

INDIVIDUAL SOLUTION

ALLIANZ HOSPITAL INCOME PROTECT



ALLIANZ HOSPITAL INCOME PROTECT POLICY

THIS POLICY is issued in consideration of the payment of premium as specified in the Policy Schedule and pursuant to the answers given in the Insured Person's proposal form (or when the Insured Person applied for this insurance) and any other disclosures made by the Insured Person between the time of submission of the Insured Person's proposal form (or when the Insured Person applied for this insurance) and the time this contract is entered into. The answers and any other disclosures given by the Insured Person shall form part of this contract of insurance between the Insured Person and Allianz Insurance Singapore Pte. Ltd. (hereinafter called "the Company"). In the event of any pre-contractual misrepresentation made in relation to the Insured Person's answers or in any disclosures made by the Insured Person, it may result in avoidance of the Insured Person's contract of insurance, refusal or reduction of the Insured Person's claim(s), change of terms or termination of the Insured Person's contract of insurance.

All payment of claims in this Policy are payable to the Insured Person or as otherwise directed in writing by the Insured Person. In the absence of any such written direction and the death to the Insured Person, accrued benefits unpaid at the time of the Insured Person's death shall be paid to the legal personal representative. Any release given by the Insured Person, or any third party to whom the Insured Person has directed that payment be made, to the Company acknowledging receipt of the benefit paid under this Policy shall be deemed a final and complete discharge of all liability of the Company.

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 remain, or enter and remain, in Singapore; and
- (b) (i) for an Adult, between 18 and 60 years old (both ages inclusive) on the first effective date of the Policy, or up to seventy (70) years old for renewal policies.
- (ii) for a Child, between 30 days and 18 years old or 24 years old for those registered as full time students at an Educational Institution.

Ages referred to in this Policy shall be in reference to the age as at the last birthday.

POLICY DEFINITIONS

Accident means any sudden or unexpected and violent event which the Insured Person did not intend or anticipate, resulting directly and independently from the action of an external cause, other than any intentionally self-inflicted injury.

Adult means an Insured Person who is above 18 years old and not a Child.

Child/Children means the Insured Person's biological/ legally adopted/ step child who has attained the age of thirty (30) days and is an unmarried person, is financially dependent upon the Insured Person 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.

Company means Allianz Insurance Singapore Pte. Ltd.

Confinement or Confined means a minimum of continuous uninterrupted period of at least 24 hours in a Hospital as a resident bed patient under the attendance of a Medical Practitioner.

Couple Plan means a policy that covers up to 2 Adults, where each Insured Person is the Partner of the other.

Date of Loss/Accident means the day when any of the Injuries and other covered incident(s):

- (a) occurs;
- (b) is inflicted on; and/or
- (c) contracted by the Insured Person.

Educational Institution means 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.

Family Plan means a policy that covers up to 2 Adults, where each Insured Person is the Partner of the other, and up to 10 Children.

Home means Insured Person's usual place of residence in Singapore.

Home Territory means Singapore.

Hospital means any government or licensed hospital/medical centre which provides room, board and 24 hours a day nursing services and medical treatment (other than an institution for the aged, chronically ill, mental, treatment of substance abuse, convalescent or rest or nursing home).

Hospitalisation means admission to a Hospital as a registered inpatient for medically necessary treatments upon recommendation of a Medical Practitioner. A patient shall not be considered as under Hospitalisation if the patient does not physically stay in the Hospital for the whole period of Confinement.

Intensive Care Unit (ICU) means a part of a Hospital established for a formal intensive care program for the acutely ill, providing extra medical services and equipment that is prescribed by the Medical Practitioner, and billed as a specific charge by the Hospital.

Injury means bodily injury suffered anywhere in the world caused solely by an Accident and not by sickness, disease or gradual physical or mental wear and tear occurring during the Period of Insurance.

Illness means any sudden and unexpected deterioration of health certified by any Medical Practitioner during the Period of Insurance.

Insured Person means person named or described in the Schedule and in respect of whom coverage have been confirmed in writing by the Company.

Medical Practitioner means a qualified Medical Practitioner legally registered and licensed by the medical authorities of the country in which treatment is provided and who is practising within the scope of his/her licensing and training.

Partner means the legally married spouse of the Insured Person.

Period of Insurance means the duration for when an Insured Person is insured, subject to the terms, conditions and exclusions as set out in this Policy and the specific dates confirmed by the Policyholder to the Insured Person as set out in the Schedule.

Policyholder means a person or a corporate body as described in the Schedule to whom this Policy has been issued in respect of cover for the Insured Person(s).

Pre-existing Conditions means any Injury, Illness, condition or symptom:

- (a) for which a Medical Practitioner has provided consultation, diagnosis or medication prior to the commencement of the Policy to the Insured Person, or
- (b) which was known to be aware by the Insured Person prior to the commencement of the Policy.

Schedule means the document which is issued to the Policyholder detailing the particulars of the Policyholder and the benefits provided under this Policy.

Traditional Chinese Medicine (TCM) Practitioner means a licensed or registered person practising traditional Chinese medicine and/or acupuncture (including bonesetter or chiropractor) in accordance with the applicable laws and regulations of the country in which treatment is provided. For the avoidance of doubt, where the applicable laws and regulations of the country in which treatment is provided does not license or register a person practising traditional Chinese medicine and/or acupuncture (including bonesetter or chiropractor), such person shall not qualify as a Traditional

Chinese Medicine (TCM) Practitioner for the purposes of this Policy.

EXCLUSIONS

This Policy does not cover death or any Injury or Illness directly or indirectly caused by or in connection with any of the following:

1. Pre-existing Conditions;
2. Whilst an Insured Person is performing these occupational activities:
 - (a) Full time military, airforce, navy, police and civil defence personnel (other than activities that are sedentary desk-bound duties that are strictly clerical or administrative, SG National Service or reservist training).
 - (b) Any professional sportsman, motor car/bike racer, entertainer, stuntman, jockey, wood working, welding
 - (c) Any air/sea crew
 - (d) Any off-shore occupations (ship crew, diver, oil-rigger, fisherman)
 - (e) Any construction worker
 - (f) Workers engaged in maintenance, cleaning, roofing or repair activities involving scaffolding or gondolas
3. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power;
4. Insanity, suicide (whether sane or insane), intentional self-inflicted injuries or any attempt thereof;
5. Any form of disease, infection or parasites related to Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or Human Immunodeficiency Virus Infection (HIV).
6. Childbirth, miscarriage, pregnancy or any complications thereof;
7. Provoked murder or assault;
8. While committing or attempting to commit any unlawful act;
9. While participating in any professional sports;
10. Aerial activities including parachuting and hang-gliding, underwater activities exceeding fifty (50) metres in depth, mountaineering involving the use of ropes or mechanical guides;
11. Racing (other than on foot), pace-making, speed or reliability trials;

12. Ionisation, radiation or contamination by radioactivity, nuclear weapons material;
13. Riding/driving without a valid driving license.

CONDITIONS

1. IDENTIFICATION

This Policy and the Schedule shall be read together as one contract and any other word or expression to which a specific meaning has been attached in any part of this Policy or the Schedule shall bear such specific meaning wherever it may appear.

2. 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 remain, or enter and remain, in Singapore; and
- (b) (i) for an Adult, between 18 and 60 years old (both ages inclusive) on the first effective date of the Policy, or up to seventy (70) years old for renewal policies.
(ii) for a Child, between 30 days and 18 years old or 24 years old for those registered as full time students at an Educational Institution.

Ages referred to in this Policy shall be in reference to the age as at the last birthday.

For the avoidance of doubt, any Insured Person under a Couple Plan or a Family Plan shall cease to be insured under this Policy if he or she ceases to be eligible hereunder as at the date of any renewal of this Policy.

3. COOPERATION

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.

4. REASONABLE PRECAUTIONS AND MATERIAL CHANGES

The Insured Person shall take all reasonable precautions or prevent and minimise any Injury and the Company must be informed immediately in writing of any material information or change of circumstances which may increase the possibility of a claim under the Policy. The Company reserves the right to continue cover on terms and

conditions it considers appropriate to such changes in material information or circumstances or to decline to continue cover under the Policy.

5. OVERSEAS RESIDENT

Only 50% of Section 1(a) Daily Hospital Cash shall be payable should the Insured Person reside outside of Singapore for more than ninety (90) consecutive days.

6. CHANGE OF ADDRESS OR PARTICULARS

The Insured Person shall give immediate notice to the Company of any change in his/her name and residence. The Insured Person shall also give notice before any renewal of this Policy of any Injury, disease, physical defect or infirmity by which the Insured Person has become affected or has knowledge of.

7. CLAIMS (ACTION BY INSURED)

Notice of Injury, Accident or Illness on which the claim may be based and which is covered by this Policy, must be given in writing to the Company within thirty (30) days after the occurrence. The Company upon receipt of such notice shall furnish the Insured Person with a claim form for the filing of proof of claim.

All certificates, information and evidence required by the Company shall be furnished by the Insured Person or his/her legal personal representative and shall be in such form and of such nature as the Company may prescribe.

8. FREE LOOK PERIOD (NOT APPLICABLE TO RENEWAL POLICIES)

Should the Insured Person decide to not continue with the Policy for any reason, it may be returned to the Company for cancellation within 14 days after your receipt of the Policy. The Insured Person is assumed to have received the Policy Schedule 5 days after the Company dispatches 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 the Company shall not be liable under this Policy for any loss, damage or liability sustained or incurred.

9. AUTOMATIC RENEWAL CLAUSE

It is noted and agreed that subject to the terms and condition and payment of premium, this Policy shall be renewed upon expiry until a notice of cancellation has been received.

Yearly premiums payable for this coverage will increase when the Insured Person reaches the next age band at policy renewal.

10. CHANGES IN POLICY TERMS AND CONDITIONS

- (a) The Company reserves the right to alter the Policy terms during any Period of Insurance as the Company reasonably considers appropriate or if the Policy or the Company are affected by a change in legislation or taxation, or any judicial decision. The Company will give the Insured Person 30 days written notice of any

such alteration. The Insured Person's continued payment of premium after the Company gives such notice will constitute acceptance of the change.

- (b) Premium rates are not guaranteed and may be increased or varied by the Company:
 - (i) when a material change in risk occurs or
 - (ii) when there is a general rate increase affecting all policyholders reflecting the Company's actual or anticipated results in this class of business.
- (c) Any other misrepresentation of or failure to disclosure of material facts in any document signed by the Insured Person, will entitle the Company to alter, amend, cancel the Policy or exercise any other right available to it at law having regard to the true facts. A material fact is any information that could influence the Company in its assessment of the application.
- (d) In the event of the entire product being withdrawn by the Company due to adverse experience or for any other reason, Insured Person(s) so affected will be offered participation in a replacement product, if available, on the terms, conditions and premium rates then prevailing.

11. CANCELLATION

This Policy may be cancelled at any time at the request of the Insured in writing to the Company and the premium hereon shall be adjusted on the basis of the Company receiving or retaining the customary short term premium or minimum premium. The Policy may also be cancelled by the Company by thirty days' notice given in writing to the Insured at his last known address, and the premium hereon shall be adjusted on the basis of the Company receiving or retaining pro rata premium.

12. TERMINATION

This Policy shall terminate and the cover for all Insured Person(s) under it will cease immediately upon:

- (a) the Insured Person attaining the age of seventy one (71) years old;
- (b) when the Policy is not renewed (whether due to the failure to make payment of the premium by the due date as described in the Payment Before Cover Warranty of this Policy or otherwise); or
- (c) upon the cancellation of this Policy in accordance with its terms, whichever occurs earlier.

13. NO TRUST

The Company will not recognize or be affected by any notice of trust, charge or assignment relating to this Policy and the Insured Person's receipt or that of the Insured Person's legal personal representatives shall in all cases effectively discharge the Company's liability.

14. LEGAL PERSONAL REPRESENTATIVES

The terms, exceptions and conditions of this Policy also apply to the legal personal representatives of the Insured Person.

15. GOVERNING LAW AND JURISDICTION

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

16. LEGAL PROCEEDINGS

No action in law or equity shall be brought to recover under the Policy until after the expiration of 60 (sixty) 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.

17. DIFFERENCE OF MEDICAL OPINION

Any difference of medical opinion in connection with the results of any Injury will be settled between two Medical Practitioners appointed respectively in writing by the two parties to the dispute. Any difference of opinion between the two 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.

18. 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; or, if the loss or damage be occasioned by the wilful act or with the connivance of the Insured; or, if the claim be made and rejected and an action or suit be not commenced within twelve months after such rejection, then the Policy shall be cancelled immediately and all benefits hereunder shall be forfeited.

19. EXCLUSION OF RIGHTS UNDER CONTRACTS (RIGHTS OF THIRD PARTIES) ACT

Any person or entity 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.

POLICY BENEFITS

SECTION 1 – BASIC HOSPITALISATION BENEFITS

(a) Daily Hospital Cash

In the event the Insured Person requires Hospitalisation as a result of an Accident or Illness the Company will pay the Insured Person a daily benefit as stated in the Schedule for the period of Hospitalisation, up to a maximum of seven hundred and fifty (750) days for any one Accident or Illness. This benefit is triggered only if the Insured Person is Hospitalised for more than twelve (12) hours, and is payable for each (24hour) day of Confinement in a Hospital. Any claims resulting from an Illness within thirty

(30) days of the first effective date of the Policy shall be excluded.

(b) Double Daily Hospital Cash (in ICU)

The (a) Daily Hospital Cash benefit will be doubled in case the Insured Person is Confined in an Intensive Care Unit (ICU), up to a maximum of ninety (90) days for any one Accident or Illness.

Only one of (a) Daily Hospital Cash and (b) Daily Hospital Cash (in ICU) is payable for the same day of Confinement. The maximum period in respect of which the Company will pay any one of (a) Daily Hospital Cash and (b) Daily Hospital Cash (in ICU) is seven hundred and fifty (750) days for any one Accident or Illness.

(c) Recuperation Benefit

In the event that the Insured Person has been discharged from a minimum seven (7) consecutive days of Hospitalisation from an Accident or Illness and is on medical leave, the Company will pay a daily benefit to the Insured Person as stated in the Schedule, up to a maximum of 30 days for any one Accident or Illness. Any claims resulting from an Illness within thirty (30) days of the first effective date of the Policy shall be excluded.

The medical leave granted must be certified by a Medical Practitioner from the same Hospital where the Insured Person is in Confinement.

(d) Medical & Surgical Expenses

The Company will indemnify the Insured Person for medical expenses incurred by the Insured Person as a result of an Injury up to the benefit limit as stated in the Schedule. Medical expenses shall include expenses incurred for Hospital (including room and board), clinical, inpatient and outpatient medical and surgical treatments.

This section also extends to indemnify charges incurred from medical treatment by a chiropractor or a certified/registered Traditional Chinese Medical (TCM) Practitioner, subject to a per-consultation sub-limit as stated in the Schedule and not more than one consultation per day.

If at the time of claim there is any other insurance covering the same liability, the Company shall only be liable for any amount if and only so far as the amount is not recoverable under other insurance.

(e) Ambulance/Transport Fee

The Company will reimburse the Insured Person for the costs incurred for ambulance or taxi rendered in Singapore to and/or from the Hospital up to the amount specified in the Schedule provided such costs were incurred as a result of an Accident to the Insured Person.

(f) Infectious Disease Benefits

In the event the Insured Person is contracted with the specified Infectious Diseases below, the Company will pay

a lump sum benefit as stated in the Schedule to the Insured Person.

1. Dengue
2. Zika Virus
3. Malaria
4. Japanese Encephalitis
5. Chikungunya
6. Hand Foot Mouth Disease

The Infectious Disease must be diagnosed by a Medical Practitioner, and any diagnosis within thirty (30) days of the first effective date of the Policy shall be excluded. This lump sum benefit is payable for each and every diagnosis event during the Period of Insurance, subjected to each diagnosis date having a separation period of at least ninety (90) days.

SPECIAL PROVISIONS

1. NO CLAIMS BONUS

If there is no claim made under the Policy, the Insured Persons will enjoy a 10% discount on the premium upon each renewal, up to a maximum of 30% for 3 years without claim. Each subsequent renewal is entitled to the maximum 30% discount. If a claim is made, the discount given will reduce to 0%.

2. PLAN DISCOUNTS

Discounts are applicable for the following plans:

- **Couple Plan**, in which a 15% discount is applicable on the total premium payable.
- **Family Plan**, in which a 15% discount is applicable on the total premium payable (excluding the premium in respect of coverage for the Child/Children).

3. POISONOUS FOOD OR DRINK

This Policy is extended to cover the Insured Person in respect of Injury which may be sustained through food or drink poisoning.

4. INSECT, SNAKE AND ANIMAL BITES

This Policy is extended to cover the Insured Person in respect of Injury which may be sustained through harmful insect, snake and animal bites excluding diseases or Illness caused by parasite, bacteria or viruses carried by insects such as mosquitoes and the like, snake or animal.

5. AMATEUR SPORTS

This Policy is extended to cover the Insured Person in respect of Injury which may be sustained through indoor or outdoor sport as an amateur including water sports activities (water skiing, yachting, surfing, snorkelling, underwater activities involving the use of breathing apparatus/scuba diving up to 50 metres), polo playing, bungee jumping, hunting (except big game hunting) and mountaineering (without use of ropes and guides). All amateur sports must be for leisure purposes only, and

must not be an activity where the Insured Person could earn an income or remuneration.

6. MISCARRIAGE DUE TO ACCIDENT

This Policy is extended to cover the Insured Person in respect of Injury in the event of a miscarriage as a result of an Accident. The miscarriage must not be attributed to any natural causes and/or Illness relating to pregnancy or childbirth.

7. RESERVIST TRAINING

This Policy is extended to cover the Insured Person undergoing peace time Singapore reservist duty (under Section 14 of the Enlistment Act Cap. 93 of the Republic of Singapore) for a period not exceeding 40 days.

8. TERRORISM COVER

This Policy is extended to cover the Insured Person in respect of Injury which may be sustained through Terrorism provided that there is no liability when such act and/or acts of terrorism involve utilisation of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined.

For the purpose of this Clause:

- (a) Terrorism means an act or acts, of any person, or group(s) of person, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorism can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore the perpetrators of Terrorism can either be acting alone, or on behalf of, or in connection with any organisation(s) or governments(s).
- (b) Utilisation of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.

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

No Insurer shall be deemed to provide cover and no Insurer shall 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 that Insurer 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 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 the Company or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

PREMIUM WARRANTY

Payment Before Cover Warranty (For Non-Corporate Insured)

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) on or before 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) on or before 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.

Condition Precedent (For Corporate Insured)

The validity of this Policy is subject to the condition precedent that:

- (a) for the risk insured, the Insured has never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or
- (b) if the Insured has declared that it has breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months:
 - (i) the Insured has fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy; and
 - (ii) a copy of the written confirmation from the previous insurer to this effect is first provided by the Insured to the Company before cover incepts.

Premium Payment Warranty (For Corporate Insured)

1. Notwithstanding anything herein contained but subject to clause 2 hereof, it is hereby agreed and declared that if the

Period of Insurance is sixty (60) days or more, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within sixty (60) days of the:

- (a) inception date of the coverage under the Policy, Renewal Certificate or Cover Note; or
 - (b) effective date of each Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note.
2. In the event that any premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the sixty (60) day period referred to above, then:
 - (a) the cover under the Policy, Renewal Certificate, Cover Note or Endorsement is automatically terminated immediately after the expiry of the said sixty (60) day period;
 - (b) the automatic termination of the cover shall be without prejudice to any liability incurred within the said sixty (60) day period; and
 - (c) the Company shall be entitled to a pro-rata time on risk premium.
 3. If the Period of Insurance is less than sixty (60) days, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the period of insurance.

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 Contract, it is hereby agreed that the English version of the Contract shall prevail.

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

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