

FWD Essential Life contract



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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Definitions

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

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

“Endorsement” refers to 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**.

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

“Medical Practitioner” refers to a person who:

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

“Period of Insurance” refers to the period of time between the coverage start date and coverage end date (both inclusive) as shown in the **Policy Schedule**.

“Policy” refers to the contract of insurance between **You** and **Us**. The following documents form part of this **Policy**:

- the **Application Form**;
- the Cover Page;
- this Document;
- the **Policy Illustration**;
- the **Policy Schedule**;
- the supplementary plan (if any); and
- the **Endorsement** (if any).

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

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

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

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

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



General provisions

1. Information about this policy

This Contract, the **Policy Schedule**, **Policy Illustration**, **Application Form**, the Cover Page, any supplementary plan, and any **Endorsements** attached by **Us** collectively form this **Policy**. It is proof of an insurance contract between the **Policyholder** and **Us**.

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

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

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

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

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

2. Governing law and currency

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

3. When this policy starts and end

This is a one year **Policy**, providing insurance cover for the **Period of Insurance**. This **Policy** starts on the coverage start date as shown in the **Policy Schedule** or the date **We** receive the first **Premium**, whichever is later. At the end of the **Period of Insurance**, **Your Policy** will automatically renew for one more year at the prevailing terms and conditions, unless otherwise terminated.

4. Basis for offering this policy

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

Inaccurate information

If **We** discover within two years of the coverage start date or the date that **We** approve an increase in the Sum Insured (whichever of the two is later), that any information **You** provided is incorrect such that **We** would not have offered this **Policy**, **We** may cancel this **Policy** with a full refund of any **Premium** paid without interest and treat it as never having existed.

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

Change in residential address

You must inform **Us** within 60 days if **You** change **Your** residential address.

5. Free-look period

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

6. Third parties

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



Benefits provided by this policy

7. Death benefit

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

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

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

8. Situations where the death benefit is not payable

If **You** commit suicide within the first year from the **Policy** issue date or the date **We** approve an increase in the Sum Insured (in respect of that increase), the benefit payable under this **Policy** will be limited to the **Premiums We** receive for this **Policy**. This **Policy** will be terminated automatically thereafter.

9. Applying for your benefits

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

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

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

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

10. Benefits not provided by this policy

Other than the Death benefit or Cancer benefit (where applicable), no other benefits will be paid by this **Policy** - including the situation where **You** cancel this **Policy** before the coverage end date.



Premiums payable for this policy

11. Premiums you need to pay

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

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

The **Premiums** that **You** pay for this **Policy** (including any supplementary plan) is guaranteed during the **Period of Insurance**. However, at the **Policy** renewal date, **We** reserve the rights to adjust subsequent **Premium(s)** which may differ from the illustration in **Your Policy Illustration**. **We** will let **You** know 30 days in advance if **Your** subsequent **Premiums** are revised.



Renewal

12. Renewing your policy coverage

The **Period of Insurance** stated in the **Policy Schedule** is “one year”.

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

The **Premium We** charge **You** for the next year will be the same as the **Premium** that **We** charge people who have the same age, gender, Sum Insured, and smoking status as **Yourself** on the day this **Policy** is renewed.

Renewal of coverage is available every year until **You** are 85 years old and as long as this **Policy** remains valid.

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



Termination provisions

13. Termination of this policy

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

- When the Death benefit amount **We** have paid under this **Policy** equals the Sum Insured
- This **Policy** has reached the coverage end date and is not renewed
- The end of the **Period of Insurance** when you turn age 85
- **We** do not receive the **Premium** within the 62-day grace period
- **You** notify **Us** in writing that **You** would like to terminate **Your Policy**
- Any other event that leads to termination as stated in this Contract, such as providing inaccurate information, submitting a fraudulent claim, or if **We** are required to do so under the laws or regulations of Singapore.

This **Policy** does not end when only Cancer benefit is paid (where applicable).

If **You** choose to terminate **Your Policy** early and **You** have paid **Your Premiums**, **Your Policy** will continue to provide coverage up to the next date in which **Your Premiums** is due.

14. Reinstatement

This **Policy** (including any attached supplementary plan) cannot be reinstated after it has been terminated or has lapsed.



Customer care process

15. If you have a concern

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

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

The Chief Executive Officer

FWD Singapore Pte. Ltd.

6 Temasek Boulevard,

#18-01 Suntec Tower Four,

Singapore 038986

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

Email: info@fidrec.com.sg

Web: www.fidrec.com.sg

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

16. Mediation and arbitration

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

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

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



Policy Owners' Protection Scheme

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

Cancer supplementary plan



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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Cancer benefits provided by this supplementary plan

The terms and conditions of the Essential Life contract apply to this supplementary plan, unless stated otherwise.

1. Cancer benefit

If during the time this Supplementary Plan is in force and after the **Waiting Period**:

- **You** experience symptoms that may be related to **Cancer**; and
- a **Medical Practitioner** subsequently confirms that **You** suffer from **Cancer**,

We will pay the **Cancer benefit** equal to the Sum Insured stated in the **Policy Schedule**.

“**Cancer**” means a malignant tumour characterised by the uncontrolled growth of malignant cells and the invasion of tissue. It includes carcinoma-in-situ, a focal autonomous new growth of carcinomatous cells which have not yet infiltrated normal tissue beyond the epithelial basement membrane. The malignant tumour must be investigated and diagnosed with support by a histopathological biopsy report and confirmed by a **Medical Practitioner**.

For carcinoma-in-situ of cervix uteri, it must be at a grading of CIN III. We do not cover all neoplasms or tumours which are classified as pre-malignant, having borderline malignancy, having any degree of malignant potential, having suspicious malignancy or of uncertain or unknown behaviour.



When benefits are not payable

This section outlines scenarios that this Supplementary Plan does not cover. If **We** refuse a claim because of one or more of the below scenarios or as a result of a breach of this Supplementary Plan, and **You** disagree with **Our** decision, **You** are responsible for proving that **We** are legally responsible for that claim. **Our** payment of a claim will not affect **Our** ability to refuse a subsequent claim under any of the other scenarios.

2. General exclusions

We will not pay the **Cancer benefit** for claims that are directly or indirectly caused by, or result from a **Pre-Existing Condition**.

“**Pre-Existing Condition**” refers to a medical condition that has one or more of the following characteristics on or prior to the Coverage Start Date:

- present signs or symptoms which **You** were aware of or should reasonably have been aware;
- treatment was recommended or received from a **Medical Practitioner** for the medical condition; or
- **You** have undergone medical tests or investigations.

3. Waiting period

If **You** experience first symptoms of **Cancer** within the first 90 days from the Coverage Start Date or date of **Endorsement**, whichever is later, **We** will not pay the **Cancer benefit**.