



FWD Personal Accident Insurance Contract

This Personal Accident Insurance 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**.

Table of Contents

Definitions	3
General Provisions	5
1. THIS POLICY	5
2. IMPORTANT THINGS TO KNOW	5
3. POLICY EXTENSION	5
4. GOVERNING LAW AND CURRENCY	6
5. WHO IS ELIGIBLE?	6
6. WHEN INSURANCE COVER BEGINS AND ENDS	6
Policy Benefits	7
7. EMERGENCY MEDICAL EVACUATION	7
8. EMERGENCY PHONE CHARGES	7
9. AMBULANCE FEE	7
10. ACCIDENTAL DEATH	8
11. PERMANENT TOTAL AND PARTIAL DISABILITY	8
12. GUARDIAN ANGEL BENEFIT	9
13. FUNERAL GRANT FOR ACCIDENTAL DEATH	9
14. MEDICAL EXPENSES FOR INPATIENT AND OUTPATIENT	9
15. CHINESE PHYSICIAN, ACUPUNCTURIST, BONESETTER AND CHIROPRACTOR EXPENSES	9
16. PHYSIOTHERAPY EXPENSES	9
17. MOBILITY AND PROSTHESIS AIDS	10
18. HOME MODIFICATIONS	10
19. DAILY TAXI ALLOWANCE	10
20. PERSONAL LIABILITY	10
21. EVENT CANCELLATIONS	11
Optional Benefits	11
22. DAILY HOSPITAL INCOME	11
23. WEEKLY INCOME BENEFIT FOR TEMPORARY TOTAL DISABILITY	11
24. DAMAGE OF PERSONAL ELECTRONIC DEVICES	12
25. ADDITIONAL PERMANENT TOTAL AND PARTIAL DISABILITY	12
26. MEDICAL EXPENSES OVERSEAS FOR INPATIENT AND OUTPATIENT	13
27. ENHANCED PERMANENT AND TOTAL DISABILITY	13
When Benefits Are Not Payable ("General Exclusions")	13
Claiming For Your Benefits	14
28. HOW TO CLAIM	14
29. THINGS TO KNOW	14
Customer Care Process	15
30. IF YOU HAVE ANY CONCERNS	15
31. MEDIATION AND ARBITRATION	15
Cancelling This Policy	16
32. YOUR CANCELLATION RIGHTS	16
33. OUR CANCELLATION RIGHTS	16
Policy Owners' Protection Scheme	16

Definitions

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

“**You**”, “**Your**”, and “**Insured Person**” refer to any insured person shown in the Personal **Accident** Insurance Summary.

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

“**Period of Insurance**” refers to the period between the Coverage Start Date and Coverage End Date (both inclusive) as shown in the Personal **Accident** Insurance Summary.

“**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**” refers to:

- 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**” or “**Children**” refers to anyone who is 18 years of age or younger, or 25 years of age or younger (as on the Coverage Start Date shown in the Personal **Accident** Insurance Summary) if the **Child** is studying full-time in a recognised institute of higher learning.

“**Confined**” and “**Confinement**” refers to a **Medically Necessary** admission in a **Hospital** as a resident in-patient for 24 continuous hours upon the recommendation and care of a **Medical Practitioner**.

“**Family Member**” refers to **Your** legally recognised spouse and **Children**.

“**Home**” refers to **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.

“**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 criterion, with acceptable clinical and laboratory evidence; and
- Is not related to a **Pre-existing Medical Condition**.

“**Infectious Disease**” refers to deteriorating physical health caused by 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** diagnosed using internationally accepted medical diagnostic criterion, with acceptable clinical and laboratory evidence; and
- Is not related to a **Pre-existing Medical Condition**.

The list of such covered diseases under this **Policy** includes:

- Anthrax
- Avian Influenza or “Bird Flu”
- Chikungunya fever
- 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
- “Mad Cow Disease”
- Yellow fever
- Zika virus
- Cholera

“**Injury**” refers to a harm an **Accident** has caused to a person’s body during the **Period of Insurance**.

“**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
- Have different charges from non-**Intensive Care** Unit rooms and typically cost more per night.

“**Interested Party**” refers to:

- **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.

For the purposes of this **Policy**, a **Medical Practitioner**, Chinese physician, or a third party cannot be an **Interested Party**.

“**Medical Practitioner**” refers to a person with a medical degree, who is licensed or registered in their country of practice, and has permission from a medical board or equivalent authority to practice medicine.

“**Medically Necessary**” refers to medical services, procedures or supplies that:

- A **Medical Practitioner** needs to treat an **Injury** or **Illness**. These services, procedures or supplies are necessary because the patient’s medical condition will be adversely affected without them;
- Are widely accepted within the medical community in Singapore or the country of treatment as being effective, appropriate, and essential for treating a patient’s **Injury** or **Illness** based on the relevant medical specialty’s recognised standards;
- Not considered experimental and/or developmental in nature, or, if experimental and/or developmental in conventional medicine;
- Not elective, preventive or screening in nature. These services, procedures or supplies are also not given the patient for personal comfort or convenience, or for him or her to make a profit, or for the treating **Medical Practitioner** and/or medical service provider to make a profit; and
- Are charged at fair market rates in **Our** opinion.

“**Policyholder**” refers to the named owner of this **Policy** as shown in the **Personal Accident** Insurance Summary.

“**Pre-existing Medical Condition**” refers to a medical condition:

- **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:

- Natural Disaster;
- Epidemic or pandemic declared by the World Health Organization or the Singapore government;
- Major industrial **Accident**;
- Event that leads to mass cancellation of public transport to/from/around a location (this includes airports); and
- Scenario that results in the relevant government issuing a warning against non-essential travel.

General Provisions

1. THIS POLICY

This Contract, the Personal **Accident** Insurance Summary, and any Endorsements attached by Us collectively form this **Policy**. It is proof of an insurance contract between the **Policyholder** and **Us** (FWD Singapore Pte. Ltd.). 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**.

This **Policy** is offered on the basis that **You** and anyone insured by this **Policy** agree to comply with all of the terms and conditions set out in this **Policy**. If not, **We** have the right to either decline **Your** claims or cancel this **Policy** and treat it as never having existed. 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.

Please carefully read this **Policy** including the attached Personal **Accident** Insurance Summary and visit **Us** at www.fwd.com.sg or contact **Us** at +65-6820-8888 or contact.sg@fwd.com if **You** have any questions.

2. IMPORTANT THINGS TO KNOW

Each benefit provided by this **Policy** has a maximum amount **We** will pay under that benefit. Please check **Your** Personal **Accident** Insurance Summary to make sure this **Policy** is adequate for **Your** needs.

Please take time to read the ‘General Exclusions’ section that outlines scenarios where **We** will not be legally responsible for paying a claim. Some examples include:

- Claims resulting from **Pre-existing Medical Conditions** (including mental, psychological or psychiatric disorders);
- Claims resulting from **You** being intoxicated on alcohol or drugs not prescribed by a **Medical Practitioner**;

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 those third-parties are not required to pay, up to the limit for that benefit stated in **Your** Personal **Accident** Insurance Summary. This does not apply to section 10 **Accidental** Death, section 11 Permanent Total and Partial Disability, section 12 Guardian Angel Benefit, section 13 Funeral Grant for **Accidental** Death, section 19 Daily Taxi Allowance, section 21 Event Cancellations, section 22 Daily Hospital Income, section 23 Weekly income Benefit for Temporary Total Disability, section 25 Additional Permanent Total and Partial Disability and section 27 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.

Please immediately inform **Us** if any details in **Your** Personal **Accident** Insurance Summary 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** cover subject to the payment of the additional premium. **We** may also cancel or rescind this **Policy** if any submitted claim is fraudulent or if **We** are required to do so under the laws or regulations of Singapore.

3. POLICY EXTENSIONS

The following extensions apply to the **Policy** unless stated otherwise in any of the respective sections including General Exclusions:

Worldwide Coverage

This **Policy** will have a worldwide coverage for a maximum stay of 180 consecutive days stay outside Singapore except for all the benefits where the benefits are specified as valid only in Singapore.

Terrorism, Hijack, Murder, and Assault

If **You** suffer an **Injury** or die because of an **Accident** during terrorism, hijack, murder or assault that triggers a benefit under this **Policy**, **We** will pay the relevant benefit stated in the Personal **Accident** Insurance Summary.

Disappearance and Exposure

If **Your** body is not found within one year after the date of **Your** disappearance following sinking or destruction of the ship, plane or any other conveyance **You** were onboard during the **Period of Insurance**, **We** will pay the death benefit stated in **Your** Personal **Accident** Insurance Summary.

If **You** suffer an **Injury** or die because **You** were exposed to natural elements due to an **Accident** that triggers a benefit under this **Policy**, **We** will pay the relevant limit stated in **Your** Personal **Accident** Insurance Summary.

Drowning and Suffocation

If **You** suffer an **Injury** or die 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 stated in **Your** Personal **Accident** Insurance Summary.

Accidental Miscarriage

If **You** sustain an **Injury** resulting in a miscarriage that triggers a benefit under this **Policy** and is not attributed to any natural cause and/or **Illness**, **We** will pay up to the relevant limit stated in **Your** Personal **Accident** Insurance Summary.

Reservist Training

If **You** suffer an **Injury** or die because of an **Accident** during Reservist Training that that triggers a benefit under this **Policy**, **We** will pay **You** up to the relevant limit stated in **Your** Personal **Accident** Insurance Summary.

Infectious Disease

We will consider **Infectious Disease** as an **Accident** and if it triggers a benefit under this **Policy**, **We** will pay up to 50% of the relevant limit stated in **Your** Personal **Accident** Insurance Summary. This extension has a 90-day waiting period from **Your** **Policy** Coverage Start Date.

Food Poisoning

We will consider **Food Poisoning** as an **Accident** and if it triggers a benefit under this **Policy**, **We** will pay up to 50% of the relevant limit stated in **Your** Personal **Accident** Insurance Summary. This extension has a 90-day waiting period from when **Your** **Policy** Coverage Start Date.

Adventure Sports

If while participating in any adventure sport, **You** suffer an **Injury** or die because of an **Accident** that triggers a benefit under this **Policy**, **We** will pay up to the relevant limit stated in **Your** Personal **Accident** Insurance Summary. **We** will not be liable to pay any benefit if **You** participate in recreational and sports activities managed by a licensed commercial operator and do not follow the rules and safety procedures (including wearing appropriate safety equipment) that the operator requires or recommends or if **You** participate in recreational and sports activities as a professional or to receive a financial reward or incentive.

4. GOVERNING LAW AND CURRENCY

This **Policy** is governed by the Republic of Singapore's laws.

All amounts **You** or **We** are required to pay for this **Policy** will be in Singapore dollars. **We** will change any expenses **You** incur (that **You** can claim from **Us**) into Singapore dollars at a reasonable foreign currency exchange rate **We** choose. **We** are not legally responsible for any exchange rate-related losses **You** may have.

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

5. 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 to buy or renew any Personal **Accident** insurance, nor have their Personal **Accident** insurance ever been cancelled or voided by their insurer, and
- Must not be exposed to additional hazards that are widely recognised as dangerous or health deteriorating during work.

6. WHEN INSURANCE COVER BEGINS AND ENDS

Insurance cover under this **Policy** starts from **Your** Coverage Start Date as shown in **Your** 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**);
- The **Policy** ends;
- Any **Insured Person** reach 75 years of age; or
- Termination is triggered within any other **Policy** terms and conditions.

Policy Benefits

7. EMERGENCY MEDICAL EVACUATION

You can claim this benefit if **You** are overseas and:

- In a life-threatening medical condition resulting from an **Accident**;
- **We** believe it is **Medically Necessary** to move **You** to a medical facility for treatment;
- **You** need to return to Singapore to recover, or for continued treatment after **You** have been moved to an overseas medical facility for treatment as described above; or
- **You** die 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 **You** to the medical facility for treatment; and
- **We** will pay any administrative fees to change **Your** dates and/or destinations if **You** are unable to use **Your** existing return ticket to Singapore.

If **You** die:

- **We** will pay the necessary expenses to return **Your** body to Singapore or **Your** home country (as decided by **Your** legal representative). These expenses include those reasonably incurred for preservation and cremation such as the cost of embalment (if **Your** legal representative chooses) and a basic casket. These expenses do not include those related to religious ceremonies or rites; and
- **We** will provide **You** a fixed benefit of funeral grant if the death was caused by an **Accident** stated in **Your** Personal **Accident** Insurance Summary.

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 **Your** medical facility and transport method based on **Your** Location and **Our** assessment of the severity of **Your** medical condition; and
- Any **Medically Necessary** costs **You** incur overseas will be counted as part of the relevant limit as stated in **Your** 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 **You** return to Singapore; and
- Any costs incurred because **You** decide 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 General Exclusions;

8. EMERGENCY PHONE CHARGES

What **We** will pay:

If **You** are 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 limit of benefit stated in **Your** 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 General Exclusions section.

9. AMBULANCE FEE

If **You** have 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 limit stated in **Your** Personal **Accident** Insurance Summary.

10. ACCIDENTAL DEATH

What We will pay:

If **You** suffer from an **Accident** and it solely and directly causes **Your** death within 12 months of the **Accident**, **We** will pay **Your** legal representatives **Accidental** Death Benefit as stated in **Your** Personal **Accident** Insurance Summary.

You should note that:

- Any benefit amount paid for Permanent Total and Partial Disability or Enhanced Permanent and Total Disability caused by the same or different **Accident** during the same **Policy** year will be deducted from the **Accidental** Death Benefit;
- 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 disability resulting in the death is related to an **Illness** and not an **Accident**; and
- Any of the scenarios stated in the General Exclusions section.

11. PERMANENT TOTAL AND PARTIAL DISABILITY

If **You** suffer from an **Accident** and it solely and directly causes Permanent Total and Partial Disability within 12 months of the **Accident**, **We** will pay **You** or **Your** legal representatives Permanent Total and Partial Disability benefit as stated in **Your** Personal **Accident** Insurance Summary depending on severity, as follows:

Permanent Disability Severity	Payment as a percentage of the Accidental Death Benefit Amount
Total and Permanent Disability	100%
Total and permanent sight loss 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 (8% or more of the head or more than 20% of the body)	
Total and permanent severance or loss of one limb above the wrist or ankle	80%
Third-degree burns (between 5% to 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 sight loss in one eye	
Total and permanent hearing loss in one ear	
Total and permanent speech loss	
Third-degree burns (between 2% to 5% or more of the head or 10% to 15% of the body)	4%
Total loss of hand or foot phalanges	

You should note that:

- 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;
- 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 Permanent Total and Partial Disability then no further benefit will be payable under sections 10, 11 and 27 of this **Policy**.
- If the **Insured Person** has opted for Additional Permanent Total and Partial Disability rider, then the maximum benefit payable is 150% of the **Accidental** Death Benefit toward Permanent Total and Partial Disability. In that case, once 150% of the **Accidental** Death Benefit is payable on account of Permanent Total and Partial Disability then no further benefit will be payable under sections 10, 11, 25 and 27 of this **Policy**.

What is not covered:

- If Permanent Disability is directly or indirectly caused by **Illness** other than **Food Poisoning, Infectious Disease**; and
- Any of the scenarios stated in the General Exclusions section.

12. GUARDIAN ANGEL BENEFIT

If **You** and **Your** spouse die or get Permanently Disabled from the same **Accident** for which 100% of the **Accidental** Death Benefit is payable then **Your** surviving **Child(ren)** will be eligible for Guardian Angel Benefit and **We** will pay the benefit limit stated in **Your** Personal **Accident** Summary to **Your** legal representative.

What is not covered:

- If death or disability resulting in the death is directly or indirectly caused by **Illness** other than **Food Poisoning, Infectious Disease**; and
- Any of the scenarios stated in the General Exclusions section.

13. FUNERAL GRANT FOR ACCIDENTAL DEATH

If an **Accident** causes **Your** death while **You** are in Singapore or overseas, **We** will provide a funeral grant to **Your** legal representative as stated in **Your** Personal **Accident** Insurance Summary.

What is not covered:

- Any of the scenarios stated in the General Exclusions section.

14. MEDICAL EXPENSES FOR INPATIENT AND OUTPATIENT

What **We** will pay:

We will reimburse **You** for **Medically Necessary** expenses for any **Accident** when **You** are in Singapore up to the relevant limit of benefit stated in **Your** Personal **Accident** Insurance Summary.

What is not covered:

- Medical treatment **You** take overseas;
- Medical treatment as a result of **You** 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 General Exclusions section.

15. CHINESE PHYSICIAN, ACUPUNCTURIST, BONESETTER AND CHIROPRACTOR EXPENSES

We will reimburse reasonable and necessary Chinese Medicine Practitioner and/or Chiropractor expenses when **You** are in Singapore related to an **Accident** up to the relevant limit of benefit stated in **Your** Personal **Accident** Insurance Summary.

You should note that:

- “Chinese Medicine Practitioner” refers to a legally licensed herbalist, acupuncturist, or bone-setter registered to practice within the scope of his or her licence under the laws of the country where he or she operates;
- “Chiropractor” refers to a legally licensed practitioner in chiropractic medicine registered to practise within the scope of his or her licence under the laws of the country where s/he operates; and
- For the purposes of this **Policy**, a Chinese Medicine Practitioner or Chiropractor cannot be an **Interested Party**.

What is not covered:

- Medical treatment as a result of **You** 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 General Exclusions section.

16. PHYSIOTHERAPY EXPENSES

If **You** suffer a Permanent Disability because of an **Accident** and need physiotherapy within 90 days from the **Accident**, and a **Medical Practitioner **We**** approve of confirms this need, **We** will pay for the cost of the physiotherapy undertaken from a physiotherapist up to the relevant limit of benefit as stated in **Your** Personal **Accident** Insurance Summary.

“Physiotherapist” for this section 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.

What is not covered:

- Any of the scenarios stated in the General Exclusions section.

17. MOBILITY AND PROSTHESIS AIDS

What We will pay:

If **You** suffer from an **Accident** that solely and directly causes **You** to be **Confined** to a **Hospital** requiring **You** to use mobility aids such as wheelchairs, walking aids, or prosthetic equipment such as replacement limbs prescribed by a **Medical Practitioner** within 12 months from the date of the **Accident**, **We** will pay the actual cost incurred up to the relevant limit of benefit stated in **Your** Personal **Accident** Insurance Summary.

What is not covered:

- Any mobility or prosthetic aid related to any medical condition before **Your Policy** started will not be covered; and
- Any of the scenarios stated in the General Exclusions section.

18. HOME MODIFICATIONS

What We will pay:

If **You** suffer any Permanent Disability because of an **Accident**, **We** will pay for the reasonable cost of modifying **Your Home** (maximum of one residence), wherever necessary so **You** can move around. **We** need to approve of any modification work **You** intend to do. **We** will pay up to the relevant limit of benefit stated in **Your** Personal **Accident** Insurance Summary and the modification must be completed, with spending proof sent to **Us** within 12 months from the date of the Permanent Disability.

What is not covered:

- Modifications to **Your Home** that do not help **You** move around, or **We** have not approved of;
- Modifications to a **Home** where **You** do not live (whether rented long-term or owned);
- Damages **Your** modification work has caused; and
- Any of the scenarios stated in the General Exclusions section;

19. DAILY TAXI ALLOWANCE

If **You** are **Confined** to a **Hospital** in Singapore for five continuous days or more because of an **Accident**, **You** can claim for **Your** taxi fare as per the daily limit of benefit stated in **Your** Personal **Accident** Summary. This cover will be effective for two weeks from the moment **You** are discharged from hospital.

What is not covered:

- If **You** are **Confined** to a **Hospital** for any treatment that is not covered under this **Policy**; or
- Any of the scenarios stated in the General Exclusions section.

20. 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 limit of benefit stated in **Your** 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 when **You** are driving a car or motorcycle;
- 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 General Exclusions section.

21. 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 limit of benefit as stated in **Your Personal Accident Insurance Summary**.

You should note that:

- “Haze” under this **Policy** refers to a pollution measured as “unhealthy and above” by the National Environment Agency in Singapore.
- 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 the **Insured Person** has 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 as an **Accident**;
- Cancellation of an event will include event postponement as well;
- **We** will need the original tickets to process the claim.

What is not covered:

- If the event is cancelled for any other reason than Haze then **We** will not pay **Your** claim;
- If **You** voluntarily do not attend the event because of Haze then **We** will not pay **Your** claim;
- If **You** bought **Your** ticket before **Your Policy** Coverage Start Date; and
- Any of the scenarios stated in the General Exclusions section.

Optional Benefits

22. DAILY HOSPITAL INCOME

When **You** are **Confined** to a **Hospital** for at least three days because of an **Accident**, **We** will pay the daily benefit for a maximum period of 365 days as stated in **Your Personal Accident Insurance Summary**. 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 General Exclusions section.

23. WEEKLY INCOME BENEFIT FOR TEMPORARY TOTAL DISABILITY

“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.

You should note that:

- If **You** suffer from an **Accident** that is the only and direct cause of **Your** Temporary and Total Disability, **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 **Your Personal Accident Insurance Summary**.
- If **You** are not engaged in occupation or business that generates income and are not able to perform 3 out of the 6 **Activities of Daily Living** as confirmed by a **Medical Practitioner We** approve of, then **You** will be eligible for this benefit.

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 General Exclusions section;

24. 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 **We** will pay:

We will compensate **You** for the loss or damage suffered to 1 Mobile, 1 Tablet and 1 Laptop, up to the limit of benefit stated in **Your** 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 items. 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 pay only up to the relevant limit stated in **Your** 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 General Exclusions section.

25. ADDITIONAL PERMANENT TOTAL AND PARTIAL DISABILITY

You can claim this benefit if an **Accident** solely and directly causes **Your** Permanent Total and Partial Disability within 12 months of the **Accident**, up to the relevant limit stated in **Your** Personal **Accident** Insurance Summary.

For the details of Permanent Total and Partial Disability Schedule please refer Section 11.

26. 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 **Your** 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 condition **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 General Exclusions section.

27. ENHANCED PERMANENT AND TOTAL DISABILITY

“Enhanced Permanent and Total Disability” means the **Insured Person**:

- 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
- At the end of this continuous 12 month period, is in **Our** approved **Medical Practitioner**’s opinion unlikely to ever return to any business, profession, or occupation he or she was trained, educated, or experienced to work in (before the **Accident**).

What **We** will pay:

- **You** can claim this benefit if **You** suffer from an **Accident** and it solely and directly causes 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 **Your** Personal **Accident** Insurance Summary.

You should note that:

- Maximum benefit payable for under this section is limited to 100% of the **Accidental** Death Benefit in a **Policy** year. Once Enhanced Permanent and Total Disability benefit is payable then no further benefit will be payable under the sections 10, 11 and 27 of this **Policy**; and
- Any benefit paid under section 11 will be deducted from the benefit payable under Section 27.

What is not covered:

- If death or disability resulting in the death is directly or indirectly caused by **Illness** other than **Food Poisoning** or **Infectious Diseases**; and
- Any of the scenarios stated in the General Exclusions section.

When Benefits Are Not Payable (“General Exclusions”)

This section outlines scenarios this **Policy** does not cover. If **We** refuse a claim because of one or more of the below exclusions, and **You** disagree with **Our** decision, **You** are responsible for proving that **We** are legally responsible for that claim. **Our** subsequent payment of the claim will not affect the validity of any other exclusions.

We are not legally responsible 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** which results in any way from an **Accident** then no other benefit will be payable than the benefit payable under the **Policy** Extensions;

- 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;
- 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;
- 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.

Claiming For Your Benefits

28. HOW TO CLAIM

To make a claim, please call **Our** Emergency Assistance at +65-6322-2072 or visit www.fwd.com.sg to access **Our** claims portal.

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 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 if **We** need **Our** approved **Medical Practitioner** to medically examine the **Insured Person** during any **Injury** or **Illness** claim. This includes post-mortem examinations.

29. THINGS TO KNOW

If **You** engage in an occupation different to what **You** disclosed in the proposal for this **Policy** without first notifying and obtaining **Our** written agreement (which may be subject to the payment of such reasonable additional premium as **We** may require as the consideration for such agreement), **We** will not pay nor be liable for any claim in respect or arising out of or in the course of such occupation.

If **You** change **Your** resident country, **You** must tell us according to **Your Policy's** terms and conditions. Changing **Your** resident country refers to the **Insured Person** living or intending to live in another country other than the **Insured Person's** country of residence 180 continuous days or more after **Your Policy** Coverage Start Date. **We** reserve the right to continue cover on current terms and conditions or reject continuing **Your Policy** if **You** change **Your** resident country.

We reserve the right to lodge a report with the Singaporean or local police if **You** submit a dishonest or fraudulent claim. **You** must return any amount that **You** are not covered for under this **Policy** when **We** have made payment or and that **We** have paid on **Your** behalf.

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.

If **You** become aware of any legal action against **You**, **You** must inform **Us** immediately. **You** should also promptly forward **Us** every communication **You** receive related to this legal action. **You** must inform **Us** before communicating with any third party (including the police) other than FWD. **You** or any person acting for **You**, must not negotiate, admit, or reject any claim without **Our** written approval.

We can take over any rights to defend or settle any claim and to take proceedings in **Your** name to enforce **You** or **Our** rights against any other person. **We** may also take proceedings in **Your** name to recover any payment **We** have made for this **Policy**. If **We** do so, **We** will pay for the proceedings.

Customer Care Process

30. IF YOU HAVE ANY CONCERNS

Please contact the Customer Care Team at **+65-6820-8888** or **www.fwd.com.sg** if **You** have a concern, are unhappy over any matter relating to this **Policy**, or are not pleased with how **Your** claim was handled. The following are **Your** options and how **We** will respond to **Your** concerns:

In the first instance, **We** will acknowledge receipt of **Your** feedback within three working days while **We** look into the matter. **We** may contact **You** for further information 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 has been 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 Financial Industry Disputes Resolution Centre (FIDReC), an independent dispute resolution centre involving the 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.

31. 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 mediation fails, the dispute will be referred to and finally resolved by arbitration in Singapore in line with the Arbitration Rules of the Singapore International Arbitration Centre that apply at the point in time.

Cancelling This Policy

32. YOUR CANCELLATION RIGHTS

We will refund the premium portion **You** paid according to the following. **We** will not pay any refund less than S\$25.

In case **You** want to cancel the **Policy** within the free-look period (14 days from the date of **Policy** issuance) then **We** will refund the **Policy** premiums in full unless there has been a claim registered against the **Policy**.

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%

33. OUR CANCELLATION RIGHTS

We have the right to cancel this **Policy** at any time by giving **You** seven days' written notice. If **We** cancel this **Policy**, **We** will send that notice to **Your** last-known postal address and refund 100% of the pro-rata premium for the unexpired period through **Your** original premium payment mode. The cancellation will not prejudice any claim originating prior to cancellation.

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 this **Policy** is automatic and no further action is needed from **You**. For more information on relevant coverage limits, please contact **Us** or visit the General Insurance Association (www.gia.org.sg) or SDIC websites (www.sdic.org.sg).