

# FWD Stroke insurance Policy 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**



# Table of contents

	<b>About your policy document</b>	<b>1</b>		<b>Termination of your policy</b>	<b>7</b>
	What makes up your policy	1		Free-look period	7
				Reinstatement	7
	<b>Your policy benefits</b>	<b>2</b>		<b>Customer care</b>	<b>8</b>
	Stroke benefit	2		If you have a question or problem with your policy	8
	Death benefit	2		Mediation and arbitration	8
	<b>When benefits are not payable</b>	<b>3</b>		<b>Your policy protection scheme</b>	<b>9</b>
	General exclusions	3			
	Waiting period	3			
	<b>Making a claim</b>	<b>4</b>		<b>Information about your policy</b>	<b>10</b>
	Waiting period	4		Governing law and currency	10
	<b>Premiums</b>	<b>5</b>		When insurance cover begins and end	10
	Benefits not provided by your policy	5		Basis for offering this policy	10
				Inaccurate information	10
				Third parties	10
	<b>Renewal</b>	<b>6</b>		<b>Important words and phrases</b>	<b>11</b>
	Renewing your policy coverage	6			



# About your policy document

When it comes to insurance, we are simple, direct and reliable. We want to make it easy for **You** to understand **Your** benefits and what **You** are covered for.

We've put explanations of words and phrases in **bold** for **You** to refer to in section 11, set out on page 11. All other capitalised words in **bold** are defined under the relevant section.



We also highlight important information like this. Read carefully.

## What makes up your policy

**Your Policy** is made up of the documents listed below as proof of an insurance contract between the **Policyholder** and **Us**. **We** will provide them to **You** in electronic form:

- This document.
- **Your Policy Schedule.**
- **Your Policy Illustration.**
- **Your Application Form.**
- Any **Endorsement to Your Policy.**

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

If **You** ask **Us** to make any changes to **Your Policy**, or send **Us** any more information, that requested change or additional information will also become part of **Your Policy** when **We** approve it.



A policy endorsement is the document **We** provide that records any official change to **Your Policy**.



# Your policy benefits

---

## Stroke benefit

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

- **You** experience symptoms that may be related to **Stroke with Permanent Neurological Deficit** and
- a **Medical Practitioner** subsequently confirms that **You** suffer from **Stroke with Permanent Neurological Deficit**.

**We** will pay the **Stroke Benefit** equal to the sum insured or total premium paid, whichever is higher, stated in the **Policy Illustration**.

---

## Death benefit

If **You** die while this **Policy** is in force, **We** will pay the **Death Benefit** equal to the sum insured stated in the **Policy Schedule**.



# When benefits are not payable

This section outlines scenarios that this **Policy** 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 **Policy**, 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

---

## General exclusions

**We** will not pay the **Stroke 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 **Policy Issue Date**:

- presented 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.

---

## Waiting period

If **You** experience first symptoms of **Stroke with Permanent Neurological Deficit** within the first 90 days from the **Policy Issue Date** or date of **Endorsement**, whichever is later, **We** will not pay the **Stroke Benefit**.



# Making a claim



**You or Your legal representative will need to notify Us within 90 days of the date of death or experience **Stroke with Permanent Neurological Deficit** to make a claim under this Policy.**

In the event that **We** were notified after 90 days, **We** will not reject or lessen the claim amount if **We** are convinced that:

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

**You or Your legal representative** are legally responsible for all costs incurred including travel, accommodation and other costs in providing **Us** the necessary documents **We** request in order to assess **Your** claim, except for the cost of any additional medical examinations **We** require **You** to have as requested by **Our** appointed **Medical Practitioner**. The opinion and diagnosis of this **Medical Practitioner** is binding on **You** and **Us**.

**We** will deduct any monies **You** owe us on **Your Policy** before **We** pay any claim.

Please contact **Us** to claim for a benefit provided by this **Policy**. Call **+65 6820 8888**, email [contact.sg@fwd.com](mailto:contact.sg@fwd.com) or visit [www.fwd.com.sg](http://www.fwd.com.sg) to access **Our** claims portal.

---

## Benefits not provided by your policy



**Other than the **Death Benefit** or **Stroke Benefit**, no other benefits will be paid by this **Policy** – including the situation where **You** cancel this **Policy** before the coverage end date as shown on the **Policy Schedule**.**



# Premiums

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.

This **Policy** will be terminated automatically if **We** do not receive the **Premium** in full within the grace period.

Any amount due to **Us** under this **Policy** will be deducted from any benefit that becomes payable within the grace period.

The **Premiums** that **You** pay for this **Policy** 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

---

## Renewing your policy coverage

This **Policy** is an annual contract. **We** will automatically renew this **Policy** by one more year, until **You** are 85 years old, if this **Policy** is valid at the end of the **Period of Insurance**.

The **Premium We** charge **You** for the subsequent year(s) 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. **We** will not take into account any changes in **Your** health, but any conditions **We** imposed when **We** first issued this **Policy** will apply to **Your Policy**.

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





# Termination of your policy

This **Policy** will be terminated automatically at the first instance of any of the following:

- When **We** have paid the **Stroke Benefit** or **Death Benefit** in full under this **Policy**;
- This **Policy** has reached the coverage end date and is not renewed;
- **We** do not receive the **Premium** within the 62-day grace period;
- When **We** receive **Your** notice in writing to terminate **Your Policy**; or
- Any other event that leads to termination as stated in this **Policy** such as providing inaccurate information, submitting a fraudulent claim, or if **We** are required to do so under the laws or regulations of Singapore.

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 on which **Your Premium** is due.

---

## Free-look period

**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 write in to **Us** 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**.

---

## Reinstatement

This **Policy** cannot be reinstated if it was terminated because **Premiums** were not paid. If **You** wish to continue to receive coverage, **You** may purchase a new **Policy**.



# Customer care

## If you have a question or problem with your policy

**We** aim to give **You** the best service. However, if **You** are not pleased with how **Your** claim was handled, please let **Us** know. 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 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 (CEO)  
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 of **Your** letter to the **CEO**.

If **We** cannot reach a mutually acceptable agreement, **You** may approach the Financial Industry Disputes Resolution Centre (FIDReC), an independent dispute resolution centre for resolution of disputes involving financial institutions and consumers. 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](mailto:info@fidrec.com.sg) | web: [www.fidrec.com.sg](http://www.fidrec.com.sg)



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

## Mediation and arbitration

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** and **Us** agree to resolve 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 adhere to 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 that point in time.



# Your policy protection scheme

This **Policy** is protected under the Policy Owners' Protection Scheme (the Scheme) which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage of this **Policy** under the Scheme 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 GIA/LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg)) or ([www.lia.org.sg](http://www.lia.org.sg)) or ([www.sdic.org.sg](http://www.sdic.org.sg)).



# Information about your policy

## 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.

## When insurance cover begins and ends

This is a one year **Policy**, providing insurance cover for the **Period of Insurance**. This **Policy** starts on the coverage start date as shown on the **Policy Schedule** or the date **We** receive the first **Premium**, whichever is later. In the absence of any changes to **Your** health, at the end of the **Period of Insurance**, **Your Policy** will automatically renew for one more year at the prevailing terms and conditions.

## 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**.

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 terminate this **Policy** and treat it as never having existed. In the event that **We** decide to maintain **Your** cover, **We** may charge an additional **Premium**.

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 any information **You** provided in the **Application Form** or prior to renewal of **Your Policy** is incorrect and if, based on the correct information, **We** would not have offered this **Policy**, **We** may cancel this **Policy** and treat it as never having existed within two years of the **Policy Issue Date**.

In such situations, **We** will refund any **Premium** paid without interest less of any expenses we may have incurred.

In case 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.

## Third parties

**You** may assign **Your** benefits under this **Policy** to another person. Please note that **You** will have to notify us of the assignment in writing in order for us to be bound by it. **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.



# Important words and phrases

<b>Application Form</b>	refers to the information <b>You</b> or the insured person (or both) provided to <b>Us</b> when applying for this <b>Policy</b> . <b>Our</b> decision to issue this <b>Policy</b> is based on the information provided by <b>You</b> in the <b>Application Form</b> .
<b>Endorsement</b>	is any additional document attached to this <b>Policy</b> outlining adjustments to the standard terms and conditions that <b>We</b> have made as a condition to providing this <b>Policy</b> .
<b>Medical Practitioner</b>	refers to a medical examiner or doctor who: <ul style="list-style-type: none"><li>• has a recognised medical degree in western medicine;</li><li>• is authorised to practise in his country; and</li><li>• has the skill to provide medical services for the illness, disease or condition concerned; or</li><li>• is in Singapore and is approved by <b>Us</b>.</li></ul> This person must not be <b>You</b> or <b>Your</b> husband or wife, relative or business partner.
<b>Period of Insurance</b>	refers to the period of time between the coverage start date and coverage end date (both inclusive) as shown on the <b>Policy Schedule</b> .
<b>Policy</b>	includes: <ul style="list-style-type: none"><li>• the <b>Application Form</b>;</li><li>• this document;</li><li>• the <b>Policy Illustration</b></li><li>• the <b>Policy Schedule</b>; and</li><li>• the <b>Endorsements</b> (if any).</li></ul>
<b>Policy Issue Date</b>	refers to the date as shown in the <b>Policy Schedule</b> .
<b>Premium</b>	refers to the scheduled premium payable for this <b>Policy</b> as shown in the <b>Policy Schedule</b> or <b>Endorsement</b> .
<b>Policy Illustration</b>	refers to the document attached to this <b>Policy</b> provided when <b>You</b> bought this <b>Policy</b> . It provides a summary of this product, its benefits, and the <b>Premiums</b> that <b>You</b> will need to pay.
<b>Policy Schedule</b>	refers to the document attached to this <b>Policy</b> that shows important information about <b>You</b> and this <b>Policy</b> : the policy number, <b>Your</b> personal details, <b>Period of Insurance</b> , sum insured, frequency of premium payment, and premium payable.



## Important words and phrases

### Stroke with Permanent Neurological Deficit

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

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

The following are excluded:

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

### We, Our, FWD, Us

refers to FWD Singapore Pte. Ltd., the issuer of this insurance **Policy**.

### You, Your, Yourself, Policyholder

refers to the person who is the owner of and insured by this **Policy** as shown on the **Policy Schedule** or **Endorsement**.

# Neurological Disorder supplementary plan



**This is the 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**





# Neurological Disorder benefit provided by this supplementary plan

The terms and conditions of the Stroke insurance contract apply to this Supplementary Plan, unless stated otherwise.

## Neurological Disorder benefit

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

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

**We** will pay 100% acceleration on the sum insured of the **Stroke Benefit** or total premiums paid, whichever is higher.

Within this Policy, "**Neurological Disorder**" refers to any of the illnesses defined below. Unless noted in an Endorsement, this Supplementary Plan commences on the Coverage Start Date of this Policy.

---

## Amyotrophic Lateral Sclerosis

Unequivocal Diagnosis by a Medical Practitioner who is a neurologist confirming well defined neurological deficit with persistent signs of involvement of the spinal nerve columns and the motor centres in the brain and with spastic weakness and atrophy of the muscles of the extremities. Claims shall only be admitted if the condition is confirmed by a Medical Practitioner who is a neurologist as progressive and resulting in irreversible damage to the nervous system.

---

## Minor Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord which requires hospitalisation.

This diagnosis must be confirmed by:

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

Bacterial Meningitis in the presence of HIV infection is excluded.

---

## Brain Aneurysm Surgery (via Craniotomy)

The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arteriovenous malformation via craniotomy. The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field.

---

## Brain Aneurysm Surgery (via Endovascular Procedure)

The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arteriovenous malformation via endovascular procedures. The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field.

---

## Carotid Artery Surgery

The actual undergoing of Endarterectomy of the carotid artery which has been necessitated as a result of at least 80% narrowing of the carotid artery as diagnosed by an arteriography or any other appropriate diagnostic test that is available.

Endarterectomy of blood vessels other than the carotid artery are specifically excluded.

Percutaneous carotid angioplasty is excluded.

---

## Cavernous Sinus Thrombosis Surgery

The actual undergoing of a surgical drainage for cavernous sinus thrombosis. The presence of Cavernous Sinus Thrombosis as well as the requirement for surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field.

---

## Cerebral Shunt Insertion

The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a specialist in the relevant field.



---

## Polio Induced Muscle Weakness

Unequivocal Diagnosis of infection with the poliovirus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness. In respect of this definition, claims shall only be admitted if poliomyelitis causes neurological deficit resulting in paralysis in limbs that is permanent.

The Unequivocal Diagnosis must be made by a Specialist in the relevant medical field.

---

## Primary Lateral Sclerosis

A progressive degenerative disorder of the motor neurons of the cerebral cortex resulting in widespread weakness on an upper motor neuron basis. Clinically it is characterised by progressive spastic weakness of the limbs, preceded or followed by spastic dysarthria and dysphagia, indicating combined involvement of the corticospinal and corticobulbar tracts. The Unequivocal Diagnosis must be made by a neurologist and confirmed by appropriate neuromuscular testing such as electromyogram (EMG).

The condition must result in the permanent inability to perform, without assistance, at least three (3) of the six (6) Activities of Daily Living. These conditions have to be medically documented for at least three (3) consecutive months.

---

## Progressive Supranuclear Palsy

A degenerative neurological disease characterised by supranuclear gaze palsy, pseudobulbar palsy, axial rigidity and dementia. The Unequivocal Diagnosis of Progressive Supranuclear Palsy must be confirmed by a Medical Practitioner who is a neurologist.

The condition must result in the permanent inability to perform, without assistance, at least three (3) of the six (6) Activities of Daily Living. These conditions have to be medically documented for at least three (3) consecutive months.

---

## Severe Progressive Bulbar Palsy

Neurological disorder with paralysis in the head region, difficulties in chewing and swallowing, problems in speaking, persistent signs of involvement of the spinal nerves and the motor centres in the brain and spastic weakness and atrophy of the muscles of the extremities. The disease must be Unequivocally Diagnosed by a Medical Practitioner who is a neurologist. The condition must result in the permanent inability to perform, without assistance, at least three (3) of the six (6) Activities of Daily Living. These conditions have to be medically documented for at least three (3) consecutive months.



# 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.

---

## General exclusions

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

---

## Waiting period

If **You** experience symptoms of **Neurological Disorder** illness within the first 90 days from the **Policy Issue Date** or date of **Endorsement**, whichever is later, **We** will not pay the **Neurological Disorder Benefit**.