

Singlife Dengue Aid Policy



Singlife

Important.
Please read and keep it safe.



Introduction

Please read this policy and **Your Schedule** carefully to make sure that **You** have the cover **You** need. **You** should contact **Us** at 6827 9933 immediately if any details are not correct. The **Schedule** sets out **Your** cover. It is proof of **Your** insurance and **You** may need it if **You** want to make a claim.

- The contract of insurance** This policy is a contract of insurance between **You** and **Us**. **You** should read this policy, the information **You** have provided and the **Schedule** together. These documents form the contract of insurance between **You** and **Us**. **We** will provide the cover shown in **Your Schedule** for any covered event occurring during the **Period of Insurance** indicated on it as long as cover has not been terminated or cancelled.
- Governing law** The law of the Republic of Singapore will apply to this policy.
- Use of language** Unless otherwise agreed, the contractual terms and conditions and any other information relating to this contract will be in English.
- Please make sure that **You** read **Your** policy carefully. **You** may not receive any cover or cover may be reduced if **You** do not comply with the policy conditions.
- Mode of Communication** **We** will send any correspondence based on **Your** latest contact details known to **Us** and any proof of sending by **Us** would be deemed as receipt by **You**.
- Changes we need to know** Please tell **Us** immediately if there are any changes to **Your** circumstances which may affect this insurance including:
- Change in **Your** country of residence.
 - **You** being refused accident, financial protection, health, life or medical insurance, imposed with special conditions or having your policy cancelled or terminated.
- This could result in **Your** policy being declared void, or further conditions being imposed on **Your** cover under the policy.
- If **You** fail to do so, **Your** claim may be affected.
- Cover** Cover will only apply for **Dengue Fever** occurring on or after the date as indicated on **Your Schedule** and before the effective date of cancellation or lapsation of the policy, whichever is earlier.
- The cover under this policy ends automatically
- upon death of the policyholder named on **Your Schedule**.
 - for the policyholder on his/her 71st birthday
- Policy limits** Each section of **Your** policy has a maximum amount **We** will pay under that section.

DEFINITIONS

The words or phrases below have the following meanings wherever they appear in bold font with the first letter capitalised in this policy document in singular, plural or any tense and use of the male gender includes the female gender and vice-versa.

Age	Age at the last birthday. The policyholder named in the Schedule must be at least 16 years old at the inception of the policy.
Dengue Fever	A mosquito-borne tropical disease caused by the dengue virus which comes with a high fever and may also include severe headache, vomiting, muscle and joint pains and skin rash. This must be certified by a Doctor .
Doctor	A registered practising member of the medical profession with a recognised degree in western medicine who is authorised to practise in his/her country but who is not related to You . This excludes medical professionals practising complementary or alternative medicine such as Chiropractors, Ayurveda, Homeopathy, Naturopathy and Traditional Chinese practitioners.
Hospital	An establishment duly licensed and constituted as a medical or surgical hospital for the care and treatment of sick and injured people as bed-paying patients in the geographical area in which it is located and <ul style="list-style-type: none">(i) Provides facilities for diagnosis, treatment and surgery;(ii) Provides 24-hour nursing services by registered graduate nurses;(iii) Is supervised by a full-time staff of Doctors at all times; and(iv) Is not primarily a clinic, mental hospital or institution, rehabilitation centre, a place for custodial care, a spa, a facility for alcoholics or drug addicts, a hydroclinic, a nursing or rest or convalescent home, a home for the aged or the like; and(v) Does not include any similar ward or units within a hospital which provide any of the services listed in (iv) above.
Illness	A physical condition contracted marked by a pathological deviation from the normal healthy state.
Period of Insurance	The period of time the insurance is provided for under this policy, as set out in Your Schedule .
Schedule	The document which displays details of the cover You have.
Waiting Period	This refers to a period of 14 days from date of application to the policy start date as stated on Your Schedule .
We, Us, Our	Singapore Life Ltd. (referred to as "Singlife").
You, Your, Yourself	The person (or people) named in Your Schedule .

SUMMARY OF COVER

Policy feature	Maximum amount payable
Section 1: Death benefit Pays a one-time lump sum benefit if You suffer death solely due to Dengue Fever within 3 months from the confirmed diagnosis of Dengue Fever .	S\$20,000
Section 2: Hospitalisation Benefit Pays a one-time lump sum benefit if You are hospitalised for 3 consecutive days in Singapore for the sole purpose of treatment of Dengue Fever .	S\$1,000
Section 3: Daily Hospital Allowance (up to 10 days) Pays for each complete 24-hour period that You are confined as an in-patient at a Hospital in Singapore for the sole purpose of treatment of Dengue Fever .	S\$150 per day

SECTION 1 • DEATH BENEFIT

If **You** suffer death solely due to **Dengue Fever** within 3 months from the confirmed diagnosis of **Dengue Fever** in Singapore, **We** will cover **You** up to the sum insured as stated in the Summary of Cover.

What is not covered **We** will not cover any claim if the death is not directly related to **Dengue Fever**.

SECTION 2 • HOSPITALISATION BENEFIT

We will pay **You** a one-time lump sum benefit if **You** are confined as an in-patient in a **Hospital** for 3 consecutive days in Singapore during the **Period of Insurance** for the sole purpose of treatment of **Dengue Fever**. For the avoidance of doubt, 3 consecutive days shall mean 72 consecutive hours in total.

Special condition This is provided the hospitalisation is considered medically necessary for **Your** recovery as recommended by **Your Doctor**.

What is not covered **We** will not cover any claim if **You** are hospitalised less than 3 consecutive days for the sole purpose of treatment of **Dengue Fever**.

This benefit can only be utilised once under the policy. If **We** have already paid once for **Your** claim under the current **Period of Insurance**, **We** will not be covering **You** for the subsequent claim, if any.

SECTION 3 • DAILY HOSPITAL ALLOWANCE

We will pay **You** the applicable amount detailed on the summary of cover for each complete 24-hour period that **You** are confined as an in-patient at a **Hospital** in Singapore for the sole purpose of treatment of **Dengue Fever**, up to a maximum of 10 consecutive days.

Special condition This is provided the hospitalisation is considered medically necessary for **Your** recovery as recommended by **Your Doctor**.

What is not covered This benefit can only be utilised once under the policy. If **We** have already paid once for **Your** claim under the current **Period of Insurance**, **We** will not be covering **You** for the subsequent claim, if any.

General Exceptions

These apply to all sections of the policy unless stipulated otherwise.

This policy does not cover any claim or consequence whatsoever, caused by or in connection with any of the following, or which is the direct or indirect result of any of the following, whether or not such claim or consequence has been contributed to by any other cause or event:

- 1. War** War, invasion, act of foreign enemy, hostilities or a war-like operation or operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, military rising, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.
- 2. Other Actions** Any action taken in controlling, preventing, suppressing or in any way relating to (I) War above or **Terrorism**.
- 3. Radioactivity** Any form of radioactivity including, but not limited to,
 - Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste; or
 - Radioactive, toxic, explosive or other dangerous properties of explosive nuclear equipment.
- 4. Waiting period** Any claims if **You** are diagnosed with **Dengue Fever** during the **Waiting Period**.
- 5. Pre-existing medical conditions** Any allergy, condition, **Illness**, infirmity or injury, diagnosed or undiagnosed, before the start date of the policy, for which **You** have received advice, medication, treatment, been told of, or for which **You** are under investigation, awaiting results, on a waiting list, or are aware of the need for in-patient treatment.
- 6. Wilful act or omission or gross negligence** **Your** intentional or wilful act or omission, or gross negligence.
- 7. Sanction limitation and exclusion clause** **We** shall not be deemed to provide cover and **We** shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **Us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

General Conditions

1. Claims procedure

If **You** or **Your** legal representative are making a claim under the policy, **You** or **Your** legal representative must submit **Our** claim form with full particulars as soon as reasonably possible but no later than 30 days after the incident together with full facts of the claim including its occurrence, detailed circumstances and extent of loss. All documents supporting the claim must also be submitted to **Us** within 90 days of the diagnosis.

All certificates, receipts, information and evidence required by **Us** shall be supplied free of expense to **Us**, in the form prescribed by **Us**.

Failure to comply with the time and procedure stipulated for the making of a claim in this clause shall invalidate the claim and no benefit shall be payable under this policy.

We shall have the right and the opportunity through **Our** medical representatives to examine **You** whenever and as often as may be reasonably required within the duration of any claim. In addition, **We** shall have the right to require an autopsy in the case of death, where this is not forbidden by law or religious beliefs. **We** will bear the expenses incurred in such examinations, unless the claim is proved to be invalid, in which case **We** shall be entitled to recover all the expenses so incurred from **You**.

We shall have full discretion in the conduct of any proceedings or the settlement of any claim.

Any person who is seeking indemnity under this policy shall give **Us** all the information, documents and assistance **We** require to enable any claim to be validated for **Us** to achieve a settlement.

2. Misstatement of Age

If, at the correct **Age**, **You** would not have been eligible for cover under this policy, no benefit shall be payable.

3. Our rights

We may also take proceedings at **Our** own expense and for **Our** own benefit, in **Your** name, to recover any payment **We** have made under this policy to anyone else.

4. Your duty to take precautions

You must at all times take reasonable precautions to prevent and minimise claims under the policy. **You** need to take reasonable care to protect **Yourself** as **You** would if **You** were not insured.

5. Arbitration

Where **We** have accepted a claim and there is disagreement over the amount to be paid or if there is any dispute between **Us** arising out of this policy, the dispute must be referred to an arbitrator in Singapore to be agreed between **You** and **Us** in accordance with the Rules of the Singapore International Arbitration Centre ("SIAC Rules") at the time in force in English. When this happens, a decision must be made by the arbitrator before **You** can take any legal action against **Us**.

6. Your duty to comply with policy conditions

Our provision of insurance under this policy is conditional upon **You** observing and fulfilling the terms, provisions, conditions and clauses of this policy.

7. False declaration

If **You** did not declare truthfully upon taking up this policy, all benefits under this policy shall be forfeited.

8. Fraud

If **You**, or anyone acting for **You**, make(s) a claim under this policy knowing the claim to be dishonest or intentionally inflated, exaggerated or fraudulent in any way, or give(s) any false declaration, statement or document to support the claim, **We** will not pay any claim and all cover under the policy and all premiums paid will be forfeited without recourse.

General Conditions

- 9. Other insurance** If **You** have more than one policy with **Us** that covers the same benefit, **We** will only pay from one policy. If the benefit amounts are different under **Your** different policies, **We** will pay the highest benefit amount.
- 10. Access to your registered medical practitioners** To assess whether the cover applies, **You** may be asked to supply the name and contact details of **Your** registered medical practitioners or **Doctors** to enable **Us** to access **Your** medical records. If **You** do not agree to allow **Us** access to **Your** medical records or provide **Us** with any details required to do so, **We** may not deal with **Your** claim.
- 11. Settlement of claims** Any amount payable under this policy will be paid to the policyholder or as may be permissible under the Insurance Act.
- 12. Burden of proof** The burden of proving the validity of any claim is upon **You**. If **We** deny any claim by reason of any exclusion listed in the section of General Exceptions, the burden of proving that **We** are legally responsible for the claim is upon **You**.
- 13. Non-assignment** This policy is not assignable. No assignment of interest under this policy will be binding upon **Us**. **We** do not assume validity of any assignment.
- 14. Non-waiver** **Our** failure to enforce any provision of **Your** policy; or **Our** acceptance of any premium with actual or implied knowledge of any non-disclosure, misrepresentation, fraud and/or breach of **Your** policy or of the law, does not amount to a waiver of **Our** rights under **Your** policy or at law. **We** will still have the right to enforce each and every provision of **Your** policy even if **We** have not done so in the past.
- 15. Excluding third party rights** Anyone not a party to **Your** policy cannot enforce it under the Contracts (Rights of Third Parties) Act 2001 or any subsequent revisions of this Act to enforce any of its terms.

How to make a claim

To make a claim, please call **Our** claims assistance helpline at 6827 9933 or visit **Our** website at singlife.com to access **Our** personal accident claims form.

Our Promise of Service

If **You** have any comments or suggestions about **Our** cover, services or any other feedback, please write to:

The Head of General Insurance.
Singapore Life Ltd., 4 Shenton Way #01- 01 SGX Centre 2 Singapore 068807
We always welcome feedback so **We** can improve **Our** products and services.

Customer Care Policy

At Singlife, **We** will make every effort to provide the high level of service expected by all **Our** policyholders. If on any occasion **Our** service falls below the standard of **Your** expectation, the procedure detailed below explains what **You** can do:

Your first point of contact should always be to **Our** Customer Services Department. **You** can email **Us** at personal_insurance@singlife.com. **We** will acknowledge receipt of **Your** feedback within 3 working days whilst **We** look into the matter **You** raised. **We** will contact **You** for further information if required within 7 working days and provide **You** with a full reply within 14 working days.

If **You** are dissatisfied with **Our** response, **We** will refer **You** to an independent dispute resolution organisation: the Financial Industry Disputes Resolution Centre Ltd (FIDReC).

FIDReC's contact details are:

Financial Industry Disputes Resolution Centre Ltd.

36 Robinson Road #15-01 City House Singapore 068877

Telephone: 6327 8878 Fax: 6327 8488 Email: info@fidrec.com.sg

Website: fidrec.com.sg

Important - Please remember to quote **Your** policy reference in **Your** communication.

Policy Owners' Protection Scheme (PPF)

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 required 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 or SDIC websites (gia.org.sg or sdic.org.sg).

Learn more about our other products and services at singlife.com



Singlife

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