Advanced Stage Critical Illness, will be reduced accordingly.
2. The coverage under this benefit will terminate; no further Early Stage Critical Illness Benefit shall be paid or payable under this Policy (including any renewal thereof).

(i) Definition of Early Stage Critical Illness

For the purpose of this Policy and notwithstanding any other definition, which may be found elsewhere, “Early Stage Critical Illness” means any of the conditions or illnesses defined as follows:

1. **Major Cancer**
 - Carcinoma in situ

Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. ‘Invasion’ means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.

Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II, and CIN III (severe dysplasia without carcinoma in situ) does not meet the required definition and are specifically excluded. Carcinoma in situ of the biliary system or Carcinoma in situ of skin is also specifically excluded.

- **Early Prostate Cancer**
Prostate Cancer that is histologically described using the TNM Classification as T1a or T1b or Prostate cancers described using another equivalent classification.
 - **Early Thyroid Cancer**
Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of thyroid that is less than 1cm in diameter.
 - **Early Bladder Cancer**
Papillary microcarcinoma of Bladder.
 - **Early Chronic Lymphocytic Leukemia**
Chronic Lymphocytic Leukemia (CLL) RAI Stage 1 or 2. RAI stage CLL 0 or lower is excluded.
2. **Heart Attack of Specified Severity**
 - **Cardiac Pacemaker Insertion**
Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be absolutely necessary by a specialist in the relevant field.
 - **Pericardiectomy**
The undergoing of a pericardiectomy or undergoing of any surgical procedure requiring keyhole cardiac surgery as a result of pericardial diseases. Both these surgical procedures must be certified to be absolutely necessary by a consultant cardiologist.
 3. **Stroke with Permanent Neurological Deficit**
 - **Brain Aneurysm Surgery**
The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an

arterio-venous malformation via craniotomy. The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field. Endovascular repair or procedures are not covered.

4. Coronary Artery By-Pass Surgery

- Transmyocardial Laser Therapy
The undergoing of transmyocardial laser therapy for the treatment of refractory angina which has persisted despite optimal medical therapy. Coronary artery bypass surgery and percutaneous angioplasty must have failed or considered inappropriate. This benefit is not payable in addition to any other form of cardiac revascularization treatment including CABG and coronary angioplasty.

5. Open-Chest Heart Valve Surgery

- Percutaneous Valvuloplasty or Valvotomy
This benefit is payable where a heart valve is repaired by percutaneous intravascular balloon valvuloplasty techniques not involving a thoracotomy. Percutaneous valve replacements are excluded.

6. Open-Chest Surgery to Aorta

- Large Asymptomatic Aortic Aneurysm
Large asymptomatic abdominal or thoracic aortic aneurysm or aortic dissection as evidenced by appropriate imaging technique. The aorta must be enlarged greater than 55mm in diameter and the diagnosis must be confirmed by a consultant cardiologist.
- Cerebral Shunt Insertion
The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a specialist in the relevant field.

Section B. Advanced Stage Critical Illness

If the Insured Person have been unequivocally Diagnosed by a Registered Medical Practitioner:

- a. to undergo Angioplasty & Other Invasive Treatment For Coronary Artery as defined in clause (ii) in this Section during the Period of Insurance, We will pay 10% of the Benefit Limit, subject to a maximum amount of \$25,000. This benefit is payable once only and shall be deducted from the amount of Advanced Stage Critical Illness Benefit, thereby reducing the amount of the Benefit Limit which may be payable herein
- b. as suffering from any one (1) of the Advanced Stage Critical Illness (except Angioplasty & Other Invasive Treatment For Coronary Artery) as defined in clause (ii) in this Section during the Period of Insurance, We will pay You the Benefit Limit as specified in the Policy Schedule.

If a claim has been made under Section A, Early Stage Critical Illness, the Benefit Limit payable under Section B, Advanced Stage Critical Illness will be reduced by the amount paid.

(ii) Definition of Advanced Stage Critical Illness

For the purpose of this Policy and notwithstanding any other definition, which may be found elsewhere, "Advanced Stage Critical Illness" means any of the conditions or illnesses defined as follows:

1. Major Cancer

A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.

Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
 - Pre-malignant;
 - Non-invasive;
 - Carcinoma-in-situ (Tis) or Ta;
 - Having borderline malignancy;
 - Having any degree of malignant potential;
 - Having suspicious malignancy;
 - Neoplasm of uncertain or unknown behaviour;
 - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;
- Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;

- Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of HIV infection.

2. Heart Attack of Specified Severity

Death of heart muscle due to ischaemia, that is evident by at least three (3) of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;
- New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company.

For the above definition, the following are excluded:

- Angina;
- Heart attack of indeterminate age; and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

3. Stroke with Permanent Neurological Deficit

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in Permanent Neurological Deficit. This diagnosis must be supported by all of the following conditions:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve;
- Ischaemic disorders of the vestibular system; and
- Secondary haemorrhage within a pre-existing cerebral lesion.

4. Coronary Artery By-pass Surgery

The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty and all other intra-arterial, catheter based techniques, 'keyhole' or laser procedures are excluded.

5. Open Chest Heart Valve Surgery

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

6. Open Chest Surgery to Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

7. Angioplasty & Other Invasive Treatment For Coronary Artery

The actual undergoing of balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of minimum sixty percent (60%) stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Payment under this condition is limited to ten percent (10%) of the Benefit Limit under this policy subject to an S\$25,000 maximum sum payable. This benefit is payable once only and shall be deducted from the amount of this Policy, thereby reducing the amount of the Benefit Limit which may be payable herein.

Diagnostic angiography is excluded.

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 the Insured Person directly or indirectly caused by, or contributed to, or arising from:

1. Suicide, attempted suicide, self-inflicted Injury, while sane or insane; or wilful exposure to peril (other than in an attempt to save human life).
2. The Insured Person being under the influence of intoxicating liquor or the use of drugs or medications (other than taken under a prescription by a Registered Medical Practitioner and not for the treatment of drug addiction).
3. Any Pre-Existing Conditions.
4. Any medical condition caused by any congenital abnormalities or physical defects that have been present at birth.
5. Donation of any of the Insured Person's organs.
6. Critical Illness that is caused directly or indirectly due to Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV). The only exception to this is when the Critical Illness claimed for is HIV Due to Blood Transfusion and Occupationally Acquired HIV.
7. Death of the Insured Person within seven (7) days following the date of diagnosis of any of the Critical Illness as defined in clause (i) and/or (ii) of Section A and/or B.
8. The Insured Person being diagnosed with the following Critical Illness within ninety (90) days from the Effective Date of this Policy:
 - i. Major Cancer
 - ii. Coronary Artery By-Pass Surgery
 - iii. Heart Attack of Specified Severity; or
 - iv. Angioplasty and Other Invasive Treatments for Coronary Artery
9. 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.

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 the above.

If We allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance the burden of proving the contrary shall be

upon the Insured Person.

10. 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 Exception, combustion shall include any self-sustaining process of nuclear fission.

GENERAL CONDITIONS

(Applicable to the whole Policy)

1. Amount Due to the Company

Before making any payment or refund pursuant to this Policy, We shall be entitled to deduct any charges or other amounts due to Us.

2. 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.

3. Automatic Termination of Policy

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

- (i) On the date the Insured Person attains seventy-six (76) years of age;
- (ii) Upon the death of the Insured Person;
- (iii) The total benefit amount we have paid equals to the Benefit Limit;
- (iv) The Insured Person ceased to be a Singapore Citizen, Singapore Permanent Resident, or expatriate or foreigner who is holding a valid employment pass, work permit, dependent pass or long term visit pass and who is ordinarily residing in Singapore; or
- (v) If the Insured Person is away from Singapore for more than one hundred and eighty-three (183) days at any one time.

4. 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:

i. Monthly Premium Payment

There will be no refund on the Premium paid. Your Policy will continue to provide coverage up to the next date in which Your Premium is due.

ii. Annual Premium Payment

Period of Coverage (Not Exceeding)	Premium Refund (% of Annual Premium)
2 months	60%
3 months	45%
4 months	30%
5 months	15%
6 months	0%

iii. Lump Sum Premium Payment

Period of Coverage (Not Exceeding)	Premium Refund (% of Lump Sum Premium)
1 year	60%
2 years	45%
3 years	30%
4 years	15%
5 years	0%

5. Changes to Information

If there are changes to the Insured Person information already provided to Us (including any changes to the residency and/or citizenship), notify Us immediately of this in writing and provide Us with such information, documentation and certification in that regard as We may require.

6. 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.

7. Currency

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

8. Data Privacy

It is hereby declared that as a condition precedent to the liability of Us, You and the Insured Person have agreed that any personal information in relation to You and the Insured Person provided by or on behalf of You and the Insured Person 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.

9. Declaration

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

- a. for the risk insured, You and/or the Insured Person has never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or
- b. if You and/or the Insured Person has declared that You and/or the Insured Person 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 and/or the Insured Person has fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy; and
- ii. a copy of the written confirmation from the previous insurer to this effect is first provided by You and/or the Insured Person to Us before cover incept.

10. 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.

11. Eligibility

You are eligible for cover under this Policy if:

- (a) The Insured Person is between the age of eighteen (18) to sixty-five (65) years old, renewable up to seventy-five (75) years old. Age is calculated as at last birthday.
- (b) The Insured Person must be a Singapore Citizen, Singapore Permanent Resident, or expatriate or foreigner who is holding a valid employment pass, work permit, dependent pass or long term visit pass and who is ordinarily residing in Singapore, if the Insured Person is away from Singapore for no more than one hundred and eighty-three (183) days during the Period of Insurance.

12. 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.

13. 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 Premiums 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.

14. Geographical Limits

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

15. Governing Law

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

16. 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.

17. 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.

18. Maximum Amount Payable

The maximum amount We will pay for this Policy and all other Early Protect360 policies issued by Us covering the same Insured Person shall not exceed three hundred thousand dollars (\$300,000).

19. Misstatement of Age or Gender

If the Insured Person's age and/or gender has been misstated, the Benefits Limits payable will be determined on the correct age and/or gender and the Premiums paid. If at the correct age, the Insured Person was not eligible to be insured by Us, this Policy will be void from the Effective Date and We will refund the total premium paid from the Effective Date.

20. 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 Person, 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.

21. 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.

22. Premium Before Cover Warranty

- a. The premium due must be paid to 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 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, annual or lump sum basis as applicable and stated in the Policy Schedule unless prior written notice of cancellation has been given in accordance with General Condition 4 or the Policy has otherwise been terminated.

23. Premium Rates

Premium rates payable for this Policy are not guaranteed. We have the right to change the premium rate, provided that We send You a written notification at least thirty (30) days in advance of such change in premium rate.

24. 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.

25. 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.

26. Suicide

We will terminate this Policy and will not pay any benefits if the Insured Person, whether sane or insane, dies by suicide within one (1) year from the Effective Date. We will refund all Premiums paid from the Effective Date in connection with this Policy.

CLAIMS PROCEDURE

- (a) Notice shall be given to Us as soon as possible but in any case within thirty (30) days from the date of diagnosis of the Critical Illness, or 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) The Insured Person shall as soon as possible after the happening of any Injury or Illness in respect of which a claim is to be made procure and follow medical advice from a duly Registered Medical Practitioner.
- (d) The Insured Person as often as required shall submit to medical examination on behalf of Us at Our own expense.
- (e) We shall in the case of the Insured Person's death be entitled to have a post mortem examination at Our own expense, where this is not forbidden by law or religious beliefs.

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.