



FWD Term Life Contract

This Term Life Contract is issued by
FWD Singapore Pte. Ltd.
who will pay the benefits of this **Policy**, subject to
the terms and conditions set out in this **Policy**.

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Definitions

Any word or phrase appearing in **Capitalised Bold** within this Contract will have the meanings as stated below:

“**You**”, “**Your**”, “**Policyholder**”, and “**Insured Person**” refers to the person who is the owner of and insured by this **Policy** as shown on the **Policy Schedule**.

“**FWD**”, “**We**”, “**Our**”, or “**Us**” refers to “**FWD Singapore Pte. Ltd.**”, the issuer of this insurance **Policy**.

“**Period of Insurance**” refers to the period of time between the Coverage Start Date and Coverage End Date (both inclusive) as shown on the **Policy Schedule**.

“**Application Form**” refers to the form attached to this **Policy** summarising the answers and information **You** provided to **Us** when applying for this **Policy**. **Our** decision to issue this **Policy** is based on the information on the **Application Form**.

“**Benefit Illustration**” refers to the form attached to this **Policy** provided when **You** bought this **Policy**. It provides a summary of this product, its benefits, and the **Premiums** that **You** will need to pay.

“**Medical Practitioner**” refers to a person who:

- has a medical degree;
- is registered in Singapore;
- is accredited by a medical board or equivalent organisation to render medical services and;
- is approved by **Us**.

“**Policy Schedule**” refers to the form attached to this **Policy** that shows important information about **You** and this **Policy**: the **Policy** Number, **Your** personal details, **Period of Insurance**, Sum Insured, Frequency of Premium Payment, and Premium Payable.

“**Premium**” refers to the scheduled Premium Payable for this **Policy** as shown in the **Policy Schedule**.

“**Terminal Illness**” or “**Terminally Ill**” is any medical condition that, in the opinion of a **Medical Practitioner**, is expected to lead to death within the next 12 months.

General Provisions

1. INFORMATION ABOUT THIS POLICY

This Contract, the **Policy Schedule**, **Benefit Illustration**, **Application Form**, any Supplementary Plan, and any **Endorsements** attached by **Us** collectively form this **Policy**. It is proof of an insurance contract between the **Policyholder** and **Us**. An “**Endorsement**” is any additional document attached to this **Policy** outlining adjustments to the standard terms and conditions that **We** have made as a condition to providing this **Policy**.

Please read carefully all of the information provided in this **Policy** to make sure **You** fully understand **Your** benefits, their limits, and **Our** mutual responsibilities toward this **Policy**.

Please inform **Us** immediately if any details in **Your Policy Schedule** are not accurate. The Law as per Section 25(5) of the Insurance Act requires that **We** inform **You** of **Your** duty to fully and faithfully tell **Us** everything **You** know or could reasonably be expected to know that is relevant to **Our** decision to insure **You**.

Otherwise, **We** have the right to either decline **Your** claims or cancel this **Policy** and treat it as never having existed.

Alternatively, **We** may decide to charge an additional premium and maintain your coverage, subject to the payment of the additional premium.

Please contact **Us** at +65-6820-8888 or contact.sg@fwd.com if **You** have any questions.

2. GOVERNING LAW AND CURRENCY

This **Policy** is governed by the Republic of Singapore's laws. All amounts payable by **You** or from **Us** in relation to this **Policy** will be in Singapore dollars.

3. WHEN THIS POLICY STARTS

This **Policy** starts on the Coverage Start Date or the date **We** receive the first **Premium**, whichever is later.

4. BASIS FOR OFFERING THIS POLICY

We have used the information **You** provided in the **Application Form** and other documents that **You** have submitted to determine whether to offer this **Policy**. If **Your** age, gender, smoker status, or occupation shown in the **Application Form** is incorrect, **We** may adjust the Sum Insured after taking into account **Your** accurate information.

Inaccurate information

If any information **You** provided is incorrect and if, based on the correct information, **We** would not have offered this **Policy**, **We** may cancel this **Policy** and treat it as never having existed within two years of:

- the Coverage Start Date;
- the last Reinstatement Date (if **Your** Policy has been reinstated) or;
- the date that **We** approve an increase in the Sum Insured (in respect to that increase)

In such situations, **We** will refund any **Premium** paid without interest.

In the case of a fraud or if **We** are required to do so under the laws or regulations of Singapore, **We** may cancel this **Policy** at any time.

Change in occupation or residential address

You must inform **Us** within 60 days if **You** change **Your** occupation or residential address. If **Your** new occupation is not one that **We** normally insure for this product, **We** have the right to cancel this **Policy** and decline any claims that happen after **Your** occupation change.

5. FREE-LOOK PERIOD

A life insurance policy can be a long-term commitment. **You** have 14 days to review this **Policy** and decide if it is suitable for **Your** needs. If **You** find that this **Policy** is unsuitable, **You** may return this **Policy** within 14 days after **You** receive it and **We** will refund any **Premium** paid. **We** consider this **Policy** delivered seven days from the time **We** email it to **You**.

6. THIRD PARTIES

You may assign **Your** rights, benefits, and claims under this **Policy** to another person. Please note that **We** will have to agree to the assignment in writing in order for it to be effective. **We** are not responsible for checking the validity of the assignment. In accordance with the Contracts (Rights of Third Parties) Act (Chapter 53B), only parties directly involved in this **Policy** can enforce its terms.

Benefits Provided By This Policy

7. DEATH BENEFIT

If **You** are diagnosed with **Terminal Illness** or die while this **Policy** is valid, **We** will pay a Death Benefit equal to the Sum Insured stated in the **Policy Schedule** to **You**, **Your** legal representative, or **Your** nominated beneficiary. This **Policy** will be terminated automatically thereafter.

If **You** die, **We** will provide funeral financial assistance with an advance of S\$5,000 after **We** receive the death certificate. The remainder of the Sum Insured will be paid after **We** have assessed **Your** death claim application.

Please note that in recognition of medical advances, **We** do not consider AIDS to be a **Terminal Illness**.

8. SITUATIONS WHERE THE DEATH BENEFIT IS NOT PAYABLE

If **You** commit suicide within two years of the Coverage Start Date, the last Reinstatement Date (if **Your Policy** has been reinstated), or the date **We** approve an increase in the Sum Insured (in respect of that increase), the benefit payable from this **Policy** will be limited to the **Premiums We** receive for this **Policy**. This **Policy** will be terminated automatically thereafter.

9. APPLYING FOR YOUR BENEFITS

To claim for a benefit, please notify **Us** within 90 days of the date of death or diagnosis of **Terminal Illness, Total and Permanent Disability, or Critical Illness** (where applicable). In the event that **We** were notified after 90 days, **We** will not reject or lessen the claim amount if **We** are convinced that:

- It was not possible to notify **Us** within 90 days and;
- Notification was made as soon as reasonably possible.

You or **Your** legal personal representative are legally responsible for all costs incurred in providing **Us** the necessary documents **We** request in order to assess **Your** claim, apart from any additional medical examinations **We** require **You** to have.

Please contact **Us** at +65-6820-8888 or contact.sg@fwd.com to claim for a benefit provided by this **Policy**.

10. BENEFITS NOT PROVIDED BY THIS POLICY

Other than the Death Benefit, **Total and Permanent Disability** Benefit (if applicable), or **Critical Illness** Benefit (if applicable), no other benefits will be paid by this **Policy** – including the situation where **You** cancel this **Policy** before the Coverage End Date.

Premiums Payable for this Policy

11. PREMIUMS YOU NEED TO PAY

To enjoy the benefits provided by this **Policy**, please pay each **Premium** before it is due. **You** have a grace period of 62 days for each **Premium** payable; if **We** do not receive the **Premium** in full within the grace period, this **Policy** will be terminated automatically. Any amount due to **Us** under this **Policy** will be deducted from any benefit that becomes payable within the grace period.

You may request in writing to change the Frequency of Premium Payment shown in the **Policy Schedule**. **We** will confirm **Our** approval in writing along with the date from which the change will be effective.

The **Premiums** that **You** pay for the **Death** and **Terminal Illness** Benefits are guaranteed during the **Period of Insurance**.

Coverage Renewal Option

12. COVERAGE RENEWAL OPTION

The Coverage Renewal Option is available if the **Period of Insurance** stated in the **Policy Schedule** is “one year”.

If this **Policy** (including the attached Supplementary Plan) is valid at the end of the **Period of Insurance**, **We** will automatically renew this **Policy** by one more year.

The **Premium We** charge **You** for the next year will be the same as the **Premium** that **We** charge people who have the same age, gender, occupation, Sum Insured, and smoking status as **Yourself** on the day this **Policy** is renewed. **We** will not take into account any changes in **Your** health, but any conditions **We** made when **We** first issued this **Policy** (such as charging higher **Premiums** because of a health condition **You** had) will apply to **Your Policy**.

This Coverage Renewal Option is available every year until **You** are 100 years old and as long as this **Policy** remains valid. Please note that the **Total and Permanent Disability** Benefit (if applicable) will end on **Your** 65th birthday, even if **You** renew this **Policy** beyond the age of 65.

You can choose not to renew by writing to **Us** 30 days before the end of the **Period of Insurance**.

Termination Provisions

13. TERMINATION OF THIS POLICY

This **Policy** (including any attached Supplementary Plan) will be terminated automatically at the first instance of any of the following:

- When the total benefit amount **We** have paid from this **Policy** (including any attached Supplementary Plan) equals the Sum Insured
- This **Policy** has reached the Coverage End Date
- **We** do not receive the **Premium** within the 62-day grace period
- **You** notify **Us** in writing that **You** would like to terminate **Your Policy**
- Any other event that leads to termination as stated in this Contract

14. REINSTATEMENT

This **Policy** (including any attached Supplementary Plan) can be reinstated after termination if it was terminated because **Premiums** were not paid. **You** must:

- Apply to **Us** within three years from the date of termination
- Provide **Us** satisfactory evidence that **You** still qualify for insurance based on the same factors **We** assessed when **We** first approved **Your Policy** and;
- Pay all unpaid **Premiums** with interest

We may refuse **Your** reinstatement application or adjust the terms of this **Policy**. If **We** approve **Your** application, this **Policy** will be reinstated on the date **We** confirm in writing (the "Reinstatement Date"). If this **Policy** is reinstated, **We** will only insure events that take place after the Reinstatement Date.

Customer Care Process

15. IF YOU HAVE A CONCERN

Please contact **Us** at **+65-6820-8888** or **www.fwd.com.sg** if **You** have any concern relating to this **Policy**, or are not pleased with how **Your** claim was handled. Here are **Your** options and how **We** will respond to **Your** concerns:

We will acknowledge receipt of **Your** feedback within three working days while **We** look into the matter. **We** may contact **You** for further information if required within seven working days. **We** will provide **You** with a full reply within 14 working days. If **You** are not satisfied with how **Your** feedback was handled, **You** can write to:

The Chief Executive Officer
FWD Singapore Pte. Ltd.
6 Temasek Boulevard,
#18-01 Suntec Tower Four,
Singapore 038986

We will respond to **Your** letter within three working days of receipt. If **We** cannot reach a mutually acceptable agreement, **We** will refer **You** to the Financial Industry Disputes Resolution Centre (FIDReC), an independent dispute resolution centre involving financial industry. FIDReC's address is:

Financial Industry Disputes Resolution Centre Ltd
36 Robinson Road,
#15-01 City House,
Singapore 068877
Tel: +65-6327-8878
Fax: +65-6327-8488, +65-6327-1089
Email: info@fidrec.com.sg Web: www.fidrec.com.sg

Please remember to quote **Your** policy number in any communication with **Us** or FIDReC.

16. MEDIATION AND ARBITRATION

Any dispute must first be referred to Financial Industry Disputes Resolution Centre Ltd (FIDReC) as above. If necessary, **We** will offer to settle the dispute through mediation via the Singapore Mediation Centre in accordance with their mediation rules.

If **You** agree to take part in the mediation, both **You** and **Us** will participate in good faith and agree to keep the terms of any settlement reached.

If **You** choose to not participate in mediation or if mediation fails, the dispute will be referred to and finally resolved by arbitration in Singapore according to the Arbitration Rules of the Singapore International Arbitration Centre that apply at the point in time.

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 needed 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 **Us** or visit the Life Insurance Association or SDIC websites (www.lia.org.sg).



Total and Permanent Disability Supplementary Plan

This Total and Permanent Disability Supplementary Plan is issued by
FWD Singapore Pte. Ltd.

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Total and Permanent Disability Benefits Provided By This Supplementary Plan

The terms and conditions of the Term Life Contract apply to this Supplementary Plan, unless stated otherwise.

Within this **Policy**, “**Totally and Permanently Disabled**” and “**Total and Permanent Disability**” mean that, before **Your** 65th birthday and due to accident or sickness, **You**:

- Are disabled to the extent of being completely unable to engage in any occupation, business or activity for income, remuneration or profit. The disability must continue uninterrupted for at least six consecutive months from the time when disability started and must, in the view of a **Medical Practitioner**, be deemed permanent with no possibility of improvement in the foreseeable future or;
- Suffer total and irrecoverable loss of:
 - Entire sight in both eyes;
 - Use of any two limbs at or above the wrist or ankle or;
 - The entire sight in one eye and use of any one limb at or above the wrist or ankle.

Unless noted in an **Endorsement**, this Supplementary Plan commences on the Coverage Start Date of this **Policy**.

1. SUFFERING FROM TOTAL AND PERMANENT DISABILITY

If during the time this Supplementary Plan is valid:

- **You** first experience symptoms that may lead to **You** becoming **Totally and Permanently Disabled** and;
- a **Medical Practitioner** subsequently confirms that **You** become **Totally and Permanently Disabled**;

We will pay **You** a **Total and Permanent Disability** Benefit equal to the Sum Insured stated in the latest **Policy Schedule**.

Please note that a part of how **We** define **Total and Permanent Disability** is that **You** must be completely unable to carry out any occupation. This benefit is not payable if **You** are unable to perform the same job duties **You** had before **Your** disability or are unable to perform a job that fits **Your** training, education, or experience, but **You** are able to engage in other occupations, businesses or activities for income, remuneration or profit.

The **Total and Permanent Disability** Benefit ends on the Coverage End Date, or on **Your** 65th birthday, whichever comes first.

2. THINGS YOU SHOULD KNOW

If the **Total and Permanent Disability** Benefit Sum Insured equals to the Death Benefit Sum Insured, both this Supplementary Plan and this **Policy** will be terminated automatically after **We** pay the benefit.

If the **Total and Permanent Disability** Benefit Sum Insured is less than the Death Benefit Sum Insured, the Death Benefit Sum Insured will reduce proportionately and this Supplementary Plan will be terminated automatically after **We** pay the benefit. In such instance, this **Policy** will continue and **Your** subsequent **Premiums** will reduce in proportion to your new Sum Insured.

At any point in time, the **Total and Permanent Disability** Benefit payable will not be more than the Death Benefit Sum Insured or reduced Death Benefit Sum Insured (if applicable).

If you have made a claim for other benefits which reduces the Death Benefit Sum Insured to be less than the **Total and Permanent Disability** Benefit Sum Insured, **We** will cap the amount payable for the **Total and Permanent Disability** benefit at the reduced Death Benefit Sum Insured.

Once **We** pay the reduced **Total and Permanent Disability** or Death Benefit, this Supplementary Plan and this **Policy** will be terminated automatically.

3. SITUATIONS WHERE TOTAL AND PERMANENT DISABILITY BENEFIT IS NOT PAYABLE

No **Total and Permanent Disability** Benefit will be paid for claims that directly or indirectly result from any of the following:

- Attempted suicide or an intentional self-inflicted act
- The wilful participation by **Yourself** or any beneficiary in an illegal act

4. PREMIUMS THAT YOU NEED TO PAY

The **Premiums** **You** pay for the **Total and Permanent Disability** Benefit are guaranteed during the **Period of Insurance**.



Critical Illness Supplementary Plan

This Critical Illness Supplementary Plan is issued by
FWD Singapore Pte. Ltd.

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Critical Illness Benefits Provided By This Supplementary Plan

The terms and conditions of the Term Life Contract apply to this Supplementary Plan, unless stated otherwise.

Within this **Policy**, “**Critical Illness**” refers to any of the illnesses defined in the “Covered Critical Illnesses Definitions” section. Unless noted in an **Endorsement**, this Supplementary Plan commences on the Coverage Start Date of this **Policy**.

1. DIAGNOSIS WITH “ANGIOPLASTY AND OTHER INVASIVE TREATMENT FOR CORONARY ARTERY”

If during the time this Supplementary Plan is valid:

- **You** first experience symptoms that result in **You** needing Angioplasty and Other Invasive Treatment for Coronary Artery and;
- a **Medical Practitioner** subsequently confirms that **You** need this treatment;

We will pay 10% of this **Policy**’s Sum Insured, up to a maximum amount of S\$25,000.

Both this **Policy** and Supplementary Plan will remain valid after this benefit payment. However, this **Policy**’s Sum Insured will be reduced accordingly:

Revised Sum Insured = Original Sum Insured – benefit **We** have paid **You**

For example, if the Original Sum Insured is S\$100,000 and the benefit claimed is S\$25,000, **Your** Revised Sum Insured will be S\$75,000 (S\$100,000 – S\$25,000).

We will also reduce all future **Premiums** in proportion to this Revised Sum Insured.

We will pay one-time benefit for “Angioplasty and Other Invasive Treatment for Coronary Artery” under this Supplementary Plan.

2. DIAGNOSIS WITH ANY OTHER CRITICAL ILLNESSES

If during the time this Supplementary Plan is valid:

- **You** first experience symptoms that may be related to a **Critical Illness** (other than “Angioplasty and Other Invasive Treatment for Coronary Artery”) and;
- a **Medical Practitioner** subsequently confirms that **You** suffer from that **Critical Illness**;

We will pay a **Critical Illness** Benefit equal to the Sum Insured stated in the latest **Policy Schedule**.

3. THINGS YOU SHOULD KNOW

If the **Critical Illness** Benefit Sum Insured equals to the Death Benefit Sum Insured, both this Supplementary Plan and this **Policy** will be terminated automatically after **We** pay the benefit.

If the **Critical Illness** Benefit Sum Insured is less than the Death Benefit Sum Insured, the Death Benefit Sum Insured will be reduced proportionately and this Supplementary Plan will be terminated automatically after **We** pay the benefit. In such instance, this **Policy** will continue and **Your** subsequent **Premiums** will be reduced in proportion to your new Sum Insured.

At any point in time, the **Critical Illness** Benefit payable will not be more than the Death Benefit Sum Insured or reduced Death Benefit Sum Insured (if applicable).

If you have made a claim for other benefits which reduces the Death Benefit Sum Insured to be less than the **Critical Illness** Benefit Sum Insured, **We** will cap the amount payable for **Critical Illness** Benefit at the reduced Death Benefit.

Once **We** pay the reduced **Critical Illness** or Death Benefit, this Supplementary Plan and **Policy** will be terminated automatically.

4. WAITING PERIOD FOR CERTAIN CRITICAL ILLNESSES

For the following **Critical Illnesses**, the benefits described in this Supplementary Plan are only available 90 days after the Coverage Start Date, the last Reinstatement Date (if **Your Policy** has been reinstated), or the date of any increase in **Your Sum Insured** (in respect to that increase), whichever is later:

- A Heart Attack of Specified Severity
- Major Cancer
- Coronary Artery By-pass Surgery
- Angioplasty and Other Invasive Treatment for Coronary Artery

5. SITUATIONS WHERE A CRITICAL ILLNESS BENEFIT IS NOT PAYABLE

No **Critical Illness** Benefit will be paid for claims that directly or indirectly result from attempted suicide or an intentional self-inflicted act.

6. PREMIUMS THAT YOU NEED TO PAY

The **Premiums You** pay for the **Critical Illness** Benefit are not guaranteed during the **Period of Insurance** and is subject to change during the **Period of Insurance**. We will let **You** know one month in advance if **Your Critical Illness** Benefit **Premiums** are revised.



Premium Waiver Supplementary Plan

This Premium Waiver Supplementary Plan is issued by
FWD Singapore Pte. Ltd.

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Premium Waiver Benefits Provided By This Supplementary Plan

The terms and conditions of the Term Life Contract apply to this Supplementary Plan unless stated otherwise.

Unless noted in an **Endorsement**, this Supplementary Plan commences on the Coverage Start Date of this **Policy**.

1. PREMIUM WAIVER BENEFITS

You do not need to continue paying the **Premiums** of **Your Policy** starting from the date **You** next premium is due, if **You**:

- are diagnosed by a **Medical Practitioner** as having suffered from a **Critical Illness** other than 'Angioplasty and Other Invasive Treatment for Coronary Artery' during the time this Supplementary Plan is valid or;
- become **Totally and Permanently Disabled** in the opinion of a **Medical Practitioner** during the time this Supplementary Plan is valid and before **Your** 65th birthday.

2. WAITING PERIOD FOR CERTAIN CRITICAL ILLNESSES

For the following **Critical Illnesses**, the benefits described in this Supplementary Plan are only available 90 days after the Coverage Start Date, the last Reinstatement Date (if **Your Policy** has been reinstated), or the date of any increase in **Your** Sum Insured (in respect to that increase), whichever is later:

- A Heart Attack of Specified Severity
- Major Cancer
- Coronary Artery By-pass Surgery

3. SITUATIONS WHERE PREMIUM WAIVER BENEFIT IS NOT PAYABLE

Premium Waiver Benefit will not be available for **Total and Permanent Disability** that directly or indirectly results from any of the following:

- Attempted suicide or an intentional self-inflicted act
- The wilful participation by **Yourself** or any beneficiary in an illegal act

Premium Waiver Benefit will not be available for **Critical Illness** that directly or indirectly results from any of the following:

- Attempted suicide or an intentional self-inflicted act
- Angioplasty and Other Invasive Treatment for Coronary Artery

4. PREMIUMS THAT YOU NEED TO PAY

The **Premiums** that **You** pay for the Premium Waiver Benefit are not guaranteed during the **Period of Insurance** and are subject to change during the **Period of Insurance**. **We** will let **You** know one month in advance if **Your** Premium Waiver Benefit **Premiums** are to be revised.

Covered Critical Illnesses Definitions

1. MAJOR CANCERS

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 malignant tumour includes leukemia, lymphoma and sarcoma.

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;
 - Having borderline malignancy;
 - Having any degree of malignant potential;
 - Having suspicious malignancy;
 - Neoplasm of uncertain or unknown behavior; or
 - Cervical Dysplasia CIN-1, CIN-2 and CIN-3
- Any non-melanoma skin carcinoma 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 tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3; and
- All tumours in the presence of HIV infection.

2. HEART ATTACK OF SPECIFIED SEVERITY

Death of heart muscle due to obstruction of blood flow, that is evident by at least three 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; or
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by **FWD**.

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

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit with persisting clinical symptoms. This diagnosis must be supported by all of the following conditions:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least six 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; and
- Ischaemic disorders of the vestibular system.

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

Permanent neurological deficit with persisting clinical symptoms 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, localised 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.

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. KIDNEY FAILURE

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

6. APLASTIC ANAEMIA

Chronic persistent bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist.

7. END-STAGE LUNG DISEASE

End-stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:

- FEV1 test results which are consistently less than 1 litre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($\text{PaO}_2 \leq 55\text{mmHg}$); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

8. END-STAGE LIVER FAILURE

End-stage liver failure as evidenced by all of the following:

- Permanent jaundice;
- Ascites; and
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

9. COMA

A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

Coma resulting directly from alcohol or drug abuse is excluded.

10. DEAFNESS (LOSS OF HEARING)

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.

Total means “the loss of at least 80 decibels in all frequencies of hearing”.

11. 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 catheterisation or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

12. LOSS OF SPEECH

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric-related causes are excluded.

13. MAJOR BURNS

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Person Insured's body.

14. MAJOR ORGAN/BONE MARROW TRANSPLANTATION

The receipt of a transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

15. MULTIPLE SCLEROSIS

The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all of the following:

- Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis;
- Multiple neurological deficits which occurred over a continuous period of at least six months; and
- Well documented history of exacerbations and remissions of said symptoms or neurological deficits.

Other causes of neurological damage such as SLE and HIV are excluded.

16. MUSCULAR DYSTROPHY

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist.

The condition must result in the inability of the **Insured Person** to perform (whether aided or unaided) at least three of the following six "Activities of Daily Living" for a continuous period of at least six months:

Activities of Daily Living are:

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

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

17. PARKINSON'S DISEASE

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication;
- Signs of progressive impairment; and

- Inability of the **Insured Person** to perform (whether aided or unaided) at least three of the following six “Activities of Daily Living” for a continuous period of at least six months:

Activities of Daily Living are:

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

Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson’s Disease are excluded.

For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

18. 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.

19. ALZHEIMER’S DISEASE/SEVERE DEMENTIA

Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer’s disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the **Insured Person**. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by **FWD’s** appointed doctor.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol related brain damage.

20. FULMINANT HEPATITIS

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

21. MOTOR NEURONE DISEASE

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

22. PRIMARY PULMONARY HYPERTENSION

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

The NYHA Classification of Cardiac Impairment:

- Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.
- Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.
- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

23. HIV DUE TO BLOOD TRANSFUSION AND OCCUPATIONALLY ACQUIRED HIV

- A) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:
- The blood transfusion was medically necessary or given as part of a medical treatment;
 - The blood transfusion was received in Singapore after the Issue Date, Date of **Endorsement** or Date of reinstatement of this Supplementary Contract, whichever is the later;
 - The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and
 - The insured does not suffer from Thalassaemia Major or Haemophilia.
- B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of **Endorsement** or date of reinstatement of this Supplementary Contract, whichever is the later while the **Insured Person** was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to **FWD's** satisfaction:
- Proof of the accident giving rise to the infection must be reported to **FWD** within 30 day of the accident taking place;
 - Proof that the accident involved a definite source of the HIV infected fluids;
 - Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within five days of the accident; and
 - HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit is only payable when the occupation of the insured is a **Medical Practitioner**, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore).

This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

24. BENIGN BRAIN TUMOUR

Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:

- It is life-threatening;
- It has caused damage to the brain;
- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- Cysts;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland or spinal cord.

25. VIRAL ENCEPHALITIS

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least six weeks.

Encephalitis caused by HIV infection is excluded.

26. BACTERIAL MENINGITIS

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least six weeks. This diagnosis must be confirmed by:

- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- A consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

27. ANGIOPLASTY AND OTHER INVASIVE TREATMENT FOR CORONARY ARTERY

The actual undergoing of balloon angioplasty or similar intra arterial catheter procedure to correct a narrowing of minimum 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 10% of the Sum Insured under this **Policy** subject to a S\$25,000 maximum sum payable. This benefit is payable once only and shall be deducted from the amount of this Contract, thereby reducing the amount of the Sum Insured which may be payable herein.

Diagnostic angiography is excluded.

28. MAJOR HEAD TRAUMA

Accidental head injury resulting in permanent neurological deficit with persisting clinical symptoms to be assessed no sooner than six weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head injury.

The following are excluded:

- Spinal cord injury; and
- Head injury due to any other causes.

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

Permanent neurological deficit with persisting clinical symptoms 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, localised 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.

29. PARALYSIS (LOSS OF USE OF LIMBS)

Total and irreversible loss of use of at least two entire limbs due to injury or disease persisting for a period of at least six weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

30. PROGRESSIVE SCLERODERMA

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

31. APALLIC SYNDROME

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one month.

32. SYSTEMIC LUPUS ERYTHEMATOSUS WITH LUPUS NEPHRITIS

A multi-system, multifactorial, autoimmune disorder characterised by the development of auto-antibodies directed against various self-antigens. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

Class I Minimal Change Lupus Glomerulonephritis

Class II Messangial Lupus Glomerulonephritis

Class III Focal Segmental Proliferative Lupus Glomerulonephritis

Class IV Diffuse Proliferative Lupus Glomerulonephritis

Class V Membranous Lupus Glomerulonephritis

33. OTHER SERIOUS CORONARY ARTERY DISEASE

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed.

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

34. POLIOMYELITIS

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

35. LOSS OF INDEPENDENT EXISTENCE

A condition as a result of a disease, illness or injury whereby the Life Assured is unable to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living", for a continuous period of 6 months.

Activities of Daily Living:

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

This condition must be confirmed by the company's approved doctor.

Non-organic diseases such as neurosis and psychiatric illnesses are excluded.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.