ALLIANZ MEDICAL PROTECT

POLICY WORDING

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T11FC0131K

Version: Allianz Medical Protect - Policy Wording_v1.23 18022020 Clean.docx

Allianz

ALLIANZ MEDICAL PROTECT POLICY

THIS POLICY is issued in consideration of the payment of premium as specified in the Policy Schedule and the Application. The Application shall form part of this Policy between You and Us. In the event of any pre-contractual misrepresentation made in relation to the Application, it may result in avoidance of this Policy, refusal or reduction of the Insured Person's claim(s), change of terms or termination of this contract of insurance.

All payment of claims in this Policy are payable to You. In the event of Your death, the accrued benefits payable at the time of Your death shall be paid to Your legal personal representative(s). Any release given by You, or any third party to whom You have directed that payment be made, to Us acknowledging receipt of the benefit paid under this Policy shall constitute a final and complete discharge of all Our liability under this Policy.

You shall read the terms and conditions of this Policy carefully and ensure all information (including without limited to information related to You, the Insured Person, and the amount of coverage for the Insured Person) are correct and accurate. Should there be any information that are incorrect or inaccurate, You and/or the Insured Person shall notify Us immediately and return this Policy to Us for any necessary rectifications.

INTRODUCTION

ELIGIBILITY

The Insured Person must be:

(a) Holding a valid Singapore identification document such as a Singapore NRIC, Employment Pass, Work Permit, Long Term Visit Pass, Student Pass, Dependent's Pass or other recognised work pass entitling the holder thereof to enter and remain in Singapore; and

(b) (i) an Adult, between eighteen (18) and sixty five (65) years old (both ages inclusive) on the First Effective Date of the Policy, or up to seventy five (75) years old for Renewed Policy, or up to seventy (70) years old for Renewal for the General Practitioner (GP) benefits or Specialist care benefits, if applicable; or
(ii) a Child.

Age(s) referred to in this Policy shall be in reference to the age of the Insured Person as at the last birthday.

CONTACT US

For any General and Claims enquiries call
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1. POLICY DEFINITIONS

Each of the following words or expressions will have the same meaning wherever it appears in the Policy documents, and where consistent with the context, the singular shall include the plural and vice versa.

1.1 ACCIDENT shall mean a sudden, unintentional, unexpected, unusual and specific event that occurs at an identifiable time and place which shall, independently of any other cause, be the sole cause of bodily Injury. Such event shall not be directly related to any Illness or medical condition.

1.2 ACCIDENTAL DENTAL TREATMENT shall mean dental procedure necessary as a result of Accident in which the Insured Person suffers Injuries or damage to his/her natural teeth and/or gums.

1.3 ALLIANZ GROUP shall mean Us and Our related companies, business corporations and other legal entities that are directly or indirectly wholly-owned by Our parent company, and are relevant for the provision of insurance products and services.

1.4 APPLICATION shall mean, in respect of this Policy, the proposal or application form (including any declarations, statements and disclosures made thereunder). This will include any other declarations, statements and disclosures completed and made by You and/or the Insured Person prior to the First Effective Date.

1.5 APPOINTED PANEL shall mean the Clinics located within Singapore made available on our approved list. We may update the list from time to time.

1.6 CHILD/CHILDREN shall mean Your biological/ legally adopted/ step child who has attained the age of thirty (30) days (and discharged from hospital) and is an unmarried person, is financially dependent upon the Policyholder up to the age of eighteen (18) years old or twenty four (24) years old for those registered as full time students at an Educational Institution, at the time the Policy is incepted.

1.7 CLINIC shall mean an establishment duly constituted and licensed in the geographical area in which it is located as a center for medical treatment of sick and Injured persons, and which:

(a) provides facilities for diagnosis and treatment of Illnesses and Injuries;

(b) is supervised by a full-time staff of Registered Medical Practitioners during its business hours; and

(c) is not a mental hospital or institution, a place for custodial care or facility for alcoholics or drug addicts, a spa, or hydroclinic or a nursing or rest or convalescent home or a home for the aged, or such similar establishment.

1.8 CONGENITAL CONDITION shall mean any abnormality, deformity, disease, disorder, illness, malformation, defect, anomaly or Injury that is hereditary or acquired before or during birth. A congenital condition can be diagnosed at birth or later in life.

1.9 CO-PAYMENT shall mean the percentage of a claim that has to be borne by You. For the avoidance of doubt, the Co-payment does not refer to any amount that You are required to pay if the actual expenses exceed the benefit limits under this Policy. The Co-payment amounts are specified in the Policy Schedule.

1.10 DAY SURGERY shall mean a Medically Necessary surgical procedure performed by a Surgeon and is carried out in a Hospital or day-care facility. The surgical procedure also does not medically require the patient to stay overnight and where a discharge note is issued.

1.11 DEDUCTIBLE shall mean that portion of Eligible Expenses for which You are liable before any benefits are payable under this Policy. The applicable Deductible amount is specified in the Policy Schedule.

1.12 DENTIST shall mean a person who is duly licensed or registered to practice dentistry in the geographical area in which a service is provided, but excluding the following persons – the Insured person, You, or an insurance intermediary, Your or/and the Insured Person's employer, employee, immediate family member by blood, marriage or adoption or business partner.

1.13 DISABILITY shall mean a Sickness, Disease, Illness or Injury arising out of a single or continuous series of causes.

For the avoidance of doubt, one Disability shall mean all of the periods of Disability arising from the same cause including any and all complications therefrom. In the event that the Insured Person completely recovers and remains free from further treatment (including Prescribed Medicines, special diet or injection or advice for the condition) of the Disability for at least thirty (30) days following the latest date of discharge, then the subsequent Disability from the same cause shall be considered as though it was a new Disability.

1.14 EDUCATIONAL INSTITUTION shall mean any school, vocational institute, polytechnic, college, university or institute of higher learning which is operated by the government or licensed to provide educational services by trained or qualified teachers.

1.15 ELIGIBLE EXPENSES shall mean Reasonable and Customary Charges, which are Medically Necessary and incurred due to a covered Disability.

1.16 EMERGENCY shall mean the event for which immediate medical attention is required for a Disability or symptoms which are sudden and severe failing which the Insured Person's life could be threatened (e.g. accident and heart attack) or lead to significant deterioration of health.

1.17 EMERGENCY TREATMENT shall mean urgent remedial treatment as a result of an Emergency to avoid death or impairment to the Insured Person's immediate or long term health prospects.

1.18 FIRST EFFECTIVE DATE shall mean the date from which your insurance coverage starts, which is specified as "First Effective Date" in the Policy Schedule.

1.19 GENERAL PRACTITIONER shall mean a Registered Medical Practitioner whose practice is based on a broad understanding of all Illnesses and who does not restrict his/her practice to any particular field of medicine.

1.20 HOME NURSING CARE shall mean continued medical care or other types of skilled care furnished on a visiting basis in the Insured Person's home, where he/she is recuperating.

1.21 HOSPITAL shall mean only an establishment duly constituted and registered as a hospital for the care and treatment of sick and Injured persons as paying bed patients, and which:

(a) has facilities for diagnosis and major Surgery;

(b) provides twenty-four (24) hours a day nursing services by registered nurses;

(c) is under the supervision of a Registered Medical Practitioner; and

(d) is not primarily a Clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged, a mental hospital or institution or similar establishment.

(e) maintains a medical record of each patient which is accessible to Us.

1.22 HOSPITALISATION shall mean an admission to a Hospital as a registered Inpatient for Medically Necessary treatment for a covered Disability, lasting at least eight (8) consecutive hours.

1.23 INJURY shall mean bodily injury caused solely by Accident.

1.24 INPATIENT shall mean Hospitalisation of an Insured Person in a Hospital for treatment of a Disability for which the Hospital levies a daily room and board charge. A patient shall not be considered as an Inpatient if the patient does not physically stay in the Hospital for the whole period of Hospitalisation.

1.25 INSURED PERSON shall mean the person specified in the Policy Schedule and in respect of whom coverage have been confirmed in writing by Us.

1.26 INTENSIVE CARE UNIT shall mean a section within a Hospital which is designated as an Intensive Care Unit by the Hospital, and which is maintained on a twenty-four (24) hours basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.

1.27 MEDICALLY NECESSARY shall mean a medical service which is:

(a) consistent with the symptoms, findings, diagnosis or other clinical circumstances, and customary medical treatment for a covered Disability;

(b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits;

(c) not for the convenience of the Insured Person or the Registered Medical Practitioner, and unable to be reasonably rendered out of Hospital (if admitted as an Inpatient); and

(d) not of an experimental, investigational or research nature, preventive or screening nature.

1.28 OUTPATIENT shall mean the Insured Person is receiving medical care or treatment without Hospitalisation and includes treatment in a Clinic.

1.29 OVERSEAS shall mean any foreign country outside Singapore.

1.30 PERIOD OF INSURANCE shall mean the period of insurance cover in accordance with the terms of this Policy, for the respective Insured Persons as shown in the latest Policy Schedule or if applicable in the latest endorsement.

1.31 POLICY shall mean this document, the Policy Schedule, the Application, any supplement(s), endorsement(s) and amendment(s) We have issued under this policy, all of which should be read together as one contract.

1.32 POLICYHOLDER shall mean the person who is the legal holder of this Policy and as specified in the Policy Schedule.

1.33 POLICY SCHEDULE means the document which is issued to You detailing the particulars of the Insured Person and the benefits provided under this Policy.

1.34 POLYCLINIC shall mean polyclinics located within Singapore, as listed on the Singapore Ministry of Health website, as the same is or may be updated, amended or revised from time to time.

1.35 PRE-EXISTING CONDITION shall mean Disabilities that the Insured Person has reasonable knowledge of. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:

(a) the Insured Person had received or is receiving treatment;

(b) medical advice, diagnosis, care or treatment has been recommended;

(c) clear and distinct symptoms are or were evident; or

(d) its existence would have been apparent to a reasonable person in the circumstances.

1.36 PRESCRIBED MEDICINES shall mean medicines (excluding supplements, vitamins and traditional Chinese medicine) that are prescribed by a Registered Medical Practitioner or Dentist in respect of treatment for a covered Disability.

1.37 PRO-RATION FACTOR shall mean the percentage of Eligible Expenses payable under Section (A) Hospitalisation Benefits of this Policy, in the event the Insured Person is hospitalised in a higher class ward than the ward class the Insured Person is entitled to.

1.38 REASONABLE AND CUSTOMARY CHARGES shall mean charges for medical treatment that do not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same gender and of comparable age for a similar Disability and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Insured Person's medical condition.

1.39 REGISTERED MEDICAL PRACTITIONER shall mean a doctor qualified in western medicine who is licensed and authorized in the geographical area they are practicing in to provide medical or surgical services but excluding the following persons – the Insured person, You, or an insurance intermediary, Your or/and the Insured person's employer, employee, immediate family member by blood, marriage or adoption, or business partner.

1.40 RENEWAL OR RENEWED POLICY shall mean a Policy which has been renewed without any lapse of time upon expiry of a preceding Policy.

1.41 SHORT-STAY WARD shall mean a ward in the emergency department of a hospital for patients who need a short period of inpatient monitoring and treatment.

1.42 SICKNESS, DISEASE OR ILLNESS shall mean a physical condition marked by a pathological deviation from the normal healthy state.

1.43 SPECIALIST shall mean a Registered Medical Practitioner who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine.

1.44 SURGEON shall mean a Specialist who is qualified to perform Surgery.

1.45 SURGERY shall mean any surgical operation listed in Ministry of Health's "Table of Surgical Procedure" and any revisions thereafter, including Day Surgery, performed by a Surgeon but excluding any Minor Surgical Procedure (MSP) listed.

1.46 TRADITIONAL CHINESE MEDICAL PRACTITIONER shall mean a person qualified as a traditional Chinese medicine practitioner engaged in the practice of traditional Chinese medicine, and who is licensed and registered with the relevant statutory traditional Chinese medical practitioners board or council in the geographical area they are practicing to provide traditional Chinese medicine, but excluding the following persons – the Insured person, You, or an insurance intermediary, Your or/and the Insured person's employer, employee, immediate family member by blood, marriage or adoption, or business partner

1.47 WE, OUR, US, COMPANY shall mean Allianz Global Corporate & Specialty SE Singapore Branch.

1.48 YOU, YOUR, YOURSELF shall mean the Policyholder, a person to whom the Policy has been issued in respect of cover for a person specifically identified as Insured Person in this Policy.

2. BENEFITS

The benefits payable under this Policy shall not exceed the actual costs for the medical services provided to the Insured Person, subject to the Pro-ration Factor, Co-payment, Deductible and any limits (including but not limited to sublimit for each benefit item or annual limit per Disability), if any, as specified for each benefit items in the Policy Schedule or endorsement.

BENEFITS COVERED

The benefit payable under this Policy shall be payable according to the following benefit items only if such benefit item(s) are specified in the Policy Schedule or endorsement.

We shall calculate the benefits payable under this Policy in the following order (if applicable):

(a) Pro-ration factor

(b) Deductible

(c) Co-payment

(d) Benefit limits

PRO-RATION FACTOR

The Pro-Ration Factor will apply if the Insured Person is hospitalised in a higher class ward than the ward class entitled and specified in the Policy Schedule. In the event the Pro-Ration Factor applies, the amount payable under (A) Hospitalisation Benefits shall be the Eligible Expenses multiplied by the Pro-Ration Factor, subject to applicable, Co-payment, Deductible and any limits .

COST-SHARING REQUIREMENT

You are required to pay Co-payment and/or Deductible as specified in the Policy Schedule. For the avoidance of doubt, Co-payment and/or Deductible does not refer to any amount that You are required to pay if the actual expenses exceed the benefit limits as specified in the Policy Schedule.

In order to claim under this Policy, You must prove that Eligible Expenses of either accumulative amount or amount under each applicable benefit item, higher than the Deductible have been incurred during the Period of Insurance and paid, and that such Eligible Expenses would have been covered by the Policy had it not been for the application of the Deductible.

A. Hospitalisation Benefits

The following benefits in Section (A) Hospitalisation Benefits apply when the Insured Person requires confinement in a Hospital as an Inpatient.

When applicable, the relevant benefits shall also apply for Day Surgery and admission to Short-stay ward.

2.1 DAILY ROOM AND BOARD

This benefit shall be payable for the Eligible Expenses incurred while confined in a Hospital for a standard single bedded room or high-dependency ward accommodation.

For the avoidance of doubt, this benefit shall be payable for the Eligible Expenses incurred for a hospital room and nursing for both Day Surgery and Short-stay ward.

This benefit includes meals and general nursing services in a Hospital or day-care facility.

2.2 DAILY INTENSIVE CARE UNIT

This benefit shall be payable for the Eligible Expenses incurred for the room and board charges for the Insured Person's Hospitalisation as an Inpatient in the Intensive Care Unit of a Hospital.

No Daily Room and Board benefit shall be paid for the same period of Hospitalisation where the Daily Intensive Care Unit benefit is payable.

2.3 SURGICAL FEES

This benefit shall be payable for the Eligible Expenses charged for a Medically Necessary Surgery by a Surgeon.

2.4 ANAESTHETIST FEES

This benefit shall be payable for the Eligible Expenses incurred for the Medically Necessary administration of anaesthesia.

2.5 OPERATING THEATRE CHARGES

This benefit shall be payable for the Eligible Expenses for the Operating Theatre charges incidental to the Surgery.

2.6 HOSPITAL MISCELLANEOUS SERVICES

This benefit shall be payable for the below Eligible Expenses incurred:

(a) general nursing;

(b) Prescribed Medicines prescribed by the attending Registered Medical Practitioner;

(c) dressings, splints, plaster casts;

(d) Inpatient diagnostic procedures and Inpatient laboratory examinations;

(e) Inpatient physiotherapy;

(f) intravenous injections and solutions; and administration of blood and blood plasma but excluding the cost of blood and plasma.

For avoidance of doubt, the Inpatient physiotherapy benefit is payable only following Inpatient treatment.

2.7 IN-HOSPITAL PHYSICIAN OR SPECIALIST VISIT

This benefit shall be payable for the Eligible Expenses charged by a Specialist or Registered Medical Practitioner to visit or consult the Insured Person, while the Insured Person is an Inpatient.

Such visit or consultation must be recommended in writing by the attending Registered Medical Practitioner.

2.8 PRE-HOSPITALISATION DIAGNOSTIC TESTS

This benefit shall be payable for the Eligible Expenses charged for diagnostic procedures and laboratory examinations which are recommended in writing by a qualified Registered Medical Practitioner and are performed for diagnostic purposes, in connection with a Disability of the Insured Person preceding Hospitalisation or Day Surgery, but excluding pre-hospitalisation treatment which is given before stay in Short-stay Ward that does not result in Hospitalisation.

2.9 PRE-HOSPITALISATION CONSULTATION

This benefit shall be payable for the Eligible Expenses charged for consultation (including Prescribed Medicines) with a Registered Medical Practitioner in connection with a Disability of the Insured Person preceding Hospitalisation or Day Surgery, but excluding pre-hospitalisation treatment which is given before stay in Short-stay Ward that does not result in Hospitalisation.

2.10 POST-HOSPITALISATION TREATMENT

This benefit shall be payable for the Eligible Expenses charged for follow-up treatment given by or recommended by the same Inpatient attending Registered Medical Practitioner.

The benefit payable shall include Prescribed Medicines prescribed during the follow-up treatment, but excludes charges for Prescribed Medicines prescribed for use beyond one hundred and twenty (120) days after the date of the last discharge from the Hospital or the date of the Day Surgery.

For the avoidance of doubt, this benefit is not payable for post-hospitalisation treatment which is given after stay in Short-stay ward that did not result in hospitalisation.

2.11 HOME NURSING FOLLOWING HOSPITAL DISCHARGE

This benefit is not applicable unless otherwise specified in the Policy Schedule.

This benefit shall be payable for the Eligible Expenses incurred for Home Nursing Care if recommended in writing by the attending Registered Medical Practitioner, which are directly related to and as a result of the Disability arising from the same cause (including any and all complications therefrom) necessitating Hospitalisation.

B. Supplementary Benefits

2.12 LOCAL AMBULANCE SERVICES

This benefit is not applicable unless otherwise specified in the Policy Schedule.

This benefit shall be payable for the Eligible Expenses charged for Medically Necessary ambulance service (land-based only) to and/or from the Hospital provided that the Insured Person is admitted as an Inpatient for treatment of an Illness or Injury.

2.13 COMPANION BED

This benefit is not applicable unless otherwise specified in the Policy Schedule.

If an Insured Person aged eighteen (18) or below is hospitalised, then this benefit shall be payable for the expenses incurred for one (1) companion bed within the same Hospital during such Hospitalisation. For the avoidance of doubt, age will be determined as at the date on which the expenses of any companion bed are incurred

2.14 EMERGENCY ACCIDENTAL OUTPATIENT TREATMENT

This benefit shall be payable for the Eligible Expenses incurred by the Insured person for Emergency Treatment required due to an Accident. The treatment must be provided by a Registered Medical Practitioner as an Outpatient within twenty-four (24) hours of the Accident. Follow-up treatment given by or recommended by the same attending Registered Medical Practitioner for the same Disability shall be payable.

The benefit payable shall include Prescribed Medicines prescribed during the treatment.

2.15 EMERGENCY ACCIDENTAL DENTAL TREATMENT

This benefit shall be payable for the Eligible Expenses incurred for Accidental Dental Treatment due to an Accident received by the Insured Person from a Dentist as an Outpatient within twenty-four (24) hours of the Accident. Follow-up treatment given by or recommended by the same attending Dentist for the same Disability shall be payable.

The benefit payable shall include Prescribed Medicines prescribed during the treatment.

C. Cancer & Kidney Major Outpatient Treatment Benefits

2.16 OUTPATIENT CANCER TREATMENT

This benefit shall be payable for the Eligible Expenses incurred for the following Medically Necessary Cancer treatments

(a) chemotherapy;
(b) external or superficial radiotherapy;
(c) brachytherapy, with or without external radiotherapy;
(d) immunotherapy; and
(e) stereotactic radiotherapy.

The treatment must be recommended by a Registered Medical Practitioner and the Insured Person must be diagnosed with Cancer as defined below. Such treatment (including consultations, examination tests and Prescribed Medicines) must be received at the Outpatient department of a Hospital or a registered Cancer treatment centre.

Cancer shall mean the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue for which major interventionist treatment or surgery (excluding endoscopic procedures alone) is considered necessary. The Cancer must be confirmed by histological evidence of malignancy.

2.17 OUTPATIENT KIDNEY DIALYSIS TREATMENT

This benefit shall be payable for the Eligible Expenses incurred for the Medically Necessary treatment of kidney dialysis as recommended by a Registered Medical Practitioner, provided that the Insured Person is diagnosed with Kidney Failure as defined below. Such treatment (including consultation, examination tests, Prescribed Medicines) must be received at the Outpatient department of a Hospital or a registered dialysis treatment centre.

Kidney Failure shall mean end stage renal failure presenting as chronic, irreversible failure of both kidneys to function as a result of which renal dialysis is initiated.

It is a specific condition of this benefit that notwithstanding the exclusion of pre-existing conditions, this benefit will not be payable for any Insured Person who has developed chronic renal diseases and/or is receiving dialysis treatment prior to the First Effective Date of this Policy.

D. General Practitioner (GP) Benefits

Benefits under Section D are not applicable unless otherwise specified in the Policy Schedule.

2.18 GENERAL PRACTITIONER (GP) TREATMENT – APPOINTED PANEL / POLYCLINIC

This benefit shall be payable for the Eligible Expenses charged for Outpatient treatment provided by a General Practitioner on Our Appointed Panel or at a Polyclinic.

This benefit shall be subject to presenting the Allianz Medical eCard to a Clinic on Our Appointed Panel, failing which the reimbursement amount for the charges incurred will be considered under the General Practioner (GP) treatment – Non Panel benefit in this document.

2.19 GENERAL PRACTITIONER (GP) TREATMENT – NON PANEL

This benefit shall be payable for the Eligible Expenses charged for Outpatient treatment by a General Practitioner not on Our Appointed Panel.

2.20 TRADITIONAL CHINESE MEDICINE (TCM) TREATMENT

This benefit shall be payable for the Eligible Expenses incurred by the Insured Person for consultation and treatment provided and prescribed by a Traditional Chinese Medicine Practitioner. Any complications arising from such treatment shall not be payable.

The benefit payable shall include Chinese traditional medicine (excluding supplements, vitamins and tonics) prescribed by the attending Traditional Chinese Medicine Practitioner.

2.21 ACCIDENT & EMERGENCY (A&E) DEPARTMENT

This benefit shall be payable for the Eligible Expenses charged for Outpatient treatment by an accident and emergency department in a Hospital.

E. Specialist Care Benefits

Benefits in Section E are not applicable unless otherwise specified in the Policy Schedule.

2.22 SPECIALIST VISIT – APPOINTED PANEL

This benefit shall be payable for the Eligible Expenses incurred for Outpatient treatment by a Specialist on Our Appointed Panel.

This Benefit shall be subject to presenting the Allianz Medical eCard to a Clinic on Our Appointed Panel, failing which the reimbursement amount for the charges incurred will be considered under the Specialist Visit – Non Panel benefit in this document.

2.23 SPECIALIST VISIT – NON PANEL

This benefit shall be payable for the Eligible Expenses incurred for Outpatient treatment by a Specialist not on Our Appointed Panel.

3. CONDITIONS

3.1 IDENTIFICATION

This Policy, the Policy Schedule, the Application, any endorsement(s) and amendment(s) signed by Our authorized representatives, and any other schedule attached to this Policy shall be read together as one contract.

No terms or conditions set out in this Policy may be waived or modified except by way of endorsement issued by Us in writing.

3.2 FREE LOOK PERIOD (NOT APPLICABLE TO RENEWAL POLICIES)

Should You decide to not continue with the Policy for any reason, it may be returned to Us for cancellation within fourteen (14) days after the receipt of the Policy by You, provided that no claim has been made under the Policy. You are assumed to have received the Policy Schedule 5 days after We dispatch it. Any premium paid will be refunded without interest. In such case, this Policy shall be deemed to have been void from the inception and We shall not be liable under this Policy for any loss, damage or liability sustained or incurred.

3.3 PREMIUM

The total premium (including any applicable GST) payable for this Policy is set out in the Policy Schedule and shall be payable in advance on or before the premium due dates as monthly or yearly modes or by any other mode/method as may be made available by Us from time to time.

If the premium is paid monthly under this Policy, the premium due date will be the same day in each month as the First Effective Date, and if the premium is paid yearly, premium due date will be each date of Renewal.

Where there is no such a day in a particular month or year, the premium due date will be the last day of that month.

3.4 GRACE PERIOD

A grace period of maximum 30 days from the premium due date will be allowed for payment of premium. If the premium is not received within this period, this Policy will be terminated from the date on which the premium is first due and there will be no coverage available for the Insured Person under this Policy.

3.5 ELIGIBILITY

The Insured Person must be:

a) Holding a valid Singapore identification document such as a Singapore NRIC, Employment Pass, Work Permit, Long Term Visit Pass, Student Pass, Dependent's Pass or other recognised work pass entitling the holder thereof to enter and remain, in Singapore; and

b) (i) age between sixteen (16) and sixty five (65) years old (both ages inclusive) on the First Effective Date of the Policy, or up to seventy five (75) years old for Renewed Policy, or up to seventy (70) years old for Renewal for the General Practitioner (GP) benefits or Specialist care benefits, if applicable; or

(ii) a Child.

If an Insured Person reaches the age of seventy one (71) years during the Policy, the coverage of General Practitioner (GP) benefits and Specialist care benefits, if applicable, for that Insured Person shall automatically terminate at the next date of Renewal. If an Insured Person reaches the age of seventy six (76) years during the Period of Insurance, this Policy shall be terminated at the next date of Renewal.

If an Insured Person is a Child and reaches the age of twenty five (25) years during the Period of Insurance, this Policy shall automatically terminate at the next date of Renewal.

For the avoidance of doubt, this Policy shall be terminated at any date of Renewal if the Insured Person ceases to be eligible hereunder as at such date of Renewal.

Age(s) referred to in this Policy shall be in reference to the age of the Insured Person as at the last birthday.

3.6 OTHER INSURANCE

We shall not pay for claims if the Eligible Expenses have been paid by other medical insurance or You or the Insured Person have received a reimbursement from any other sources.

If You or the Insured Person have other medical insurance, including medical benefits under any employment contract, which allows You or them to claim a refund for medical expenses, You or the Insured Person must first claim from these policies before making any claim under this Policy. Our obligations to pay under this Policy shall only arise after You have fully claimed under the abovementioned policies.

If We have paid any benefit to You first before a claim is made under the other medical insurance policies or employee benefits, the other medical insurers or employer shall refund Us their share. You must give Us all information and evidence We need to help Us get back any other medical insurer's share of the claim We have paid.

3.7 CHANGES IN POLICY TERMS AND CONDITIONS

(a) We reserve the right to alter the terms and conditions of this Policy at any time during any Period of Insurance as We reasonably considers appropriate or if We consider it necessary to comply with any applicable laws, regulations, orders, guidelines and codes issued by any public, judicial, taxation, governmental and/or other regulatory authorities from time to time. We will give You thirty (30) days' notice in writing of any such alteration. Your continued payment of premium after such notice will constitute acceptance of the change.

If any provision of this Policy is determined by a court of competent jurisdiction to be illegal, invalid or unenforceable, that provision shall not affect the legality, validity or enforceability of any other provision of this Policy.

(b) Premium rates are not guaranteed and may be increased or varied by Us, at Our absolute discretion, upon each date of Renewal:
   (i) when a material change in risk occurs; or
   (ii) when there is a general rate increase affecting all Policyholders reflecting Our actual or anticipated results in this class of business.

(c) Any other misrepresentation of or failure to disclosure of material facts by or for You and/or the Insured Person, will entitle Us to cancel this Policy or exercise any other right available to it at law. A material fact is any information that could influence Us in Our assessment of the Application or the eligibility of an Insured Person.

3.8 DISPUTE RESOLUTION

Any dispute arising from a matter that is related to or in connection with this Policy shall be referred to the Financial Industry Disputes Resolution Centre Ltd ("FIDReC"). This would apply as long as the dispute can be brought before FIDReC.

In the event that the dispute cannot be referred to or dealt with by FIDReC, it shall be referred to and resolved by arbitration in Singapore in accordance with the Arbitration Rules of the Singapore International Arbitration Centre which shall be applicable at that time.

3.9 CANCELLATION

You may cancel the policy at any time by giving a seven (7) days' notice in writing to Us, and:

(a) if the premium is paid monthly under this Policy, this Policy may be cancelled on the next premium due date after the receipt and acceptance of such written notice by Us, and no premium paid shall be refunded.

(b) If the premium is paid yearly under this Policy, this Policy may be cancelled at the termination date requested by You in the written notice to Us, or the date such written notice received and accepted by Us, whichever is later; and the premium paid shall be refunded, less any pro rata premium received or retained by Us for the period during which cover has been provided.

This Policy may also be cancelled by Us by seven (7) days' notice given in writing to You at Your last known address, and the premium paid shall be refunded, less any pro rata premium received or retained by Us for the period during which cover has been provided.

3.10 CERTIFICATION, INFORMATION AND EVIDENCE

All certificates, information, medical reports and evidence as required by Us shall be furnished at Your and/or the Insured Person's expense, and in a form that We may require. In any event all notices which We shall require You and/or the Insured Person to give must be in writing and addressed to Us.

3.11 CHANGE IN RISK

You and/or the Insured Person shall give immediate notice in writing to Us of any material change in circumstances affecting the risk of the Insured Person. In particular, You and/or the Insured Person must notify us of any changes in occupation or health of the Insured Person. We shall have the right to re-underwrite the Policy as a result of which the Policy may be terminated, new premium loading may be applied, new exclusion(s) may be applied, and existing exclusion(s) may be revised or removed.

3.12 CLAIM PROCEDURES

(a) You and/or the Insured Person shall within thirty (30) days of a Disability that incurs claimable expenses, give written notice to Us stating full particulars of such event, including all original bills and receipts, and a full Registered Medical Practitioner's report stipulating the diagnosis of the condition treated and the date the Disability commenced in the Registered Medical Practitioner's opinion and the Registered Medical Practitioner's summary of the cost of treatment including medicines and services rendered;

(b) You and/or the Insured Person must furnish Us with proof of claim as outlined in (c), by submitting original bills and receipts for:
   (i) incurred Eligible Expenses up to the selected Deductible amount ; and
   (ii) incurred Eligible Expenses in excess of the selected Deductible amount.

(c) Claims are not deemed complete and eligible benefits are not payable unless all bills for such claims have been submitted and agreed upon by Us. Only actual costs incurred shall be considered for reimbursement. Any variation or waiver of the foregoing shall be at Our sole discretion.

3.13 CONDITION PRECEDENT TO LIABILITY

The due observance and the fulfillment of the terms, provisions and conditions of this Policy by You and/or the Insured Person and in so far as they relate to anything to be done or complied with by You and/or the Insured Person shall be conditions precedent to any of Our liability.

3.14 CO-OPERATION

As a condition precedent to the Company's liability, the Insured Person or his/her personal representatives shall cooperate fully with the Company and its medical advisors (where applicable) and will fully and faithfully disclose all material facts and matters which the Insured Person knows or ought to know and will upon request execute any document to empower the Company to obtain relevant information, at the Insured Person's expense, from any doctor or Hospital or other source.

3.15 CHANGE OF PLAN

You may request Us to change the coverage for the Insured Person from a lower Deductible plan to a higher Deductible plan upon the next Renewal of this Policy. However, You will not be allowed to change the coverage of the Insured Person from a higher Deductible plan to a lower Deductible plan, unless otherwise accepted by Us.

3.16 CURRENCY OF PAYMENT

All payments under this Policy shall be made in the legal currency of Singapore.

3.17 GEOGRAPHICAL TERRITORY

All benefits provided in this policy are applicable only if the Eligible Expenses are incurred in Singapore, unless the treatment received by the Insured Person outside of Singapore -

(i) is an Emergency Treatment; and

(ii) the limit will be subject to the lower of the actual charges or the charges for similar treatment carried out in the hospitals in Singapore.

Overseas treatment of a Disability which is non-emergency or chronic conditions where treatment can reasonably be postponed until return to Singapore are excluded.

All benefits will be payable based on the official exchange rate ruling on the date of payment and shall exclude the cost of transport to the place of treatment.

No benefits whatsoever shall be payable for any medical treatment received by the Insured Person outside Singapore, if the Insured Person travels outside Singapore for more than ninety (90) consecutive days.

3.18 GOVERNING LAW AND JURISDICTION

This Policy shall be construed according to and governed by the laws of Singapore.

3.19 LEGAL PROCEEDINGS

No action in law or equity shall be brought to recover under the Policy until after the expiration of sixty (60) days from the date proof of the claim has been furnished in accordance with the Policy conditions. The parties submit themselves to the exclusive venue and jurisdiction of the Courts of Singapore for the resolution of any such conflict or dispute between the parties with regard to the Policy except where the circumstances are governed by the Difference of Medical Opinion Clause of this Policy.

3.20 DIFFERENCE OF MEDICAL OPINION

Any difference of medical opinion in connection with the results of any Disability will be settled between two Registered Medical Practitioners appointed respectively in writing by the two parties to the dispute. Any difference of opinion between the two Registered Medical Practitioners shall be referred to an umpire, who shall have been appointed in writing by the two Medical Practitioners at the outset and the umpire's decision shall be conclusive.

3.21 MEDICAL EXAMINATION

The Insured Person shall arrange to submit to medical examination by Registered Medical Practitioner appointed by Us whenever required to do so.

We shall have the right to examine the Insured Person when and as often as it may reasonably require while a claim is pending.

3.22 MISSTATEMENT OF AGE

If the age of the Insured Person has been misstated and the premium paid as a result thereof is insufficient, any claims payable under this Policy shall be prorated based on the ratio of the actual premium paid to the correct premium which should have been charged for the Period of Insurance. Any excess premium, which may have been paid as a result of such misstatement of age, shall be refunded without interest.

If at the correct age the Insured Person would not have been eligible for cover under this Policy, no benefit shall be payable.

3.23 AUTOMATIC RENEWAL CLAUSE

It is agreed and acknowledged that subject to the terms and conditions of this Policy and subject to timely payment of any premiums due, this Policy shall be renewed on each date of Renewal upon expiry unless this Policy is terminated pursuant to the Termination condition in this document.

Upon each date of Renewal for this Policy, We shall have the right to adjust the amount of premium payable under this Policy.

3.24 TERMINATION

This Policy shall terminate immediately:

(i) when this Policy is not Renewed (whether due to non-receipt of the due premium by Us prior to or within the Grace Period or otherwise); or

(ii) upon the cancellation of this Policy by You or Us pursuant to condition 3.9 above ; or

(iii) upon the date of Renewal on or immediately following the Insured Person's 76th birthday if the Insured Person is not a Child; or

(iv) upon the date of Renewal on or immediately following the Insured Person's 25th birthday if the Insured Person is a Child; or

(v) upon Your or the Insured Person's death.

3.25 WAITING PERIOD

No benefits shall be payable under this Policy for any treatment arising from a Disability first diagnosed or the signs or symptoms of which first occurred within the first thirty (30) days from the First Effective Date of the Policy, except for treatment as a result of an Accident.

3.26 FORFEITURE OF BENEFITS

If any claim under this Policy shall be in any respect fraudulent or if any fraudulent means or devices are used by the Insured Person or any one acting on his behalf to obtain any benefit under this Policy, then this Policy shall be cancelled with immediate effect and all benefits hereunder shall be forfeited.

If any claims payment was made to anybody prior to the discovery of the above occurrences, the Company shall be entitled to recover the sum paid and any costs incurred from the Policyholder, the Insured Person and/or anyone acting on their behalf who committed the fraud.

3.27 EXCLUSION OF RIGHTS UNDER CONTRACTS (RIGHTS OF THIRD PARTIES) ORDINANCE

Any person who is not a party to this Policy shall have no rights under the Contracts (Right of Third Parties) Act (Cap. 53B) to enforce any terms of the Policy.

3.28 DUTY OF DISCLOSURE

Pursuant to Section 25 of the Insurance Act (or any subsequent amendments thereof), You and/or the Insured Person has the duty to disclose fully and faithfully the facts he/she knows or ought to know relevant to the issuance of this Policy. Otherwise, the Policy is deemed void or invalid and We will not pay out in the event of any claim(s) made.

3.29 APPLICABLE TAX

In the event that any sales and services tax, value added tax or any similar tax and any other duties, taxes, levies or imposts (collectively "**Applicable Tax**") whatsoever are introduced by any authority and are payable under the laws of Singapore in connection with any supply of goods and/or services made or deemed to be made under this Policy, We will be entitled to charge any Applicable Tax as allowed by the laws of Singapore. Such Applicable Tax payable shall be paid in addition to the applicable premiums and other charges. All provisions in this Policy on payment of premiums and default hereof shall apply equally to the Applicable Tax.

4. EXCLUSIONS

4.1 General Exclusions

This contract does not cover any Hospitalisation, Surgery or charges caused directly or indirectly, wholly or partly, by any one of the following occurrences:

(a) Pre-Existing illness, disease or conditions and its related treatment;

(b) Any treatment arising from a Disability first diagnosed or the signs or symptoms of which first occurred within the first thirty (30) days from the First Effective Date of the Policy, except for treatment as a result of an Accident;

(c) Plastic/cosmetic Surgery and its complications, except reconstructive surgery necessary to restore function after an Accident that has occurred during Period of Insurance;

(d) Removal of fat or surplus tissue or skin from any part of the body whether or not for medical or psychological reasons;

(e) Treatment or surgery specifically for obesity, weight reduction or improvement whether or not for medical or psychological reasons;

(f) Any treatment or surgical operation for Congenital Conditions;

(g) Cryopreservation, or harvesting or storage of stem cells as a preventative measure against possible future Disability;

(h) Genetic tests, nor for any counselling made necessary following genetic tests, even when those tests are undertaken to establish whether or not Insured member may be genetically disposed to the development of a medical condition in the future;

(i) Circumcision, unless medically necessary;

(j) Eye examination, glasses, contact lenses and refraction or surgical correction of nearsightedness/farsightedness (Radial Keratotomy or Lasik);

(k) The use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptionsthereof, wheelchairs, walking or home aids, dialysis machines, iron lungs, oxygen machines and any other hospital-type equipment to use at home or as an Outpatient. For the avoidance of doubt, this exclusion does not apply to dialysis machines covered under the Outpatient Kidney Dialysis Treatment benefit in this document;

(l) Dental conditions including dental treatment or oral Surgery except Accidental Dental Treatment occurring wholly during the Period of Insurance;

(m) Private nursing, rest cures or sanitaria care or hospice care, community hospitals;

(n) Abuse of drugs, or alcohol and or its complications;

(o) AIDS (Acquired Immune Deficiency Syndrome) or ARC (Aids Related Complex) and HIV related diseases, venereal disease and its sequelae;

(p) Pregnancy, child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods or birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization;

(q) Hospitalisation primarily for investigatory purposes, diagnosis, X-ray or diagnostic imaging, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Registered Medical Practitioner;

(r) Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations);

(s) Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane;

(t) All types of learning disorders, educational problems, behavioural problems, physical development, or psychological development, including assessment or grading of such problems.

(u) Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complication;

(v) Experimental or pioneering medical or surgical techniques and medical devices not approved by the Institutional Review Board and the Centre of Medical Device Regulation or medical trials for medicinal products whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority of Singapore;

(w) Vaccination, supplements, vitamin, alternative or complementary treatments, including traditional Chinese medicine, podiatric, chiropractic or osteopathic treatment. For the avoidance of doubt, this exclusion does not apply to medicine covered under the Traditional Chinese Medicine (TCM) benefit in this document;

(x) Investigation and treatment of sleep and snoring disorders (including sleep study tests), hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone setting, herbalist treatment, massage or aroma therapy or other alternative treatment;

(y) Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured Person and disabilities arising out of duties of employment or profession that is covered under

the Work Injury Compensation Act (Cap. 354);

(z) Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items;

(aa) Costs/expenses of transport-related services including ambulance fees, emergency evacuation, sending home a body or ashes. For the avoidance of doubt, this exclusion does not apply to costs/expenses covered under the Local Ambulance Services benefit in this document;

(bb) Disability arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities;

(cc) Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes;

(dd) gender transformation and/or its equivalent;

(ee) Full-time military, naval or air service personnel, except national reservist duty under the Enlistment Act (Cap. 93)

(ff) War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection;

(gg) Ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;

4.2 Additional Exclusions Applicable to "(D) General Practitioner (GP) Benefits" and "(E) Specialist Care Benefits"

We shall not Cover charges in respect of the following:

(a) Visits at home or office;

(b) Prescribed Medicines obtained without consultation;

(c) Kidney dialysis and Cancer treatment; or

(d) Surgery including but not limited to toilet and suture, incision and drainage and excision biopsy.

We shall not Cover charges in respect of the following under (D) General Practitioner (GP) Benefits only:

(a) More than one General Practitioner visit per day;

(b) Any laboratory test and diagnostic test, including but not limited to X-rays, Magnetic Resonance Imaging (MRI), computerised tomography (CT scan), Positron Emission Tomography (PET), gait scans ultrasound, radioisotope and barium studies.

We shall not Cover charges in respect of the following under (E) Specialist Care Benefits only:

(a) More than one Specialist visit per day;

(b) Chiropractic treatment and any type of therapy including physiotherapy.

GOODS AND SERVICES TAX IMPACT ON CLAIMS SETTLEMENT

Claims Settlement
We will pay your claim inclusive of the GST on items which are taxable supplies, up to the limit of the Principal Sum Insured.

In the event that you are entitled to claim for the Input Tax Credit and if we make a payment under this policy as compensation to you, we will reduce the amount of the payment by deducting your Input Tax Credit entitlement irrespective of whether you have or have not claimed the Input Tax Credit, up to the limit of the Principal Sum Insured.

Determining the adequacy of the Principal Sum Insured
If the subject matter hereby insured (inclusive of the GST) shall, on the happening of an insured peril, be collectively of greater value than the Principal Sum Insured thereon, then the Insured shall be considered as being his own insurer for the difference, and shall bear a rateable proportion of the loss accordingly. Every insured item, if more than one, of the policy shall be separately subject to this condition.

In the event that you are entitled for the Input Tax Credit on each of the insured item(s), the value as stated above will be reduced by deducting your Input Tax Credit entitlement in determining the adequacy of the Principal Sum Insured.

SANCTION LIMITATION AND EXCLUSION CLAUSE

We shall not be deemed to provide cover and 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, United States of America, Singapore and/or any other applicable national economic or trade sanction law or regulations.

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 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 (www.gia.org.sg or www.sdic.org.sg).

PREMIUM WARRANTY

Payment Before Cover Warranty

1. Notwithstanding anything herein contained but subject to clause 2 hereof, it is hereby agreed and declared that the total premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 30 days of the inception date (the "Inception Date") of the coverage under the Policy, Renewal Certificate, Cover Note or Endorsement.

2. In the event that the total premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 30 days of the Inception Date referred to above, then the Policy, Renewal Certificate, Cover Note and Endorsement shall not attach and no benefits whatsoever shall be payable by the Company. Any payment received thereafter shall be of no effect whatsoever as cover never attached on the Policy, Renewal Certificate, Cover Note and Endorsement.

3. In respect of insurance coverage with Free Look provision, the Insured may return the original policy document to the Company or intermediary within the Free Look period if the Insured decides to cancel the cover during the Free Look period. In such an event, the Insured will receive a full refund of the premium paid to the Company provided that no claim has been made under the insurance and the cover shall be treated as if never put in place.

PERSONAL DATA USE

Any information collected or obtained in relation to this Policy, whether contained in the Application or otherwise obtained may be used and/or disclosed to Our associated individuals/companies within Allianz Group or any independent third parties (within or outside Singapore) for any matters relating to the Application, any Policy issued and to provide advice or information about Our products and services which We believe may be of Your and/or the Insured Person's interest and to communicate with You and/or the Insured Person for any purpose. Such data may also be used for audit, business analysis and reinsurance purposes, amongst others.

We may collect, use, disclose and/or process such data in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Our Privacy Policy. The Privacy Policy can be found at Our website.

NOTICE

For all intents and purposes where there is a conflict or ambiguity as to the meaning in provisions of other languages of any part of the Policy, it is hereby agreed that the English version of the Policy shall prevail.

THIS POLICY AND ITS CONDITIONS SHOULD BE EXAMINED AND IF INCORRECT, RETURNED AT ONCE FOR ALTERATION.