FWD insurance

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fwd.com.sg

FWD Flex 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

Quick reference

About your policy

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

Your FWD Flex insurance policy

This is a non-participating insurance policy that provides coverage for death, cancer, heart attack of specified severity and stroke with permanent neurological deficit.

> 'Non-participating' means the person insured does not participate in the insurance company's business. This means that you will not receive any bonuses or dividends which we may declare.

This is not a savings or investment product

Your FWD Flex insurance policy is not a savings or investment product. We will not pay any money under this policy other than for the 3CI Benefit or Death Benefit.

Your FWD Flex insurance policy is an insurance contract between you and us. Your policy pack is made up of the documents listed below:

- this policy contract,
- the policy schedule,
- your application form and any documents you provided with it, and
- any endorsement to your policy, if applicable.

By reading your policy contract carefully, you'll know exactly what you're covered for, and how to make a claim.

> A policy endorsement is the document we provide that records any official change to your policy.

Easy to read

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

> We highlight important information like this. Read these carefully.

Words with special meaning

Some words in this policy contract have special meaning. We show those meanings on page 14 (important words and phrases). Please refer to this section when you need to.

Age	Period of insurance
Application form	Policy
Cancer	Policy issue date
Coverage start date	Premium
Coverage end date	Policy illustration
Endorsement	Policy schedule
Heart attack of specified severity	Stroke with permanent neurological deficit
Medical practitioner	We, our, FWD, us
Medical specialist	You, your, yourself, person insured

Policy information statement

Paying your premium

In return for paying your premium, we provide the cover you have chosen.

For details about how to pay your premium, see page 11 (your premiums).

You can pay your premiums to us through any of the following methods:

- auto-debit from a credit card; or
- other modes of payments as updated on our website from time to time.

About your policy

Choosing who receives the benefits

3CI Benefit

We will pay a lump sum equal to 100% of the sum insured to you, after deducting any monies owed to us on the policy.

Death Benefit

We will pay a lump sum equal to 100% of the sum insured to your nominee, after deducting any monies owed to us on the policy.

Before making payment to a proper claimant, we will make reasonable enquiries to check if you were married and/or had children. A proper claimant will usually be the person insured's immediate family member (for example, spouse, parent, child or sibling). The proper claimant may also be the executor of a will or the administrator of the person insured's estate.

When insurance cover begins

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 on the date we receive the first premium, whichever is later.

Renewal

The period of insurance is one year. If this policy is valid at the end of the period of insurance, we will automatically renew this policy by one more year if:

- the policy is still active; and
- the person insured has not turned 55 years old yet.

You can choose not to renew this policy by writing to us 30 calendar days before the end of the period of insurance.

The premium we charge you for the subsequent year(s) will be the same as the premiums we charge people who have the same age, gender, sum insured and smoking status as yourself for the same policy on the day the policy is renewed.

Exclusions and conditions

This policy has certain exclusions, meaning situations where we won't pay a benefit. The specific and general exclusions and/or conditions are set out throughout this policy.

Surrendering your policy

If you surrender (cancel) your policy, you will not receive any payout.

Please note that any changes to your health or circumstances in the future may make it more difficult or costly for you to get coverage in the future.

14-day free-look period

If you aren't completely satisfied with your policy, and you haven't made a claim under it, you have 14 calendar days from the date you receive your policy to cancel it and receive your premiums back after deducting any fees we have paid and/or expenses incurred (if any). We consider this policy delivered from the time we email it to you.

What you need to do

You must write to us to cancel this policy. We must receive your notice within the 14-day free-look period.

What we will do

After receiving your notice, we will refund you any premiums paid after deducting any fees we have paid and/or expenses incurred (if any). Thereafter, we will cancel your policy, and you will not be able to claim any benefits under it.

You cannot cancel your policy if you have made a claim under your policy during the 14-day free-look period.

Tell us about any changes

You should tell us about any important changes to your personal details, such as address and contact number.

How to contact us if you have any questions or to make a claim

Call our hotline at **+65 6820 8888** (9am to 10pm – Monday to Friday, 9am to 1pm – Saturday (excluding public holidays)) if you have any questions about your policy, or if you need to make a claim. See page 9 (how to notify us of a claim) for more details on making a claim.

How to resolve a concern or complaint

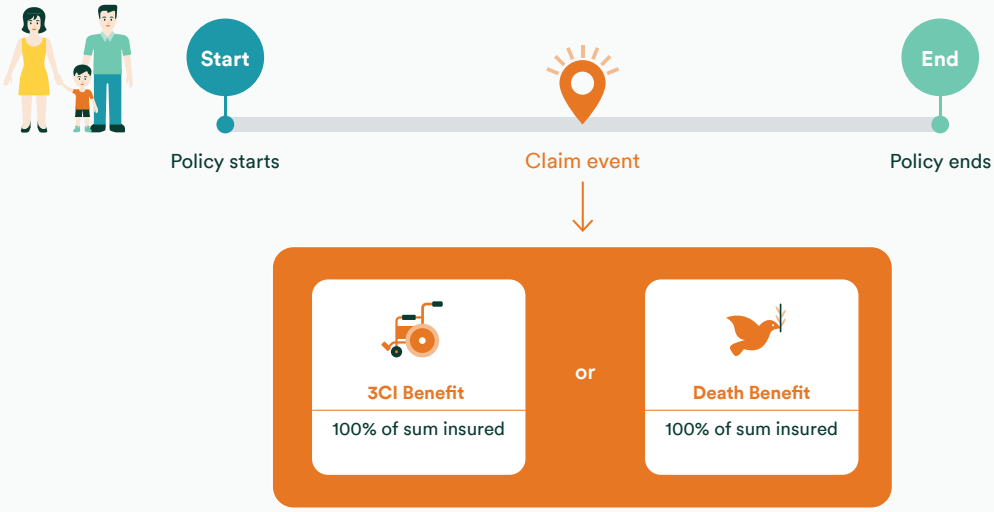
We want to resolve any concerns or complaints you may have as quickly as possible. You should follow the steps below to resolve your concerns.

Step 1 Talk to us	The first thing you should do is talk to one of our consultants about your concerns or complaints. Call our hotline at **+65 6820 8888** (9am to 10pm - Monday to Friday, 9am to 1pm - Saturday (excluding public holidays)). The consultant may be able to resolve your concerns or complaints. If not, they may refer you to a manager. The consultant will try to resolve your complaints or concerns as soon as possible.
Step 2 Call or write to our Customer Engagement Department	If you feel that your complaint has not been resolved, you can write to **FWD Singapore Pte. Ltd.** **6 Temasek Boulevard,** **#18-01 Suntec Tower Four,** **Singapore 038986** **Tel: +65 6820 8888** **Email: contact.sg@fwd.com** **Website: www.fwd.com.sg** We will respond to your complaint within 3 working days of us receiving it.
Step 3 Seek an external review from the Financial Industry Disputes Resolution Centre (FIDReC)	If we cannot arrive at a mutual agreement, you may approach the FIDReC, a free, independent and fair dispute resolution centre for resolution of disputes between financial institutions and consumers. You can lodge your concerns or complaints by post, online, or in-person. The FIDReC's details are: **Financial Industry Disputes Resolution Centre** **36 Robinson Road** **#15-01 City House** **Singapore 068877** **Tel: +65 6327 8878** **Email: info@fidrec.com.sg** **Website: www.fidrec.com.sg** You need to remember to quote your policy number in any communication with us or with FIDReC.

Quick summary of your benefits

This section describes the main benefits of your policy. It is a guide to your policy coverage. To understand the full details about what we pay and how we pay it, you should go to page 5 (what you're covered for).

Your benefits at a glance



What you're covered for

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

Summary of your policy benefits

You can claim the following benefits while the policy is active.

3CI Benefit

If during the time this policy is in force and after the waiting period:

- the person insured experiences symptoms that may be related to cancer, heart attack of specified severity or stroke with permanent neurological deficit; and
- a medical practitioner or medical specialist subsequently confirms that the person insured suffers from cancer, heart attack of specified severity or stroke with permanent neurological deficit,

we will pay a lump sum equal to 100% of the sum insured after deducting any monies owed to us on the policy. The policy will be terminated once this benefit is paid out.

Please note that the definition for cancer, heart attack of specified severity or stroke with permanent neurological deficit will have to be met for an eligible claim. The definitions of these terms are included on page 14 (Important words and phrases).

When we won't pay

We won't pay the 3CI Benefit if any of the following happens.

- Your policy has ended. See page 7 (when your policy ends).
- We have already paid the Death Benefit.
- An exclusion applies. See page 9 (when we will not pay any benefit).
- If the date of diagnosis of a covered critical illness condition (cancer, heart attack of specified severity or stroke with permanent neurological deficit) is on or before the coverage start date stated in your policy schedule, we will not pay the 3CI Benefit. If this happens, the policy will be cancelled and we will refund the premiums you have paid.

Death Benefit

If the person insured dies while this policy is in force, we will pay a lump sum equal to 100% of the sum insured after deducting any monies owed to us on the policy. The policy will be terminated once this benefit is paid out.

When we won't pay

We won't pay the Death Benefit if any of the following happens.

- Your policy has ended. See page 7 (when your policy ends).
- We have already paid the 3CI Benefit.
- An exclusion applies. See page 9 (when we will not pay any benefit).

Starting, changing, or ending your policy

This section explains when your policy starts and ends, and how to make changes to your policy.

When your policy starts

Your cover starts on the coverage start date shown in your policy schedule.

You are not covered before the coverage start date.

Changes to your policy

You can ask us to make the following changes to your policy, and we will make the changes by providing an official written change confirmation (called an endorsement).

We are not bound by any change until we have issued such written change confirmation.

Changing your address, contact details or who will receive the Death Benefit

You can change your address, contact details, or who you have chosen to receive the Death Benefit.

It is important that you tell us immediately about any of these changes, so that you keep enjoying the benefits of your policy cover.

What you need to do

- Contact us.
- Fill up the required form and pass it to us.

What we will do

- Review your request.
- Make the change, and tell you in writing, along with the date the change will take effect from.

Changing your premium payment method or frequency

You can change:

- how often you pay your premiums (your premium payment frequency); or
- the method of paying your premiums, by telling us in writing.

What you need to do

- Contact us.
- Fill up the required form and pass it to us.

What we will do

- Review your request.
- Make the change, and tell you in writing, along with the date the change will take effect from.

No reinstatement allowed

You will not be able to reinstate (restart) your policy if the policy has been terminated due to non-payment of premiums or if you choose to cancel your policy early. If you wish to continue to receive coverage, you may purchase a new policy, subject to the availability of this product.

Cancelling your policy

You can cancel (terminate) your policy at any time. If you choose to cancel your policy early and you have paid your premiums, the policy will continue to provide coverage up to the day before the next due date for the premium payment.

You will not be able to reinstate (restart) your policy after you cancel it.

You can download the relevant form from our website **www.fwd.com.sg** or call our hotline at **+65 6820 8888** for assistance.

What you need to do

- Contact us.
- Fill up the required form and pass it to us.

If you tell us to cancel your policy within the 14-day free-look period, we'll give you a full refund (less any fees and expenses) – see page 2 (14-day free-look period) for more details.

What we will do

- Review your request and cancel your policy.
- We will write to you to confirm the cancellation.

When your policy ends

The policy ends on the earliest of the following dates:

- when the total benefit amount we pay from the policy equals to 100% of the sum insured;
- when this policy has reached the coverage end date and is not or cannot be renewed;
- 60 calendar days after a premium due date, if we do not receive your premium due before then;
- when you decide to terminate your policy; or
- any other event which results in the policy termination.

If you choose to terminate your policy early and you have paid your premiums, the policy will continue to provide coverage up to the day before the next due date for the premium payment.

The main people under your policy

This section explains who the main people under your policy are, what rights they have, and how they are treated.

Person insured

This is the person insured under your policy. A person insured (other than the policy owner) cannot make changes to your policy.

Policy owner

The policy owner (or policyholder) owns the policy. Details of the policy owner are shown in the policy schedule or any endorsement. The policy owner is the only person who may make changes to or enforce any rights under this policy.

Under this policy, you are the policy owner and person insured, unless there were changes made to your policy through an assignment of benefits.

You may choose a person to receive the benefits payable upon death under this policy.

Age requirements for the policy owner and person insured

Age requirements apply for the policy owner and person insured, which are shown in the following table.

	Minimum age when you can apply	Maximum age when you can apply
Policy owner/ person insured	Must be at least 18 years old.	Must be younger than 46 years old.

Assignment of benefits

You can transfer the benefits under your policy to someone else, through an assignment. For us to record this assignment of benefits, you need to provide us the completed required form and necessary documents. We will not be responsible for checking the validity of the assignment.

Nominees

Nomination of beneficiaries

If you (policy owner) are also the person insured under this policy, you can choose to nominate another person (or people) to receive the Death Benefit under this policy, and you can decide how much of the Death Benefit each nominee will receive.

Trust or revocable nomination

You have a choice of either a trust nomination or a revocable nomination under the Insurance Act 1966. Depending on your choice, the nominees may have certain rights under the policy.

For a trust nomination, you will lose all rights to the ownership of the policy. You can only revoke a trust nomination if all nominees consent to the change.

For a revocable nomination, you are free to change, add or remove nominees at any time without their consent.

To make a trust or revocable nomination under this policy, you will have to complete the required form and pass it to us.

You should regularly check if your nominees are still appropriate.

Changing your nominees

Only you (the policy owner) can change the nominees. However, depending on the type of nomination you have selected, the nominees may need to consent to the change.

Making a claim

Need to make a claim? Read this section to find out what you need to do.

How to notify us of a claim

You can notify us of a claim online by visiting our website or by contacting our hotline at +65 6820 8888 (9am to 10pm - Monday to Friday, 9am to 1pm - Saturday (excluding public holidays)) and we'll be pleased to assist you.

Tell us as soon as possible

We should be informed as soon as possible if a claim is to be made under this policy.

To make sure we are able to assess claims quickly, we ask that you or the nominee(s) let us know that a claim will be made under the policy and by whom. Claim forms do not have to be sent at this time.

We're here for you

We understand that dealing with a critical illness diagnosis or the death of a loved one is difficult – you can always call us at our hotline at +65 6820 8888 (9am to 10pm - Monday to Friday, 9am to 1pm - Saturday (excluding public holidays)) for help with the claim process.

Filling in your claim form

We will provide the relevant claim forms that need to be filled in to make a claim.

Claims must be made on forms provided by us together with the supporting documents and any other information and documents that we ask for. We will not be able to process a claim until we receive all documents, information, and the completed claim form.

Every effort should be made for claim forms and supporting documents to be sent to us within 6 months from the diagnosis date of the covered critical illness, condition or death being claimed for.

If you cannot exercise proper judgement

If you are not able to exercise proper judgment regarding your policy or your claim, we may require additional documentation from the courts or appropriate authorities to make sure your interests are protected.

Required proof

We must be provided with the following proof to support the claim:

- supporting evidence from a medical practitioner or medical specialist; confirmatory investigations including but not limited to clinical, radiological, histological and laboratory evidence;
- evidence that any medical procedure performed is (or was) medically necessary; and
- any other documents that we may require.

When we will not pay any benefit

This policy has certain exclusions, meaning situations where we won't pay a benefit under your policy. We list below the exclusions that apply to all benefits under your policy.

We may also apply specific exclusions to your policy when we offer to issue your policy. If any specific exclusion applies to certain benefits, we will record the details in a policy endorsement.

Suicide or self-inflicted act	We will not pay any benefit if the claim arises from suicide, attempted suicide or an intentional self-inflicted act, within one year from the start of the policy cover. This applies regardless of the mental state of the person insured. If this happens, we will cancel the policy and refund the premiums paid without interest, less any amount you owe us.
Unlawful acts	We will not pay any benefit if the claim arises because the person insured deliberately participated in an unlawful act or failed to act in accordance with the law.

Making a claim

Pre-existing condition	We will not pay any benefit for claims that are directly or indirectly caused by or result from a pre-existing condition. A "pre-existing condition" refers to a medical condition that occurs on or before the coverage start date and has one or more of the following characteristics: ▪ presented signs or symptoms which the person insured was aware of or should reasonably have been aware of; ▪ treatment was recommended or received from a medical practitioner or medical specialist for the medical condition; and/or ▪ the person insured has undergone or was recommended to undergo medical tests or investigations. The above applies even if the signs or symptoms were not apparent to the person insured, if they would have been apparent to a reasonable person in the same position.
Waiting period	If the person insured experiences first symptoms or diagnosis of cancer, heart attack of specified severity or stroke with permanent neurological deficit in the period before or within the first 90 calendar days from the coverage start date, we will not pay any benefit. The above applies even if the signs or symptoms were not apparent to the person insured, if they would have been apparent to a reasonable person in the same position.

We check the age and gender before paying

We will not pay any benefits under your policy until we have checked that the age and gender of the person insured matches the information we have been given by you.

Costs of preparing claims

You or your legal personal 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 or medical specialist. The opinion and diagnosis of this medical practitioner or medical specialist is binding on you and us.

We will deduct any monies you owe us on your policy before we pay any claim.

Who do we pay your claim to?

We pay the 3CI Benefit to you.

We pay the Death Benefit to the nominees.

Your premiums

This section explains your premiums.

Paying your premium

It is important to pay your premiums on time, so your policy stays active and the person insured continues to be covered.

Below we outline how you can pay your premiums and what happens if you don't pay on time.

Amount and due date

Your policy schedule shows the amount you need to pay for this policy. To enjoy the benefits provided by this policy, please pay each premium before it is due.

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

Payment method options

You can pay using any of the following options:

- auto-debit from a credit card; or
- other modes of payments as updated on our website from time to time.

Premium rates upon renewal of the policy are not guaranteed

We guarantee that your premiums will stay the same during the one-year period of insurance. However, at the policy renewal date, we reserve the right to adjust subsequent premium(s) which may differ from that in the policy illustration. We will let you know 30 calendar days in advance if your subsequent premiums are revised.

What happens if you don't pay on time

Your premiums are due on the due date. We give you a 60-day grace period after the due date to pay your premium. Your policy will continue if you pay your overdue premium within this 60-day grace period. If we do not receive your premium within this period, we will cancel your policy.

First premium	Your first premium is due on the coverage start date.
Annual or monthly premiums	These premiums are due at the frequency you choose. You need to keep paying your premiums until the coverage end date as shown in the policy schedule.
If you miss your premium payment	We give you a 60-day grace period after the due date to pay your premium. Your policy ends from the date the premium was due, if we do not receive your premium within this 60-day grace period.

Keeping it legal

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

Governing law

Your policy is an insurance contract between you and us and is governed by the laws of the Republic of Singapore. If there is any dispute or disagreement relating to this policy, we and you agree to submit to the exclusive jurisdiction of the Singapore courts.

Changes to your policy to comply with the law

We have the power to make any changes to your policy required to comply with any law (not just Singapore laws). If we need to make a change, we will write to you 30 calendar days in advance.

We rely on your information

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

This policy is issued based on the information you gave us during the application process. It is important that the information is correct, and you were truthful and accurate with all of the information you provided. The information helps us to decide if you were eligible for the policy, and how much you need to pay.

The law as per Section 23(5) of the Insurance Act 1966 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.

You should let us know immediately if the information you gave us during the application, was inaccurate, misleading, or exaggerated. You should also let us know immediately if the information you have given us changes after your policy is active.

Change in residential address:

You must inform us within 60 calendar days if you change your residential address.

You need to provide correct and complete information

You are responsible for:

- providing us with the correct and complete information; and
- being careful when answering our questions, or when confirming or amending any information you have given to us.

If you don't, we may not pay your claim, and your benefits under your policy may be affected. In some cases, we may cancel the policy. See page 13 (disputing payments) for more details.

If we were given the wrong age and gender

If we discover that we were given the wrong age or gender, we may adjust the amount of the benefit or premiums to reflect what the benefit or premiums should have been if we were provided with the correct age or gender in the first place.

If we would not have issued this policy if we had known the correct age, gender or any other details, we can declare your policy void. If we do, we will cancel your policy and treat it as never having existed. We will refund any premiums paid without interest, after deducting any benefits we have paid.

If you need to change your information, or if you have any questions, please call our hotline at **+65 6820 8888** (9am to 10pm - Monday to Friday, 9am to 1pm - Saturday (excluding public holidays)).

Disputing payments

We can declare your policy void if you:

- made an inaccurate or untrue statement on a material matter; or
- suppressed or omitted a material fact,

within your application.

How we define material matters and facts

A material matter or material fact is one that would have caused us to:

- refuse to issue the policy to you; or
- offer you a policy on different terms,

if you had told us about it.

Unless there is fraud, material non-disclosure and/or misrepresentation of a material fact, non-payment of premium or any applicable policy exclusion, we will not declare your policy void 2 years after the policy issue date.

However, we may not pay a claim if you:

- did not provide accurate and truthful information;
- gave us misleading or exaggerated information; or
- made any false statements,

at the time of purchase of this policy.

What we will do

- If we dispute your policy, we will review your policy and decide if we have any reason to declare it void. If we do, we will cancel it and treat it as never having existed.
- We will refund the premiums paid without interest, after deducting any amounts owed. If a benefit has been paid, we will recover that benefit.

Anti-money laundering, anti-terrorism financing and proceeds of unlawful activities

We may need to freeze or seize any monies received or payable under your policy:

- at the order of the relevant authorities; or
- if we discover, or if we have reasonable suspicion that you are sanctioned under any competent authorities recognised by us, for money laundering activities or activities relating to financing terrorism.

If this happens, we will end your policy and the cover under it immediately. We will deal with all premiums paid and all amounts payable under your policy in any manner we deem fit, which may include handing it over to the relevant authorities.

Policy Owners' Protection Scheme

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

Third Party's Rights

Unless it is clearly stated in this policy contract, no one other than you (as the policy owner) can enforce or rely on any terms in this policy or have any rights under the Contracts (Rights of Third Parties) Act 2001.

Important words and phrases

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

Age	Refers to age last birthday.
Application form	Refers to the 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.
Cancer	Means a malignant tumour characterised by the uncontrolled growth of malignant cells and the invasion of tissue. 'Cancer' also 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 or medical specialist. 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.
Coverage start date	Refers to the date the first premium is due, and the date cover starts under your policy. This date is shown in your policy schedule.
Coverage end date	Refers to the date your policy ends. This date is shown in your policy schedule.
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.
Heart attack of specified severity*	Means the death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack: ▪ history of typical chest pain; ▪ new characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block; ▪ elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above; ▪ imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by a cardiologist specified by us. For the above definition, the following are excluded: ▪ angina; ▪ heart attack of indeterminate age; and ▪ a rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml.

Medical practitioner	Refers to a medical examiner or doctor who: ▪ has a recognised medical degree in western medicine; ▪ is authorised to practise in his or her country; and ▪ has the skill to provide medical services for the illness, disease or condition concerned; or ▪ is in singapore and is approved by us. This person must not be you, your spouse, relative or business partner.
Medical specialist	Refers to a medical practitioner with necessary qualifications and expertise to practise as a recognised specialist of diagnostic techniques, treatment and prevention in a specific medical field of study, such as oncology or pediatrics.
Period of insurance	Refers to the period of time between the coverage start date and coverage end date (both inclusive) as shown in your policy schedule.
Policy	All of the documents listed below: ▪ the application form and any documents you provided with it; ▪ this policy contract; ▪ the policy schedule; and ▪ any endorsement to your policy, if applicable.
Policy issue date	Refers to the date as shown in the policy schedule.
Premium	Refers to the scheduled premium payments for this policy as shown in the policy schedule or endorsement.
Policy illustration	Refers to the document attached to the policy when you bought this policy. It provides a summary of this product, its benefits, and the premiums that you will need to pay.
Policy schedule	Refers to the documents 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.
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 attacks; ▪ brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease; ▪ vascular disease affecting the eye or optic nerve; ▪ ischaemic disorders of the vestibular system; and ▪ secondary haemorrhage within a pre-existing cerebral lesion.

Important words and phrases

We, our, FWD, us	Refers to FWD Singapore Pte. Ltd., the issuer of this insurance policy.
You, your, yourself, person insured	Refers to the person who is the owner of and insured by this policy as shown in the policy schedule and endorsement.

*The Life Insurance Association Singapore (LIA) has standard definitions for 37 severe-stage critical illnesses (version 2019). These critical illnesses fall under version 2019. You may refer to www.lia.org.sg for the standard definitions (version 2019). For critical illnesses that do not fall under Version 2019, the definitions are determined by the insurance company.