FWD insurance

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# FWD Cancer 2.0 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 Cancer 2.0 insurance policy

This is a regular premium payment, non-participating critical illness insurance plan offered by FWD Singapore Pte. Ltd. ("FWD"). This policy does not have any cash surrender value.

'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 Cancer 2.0 insurance policy is not a savings or investment product. We will not pay any money under this policy other than for the benefits listed in this policy contract.

Your FWD Cancer 2.0 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,
- Any endorsement of your policy, if applicable.

By reading your 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 16 (important words and phrases). Please refer to this section when you need to.

| | |
|---|---|
| Age | Period of insurance |
| Application form | Policy |
| Complete remission | Policy issue date |
| Coverage start date | Premium |
| Coverage end date | Policy illustration |
| Endorsement | Policy schedule |
| Medical practitioner | Sum insured |
| Medical specialist | We, our, FWD, us |
| Owner or policy owner | You, your, yourself, person insured |

## Policy information statement

### Paying your premiums

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

For details about how to pay your premiums, and what happens if you don't pay, see page 13 (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.

### Choosing who receives the benefits

**Pre-early Cancer Benefit**

This benefit will be paid to you in a lump sum equivalent to 10% of the sum insured or S$10,000, whichever is lower, as stated in the policy schedule.

**Cancer Benefit**

This benefit will be paid to you in a lump sum equivalent to 100% of the sum insured, as stated in the policy schedule.

**Death Benefit**

This benefit will be paid to your nominee in a lump sum equivalent to S$5,000, as stated in the policy schedule.

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

### When insurance cover begins

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.

### Coverage renewal

**Coverage for one year with yearly renewable term up to age 85**

When each period of insurance coverage ends, the policy will renew automatically for one more year until the person insured turns 85 years of age, provided the policy is still active.

The premium we charge you for the next year will be the same as the premium that we charge other 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 this policy by writing to us 30 days before the end of the period of insurance.

### Nomination

You can choose one nominee or more to receive the Death Benefit. See page 10 (the main people under your policy) for more details on your different choices.

### 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 contract.

### Surrendering your policy

If you surrender (cancel) your policy, you:

- will lose the coverage under this policy; and
- will not receive any amount in return.

In addition, any changes to the person insured's health or circumstances in the future may make it more difficult or costly for the person insured to get coverage in the future.

### 14 calendar days 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, less any fees we have paid and/or expenses incurred (if any). We consider this policy delivered from the time we email it to you.

You will not be able to make any claim under your policy once it is cancelled.

**What you need to do**

You must write to us to cancel. We must receive your notice within the 14 calendar days free-look period.

### Tell us about any changes

You should tell us about any important changes to your personal details (address or contact number) or if you want to change who will receive the Death Benefit.

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

Call our hotline at **+65 6820 8888** if you have any questions about your policy, or if you need to make a claim. You may visit our website at www.fwd.com.sg for our detailed hotline operating hours. See page 11 (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 or complaints.

| | |
|---|---|
| Step 1<br><br>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. The consultant may be able to resolve your concerns or complaints. If not, they may refer you to a manager. You may visit our website at www.fwd.com.sg for the most up-to-date information regarding our operating hours.<br>The consultant will try to resolve your complaints or concerns as soon as possible. |
| Step 2<br><br>Call or write to our Customer Engagement Department | If you feel that your concerns have not been resolved, you can write to:<br><br>**FWD Singapore Pte. Ltd.**<br>**6 Temasek Boulevard,**<br>**#18-01 Suntec Tower 4,**<br>**Singapore 038986**<br>**Tel: +65 6820 8888**<br>**E-mail: contact.sg@fwd.com**<br>**Website: www.fwd.com.sg**<br><br>We will respond to your letter within 3 working days of us receiving it. |
| Step 3<br><br>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:<br><br>**Financial Industry Disputes Resolution Centre**<br>**36 Robinson Road,**<br>**#15-01 City House,**<br>**Singapore 068877**<br>**Tel: +65 6327 8878**<br>**Website: www.fidrec.com.sg**<br><br>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).**

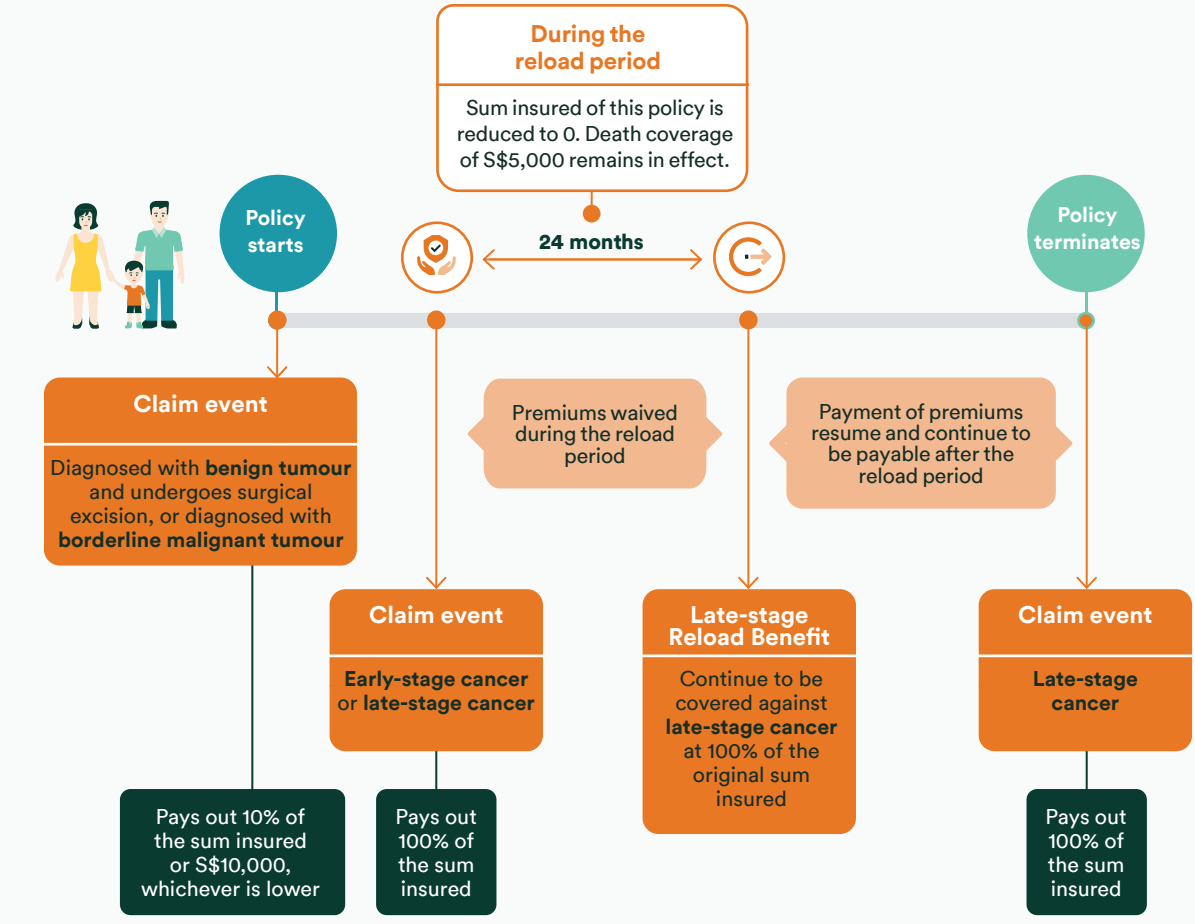
## Your benefits at a glance

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

**What we pay**

We will pay the benefit amount shown in your policy schedule, after taking off any amounts you owe us.

### How the policy works




Death Benefit of S$5,000 will be paid out if death occurs at any time during the policy term. This policy will terminate when this happens.

# 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.**

## Detailed benefits

Your policy schedule provides the amount of cover for the person insured. Any successful claim made by the person insured under the policy will be paid from the sum insured, unless stated otherwise.

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

### Pre-early Cancer Benefit

If the person insured is diagnosed with a **benign tumour**, and subsequently undergoes **surgical excision of a benign tumour**, or is diagnosed with a **borderline malignant tumour**, as defined on page 16 (important words and phrases), the Pre-early Cancer Benefit equivalent to 10% of the sum insured or S$10,000, whichever is lower, is payable in one lump sum.

Payment of the Pre-early Cancer Benefit will not affect the sum insured and the policy will continue to stay in effect.

This benefit is only claimable once per policy, per life.

This benefit will no longer be payable once there is a claim on the Cancer Benefit.

### Cancer Benefit

If the person insured is diagnosed with **early-stage cancer** or **late-stage cancer** as defined on page 16 (important words and phrases), 100% of the sum insured is payable in one lump sum.

The person insured must be alive at the point of diagnosis for a claim to be made under the Cancer Benefit.

**When we won't pay**

We won't pay the Cancer Benefit if any of the following happens:

- Your policy has ended. See page 9 (when your policy ends).
- An exclusion applies. See page 12 (when we will not pay any benefit).

### Late-stage Reload Benefit

If the person insured has successfully made a claim under the Cancer Benefit, the sum insured under the policy will be reduced to 0 for a period of 24 months from the date of diagnosis of the claim. This 24 month period is called the 'reload period'. You will not be able to make any claims on the policy during the reload period (apart from a claim for the Death Benefit). The policy will continue to remain active until the coverage ends but the premiums payable during the reload period (including any optional benefits where applicable) will be waived.

Once the reload period has passed and assuming the policy is still active with no claim made under the Death Benefit, the person insured will continue to be covered against **late-stage cancer** under the Late-stage Reload Benefit at 100% of the original sum insured. Payment of premiums will resume after the reload period.

For the Late-stage Reload Benefit, you may claim for a **late- stage cancer** which relates to the same cancer (regardless of stage of cancer) claimed under the immediately preceding claim admitted under the Cancer Benefit or a different **late- stage cancer** not relating to the cancer claimed under the immediately preceding claim admitted under the Cancer Benefit, if:

a. there has been a complete remission of that cancer previously admitted under the immediately preceding claim under the Cancer Benefit; and

b. a 24 month waiting period has been fulfilled from the date of diagnosis of that cancer previously admitted under the immediately preceding claim under the Cancer Benefit.

The person insured must be alive at the point of diagnosis for a claim to be made under the Late-stage Reload Benefit.

This benefit can only be activated once. The policy will terminate once this benefit is paid out.

## What you're covered for

If you have added the Early-stage Reload Benefit rider to your policy, we will similarly pay the Cancer Benefit again if the person insured is subsequently diagnosed with a new or recurring **early-stage cancer** (regardless of stage of cancer).

For more details, please refer to the Early-stage Reload Benefit rider contract.

### Death Benefit

If the person insured dies while this policy is still active, we will pay the Death Benefit equivalent to S$5,000, in one lump sum. The policy will terminate once this benefit is paid out.

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

### Waiting period

The Cancer Benefit and Pre-early Cancer Benefit are not payable if the signs or symptoms leading to diagnosis and claim became apparent to the person insured in the period before or within 90 days after the:

- policy issuance date; or
- policy reinstatement date (if the policy cover was reinstated).

The above applies even if the signs or symptoms were not apparent to the person insured, but would have been apparent to a reasonable person in the same position.

# Starting, changing, or ending your policy

**This section explains when your policy starts and ends, and how to make changes to your policy. We also outline when you can reinstate your policy after it has ended.**

## When your policy starts

Your policy cover starts on the coverage start date shown in your policy schedule or the date we receive the first premium, whichever is later.

You are not covered before the coverage start date.

### Your policy anniversary

When we refer to a policy anniversary, we mean the same date and month as the coverage start date, in the next year (i.e. counted 12 months from 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 confirmation.

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

You can change your address, contact details, the policy owner 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.
- Complete your change request using our customer portal.

**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); and/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.
- Complete your change request using our customer portal.

**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 nominees

You may nominate one or more persons to receive the Death Benefit. You may change your nominees at any time.
See page 10 (nominees) for more details.

### Changing your sum insured

You can decrease the sum insured under your policy at any time. The new sum insured will be effective on your policy from the next premium payment due date.

The decrease in sum insured should be in multiples of S$50,000.

You cannot increase the sum insured of your policy.

**What you need to do**

- To decrease your sum insured, you need to contact us.
- Fill in the required form and pass it to us.

**What we will do**

- Review your request and decide if we accept it.
- If we agree to the change, we will provide an endorsement, and we will advise you of your new premium amounts.
- We will not decrease the sum insured below the minimum offered under this policy.

## 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, your policy will continue to provide coverage up to your next premium due date. Your cover will end on the day before the next due date for the premium payment.

After you inform us to cancel your policy, we will not charge you any further for the premiums due.

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

**What you need to do**

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

**What we will do**

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

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

## Coverage renewal

**Coverage for one year with yearly renewable term up to age 85**

We will automatically renew this policy by one more year at the end of the period of insurance, until you reach 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 other 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 this policy by writing to us 30 days before the end of the period of insurance.

## Reinstatement

If your policy ends because of non-payment of policy premiums, you can reinstate it within two years of it ending, if we agree. You cannot reinstate your policy for any other reason (for example, if you had ended the policy cover).

To reinstate your policy, you have to provide us with evidence of health of the person insured, and you will need to pay us a lump sum premium comprising the following amounts:

- any amounts you owe us up to your next premium due date; and
- any medical costs that we need to pay in order to assess the health of the person insured.

**What you need to do**

- Contact us.
- Provide a completed service request form. You need to select the reinstatement service option on the form.
- Confirm that the health of the person to be insured still qualifies for cover (by answering the questions in the service request form).
- Pay us the required premiums.

**What we will do**

- We will review your request, and if we are satisfied that you have met our requirements, we will reinstate your policy on the same or adjusted terms. Otherwise, we will not reinstate your policy.
- If we reinstate your policy, the person insured's cover will be reinstated from the date we tell you.

**Important note**

The person insured will not be covered for any event that took place before the policy is reinstated.

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

## When your policy ends

Your policy ends on the earliest of the following dates:

- the policy coverage end date shown in your policy schedule;
- when this policy has reached the coverage end date and is not or cannot be renewed;
- when we have paid the Death Benefit in full under this policy;
- when 200% of the sum insured under the Cancer Benefit is paid out;
- 60 days after a premium due date, if we do not receive your due premium before then;
- the day before the next premium due date if you request to cancel (terminate) your policy cover; or
- the date we are told to cancel your policy cover by law or regulation.

If you choose to terminate your policy early and you have paid your premiums, your coverage will continue 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 policy holder) 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. See page 10 (assignment of benefits).

### Age requirements for policy owner and person insured

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

| Policy owner / person insured | |
|---|---|
| Minimum age at time of application | Must be at least 18 years old. |
| Maximum age at time of application | Must be younger than 66 years old. |

## 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.

## 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 with the completed required form and necessary documents. We will not be responsible for checking the validity of the assignment.

# 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** and we'll be pleased to assist you. You may visit our website at www.fwd.com.sg for our detailed hotline operating hours.

### 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.

## Filling-in your claim form

We will provide the forms that need to be filled in to make a claim once you notify us that you need to make a claim.

Claims must be made on forms provided by us and submitted together with the supporting documents and any other information and documents that we ask for. The information may include original receipts, proof that treatment was medically necessary or proof of the country where the person insured lives. We will not be able to process a claim until we receive this information and the completed claim form.

### 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;
- 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 pre-existing condition** | Suicide<br>We will not pay any benefit under this policy if the claim arises from suicide, attempted suicide or an intentional self-inflicted act, within one year of the start of your policy cover, or the date we last reinstate (restart) your policy.<br>This applies regardless of the mental state of the person insured.<br>If this happens, the policy will be cancelled.<br><br>Claims due to a pre-existing condition<br>A pre-existing condition refers to a medical condition that occurs before the policy issue date and has one or more of the following characteristics:<br>▪ presented signs or symptoms which you (or the person insured) were aware of or should reasonably have been aware of;<br>▪ treatment was recommended or received from a medical practitioner or medical specialist for the medical condition; and/or<br>▪ you (or the person insured) have undergone or were recommended to undergo medical tests or investigations. |
| **Unlawful acts** | We will not pay any benefit under this policy if the claim arises because you or the person insured deliberately participated in an unlawful act or failed to act in accordance with the law. |

We will also not pay any benefit under this policy due to:

- wilful misuse of drugs or alcohol, while sane or insane;
- Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV); or
- any conditions directly or indirectly related to congenital abnormalities/deformities or hereditary conditions.

We won't pay any benefit if the signs or symptoms leading to diagnosis and claim, became apparent to the person insured:

- before the policy issue date; or
- before the policy reinstatement date (if the policy cover was reinstated).

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 may also apply specific exclusions to your policy at the point of offer of issuance. The details of such will be recorded in a policy endorsement.

## 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

We are not responsible for any of the costs of filling in any form or getting any documents, such as diagnosis of the disability or other certification. We may ask the person insured to get diagnosed by our appointed medical practitioner, but we will not pay for these costs.

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 Pre-early Cancer Benefit and Cancer Benefit to you.

We pay the Death Benefit to the nominees.

# Your premiums

**This section explains your premiums and what happens when you miss paying a premium.**

## Paying your premiums

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.

### Amount and due date

Your policy schedule shows the amount and the period you need to pay your premiums.

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

### Payment frequency options

You have the following payment frequency options:

- annually in one lump sum; or
- by monthly instalment.

You can change your chosen method any time and we will inform you of the date the change will take effect from. See page 7 (changing your premium payment method or frequency) to find out how to do so.

### Payment method options

You can pay using any of the following options:

- Auto-debit from a credit card, or
- Other modes of payment as updated on our website from time to time

### Premium rates are not guaranteed

The premium rates stated in your policy schedule are not guaranteed. This means we can change the premium rates by giving you at least 30 days' notice in writing.

## 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** | 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.<br>Your policy ends from the date the premium was due if we do not receive your premium within this period. |

If your policy ends because you missed a premium payment, you can apply to reinstate it. See page 8 (reinstatement) for more details.

# 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 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. This information helped 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 days if you change your residential address.

### You need to provide correct and complete information

You and the person insured are responsible for:

- providing us with correct and complete information; and
- being careful when answering our questions, or when confirming or amending any information 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 15 (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**. You may visit our website at www.fwd.com.sg for our detailed hotline operating hours.

## Disputing payments

We can declare your policy void if you or the person insured:

- 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 or the person insured had told us about it.

Unless there was 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 issue date or the last reinstatement date (if your policy has been reinstated), whichever is later.

### However, we may not pay a claim if you or the person insured:

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

at the time of purchase or reinstatement 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 or the person insured (or both) provided to us when applying for this policy. Our decision to issue this policy is based on the information in the application form. |
| **Complete remission** | Refers to the complete absence of clinical and objective evidence of any previous critical illness claimed condition(s), verified by a medical specialist, evidenced by absence of any signs, symptoms and supported by clinical, radiological, histological and laboratory evidence in regular follow-ups. |
| **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 an extra document attached to your policy or which we may issue later that outlines any changes to your policy |
| **Medical practitioner** | Refers to a person who has a medical degree and is legally licensed or registered to practise western medicine in Singapore or such other countries as approved by us. We reserve the right to request that the person insured be examined by a medical practitioner appointed by us.<br>A medical practitioner cannot be any of the following people unless we agree in writing:<br>▪ A person insured<br>▪ A person insured's spouse, relative or business partner<br>▪ You<br>▪ 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. |
| **Owner or policy owner** | The person who owns this policy. Your details are shown in the policy schedule or endorsement. We also use the term 'you' or 'your' in this policy contract. |
| **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:<br>▪ this policy contract;<br>▪ the policy schedule;<br>▪ the application form and any documents you provided with it; and<br>▪ 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 document attached to your policy. It shows important information about your policy, including the following:<br>▪ policy number;<br>▪ details of policy owner and person insured;<br>▪ your premium details; and<br>▪ the benefits of your policy and the sum insured. |
| **Sum insured** | Refers to the amount shown on the policy schedule. |
| **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. |

# Definitions of covered conditions

## Definitions of conditions covered under the Pre-early Cancer Benefit and Cancer Benefit

**Benign tumour** refers to a **solid tumour**, which is confirmed by histopathological examination in writing by a registered pathologist, as a non-cancerous **benign tumour** of the following organs listed below:

| | | | |
|---|---|---|---|
| 1. Heart | 7. Adrenal gland | 13. Small intestine | 19. Nasopharyngeal |
| 2. Liver | 8. Bone | 14. Testis | 20. Esophagus |
| 3. Lung | 9. Conjunctiva | 15. Breast | 21. Oral cavity |
| 4. Pancreas | 10. Kidney | 16. Ovary | 22. Gall bladder |
| 5. Pericardium | 11. Nerve in cranium or spine | 17. Penis | |
| 6. Ureter | 12. Pituitary gland | 18. Uterus (cover endometrial polyps only) | |

(referred to as "**specified organs**")

**Solid tumour** refers to an abnormal mass of tissue, which is not a cyst and generally does not contain liquid.

**Borderline malignant tumour** refers to a tumour which, on morphologic grounds, cannot be classified histopathologically nor designated with certainty as benign or malignant. The nature of the tumour has to be confirmed by a registered pathologist or consultant oncologist with histopathological report and classified as morphological code 8000/1, according to the International Classification of Diseases for Oncology (ICD-0-3).

Tumours from the following organs are excluded from this benefit: skin, prostate, and thyroid.

**Surgical excision of a benign tumour** refers to the actual undergoing of a complete surgical excision of a **benign tumour**.

The following conditions must be fulfilled:

- the decision to conduct a **surgical excision of a benign tumour** must be recommended in writing by a medical specialist after he or she has ascertained, through appropriate tests and/or examinations producing clinical, imaging and/or any histopathological evidence, that the tumour is suspected to be malignant. All related evidence must be provided to us for our perusal;
- the **benign tumour** must be completely removed; and
- there must be evidence that the **benign tumour** is no longer cancerous as confirmed by histopathological examination after the surgical excision.

Where there is any doubt about the indication for a **surgical excision of a benign tumour**, we reserve the right to obtain an independent opinion from a medical specialist.

**The below conditions are specifically excluded:**

- surgery for ovarian cysts including but not limited to simple cysts, endometrial cysts (endometriomas) of the ovary;
- surgery for removal of tumours in organs not listed in **specified organs** above, or surgery for removal of gall bladder, gall stones, kidney stones, benign hormone secreting tumours of the adrenal glands;
- tumour without biopsy performed after operation; and
- surgery for the following causes in all organs:
  i. high grade dysplasia, lipoma, haemangioma, non-solid tumours including simple cysts;
  ii. tumours which were clearly established as benign or of low malignant potential on radiological criteria or biopsy; or
  iii. partial excision of tumour or other procedures including open or closed biopsies, needle aspiration biopsy or cytology, aspiration, embolization or any procedure to reduce tumour size.

**Early-stage cancer** refers to a diagnosis of any of the following conditions:

| | |
|---|---|
| Carcinoma in-situ | A focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane.<br>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.<br>Carcinoma in-situ must always be positively diagnosed by a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard. |
| Early prostate, thyroid or urinary bladder cancer | Must be histologically described using the TNM Classification as T1N0M0 (TNM Classification). |
| Early chronic lymphocytic leukaemia | Must be diagnosed at RAI Stage 1 or 2. |
| Neuroendocrine tumours | Must be histologically classified as T1N0M0 (TNM Classification). |
| Early invasive melanoma | Invasive melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3. |
| Gastrointestinal stromal tumours | Must be histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual. |
| Bone marrow malignancies | Must not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment. |

All tumours and malignancies in the presence of HIV infection will be excluded.

**Late-stage or major cancer** refers to a malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

## Definitions of covered conditions

The term **major cancer** includes, but is not limited to, leukaemia, lymphoma and sarcoma.

**Major cancer** diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- all tumours which are histologically classified as any of the following:
  - pre-malignant;
  - non-invasive;
  - carcinoma in-situ (Tis) or Ta;
  - having borderline malignancy;
  - having any degree of malignant potential;
  - having suspicious malignancy;
  - neoplasm of uncertain or unknown behaviour; or
  - all grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intraepithelial neoplasia;
- any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- malignant melanoma that has not caused invasion beyond the epidermis;
- all prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or prostate cancers of another equivalent or lesser classification;
- all thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- all neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
- all tumours of the urinary bladder histologically classified as T1N0M0 (TNM Classification) or below;
- all gastrointestinal stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- chronic lymphocytic leukaemia less than RAI Stage 3;
- all bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- all tumours in the presence of HIV infection.

FWD insurance

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# Early-stage Reload Benefit rider
# 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

# Early-stage Reload Benefit

**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.**

## Part of your policy

This rider becomes part of your FWD Cancer 2.0 insurance policy ("base plan"), if we have agreed to provide it to you. The details of your rider cover will be shown in this Early-stage Reload Benefit rider policy contract attached to your base plan.

The terms and conditions of the base plan apply to this rider, unless stated otherwise.

## Who's covered under your rider

### Person insured

The person insured under this rider has to be the same person insured under the base plan. The person insured cannot receive any benefit under this rider, and cannot make changes to this rider, unless the person insured is also the policy owner.

# Your rider benefits

## Summary of your rider benefits

This section describes the main benefits of your rider. To understand the full details about what we pay and how we pay it, you should read the following section (detailed rider benefits).

You are covered for the following benefit while the base plan and this rider are active

If the person insured has successfully made a claim under the Cancer Benefit, the sum insured under the policy will be reduced to 0 for a period of 24 months from the date of diagnosis of the claim. This 24 month period is called the "reload period". You will not be able to make any claims on the policy during the reload period (apart from a claim for the Death Benefit). The policy will continue to remain active until the coverage ends but the premiums payable during the reload period (including any optional benefits where applicable) will be waived.

Once the reload period has passed and assuming the policy is still active with no claim made under the Death Benefit, the person insured will continue to be covered against **early-stage cancer** under the Early-stage Reload Benefit at 100% of the original sum insured. Payment of premiums will resume after the reload period.

For the Early-stage Reload Benefit, you may claim for an **early-stage cancer** which relates to the same cancer (regardless of stage of cancer) claimed under the immediately preceding claim admitted under the Cancer Benefit or a different **early-stage cancer** not relating to the cancer claimed under the immediately preceding claim admitted under the Cancer Benefit, if:

a. there has been a complete remission of that cancer previously admitted under the immediately preceding claim under the Cancer Benefit; and

b. 24 month waiting period has been fulfilled from the date of diagnosis of that cancer previously admitted under the immediately preceding claim under the Cancer Benefit.

The person insured must be alive at the point of diagnosis for a claim to be made under the Early-stage Reload Benefit.

This benefit can only be activated once. The policy will terminate once this benefit is paid out.

Benefits are only payable when we admit the claim(s) after receiving satisfactory proof and when the policy is active. Please refer to the base plan contract for further details and full definitions of the benefits.

Please refer to the "Cancer Benefit" in your base plan contract for more details on how this benefit works.

**What we pay**

We will pay the benefit amount shown in your policy schedule, after taking off any amounts you owe us.

## Detailed rider benefits

This is a regular premium payment, non-participating accelerating rider and it provides the following benefits. You need to pay a separate premium to keep this rider active. This rider does not have any cash surrender value.

### How an accelerating rider works

Your base plan provides the amount of cover ("sum insured") for cancer, as stated in your policy schedule. Any claim made by the person insured under the base plan or the rider will be paid from such sum insured. We will pay the benefits until the base plan's sum insured is reached.

### Your coverage under accelerating rider

The sum insured for this rider is equal to the sum insured under the base plan.

If you have made a claim for this benefit, 100% of the sum insured under the base plan will be accelerated. The base plan and this rider will then terminate automatically.

**When we won't pay**

We won't pay the benefit if any of the following happens:

- your rider has ended. See page 6 (when your rider cover ends); or
- an exclusion applies. See page 5 (what we don't cover).

# Your premiums

**Your premiums are the amounts you pay for protection. It is important to pay your premiums on time, so your rider 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.**

## Amount

Your current policy schedule shows the amounts and the period you need to pay your premiums for this rider.

## When you need to pay premiums for your rider

You need to pay your premiums for this rider at the same time that you pay your premiums for your base plan (annually or monthly). You can change your chosen method any time – if you do, then your premiums for both base plan and rider will be changed. Please refer to 'changing your premium payment method or frequency' in your base plan contract to find out how to do so.

## Premium rates are not guaranteed

### Level term to 65 / 75 / 85

The premium rates stated in your policy schedule are not guaranteed. This means that we can change the premium rates by giving you at least 30 days' notice in writing.

Premium rates upon renewal of the rider are not guaranteed.

### Coverage for one year with yearly renewable term up to age 85

If you have chosen the yearly renewable term plan, we will automatically renew this rider until the person insured turns 85 years of age, provided the base plan and rider are still active.

In either case, the rider cover will not be renewed beyond the base plan coverage term.

You can choose not to renew this rider by writing to us 30 days before the end of the period of your existing rider cover. The premiums due upon each renewal will be based on the prevailing premium rates at the attained age of the person insured and will stay level throughout the renewed term.

## What happens if you don't pay on time?

Your rider premiums are due on the due date. We give you a 60-day grace period after the due date to pay your premium. Your rider coverage 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 rider coverage.

If your rider ends because you missed a premium payment, you can apply to reinstate it. See page 6 (reinstating your rider) for more details.

## Refund of premiums after we approve a claim

If we accept a claim for the benefit, we will refund premiums paid to us after the confirmed diagnosis.

Any refunded premium amount will be paid on top of the other amounts due to be paid under your rider.

### Premiums must be paid until we approve the claim

All premiums due under the base plan and any riders must be paid until we approve the claim for the benefit.

# What we don't cover

## What we don't cover

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

| | |
|---|---|
| **Suicide or pre-existing condition** | Suicide<br>We will not pay any benefit under this policy if the claim arises from suicide, attempted suicide or an intentional self-inflicted act, within one year of the start of your policy cover, or the date we last reinstate (restart) your policy.<br>This applies regardless of the mental state of the person insured.<br>If this happens, the policy will be cancelled.<br><br>Claims due to a pre-existing condition<br>A pre-existing condition refers to a medical condition that occurs before the policy issue date and has one or more of the following characteristics:<br>▪ presented signs or symptoms which you (or the person insured) were aware of or should reasonably have been aware of;<br>▪ treatment was recommended or received from a medical practitioner or medical specialist for the medical condition; and/or<br>▪ you (or the person insured) have undergone or were recommended to undergo medical tests or investigations. |
| **Unlawful acts** | We will not pay any benefit under this policy if the claim arises because you or the person insured deliberately participated in an unlawful act or failed to act in accordance with the law. |

We will also not pay any benefit under this rider due to:

- wilful misuse of drugs or alcohol, while sane or insane;
- Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV); or
- any condition(s) directly or indirectly related to congenital abnormalities/deformities or hereditary conditions.

We won't pay any benefit if the signs or symptoms leading to diagnosis and claim, became apparent to the person insured:

- before the rider issue date; or
- before the rider reinstatement date (if the rider cover was reinstated).

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 may also apply specific exclusions to your policy at the point of offer of issuance. The details of such will be recorded in a policy endorsement.

# Starting, ending or reinstating your rider

**This section explains when your rider starts and ends, and how to make changes to your rider. We also outline when you can reinstate your rider after it has ended.**

## When cover starts under your rider

We start the rider cover on the coverage start date shown in your policy schedule, unless noted otherwise in an endorsement. You can only claim the benefit after your rider cover has started.

## When your rider cover ends

Your rider ends on the earliest of the following dates:

- the coverage end date shown in your policy schedule;
- this rider has reached the coverage end date and is not or cannot be renewed;
- when 200% of the sum insured under your base plan is paid out;
- 60-days after a premium due date, if we do not receive your due premium before then;
- the day before the next premium due date if you request to cancel (terminate) your rider cover;
- the date we are told to cancel your rider cover by law or regulation; or
- the date when the base plan of this rider cover terminates.

## Reinstating your rider

If your rider ends because of non-payment of rider and policy premiums, you can reinstate it within two years of it ending, subject to our agreement. You cannot reinstate your rider for any other reason (for example, if you had ended the rider cover).

We only cover events that happen after the reinstatement date.

To reinstate your rider, you will need to provide us with evidence of health of the person insured, and you will need to pay us a lump sum premium made up of the following amounts:

- any amounts you owe us up to your next premium due date; and
- any medical costs that we need to pay in order to assess the health of the person insured.

**What you need to do**

- Contact us.
- Provide a completed service request form. You need to select the reinstatement service option on the form.
- Confirm that the health of the person to be insured still qualifies for cover (by answering the questions in the service request form).
- Pay us the required premiums.
- Reinstate your base plan as well as this rider.

**What we will do**

- We will review your request, and if we are satisfied that you have met our requirements, we will reinstate your base plan and this rider. Otherwise, we will not reinstate your rider.
- If we reinstate your base plan and rider, the person insured's cover will be reinstated from the date we tell you.

**Important note**

You will not be covered for any event that took place before your base plan and rider are reinstated.