



PRODUCT SUMMARY FOR SINGLIFE FAMILY CARE

DETAILS OF INSURER

Singapore Life Ltd is a registered insurer under the Insurance Act 1966 and an exempt financial adviser under the Financial Advisers' Act 2001. As a registered insurer, Singlife provides and sells insurance products such as life policies and accident and health policies.

PRODUCT INFORMATION

This product is for newborn babies delivered at Mount Alvernia Hospital, the master policy holder, and their birth parents.

The primary purpose of this insurance cover is to ensure that if a member sustains injuries due to an accident and as a result is disabled permanently, or suffers the loss of certain limbs, he is duly compensated for his plight. In addition, if the injury results in death, the deceased's next of kin will receive a lump sum payment that should help alleviate some financial burdens.

ELIGIBILITY

A person who is related to an Eligible Member in any of the following ways:

- (i) For expectant mums who are patients at Mount Alvernia Hospital and at least 13 weeks pregnant;
- (ii) Spouse of the Maternity mothers who are Ladies' card holders with occupational classification* of Class 1 to 3;
- (iii) Newborn babies born at Mount Alvernia Hospital; and
- (iv) Sign up for coverage must be done before the newborn baby(ies) is/are 45 days old; and
- (v) Singaporean citizen or Singapore Permanent Resident or who holds a valid employment pass and dependent pass in Singapore; and
- (vi) Residing in Singapore (not out of Singapore for more than 90 continuous days during the coverage period).

* Occupational Classifications

Class 1	Clerical, administrative or other similar non- hazardous occupations
Class 2	Occupations where some degree of risk is involved, eg. Supervision of manual workers, totally administrative job in an industrial environment
Class 3	Occupations involving regular light to medium manual work but no substantial hazard which may increase the risk of sickness or accident
Class 4	High risk occupations involving heavy manual work including hot works

COVERAGE COMMENCEMENT

- (i) Upon application for the eligible maternity mothers and fathers
- (ii) Newborn who is 15 days old, or upon discharge, whichever is later

At the end of the coverage period, the plan will automatically terminate, without further notice

DECLARATION

All answers declared in every respect should be true and correct and that no material information has been withheld nor any relevant circumstances omitted.

Any non-disclosure, misrepresentation or fraud shall entitle Singlife to avoid all liabilities existing under this Policy in respect of that Insured person.

The policy owner may refer to the Financial Industry Disputes Resolution Centre Ltd (FIDReC) for insurance-related disputes with insurers.

SCOPE OF COVERAGE

It provides coverage against all accidental causes of the results specified below, on a 24-hour worldwide basis. The benefits of this plan will only be payable upon an accident occurring.

BENEFITS

BENEFITS FOR EXPECTANT MUM/ SPOUSE		Benefits Payout
1	ACCIDENTAL DEATH	S\$ 50,000
2	ACCIDENTAL TOTAL AND PERMANENT DISABILITY BENEFIT	S\$ 50,000
3	ACCIDENTAL MEDICAL REIMBURSEMENT	Up to S\$ 1,000
4	DAILY ACCIDENT HOSPITALISATION INCOME AND ICU BENEFITS	S\$ 100 per day
5	AMBULANCE FEES	up to S\$ 500
6	SIMPLE FRACTURE OR OTHER FRACTURE	up to S\$ 5,000

BENEFITS FOR NEWBORN		Benefits Payout
1	ACCIDENTAL DEATH	S\$ 50,000
2	ACCIDENTAL TOTAL AND PERMANENT DISABILITY BENEFIT	S\$ 50,000
3	ACCIDENTAL MEDICAL REIMBURSEMENT	Up to S\$ 2,000
4	OTHER MEDICAL EXPENSES	up to S\$ 500
5	AMBULANCE FEES	up to S\$ 500
6	SIMPLE FRACTURE OR OTHER FRACTURE	up to S\$ 5,000

1. ACCIDENTAL DEATH BENEFIT

Upon receipt of due proof of accidental death of an Insured Person, a lump sum of \$50,000 shall be payable.

2. ACCIDENTAL TOTAL AND PERMANENT DISABILITY BENEFIT

In the event an Insured Person becomes totally and permanently disabled due to accident, and upon receipt of satisfactory proof of such Total and Permanent Disability, the Policy shall pay a lump sum of \$50,000. Total and Permanent Disability shall mean that the disability must be total and permanent and that there is neither at the point of commencement of the disability nor at any time thereafter any work,

occupation or profession that the Insured Person can ever sufficiently do or follow to earn or obtain any wages, compensation or profit. The total and irrecoverable loss of sight of both eyes, or loss by severance of two or more limbs at or above the wrists or ankles, or the total and irrecoverable loss of sight of one eye together with loss by severance of one limb above the wrist or ankle shall be considered as Total and Permanent Disability.

3. ACCIDENTAL MEDICAL REIMBURSEMENT

In the event an Insured Person is being hospitalized, we will reimburse inpatient and outpatient treatment of bodily injury caused solely and directly by accident. Outpatient coverage is up to 50% of the benefit amount (inclusive of hospitalization expenses due to common incident such as insect bites, animal bites, dengue fever and food poisoning).

4a. DAILY ACCIDENT HOSPITALISATION INCOME AND ICU BENEFITS (FOR EXPECTANT MUM/SPOUSE ONLY)

We will pay a fixed amount for up to 100 days if the Insured Person is hospitalized in normal ward and 2 times the amount for 50 days if the Insured Person is hospitalized in ICU, due to accident.

4b. MEDICAL EXPENSES (FOR NEWBORN ONLY)

We will reimburse medical expenses for treatment of Hand, Foot and Mouth Disease, Malaria, Rabies, Melioidosis and Rubella.

5. AMBULANCE FEES

If an Insured Person sustains an Accidental Injury which necessitates the use of an ambulance, we will reimburse the actual ground ambulance costs incurred by the Insured Person up to maximum of S\$500 for transportation to the Hospital.

6. SIMPLE FRACTURE OR OTHER FRACTURE

If the Insured Person sustains Accidental Injury which results in a Simple Fracture or Other Fracture of the nature mentioned in the table below, we will pay the relevant amount specified in the table provided:

Simple Fracture or Other Fracture Benefit Limit S\$5,000

Maximum benefit amount payable in respect of any One Accidental	Percentage Payable
1.Neck, Skull or Spine (Full Break)	100%
2.Hip	75%
3.Jaw, Pelvis, Leg, Ankle or Knee (Other Fracture)	50%
4.Cheekbone, Shoulder or Hairline Fracture of Skull or Spine	30%
5.Arm, Elbow, Wrist or Ribs (Other Fracture)	25%
6.Leg, Ankle or Knee (Simple Fracture)	20%
7.Nose or Collar Bone	20%
8.Arm, Elbow, Wrist or Ribs (Simple Fracture)	10%
9.Finger, Thumb, Foot, Hand or Toe	7.5%

NOTE:

(a) this benefit shall not be payable to any Insured Person who has been diagnosed as having osteoporosis prior to the Effective Date; and

(b) if any Insured Person is diagnosed as having osteoporosis after the Effective Date, we will only be liable to pay this benefit in respect of the first occasion on which a Simple or Other Fracture is sustained, and this benefit shall not be payable in respect of subsequent events.

KEY PRODUCT PROVISIONS

1) Limitations and Exclusions

1.1) Limitations

- (i) Where the Insured Person sustains two (2) or more overlapping injuries listed in the Schedule of Indemnities, we will only pay for the injury that gives the highest benefit.
- (ii) If an Insured Person sustains an Accidental Injury during the Insurance Period, we will pay for that specific loss in accordance with the Schedule of Indemnities, without reference to or taking into account any previous loss suffered by the Insured Person whether prior to or during the Insurance period.
- (iii) For any subsequent loss, we will pay according to the schedule only for the specific loss resulting from the subsequent Accident without reference to or taking into account any previous loss suffered by the Insured Person whether prior to or during the insurance period.
- (iv) We will not for any loss or injury sustained by the Insured Person described in the schedule prior to the Effective Date.
- (v) If an Insured Person dies within thirty (30) days from an accident, we will only pay the death benefit. We will not pay any other benefits even if the Insured Person has sustained an injury that is listed in the Schedule of Indemnities before his death.

1.2) Exclusions

The following occurrences are excluded from this Policy and We are not liable for any loss or disability caused directly, indirectly, wholly or partly by them :-

- (i) Suicide or any attempted suicide or self-injury whether the Insured Person is sane or insane.
- (ii) War, any acts of terrorism, hostilities or any warlike operations (whether war be declared or not) or civil war; military or naval or airforce service while under orders for warlike operations.
- (iii) Participation in a riot;
- (iv) Commission of or attempt to commit an assault or felony.
- (v) Participation in competitive racing of any kind other than on foot; travelling in any type of aircraft other than as a fare-paying passenger on a regularly scheduled flight of a commercial airline.

2) Terms of Coverage

12 months coverage commencing from the eligibility to participate in the insurance plan.

3) Termination Clause

We may terminate this Policy by giving you at least 30 days' prior written notice of termination. The termination of coverage shall be without prejudice to payment of claims arising prior to the date of termination.

4) Waiting Period

Not applicable.

5) Misstatement

- (i) If the age or date of birth or other relevant facts relating to any Insured Person is misstated and this affects the scale of benefits or other terms and conditions of this Policy, then we will use the true age and facts to determine whether insurance coverage is in force and the benefits payable under this Policy.
- (ii) Where a misstatement of age or other relevant facts has caused a person to be insured under this Policy when he is otherwise ineligible for any insurance, or where such statement has caused a person to remain insured when he would otherwise be disqualified in accordance with the provisions of this Policy, his entire insurance coverage shall be void.

6) Free Look Period

Not applicable.

7) Claims

For Personal Accident Death claim, please submit the following:

- (i) Claim Form
- (ii) Certified True Copy of Death Certificate
- (iii) Certified True Copy of Marriage Certificate if deceased was married.
- (iv) Certified True Copy of deceased's Birth Certificate and copy of deceased's parents' if deceased was not married.
- (v) Certified True Copy of claimant's identity card (front and back)
- (vi) Certified True Copy of Last Intestate Will (if any)
- (vii) Police Investigation Report
- (viii) Postmortem / Autopsy Report including Toxicology Report
- (ix) Coroner's Inquest/Verdict

Note: Singlife will request for Physician Statement If there is insufficient information on submitted documents.

For Total Permanent claim, please submit the following:

- (i) Claim Form
- (ii) Physician Statement
- (iii) Certified True Copy of all related diagnostic reports, e.g. CT Scans, MRI Scans, X-Rays, Laboratory reports
- (iv) Certified True Copy of Insured Person's NRIC (Front and Back)
- (v) Certified True Copy of Insured Member's / Insured Affiliate Member's NRIC (front and back), if Insured is a dependent.
- (vi)

Note: The Insured Member is required to furnish us the above documents within one month of discharge from the hospital.

Legal/Beneficial Owner

We will treat Mount Alvernia Hospital as the absolute legal and beneficial owner Singlife Family Care policy and we will not be bound to recognize any equitable or other claim or interest in this policy.

Policy Owners' Protection Scheme

Your policy is protected under the Policy Owners' Protection Scheme, and is administered by the Singapore Deposit Insurance Corporation (SDIC). Cover 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 cover, where applicable, please contact us or visit the LIA or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

IMPORTANT NOTICE

This is only product information provided by us and is designed to serve as a guide only. In the event of clarification or dispute, the prevailing terms and conditions of the Group Insurance contract with Mount Alvernia Hospital shall apply.

Singapore Life Ltd 4 Shenton Way #01-01 SGX Center 2 Singapore 068807 Company Reg. No. 196900499K