

FWD Stroke insurance Policy contract



This is your contract for your insurance policy.

Read it to understand all the benefits as well as the important terms and conditions that apply to your insurance cover. Don't worry, we've made it as easy to read as possible.



If you need help, call our hotline: +65 6820 8888



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About your policy document

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

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



We also highlight important information like this.
Read carefully.

What makes up your policy

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

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

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

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



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



Your policy benefits

Stroke benefit

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

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

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

Death benefit

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



When benefits are not payable

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

General exclusions

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

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

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

Waiting period

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



Making a claim



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

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

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

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

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

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

Benefits not provided by your policy



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



Premiums

To enjoy the benefits provided by this **Policy**:

Please pay each **Premium** before it is due. **You** have a grace period of 62 days for each **Premium** payable.

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

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

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



Renewal

Renewing your policy coverage

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

The **Premium We** charge **You** for the subsequent year(s) will be the same as the **Premium** that **We** charge people who have the same age, gender, sum insured and smoking status as **Yourself** on the day this **Policy** is renewed. **We** will not take into account any changes in **Your** health, but any conditions **We** imposed when **We** first issued this **Policy** will apply to **Your Policy**.

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



Termination of your policy

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

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

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

Free-look period

You have 14 calendar days to review this **Policy** and decide if it is suitable for **Your** needs. If **You** find that this **Policy** is unsuitable, **You** may write in to **Us** within 14 calendar days after **You** receive it and **We** will refund any **Premium** paid. **We** consider this **Policy** delivered from the time **We** email it to **You**.

Reinstatement

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



Customer care

If you have a question or problem with your policy

We aim to give **You** the best service. However, if **You** are not pleased with how **Your** claim was handled, please let **Us** know. Here are **Your** options and how **We** will respond to **Your** concerns:

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

The Chief Executive Officer (CEO)
FWD Singapore Pte. Ltd.
6 Temasek Boulevard,
#18-01 Suntec Tower Four,
Singapore 038986

We will respond to **Your** letter within three working days of receipt of **Your** letter to the **CEO**.

If **We** cannot reach a mutually acceptable agreement, **You** may approach the Financial Industry Disputes Resolution Centre (FIDReC), an independent dispute resolution centre for resolution of disputes involving financial institutions and consumers. FIDReC's address is:

Financial Industry Disputes Resolution Centre Ltd
36 Robinson Road,
#15-01 City House,
Singapore 068877
Tel: +65 6327 8878
Web: www.fidrec.com.sg



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

Mediation and arbitration

Any unresolved dispute must first be referred to FIDReC as above. If the sum involved in the dispute is outside the jurisdiction of FIDReC, **You** and **Us** agree to resolve the dispute through mediation via the Singapore Mediation Centre in accordance with their mediation rules.

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

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



Your policy protection scheme

This **Policy** is protected under the Policy Owners' Protection Scheme (the Scheme) which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage of this **Policy** under the Scheme is automatic and no further action is needed from **You**.

For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the GIA/LIA or SDIC websites (www.gia.org.sg) or (www.lia.org.sg) or (www.sdic.org.sg).



Information about your policy

Governing law and currency

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

When insurance cover begins and ends

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

Basis for offering this policy

We have used the information **You** provided in the **Application Form** and other documents that **You** have submitted to determine whether to offer this **Policy**.

The Law as per Section 25(5) of the Insurance Act requires that **We** inform **You** of **Your** duty to fully and faithfully tell **Us** everything **You** know or could reasonably be expected to know that is relevant to **Our** decision to insure **You**. Otherwise, **We** have the right to either decline **Your** claims or terminate this **Policy** and treat it as never having existed. In the event that **We** decide to maintain **Your** cover, **We** may charge an additional **Premium**.

If **Your** age, gender or smoker status shown in the **Application Form** is incorrect, **We** may adjust the **Premium** after taking into account **Your** accurate information.

Inaccurate information

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

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

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



Change in residential address:

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

Third parties

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



Important words and phrases

Application Form	refers to the information You or the insured person (or both) provided to Us when applying for this Policy . Our decision to issue this Policy is based on the information provided by You in the Application Form .
Endorsement	is any additional document attached to this Policy outlining adjustments to the standard terms and conditions that We have made as a condition to providing this Policy .
Medical Practitioner	refers to a medical examiner or doctor who: • has a recognised medical degree in western medicine; • is authorised to practise in his 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 or Your husband or wife, relative or business partner.
Period of Insurance	refers to the period of time between the coverage start date and coverage end date (both inclusive) as shown on the Policy Schedule .
Policy	includes: • the Application Form; • this document; • the Policy Illustration • the Policy Schedule; and • the Endorsements (if any).
Policy Issue Date	refers to the date as shown in the Policy Schedule .
Premium	refers to the scheduled premium payable for this Policy as shown in the Policy Schedule or Endorsement .
Policy Illustration	refers to the document attached to this Policy provided 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 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.



Important words and phrases

Stroke with Permanent Neurological Deficit

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

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

The following are excluded:

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

We, Our, FWD, Us

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

You, Your, Yourself, Policyholder

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