

FWD Personal Accident insurance

Policy wording



This is your contract for your insurance policy

Read it to understand all the benefits as well as the important terms and conditions that apply to your insurance cover. Don't worry, we've made it as easy to read as possible.

If you need help, call our hotline: +65 6820 8888



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About your policy

Thank you for choosing FWD Singapore Pte. Ltd. We're pleased to protect you so that you can focus on living life to the fullest.

Easy to read

We're here to change the way you feel about insurance – starting with this document. We've made it easy to read, so you can understand your benefits and what you are covered for.

Words with special meaning

Some words in this policy wording have special meaning.

Accident or accidental	Injury
Activities of daily living (ADL)	Insured person
Child(ren)	Intensive care
Chinese medicine practitioner	Interested party
Chiropractor	Medical practitioner
Confined or confinement	Medically necessary
Endorsement	Mobility aid
Enhanced permanent and total disability	Natural disaster
Family member	Period of insurance
Food poisoning	Physiotherapist
Haze	Policy
Home	Policyholder
Hospital	Pre-existing medical condition
Illness	Serious public event
Infectious disease	Temporary total disability
	We, our, and us
	You, and your

Who is eligible

To purchase this policy, the policyholder and the insured person:

- must hold a valid Singapore identification document that includes either a National Registration Identification Card (NRIC) Number or a Foreign Identification Number (FIN);
- must be aged 65 years or below;
- must have never been refused when buying / renewing any personal accident insurance policy, nor have had their personal accident insurance policy cancelled / voided by their insurer; and

- must not be exposed to additional hazards that are widely recognised as dangerous or health deteriorating during work.

Your policy

Your policy is a contract of insurance between you and us. It is made up of the documents listed below:

- this policy wording
- your FWD Personal Accident insurance summary
- any endorsement to your policy

Do read your policy carefully so you'll know exactly what you're covered for, and how to make a claim.



Quick summary of your benefits

Your policy benefits at a glance

The table of benefits below shows you the maximum benefit limits that are payable per accident under this policy. Note that some limits and benefits depend on the plan chosen by you. For details of the limits that apply to your plan, you can check the table below, along with your insurance summary.

The following amounts are the maximum benefit limits payable per accident under this policy.

	Plan name				
	100k	200k	300k	500k	1000k
Benefits across all plans					
Emergency medical evacuation	Unlimited				
Emergency phone charges	S\$300				
Ambulance fee	S\$500				
Child benefits (if applicable) <ul style="list-style-type: none">Emergency medical evacuationAmbulance feeDaily transport allowance	100% of the parent’s sum insured				
Child benefits (if applicable) <ul style="list-style-type: none">All other benefits (not applicable for guardian angel, weekly income for temporary total disability and enhanced permanent and total disability)	50% of the parent’s sum insured				
Accidental death and disability benefits					
Accidental death	S\$100,000	S\$200,000	S\$300,000	S\$500,000	S\$1,000,000
Permanent disability (per policy year)	S\$100,000	S\$200,000	S\$300,000	S\$500,000	S\$1,000,000
Guardian angel (per policy year)	S\$100,000	S\$200,000	S\$300,000	S\$400,000	S\$500,000
Funeral grant for accidental death	S\$10,000	S\$10,000	S\$10,000	S\$10,000	S\$10,000
Weekly income for temporary total disability (up to 104 weeks)	×	×	×	S\$300	S\$500

Quick summary of your benefits

The following amounts are the maximum benefit limits payable per accident under this policy.

	Plan name				
	100k	200k	300k	500k	1000k
Medical expenses benefits					
Medical expenses for inpatient and outpatient	S\$2,000	S\$4,000	S\$6,000	S\$10,000	S\$15,000
Chinese medicine practitioner and chiropractor expenses (per policy year)	S\$500 (sub-limit S\$50 per visit)	S\$600 (sub-limit S\$50 per visit)	S\$700 (sub-limit S\$100 per visit)	S\$1,000 (sub-limit S\$100 per visit)	S\$1,500 (sub-limit S\$100 per visit)
Physiotherapy expenses	S\$1,000	S\$1,500	S\$2,000	S\$3,000	S\$5,000
Daily hospital income (up to 365 days)	×	×	×	S\$300	S\$500
Lifestyle benefits					
Mobility aids and prosthetic aids	S\$2,000	S\$3,000	S\$5,000	S\$7,000	S\$10,000
Home modifications	S\$15,000	S\$20,000	S\$25,000	S\$35,000	S\$55,000
Daily transport allowance (up to 2 weeks)	S\$40	S\$60	S\$80	S\$100	S\$120
Other benefits					
Personal liability	S\$100,000	S\$200,000	S\$300,000	S\$400,000	S\$500,000
Ticketed event cancellations	S\$100	S\$200	S\$300	S\$500	S\$1,000

The following amounts are the maximum benefit limits payable per accident under this policy.

	Plan name				
	100k	200k	300k	500k	1000k
Optional benefits					
Daily hospital income (up to 365 days)	S\$50	S\$100	S\$200	Included in base cover	Included in base cover
Weekly income for temporary total disability (up to 104 weeks)	S\$50	S\$100	S\$200	Included in base cover	Included in base cover
Damage of personal electronic devices	S\$500	S\$1,000	S\$1,500	S\$2,000	S\$3,000
Additional permanent disability (per policy year)	S\$50,000	S\$100,000	S\$150,000	S\$250,000	S\$500,000
Medical expenses overseas for inpatient and outpatient	S\$4,000	S\$8,000	S\$12,000	S\$20,000	S\$30,000
Enhanced permanent and total disability (per policy year)	S\$100,000	S\$200,000	S\$300,000	S\$500,000	S\$1,000,000



What you're covered for

In this section, we explain what insurance benefits you are covered for, and any specific exclusions or conditions that apply to those benefits. General exclusions may also apply.

Benefits across all plans

Your policy provides benefits that can be claimed in the event of an accident.

Emergency medical evacuation

This benefit can be claimed if the insured person is overseas and:

- in a life-threatening medical condition resulting from an accident;
- we believe it is medically necessary to move the insured person to a medical facility for treatment;
- needs to return to Singapore to recover, or for continued treatment after the insured person has been moved to an overseas medical facility for treatment as described above; or
- dies after suffering an unexpected illness or injury.

What we will pay

- We will pay for any necessary expenses for using air ambulance, surface ambulance, regular air transport, railroad, land or sea transport, or any other appropriate method to move the insured person to the medical facility for treatment; and
- we will pay any administrative fees to change the dates and/or destinations if the insured person is unable to use the existing return ticket to Singapore.

If the insured person dies

- We will pay the necessary expenses to return the body to Singapore or the home country (as decided by you or your legal representative). These expenses include those reasonably incurred for preservation and cremation such as the cost of embalment (if you or your legal representative choose) and a basic casket. These expenses do not include those related to religious ceremonies or rites; and
- we will provide you a fixed funeral grant benefit based on the amount stated in the FWD Personal Accident insurance summary, if the death was caused by an accident.

You should note that

- you can call our emergency assistance at **+65 6322 2072** if you need assistance;
- we will make the final decision on the medical facility and transport method based on the insured person's location and our assessment of the severity of the medical condition; and
- any medically necessary costs incurred overseas will be counted as part of the relevant limit as stated in the FWD Personal Accident insurance summary.

What is not covered

- Any service expenses we do not arrange or approve of in writing;
- any form of treatment that our appointed medical practitioner thinks can reasonably wait until the insured person returns to Singapore; and
- any costs incurred because the insured person decides not to follow our advice in relation to the most appropriate treatment and medical facility to move to; and
- any of the scenarios stated in the section titled 'General exclusions'.

Emergency phone charges

What we will pay

If the insured person is in Singapore or overseas, we will reimburse phone charges to call our emergency assistance, police, medical facilities, consulates, or interested parties in Singapore during any life-threatening condition or emergency, up to the relevant benefit limit stated in the FWD Personal Accident insurance summary. You must provide copies of official receipts or invoices confirming the phone charges that have been paid.

What is not covered

Any of the scenarios stated in the section titled 'General exclusions'.

Ambulance fee

If the insured person has to pay for ambulance charges for transport to a hospital because of an accident, we will pay the actual ambulance fees, up to the relevant benefit limit stated in the FWD Personal Accident insurance summary.

Child benefits (applicable across all plans)

If your policy insures a child or multiple children, the following benefits will be payable in respect of each of such child, subject to the benefit limit of each relevant policy and the total sum insured of the plan:

100% of the parent's sum insured:

- emergency medical evacuation
- ambulance fee
- daily transport allowance

50% of the parent's sum insured:

- all other benefits

The following benefits will not be applicable:

- guardian angel
- weekly income benefit for temporary total disability
- enhanced permanent and total disability

Accidental death and disability benefits

Your policy provides benefits that can be claimed in the event of an accidental death or disability.

Accidental death

What we will pay

If the insured person suffers from an accident and it solely and directly causes his/her death within 12 months of the accident, we will pay you or your legal representatives the accidental death benefit as stated in the FWD Personal Accident insurance summary.

You should note that

- in the event the insured person(s) is/are diagnosed with a permanent disability or enhanced permanent and total disability in a policy year as a result of an accident, any amount paid out under the respective benefits will be advanced and deducted from the accidental death benefit limit for that policy year; and
- the cover for an insured person will terminate automatically once a claim is paid under this section. If multiple people are insured under the same policy, the surviving insured person(s) will continue to be covered until the policy ends.

What is not covered

- If the death or the permanent disability or enhanced permanent and total disability resulting in the death is related to an illness and not an accident; and
- any of the scenarios stated in the section titled 'General exclusions'.

Permanent disability

If you suffer from an accident and it solely and directly causes permanent disability within 12 months of the accident, we will pay you or your legal representatives the permanent disability benefit as stated in the FWD Personal Accident insurance summary depending on severity, as follows:

Severity of permanent disability	Payment as a percentage of the accidental death benefit amount
Total and permanent disability	100%
Total and permanent loss of all sight in both eyes	
Total speech and hearing loss	
Total and permanent severance or loss of use for two or more limbs above the wrist or ankle	
Third-degree burns (to 8% or more of the head or more than 20% of the body)	80%
Total and permanent severance or loss of one limb above the wrist or ankle	
Third-degree burns (to 5% or more but less than 8% of the head or 15% to 20% of the body)	
Total loss of all fingers on one hand or toes on one foot	60%
Total and permanent loss of all sight in one eye	
Total and permanent hearing loss in one ear	
Total and permanent speech loss	
Third-degree burns (to 2% or more but less than 5% of the head or 10% or more but less than 15% of the body)	4%
Total loss of hand or foot phalanges	



What you're covered for

You should note that

- the permanent disability must continue uninterrupted for at least 12 continuous months from the time when it started and, according to a medical practitioner we approve of, be beyond cure by surgical or any other medical treatment;
- where a claim under the permanent disability benefit becomes payable in a policy year, the amount will be advanced and deducted from the accidental death benefit limit for that policy year, and the maximum benefit payable under this section is limited to 100% of the accidental death benefit in a policy year. Once 100% of the accidental death benefit is payable on account of the permanent disability, no further benefit will be payable under the accidental death, permanent disability and/or enhanced permanent and total disability benefits for that policy year; and
- if the insured person has opted for an additional permanent disability rider, then the maximum amount payable under the permanent disability benefit will be 150% of the accidental death benefit. Once 150% of the accidental death benefit is payable on account of the permanent disability, then no further benefit will be payable under the accidental death, permanent disability, additional permanent disability and/or enhanced permanent and total disability benefits for that policy year.

What is not covered

- If the permanent disability is directly or indirectly caused by illness other than food poisoning or infectious disease; and
- any of the scenarios stated in the section titled 'General exclusions'.

Guardian angel

If the insured person and their spouse die or become permanently disabled from the same accident for which 100% of either the accidental death benefit or permanent disability benefit is payable, then the surviving child(ren) will be eligible for the guardian angel benefit and we will pay the benefit limit stated in the FWD Personal Accident insurance summary to you or your legal representative.

What is not covered

- If the death or permanent disability is directly or indirectly caused by illness other than food poisoning or infectious disease; and
- any of the scenarios stated in the section titled 'General exclusions'.

Funeral grant for accidental death

If an accident causes the insured person's death while he/she is in Singapore or overseas, we will provide a funeral grant to you or your legal representative as stated in the FWD Personal Accident insurance summary.

What is not covered

- Any of the scenarios stated in the section titled 'General exclusions'.

Weekly income for temporary total disability

If you have a plan with a sum insured of S\$500,000 or S\$1,000,000, this benefit is covered under your base coverage and we will pay you a weekly benefit amount for each full week of temporary total disability as confirmed by a medical practitioner we approve of, up to 104 continuous weeks as stated in the FWD Personal Accident insurance summary, provided you suffer from an accident that is the only and direct cause of your temporary total disability.

You should note that

the insured person will be eligible for this benefit:

- if the insured person suffers from an accident that is the only and direct cause of his/her temporary total disability; and
 - if the insured person was engaged in any occupation or business that generates income when the accident happened, he/she is no longer engaged in any occupation or business that generates income because of the accident; or
 - if the insured person was not engaged in any occupation or business that generates income when the accident happened, he/she becomes unable to perform 3 out of the 6 activities of daily living (ADL) because of the accident. The insured person's inability to perform 3 out of the 6 ADL must be confirmed by a medical practitioner that we approve of.

What is not covered

- When the temporary total disability lasts for less than seven consecutive days;
- when the date of the insured person's first medical consultation or treatment is more than seven days from the accident date;
- when the claim is made for any subsequent periods of temporary total disability when the insured person has made a claim under this section for the same accident;
- when the temporary disability is of a partial nature and does not impact the insured person's entire body; and
- any of the scenarios stated in the section titled 'General exclusions'.

Medical expenses benefits

Your policy provides benefits that are claimable for medical expenses.

Medical expenses for inpatient and outpatient

What we will pay

We will reimburse medically necessary expenses incurred in Singapore for any accident occurring in Singapore, up to the relevant limit of benefit stated in the FWD Personal Accident insurance summary.

What is not covered

- Medical treatment the insured person receives overseas;
- medical treatment the insured person receives that is not as a result of the accident;
- medical treatment as a result of the insured person not taking necessary preventive measures such as having the required mandated vaccinations or taking malaria medication as recommended;
- any dental treatment claims resulting solely and directly from an accident, but which are not classified as medically necessary;
- any physiotherapy expenses; and
- any of the scenarios stated in the section titled 'General exclusions'.

Chinese medicine practitioner and chiropractor expenses

We will reimburse reasonable and necessary Chinese medicine practitioner and/or chiropractor expenses incurred in Singapore when you meet with an accident while in Singapore, up to the relevant benefit limit stated in the FWD Personal Accident insurance summary.

For the purposes of this policy, a Chinese medicine practitioner or chiropractor cannot be an interested party.

What is not covered

- Medical treatment the insured person receives overseas;
- medical treatment as a result of the insured person not taking necessary preventive measures such as having the required mandated vaccinations or taking malaria medication as recommended;
- any dental treatment claims resulting solely and directly from an accident, but which are not classified as medically necessary; and
- any of the scenarios stated in the section titled 'General exclusions'.

Physiotherapy expenses

If the insured person suffers an injury and needs physiotherapy within 90 days from the accident, and a medical practitioner we approve of confirms this need, we will reimburse the cost of the physiotherapy undertaken by the physiotherapist, up to the relevant benefit limit as stated in the FWD Personal Accident insurance summary.

What is not covered

- Medical treatment the insured person receives that is not as a result of the accident; and
- any of the scenarios stated in the section titled 'General exclusions'.

Daily hospital income

If you have selected a sum insured of S\$500,000 or S\$1,000,000, this benefit is covered under your base coverage and we will pay the daily benefit for a maximum period of 365 days as stated in the FWD Personal Accident insurance summary when the insured person is confined to a hospital for at least three days because of an accident. This daily benefit will double if the insured person is quarantined because a medical practitioner has diagnosed the insured person with an infectious disease, or when the insured person is confined in an intensive care unit.

What is not covered

- Any of the scenarios stated in the section titled 'General exclusions'.

Lifestyle benefits

Your policy provides benefits that are claimable for expenses incurred for recovery support after an accident.

Mobility aids and prosthetic aids

What we will pay

If the insured person suffers from an accident that solely and directly causes him/her to be confined to a hospital and requires the use of mobility aids and/or prosthetic aids prescribed by a medical practitioner within 12 months from the date of the accident, we will pay the actual cost incurred for the purchase/loan of mobility aids and/or prosthetic aids, as prescribed by a medical practitioner, up to the relevant benefit limit stated in the FWD Personal Accident insurance summary.



What you're covered for

What is not covered

- Any mobility aid or prosthetic aid related to any medical condition before your policy started; and
- any of the scenarios stated in the section titled 'General exclusions'.

Home modifications

What we will pay

If the insured person suffers any permanent disability because of an accident, we will reimburse the reasonable costs incurred to modify the physical structure and/or any structural parts of the insured person's home for the sole purpose of adapting the home to facilitate movement by the insured person in and around the home (maximum of one residence). We need to approve of any modification work you or the insured person intend to do. We will pay up to the relevant benefit limit stated in the FWD Personal Accident insurance summary. The modification must be completed, with spending proof sent to us, within 12 months from the date of the permanent disability as confirmed by a medical practitioner.

Not covered

- Modifications to the home that do not help the insured person move around, and/or which do not modify the physical structure of the home, such as purchases of mobility aids, prosthetic equipment and furniture;
- modifications to the home that we have not approved of;
- modifications to a home which the insured person does not live in (whether rented long-term or owned);
- damages the modification work has caused; and
- any of the scenarios stated in the section titled 'General exclusions'.

Daily transport allowance

If the insured person is confined to a hospital in Singapore for five consecutive days or more because of an accident, we will reimburse the transport costs as per the daily benefit limit stated in the FWD Personal Accident insurance summary. This cover will be effective for two weeks from the moment the insured person is discharged from hospital.

What is not covered

- If the insured person is confined to a hospital for any treatment that is not covered under this policy; or
- any of the scenarios stated in the section titled 'General exclusions'.

Other benefits

Your policy provides other benefits that protect you when it involves a third party or an event you are attending.

Personal liability

You can claim this benefit if you are held legally responsible for a third party's accidental death or bodily injury, and/or loss or damage to a third party's property. The third party cannot be an interested party.

What we will pay

We will pay any damages (aside from any punitive damages) awarded against you by, or obtained from, a court of competent jurisdiction as well as legal costs and expenses for representing or defending you, up to the benefit limit stated in the FWD Personal Accident insurance summary.

You should note that

- in order to claim under this benefit, you must not admit legal responsibility to anyone, negotiate any payment, or refuse any claim unless you have prior written permission from us;
- if we are legally responsible for a claim under this benefit, we may at our sole discretion arrange for representation at and undertake the defence in any inquest or official inquiry; and
- we must agree to all legal costs and/or expenses before you officially engage your own lawyer to act in your defence.

What is not covered

- Any accident that happens while you are driving a motorised vehicle, examples of which include, a car, motorcycle, van, truck or lorry;
- any of your legal costs and expenses that we have not approved in advance;
- any damages resulting from a criminal proceeding;
- any damages that result from or are connected to your trade, business, or profession;
- any court judgment you decide to appeal against (unless we agree beforehand); and
- any of the scenarios stated in the section titled 'General exclusions'.

Ticketed event cancellations

If as a result of haze, an event in Singapore is cancelled by its organiser during the period of insurance, we will pay the ticket cost personally paid by you for yourself or for other insured person(s), up to the benefit limit as stated in the FWD Personal Accident insurance summary.

You should note that

- for the purpose of this policy, an event refers to a public event (including exhibitions, expositions, fairs, festivals, entertainment, cause-related fundraising and leisure events) open for the general public for which you have purchased a ticket at a fee for an entry and participation in the event;
- for the purpose of this section, cancellation of an event will be considered an accident;
- cancellation of an event will include event postponement as well; and
- we will need the original tickets to process the claim.

What is not covered

- If the event is cancelled for any other reason besides haze;
- if you or the insured person voluntarily do not attend the event because of haze;
- if you bought the ticket before your policy coverage start date; and
- any of the scenarios stated in the section titled 'General exclusions'.

Optional benefits

When you add an optional benefit to your policy, you will need to pay an extra premium for the additional coverage provided.

Daily hospital income

This benefit is included in the base cover for plans with a sum insured of S\$500,000 and S\$1,000,000. If you have a plan with a sum insured of S\$100,000, S\$200,000 or S\$300,000 and opt in for this cover, we will pay the daily benefit for a maximum period of 365 days as stated in the FWD Personal Accident insurance summary when you are confined to a hospital for at least three days because of an accident. This daily benefit will double if you are quarantined because a medical practitioner has diagnosed you with an infectious disease, or when you are confined in an intensive care unit.

What is not covered

- Any of the scenarios stated in the section titled 'General exclusions'.

Weekly income for temporary total disability

This benefit is included in the base cover for plans with a sum insured of S\$500,000 and S\$1,000,000. If you have a plan with a sum insured of S\$100,000, S\$200,000 or S\$300,000 and opt in for this cover, we will pay you a weekly benefit amount for each full week of temporary total disability as confirmed by a medical practitioner we approve of, up to 104 continuous weeks as stated in the FWD Personal Accident insurance summary, provided you suffer from an accident that is the only and direct cause of your temporary total disability.

You should note that

you will be eligible for this benefit:

- if you suffer from an accident that is the only and direct cause of your temporary total disability; and
 - (i) if you were engaged in any occupation or business that generates income when the accident happened, you are no longer engaged in any occupation or business that generates income because of the accident; or
 - (ii) if you were not engaged in any occupation or business that generates income when the accident happened, you become unable to perform 3 out of the 6 activities of daily living (ADL) because of the accident. Your inability to perform 3 out of the 6 ADL must be confirmed by a medical practitioner that we approve of.

What is not covered

- When the temporary total disability lasts for less than seven consecutive days;
- when the date of your first medical consultation or treatment is more than seven days from the accident date;
- when the claim is made for any subsequent periods of temporary total disability when you have made a claim under this section for the same accident;
- when the temporary disability is of a partial nature and does not impact your entire body; and
- any of the scenarios stated in the section titled 'General exclusions'.

Damage of personal electronic devices

You can claim this benefit if your personal electronic devices are damaged, lost or stolen because of an accident that results in your hospital confinement.

Personal electronic devices include mobile phones, tablets and laptops.



What you're covered for

What we will pay

We will compensate you for the loss or damage suffered to 1 mobile, 1 tablet and 1 laptop, up to the benefit limit stated in the FWD Personal Accident insurance summary. Any claim amount payable will be based on our assessment of the lost or damaged items' fair value at the time of loss taking into consideration wear, tear, and depreciation. We will use the below scale as a guide for determining the items' fair value:

- up to one year old, 90% of the purchase price (provided you provide documents confirming the item's purchase);
- up to two years old, 70% of the purchase price (provided you provide documents confirming the item's purchase);
- up to three years old, 50% of the purchase price;
- up to four years old, 30% of the purchase price; and
- more than four years old, 20% of the purchase price.

We will decide whether to replace, repair, or give you a cash refund for your lost or damaged item(s). If we assess a damaged item to be economically beyond repair, we will treat it as lost (and ownership of these items will be transferred to us). We will not pay more than the original purchase price for any of your lost or damaged items and will pay only up to the relevant benefit limit stated in the FWD Personal Accident insurance summary.

You should note that

- lost or damaged items claimable under this benefit must have been in your possession during the accident, otherwise we have the right to reject your claim;
- you must take all reasonable measures to find any lost item;
- you or your family member or your legal representative must report any stolen item to the police or a relevant authority within 24 hours of discovering the loss;
- you must obtain a written report from the police or relevant authority that proves you filed a report with them and you must provide us this written report; and
- if you do not do the above, you will not be able to claim under this benefit.

When determining the claim limits for this benefit

- "Mobile" refers to a handheld wireless device that is used to receive and make telephonic calls, text messages and access internet-based applications;
- "Laptop" refers to a portable computer that functions the same way as a desktop computer, and includes the battery charger and any other accessories or attachments that come with it as standard. Tablets are not considered laptops; and
- "Tablet" refers to a mobile computer with a touchscreen display size of seven inches or more.

What is not covered

- Damage caused by normal wear and tear, or gradual deterioration, or vermin, or insects, or during cleaning or repairing; or
- any of the scenarios stated in the section titled 'General exclusions'.

Additional permanent disability

You can claim for this benefit if an accident solely and directly results in your permanent disability within 12 months of the accident, up to the relevant benefit limit stated in the FWD Personal Accident insurance summary.

For full details of what we regard as a permanent disability, please refer to the table under the permanent disability benefit at page 6.

Medical expenses overseas for inpatient and outpatient

You can claim this benefit if you incur medically necessary medical expenses solely and directly because you suffer from an accident overseas.

What we will pay

We will reimburse you for medically necessary medical expenses, up to the relevant limit of benefit stated in the FWD Personal Accident insurance summary. This includes the reasonable cost of ambulance transportation and treatment by a medical practitioner (but only if a medical practitioner recommends treatment, or if you get into an emergency).

What is not covered

- Medical treatment you were already undergoing or planned before the policy started;
- medical conditions you were aware of before the policy started;
- medical treatment as a result of you not taking necessary preventive measures, such as not getting compulsory vaccinations or not taking recommended medication;

- any dental treatment claims resulting solely and directly from an accident, but are not considered medically necessary; or
- any of the scenarios stated in the section titled 'General exclusions'.

Enhanced permanent and total disability

What we will pay

- You can claim under this benefit if you suffer from an accident and it solely and directly results in permanent and total disability within 12 months of the accident.
- If after 12 months have passed since the accident, the medical practitioner we approve of informs us that you are unlikely to ever engage in any business, profession or occupation which is reasonably suited to your education, training or experience, then the claim will be paid according to the relevant limit stated in the FWD Personal Accident insurance summary.

You should note that

- where a claim under the enhanced permanent and total disability benefit becomes payable in a policy year, the amount will be advanced and deducted from the accidental death benefit limit for that policy year, and the maximum benefit payable under this section is limited to 100% of the accidental death benefit in a policy year. Once 100% of the accidental death benefit is payable on account of the enhanced permanent and total disability, then no further benefit will be payable under the accidental death, permanent disability and/or enhanced permanent and total disability benefits for that policy year.

What is not covered

- If the death or permanent and total disability is directly or indirectly caused by an illness other than food poisoning or infectious disease; and
- any of the scenarios stated in the section titled 'General exclusions'.

Policy extensions

The following extensions apply to the policy unless stated otherwise in any of the respective sections including the section titled, 'General exclusions':

Worldwide coverage

Unless a benefit expressly mentions that coverage is confined to Singapore, this policy and its benefits provide for a worldwide coverage for a maximum duration of 180 consecutive days outside of Singapore.

Terrorism, hijack, murder, and assault

If the insured person suffers an injury or dies because of an accident arising out of an act of terrorism, hijack, murder, or assault, that triggers a benefit under this policy, we will pay the relevant benefit stated in the FWD Personal Accident insurance summary. This extension is only valid if the insured person did not take part in such acts or make an agreement with other people to carry out such acts.

Disappearance and exposure

If the insured person disappeared and the body is not found within one year after the date of the disappearance following the sinking or destruction of a ship, plane or any other conveyance he/she was onboard during the period of insurance, we will pay the accidental death benefit stated in the FWD Personal Accident insurance summary. The payment of the death benefit will be made to you or your legal representatives after you/they have signed an undertaking to us to guarantee that if the insured person is subsequently found to be alive you/they will, when asked, return to us the benefit amount that we have paid under this extension.

If the insured person suffers an injury or dies because he/she was exposed to natural elements due to an accident that triggers a benefit under this policy, we will pay the relevant benefit up to the limit stated in the FWD Personal Accident insurance summary.

Drowning and suffocation

If the insured person suffers an injury or dies from accidentally breathing in smoke, poisonous fumes, gas or by drowning, and any benefit is triggered under this policy, we will pay the relevant benefit up to the limit stated in the FWD Personal Accident insurance summary.

Accidental miscarriage

If the insured person sustains an injury resulting in a miscarriage that triggers a benefit under this policy, and such miscarriage is not attributed to any natural cause and/or illness, we will pay the benefit up to the relevant limit stated in the FWD Personal Accident insurance summary.

Reservist training

If the insured person suffers an injury or dies because of an accident during reservist training that triggers a benefit under this policy, we will pay the relevant benefit up to the limit stated in the FWD Personal Accident insurance summary.



What you're covered for

Insect and animal bites

If the insured person suffers an injury because of a bite or a sting by an insect or animal within the period of insurance, we will pay the relevant benefit up to the limit stated in the FWD Personal Accident insurance summary.

Infectious disease

We will consider the contracting of an infectious disease an accident, and if it triggers a benefit under this policy, we will pay up to 50% of the relevant limit stated in the FWD Personal Accident insurance summary, capped at S\$150,000 per insured person. This extension has a 90-day waiting period from your policy coverage start date.

Food poisoning

We will consider food poisoning an accident, and if it triggers a benefit under this policy, we will pay up to 50% of the relevant limit stated in the FWD Personal Accident insurance summary. This extension has a 90-day waiting period from your policy coverage start date.

Adventure sports

If while participating in any adventure sport, the insured person suffers an injury or dies because of an accident that triggers a benefit under this policy, we will pay up to the relevant limit stated in the FWD Personal Accident insurance summary. We will not be liable to pay any benefit if the insured person participates in recreational and sports activities managed by a licensed commercial operator and does not follow the rules and safety procedures (including wearing appropriate safety equipment) that the operator requires or recommends or if the insured person participates in recreational and sports activities as a professional or to receive a financial reward or incentive.



General exclusions

These general exclusions outline scenarios that this policy does not cover, and apply to the whole policy unless stated otherwise.

We won't pay for claims that are, directly or indirectly, caused by or result from the following:

- wilful participation by you or a family member in any acts that are illegal and/or unlawful in Singapore and/or the country you are in;
- if any loss caused by infectious disease results in any way from an accident, then no other benefit will be payable other than the benefit payable under the 'Policy extensions' section;
- suicide or intentional self-injury;
- acts by you or a family member that are considered negligent, reckless, careless, or deliberate and put you, your belongings, and/or others and their belongings in danger. This includes riding a motorcycle without a crash helmet and/or driving a motorcycle without a valid license for that class of motorcycle. The only exception is if you are trying to save a human life;
- failure to take reasonable precautions to protect property, avoid injury and minimise claims under this policy;
- intoxication by alcohol or drugs not prescribed by a medical practitioner;
- failure to take reasonable precautions to avoid any serious public event following warnings through general mass media, including news channel and social media sites;
- claims resulting from pre-existing medical conditions (including mental, psychological or psychiatric disorders);
- if you participate in recreational and sports activities managed by a licensed commercial operator and do not follow their rules and safety procedures (including wearing appropriate safety equipment) that the operator requires or recommends;
- if you participate in recreational and sports activities as a professional or to receive a financial reward or incentive;
- if you participate in any kind of speed contest or racing (other than on foot);
- any unexplained and mysterious loss or damage;
- any form of hazardous nuclear, radioactive, biological, pathogenic or chemical materials unless otherwise stated;
- the consequences of war, riot, revolution, or any similar event;
- an epidemic or pandemic declared by the World Health Organisation or the Singapore government;
- pregnancy, childbirth, miscarriage, abortion or any complications arising from these conditions, unless otherwise stated;
- mental problems or insanity;
- sexually transmitted infections, human immunodeficiency virus (HIV) or any HIV-related illness including acquired immunity deficiency syndrome (AIDS) or any mutant derivatives or variations of this no matter how they are caused;
- medical or surgical treatment except where such treatment is rendered medically necessary by the accident in the policy; or
- any accident to an insured person which arises in the course of his or her occupation if his or her occupation falls within the following categories or involves the following activities: air crew, ship crew, professional sportspersons, diving, oil-rig platform and/or offshore work, fire-fighting, police, naval, military, air force service or operations (other than as a serviceman in the Singapore National Service undergoing reservist training) and any hazardous occupations.



Making a claim

How to claim

To make a claim, please visit www.fwd.com.sg to access our claims portal or download our **FWD SG app**.

You or your legal representative must inform us as soon as possible and no later than 30 days from an accident you want to claim for under this policy. You must lodge your claim using our standard forms and provide us with any information and assistance we need to process your claim, including attending court to give evidence.

You must pay (if needed) for any documentation we request for us to assess your claim. This includes but is not limited to:

- medical reports and evidence;
- copies of original invoices and receipts;
- police report; or
- accurate English translations (confirmed by oath if necessary) of any documents if we require.

We have the right to reject claims if you cannot provide the requested necessary documents.

We will pay for our approved medical practitioner if they are needed to medically examine the insured person during any injury or illness claim. This includes post-mortem examinations.

Things to know

In the event of a change in your and/or the insured person's occupation, you and/or the insured person shall notify us in writing of the new occupation. We shall advise if existing coverage can be maintained and/or if premium rates are required to be adjusted. It is advisable that you inform us as soon as reasonably possible to ensure your coverage is not interrupted.

In the event of a change in your and/or the insured person's resident country, you and/or the insured person must tell us according to your policy's terms and conditions. Changing of resident country refers to you and/or the insured person living or intending to live in another country other than your and/or the insured person's country of residence for 180 continuous days or more after your policy coverage start date. We reserve the right to continue the cover on current terms and conditions or reject continuing your policy if you and/or the insured person changes your/their resident country.

If you are entitled to a refund, reimbursement or compensation from any other person or source (including other insurance policies or government schemes), the amount that we are legally responsible to pay for any given benefit is limited (unless specifically stated for that particular benefit) to the portion that such third-parties are not required to pay, up to the limit for the respective benefits stated in the FWD Personal Accident insurance summary. This does not apply to the following benefits under this policy – accidental death, permanent disability, guardian angel, funeral grant for accidental death, daily hospital income, weekly income for temporary total disability, additional permanent disability and enhanced permanent and total disability.

If you have more than one personal accident policy issued by us, your insurance coverage will be limited to only one policy – the policy providing you the highest benefit level for any given benefit.

We pay all property claims based on the value of the items at the time of loss or damage, which means you will not get back the full purchase price. If we pay for any property loss or its replacement, it becomes our property. You must keep any property that is damaged and send it to us if we ask for it. You will need to pay for any postage or transportation costs.

Dishonest, exaggerated, fraudulent claims

We may report you to the Singapore police or foreign authorities if we determine that you have submitted a dishonest, intentionally exaggerated, or fraudulent claim. If this happens, you must pay us any amount that we have paid to you (or to another party) under this policy, and that would not have been paid but for the dishonest, intentionally exaggerated, or fraudulent claim.



Starting or ending your policy

This section explains when your policy starts and ends, and what you'll receive if you cancel it.

When insurance cover begins and ends

Insurance cover under this policy starts from your coverage start date as shown in the FWD Personal Accident insurance summary. However, for any extensions related to infectious diseases and food poisoning, cover only starts after a 90-day waiting period from your policy coverage start date.

Insurance cover automatically ends once one of the following takes place:

- the insured person dies (although coverage will continue for the other insured person(s));
- the policy ends;
- any insured person reaches 75 years of age; or
- termination is triggered within any other policy terms and conditions.

Premiums

This is an annual policy and the coverage may be renewed at the end of the period of insurance. Premium rates are not guaranteed and may be reviewed from time to time depending on our claims experience. The premium payable is based on you and/or your spouse's occupation which you are required to declare at the point of purchase.

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

Terms of renewal

At the end of your policy, we may notify you of the renewal terms of your policy and your policy can be renewed based on these terms. Any renewal offer to you shall be made at least 30 days prior to your policy expiration.

If renewal is offered, you can choose not to renew the policy by informing us at least 7 days before the end of the period of insurance.

As this is a short-term accident and health policy, we are not required to renew this policy. We may terminate this policy by giving you 7 days' notice in writing.

Your right to cancel

We will refund a part of your premium as shown in the following table. However, we will not refund anything if there are any benefits payable under your policy or if the premium refund amount is less than S\$25 + GST.

Complete months remaining on your policy	11	10	9	8	7	6	5	4	3	2	1	0
Refund of premium payable (excluding GST)	75%	65%	55%	45%	35%	30%	25%	20%	15%	10%	5%	0%

In case you want to cancel the policy within the free-look period (14 days from the date of policy issuance), we will refund the policy premiums in full unless there has been a claim registered against the policy.

Our right to cancel

We have the right to cancel this policy at any time by giving you 7 days' written notice.

If we cancel this policy, we will send the notice to the postal address we received from you.

We will refund 100% of the pro-rata premium for the unexpired period through your original premium payment mode.

You will still be able to claim a benefit for an event that happened before we cancelled the policy.



Important things to know

In this section, we explain the important legal rights and obligations under your policy.

The information you give us needs to be correct and complete

Read all parts of your policy to make sure they are correct and complete

Your policy is based on the information you gave us during the application process, as the information given helped us to decide if you were eligible for the policy, and how much you needed to pay. It is therefore important that the information is correct and complete, and you were truthful and accurate with all of the information you provided.

You should let us know immediately if the information you gave us during the application was inaccurate, misleading, or exaggerated. You should also let us know immediately if the information you gave us has changed after your coverage start date.

You need to provide correct and complete information

Under Section 23(5) of the Insurance Act 1966, we must tell you that you have a duty to provide correct and complete information. For the information to be correct and complete, you need to tell us:

- everything you know; and
- everything you could reasonably be expected to know,

that is relevant to our decision to insure you.

If we later find out that any information is inaccurate, misleading, or exaggerated, we may do any of the following:

- not pay your claim;
- change your insurance coverage by charging a different premium; and
- cancel your policy and treat it as if it had never existed.



If you need to change your information, or if you have any questions, please call our hotline at +65 6820 8888 or email us at contact.sg@fwd.com. You may visit our website at www.fwd.com.sg for the most up-to-date information regarding our operating hours.

This is a Singapore insurance contract

Your policy is a contract of insurance between you and us and is governed by the laws of the Republic of Singapore. Under this contract of insurance, we agree to provide the benefits and protection based on the terms and conditions set out in your policy, and you agree to keep to those terms and conditions.

All amounts are in Singapore dollars

All amounts payable by you or us in relation to this policy will be in Singapore dollars. We will convert any eligible expenses you incur overseas into Singapore dollars at a reasonable foreign currency exchange rate that we choose. We are not legally responsible for any exchange rate-related losses that you may incur.

No benefits are paid if they are illegal

We will not pay any benefit under this policy if paying that benefit is illegal in Singapore under its economic and trade sanctions.

We may take steps to comply with laws, regulations and requests of relevant authorities in the areas of sanctions, anti-money laundering and counter-terrorism financing. These steps could include ending your policy and related cover, as well as treating premiums paid and amounts payable under your policy, in any manner we deem appropriate.

No rights for others under the policy

You and us are the only parties to your policy. Any person who is not a party to this policy has no rights under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.

Legal action against you

If there is legal action against you under this policy, you have to do the following:

- you should inform us immediately;
- forward all communication that you receive regarding any legal action to us;
- check with us before communicating to any third party (including the police) about any legal action; and
- you or any person acting for you must not negotiate, admit or reject any claim without our approval in writing.

We may take over to settle or defend any legal claim

We may take over any rights to defend or settle any claim and to take legal action in your name to enforce your rights, or ours, against any other person.

We may also take legal action in your name (at our own expense) to recover any payment we have made under this policy to anyone else.

Important things to know

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 us or visit the General Insurance Association (GIA) or SDIC websites (www.gia.org.sg) or (www.sdic.org.sg).



How to reach us

In this section, we explain your options if you have a query or a problem with your policy.

If you have questions



Chat with Faith, our friendly chatbot

Need help? Chat with Faith and she can help you at any time of the day.



Write to us

You can also email us at contact.sg@fwd.com.



Call us

Alternatively, you can call us at **+65 6820 8888** if you prefer to speak to our customer service team.

How to resolve a concern or complaint

We want to resolve any concerns or complaints you may have as quickly as possible. You should follow the steps below to resolve your concern.

Step 1 Talk to us	<p>The first thing you should do is talk to one of our consultants about your concerns or complaints. Call our hotline at +65 6820 8888. The consultant may be able to resolve your concerns or complaints. If not, they may refer you to a manager. You may visit our website at www.fwd.com.sg for the most up-to-date information regarding our operating hours.</p> <p>The consultant will try to resolve your complaints or concerns as soon as possible.</p>
Step 2 Call or write to our Customer Engagement Department	<p>If you feel that your complaint has not been resolved, you can write to:</p> <p>FWD Singapore Pte. Ltd. 6 Temasek Boulevard #18-01 Suntec Tower 4 Singapore 038986 Tel: +65 6820 8888 Email: contact.sg@fwd.com Website: www.fwd.com.sg</p> <p>We will respond to your complaint within 3 working days of us receiving it.</p>

<p>Step 3</p> <p>Seek an external review from the Financial Industry Disputes Resolution Centre (FIDReC)</p>	<p>If we cannot arrive at a mutual agreement, you may approach the FIDReC, a free, independent and fair dispute resolution centre for resolution of disputes between financial institutions and consumers. You can lodge your concerns or complaints by post, online, or in-person. The FIDReC's details are:</p> <p>Financial Industry Disputes Resolution Centre 36 Robinson Road #15-01 City House Singapore 068877 Tel: +65 6327 8878 Website: www.fidrec.com.sg</p> <p>You need to remember to quote your policy number in any communication with us or with FIDReC.</p>
<p>Step 4</p> <p>Mediation and arbitration</p>	<p>Any unresolved dispute must first be referred to FIDReC as above. If the sum involved in the dispute is outside the jurisdiction of FIDReC, you agree to resolve the dispute through mediation via the Singapore Mediation Centre in accordance with their mediation rules.</p> <p>If you agree to take part in the mediation, you and us will be required to agree to participate in good faith and agree to adhere to the terms of any settlement reached.</p> <p>If you choose not to take part in mediation or if mediation fails, the dispute will be referred to arbitration in Singapore according to the Arbitration Rules of the Singapore International Arbitration Centre that apply at the point in time. The outcome of the arbitration will be final.</p>



Important words and phrases

The list below explains the meanings of important words and phrases shown in your policy.

Accident or accidental	Refers to a sudden, unexpected and unintentional event occurring during the period of insurance that is the only cause of damage or injury and has a visible impact on a person's external appearance, or his or her property's external appearance.
Activities of daily living (ADL)	<p>Refers to:</p> <ul style="list-style-type: none">▪ Washing: the ability to wash oneself in the bathtub or shower (including independently getting in and out of the bath or shower);▪ 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 from one room to another across level surfaces, from room to room on level surfaces (does not include walking up or down any staircases);▪ Continence: the ability to control bowel and bladder function 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.
Child(ren)	Refers to anyone who is 21 years of age or younger or up to 25 years of age if they are still studying full-time as of the coverage start date.
Chinese medicine practitioner	Refers to a legally licensed Chinese physician, acupuncturist, or bonesetter registered to practice within the scope of his or her licence under the laws of the country where he or she operates. For the purposes of this policy, a Chinese medicine practitioner cannot be an interested party.
Chiropractor	Refers to a legally licensed practitioner in chiropractic medicine registered to practice within the scope of his or her licence under the laws of the country where he or she operates. For the purposes of this policy, a chiropractor cannot be an interested party.
Confined or confinement	Refers to a medically necessary admission to a hospital as a resident in-patient for 24 continuous hours upon the recommendation and care of a medical practitioner.
Endorsement	Refers to an extra document attached to your policy that outlines any adjustments that we make to your policy.
Enhanced permanent and total disability	<p>Means that the insured person:</p> <ul style="list-style-type: none">▪ has not been employed (whether as a company employee or businessperson) solely and directly because of the accident for at least 12 continuous months from the date of accident;▪ is being treated by a medical practitioner we approve of (including treatment during rehabilitation); and▪ in the opinion of our approved medical practitioner, is unlikely to ever return to any business, profession, or occupation he or she was trained, educated, or experienced to work in (before the accident) at the end of the continuous 12-month period.
Family member	Refers to your legally recognised spouse and child(ren).

Food poisoning

Refers to a gastro-intestinal medical condition caused by bacteria or other toxins in food or drinks that:

- first started and was first contracted, where physical signs and symptoms are first displayed, during the period of insurance;
- was diagnosed by a medical practitioner as food poisoning using internationally accepted medical diagnostic criteria, with acceptable clinical and laboratory evidence; and
- is not related to a pre-existing medical condition.

Haze

Refers to a pollution measured as “unhealthy and above” by the National Environment Agency in Singapore.

Home

Your permanent place of residence in Singapore as shown in your Singapore National Registration Identification Card (NRIC) or other official government document.

Hospital

Refers to a facility that:

- is licensed as a hospital under the laws of the country it operates in;
- has registered nurses and at least one medical practitioner stationed at all times;
- mainly operates to diagnose and treat injuries or illnesses on an in-patient basis;
- has organised facilities for X-ray and major surgery; and
- is not primarily a nursing facility, clinic, nursing home, convalescence home, psychiatric facility, drug and alcohol rehabilitation facility, preventative medicine facility, or hospice care (except for the terminally ill).

Illness

Refers to deteriorating physical health because of a medical condition that:

- first started and was first contracted, where physical signs and symptoms are first displayed, during the period of insurance;
- was not caused by an accident; and
- requires a medical practitioner’s care and/or treatment.

Infectious disease

Refers to any one of the covered infectious diseases which results in deteriorating physical health caused by the transmission of microorganisms such as bacteria, virus, parasites or fungi that:

- first started and was first contracted, where physical signs and symptoms are first displayed, during the period of insurance;
- was diagnosed by a medical practitioner using internationally accepted medical diagnostic criteria, with acceptable clinical and laboratory evidence; and
- is not related to a pre-existing medical condition.

Covered infectious diseases under this policy are:

- Anthrax
- Avian Influenza or “Bird Flu”
- Chikungunya fever
- Cholera
- COVID-19
- Dengue fever
- Ebola
- Hand, foot and mouth disease
- Japanese viral encephalitis
- Legionnaires’ disease
- Malaria
- Measles
- Melioidosis or “Soil Disease”
- Middle East respiratory syndrome
- Mumps
- Nipah viral encephalitis
- Plague
- Rabies
- Rubella
- Severe acute respiratory syndrome
- Tuberculosis
- Bovine Spongiform Encephalopathy or “Mad Cow Disease”
- Yellow fever
- Zika virus

Injury

Refers to damage or harm caused to the body by an external force suffered during the period of insurance and which is caused only by an accident.

Insured person

Refers to any insured person (being an eligible family member) shown in the FWD Personal Accident insurance summary.

Intensive care

Refers to a class of rooms within a hospital dedicated to treating acutely or critically ill patients which:

- has additional services and equipment on a 24-hour operating basis, including full facilities for resuscitating patients;
- is equipped for constantly monitoring vital bodily functions of patients; and
- has different charges from non-intensive care unit rooms and typically cost more per night.

Interested party	<p>Refers to:</p> <ul style="list-style-type: none"> ▪ you or a family member and your parents, brothers and sisters, parents-in-law, brothers-in-law, sisters-in-law, grandparents, grandparents-in-law, daughters-in-law, sons-in-law or grandchildren; or ▪ business partner, employer, employee, or agent of anyone described above. <p>For the purposes of this policy, a medical practitioner, Chinese medicine practitioner, chiropractor, physiotherapist or a third party cannot be an interested party.</p>
Medical practitioner	<p>Refers to a person who has a medical degree, is licensed or registered in the country in which they operate, and is accredited by a medical board or equivalent organisation to render medical services, in the region they practice.</p>
Medically necessary	<p>Refers to the medical service, procedure or supply that is necessary according to a medical practitioner to treat an accidental injury (or illness if applicable).</p> <p>Also, that medical service, procedure, or supply is:</p> <ul style="list-style-type: none"> ▪ necessary because your medical condition will be negatively affected without it; ▪ widely accepted within the medical profession in Singapore, or the country of treatment, as being effective, appropriate, and essential to treat the injury or illness based on recognised medical standards of the specialty involved; ▪ not for cosmetic or aesthetic purposes; ▪ not elective, preventative or screening in nature; ▪ not for your personal comfort or convenience, or for you to make a profit; and ▪ not experimental, unless it is widely recognised by the medical profession in Singapore as having the potential to become part of conventional Western medicine.
Mobility aid	<p>Refers to any equipment or device designed to assist in walking or moving from place to place when injured or disabled, and includes but is not limited to a crutch, wheelchair or artificial limbs.</p>
Natural disaster	<p>Refers to any event or force of nature that has catastrophic financial or environmental consequences, or loss of human life, such as an earthquake, tsunami, volcanic eruption, flood, typhoon or hurricane. Weather conditions that cause little or no effect on financial, environmental or human loss will not be considered a natural disaster.</p>
Period of insurance	<p>Refers to the period between the coverage start date and coverage end date (both inclusive) as shown in the FWD Personal Accident insurance summary.</p>
Physiotherapist	<p>Refers to a legally licensed practitioner in physiotherapy registered to practice within the scope of his or her licence under the laws of the country where he or she operates. For the purposes of this policy, a physiotherapist cannot be an interested party.</p>
Policy	<p>Refers to the contract of insurance between you and us, and is made up of the documents listed below:</p> <ul style="list-style-type: none"> ▪ this policy wording; ▪ your insurance summary; and ▪ any endorsement(s) attached to your policy. <p>We will provide these documents to you in electronic form.</p>
Policyholder	<p>Refers to the named owner of this policy as shown in the FWD Personal Accident insurance summary.</p>

Pre-existing medical condition	Refers to a medical condition: <ul style="list-style-type: none">▪ you were aware of, or could reasonably be expected to be aware of, before purchasing the policy; or▪ you received (or were advised to get) medical advice, tests, treatment, diagnosis, or prescription drugs during the 12 months before your coverage start date.
Serious public event	Refers to any: <ul style="list-style-type: none">▪ natural disaster;▪ epidemic or pandemic declared by the World Health Organisation or the Singapore government;▪ major industrial accident;▪ unexpected riot or civil commotion;▪ event that leads to mass cancellation of public transport to/from/around a location (this includes airports);▪ terrorist activity;▪ war or revolution; or▪ event that causes the relevant government authorities to issue a warning against non-essential travel.
Temporary total disability	Refers to the physical condition caused solely and directly by an accident that temporarily prevents you totally from engaging in any work for income in any occupation, business, or activity for a temporary period of at least seven consecutive days.
We, our, and us	FWD Singapore Pte. Ltd., the issuer of your insurance policy.
You, and your	Refers to the policyholder and/or any insured person (depending on the context it is used).