MANULIFE INCOMEGUARD PLUS CERTIFICATE OF INSURANCE

(with effect from 13 October 2018)

DBS Bank Ltd ("DBS") is the master policyholder under Master Policy No. MD00000008 (the "Policy"), underwritten by Manulife (Singapore) Pte. Ltd. (the "Insurer"). The persons insured under the Policy are the Eligible Persons who are enrolled for Insurance Cover under the Policy and have been issued this Certificate of Insurance.

This Certificate of Insurance (COI) sets out the terms of the Insurance Cover under the Policy.

The persons insured under the Policy may view the Policy at DBS's premises on request in writing.

1. DEFINITIONS

a. "Account" shall mean the current or savings account maintained with DBS and to which your salary is automatically credited as at the Effective Date.

b. "Effective Date", shall mean the date on which you enroll for Insurance Cover on the DBS Internet Banking or Mobile Banking platform or such other channels as may be agreed between DBS and the Insurer from time to time.

c. "Eligibility Criteria" is a set of criteria which is determined solely by the Insurer (in consultation with DBS) to determine the eligibility of DBS customers for the provision of the Insurance Cover. Such criteria may be revised from time to time.

d. "Eligible Person" has the meaning as defined in Clause 2 below.

e. "Full-time Employment" shall mean that you are working for at least thirty five hours per week with an employer on a permanent basis and are contributing on a regular basis to the CPF Ordinary Account and (in the case of a person who is not a Singapore citizen or Singapore Permanent Resident) should have a valid employment pass to work in Singapore issued by the Ministry of Manpower of Singapore.

f. "Insurance Cover" shall mean the benefits provided to you as stated in this Certificate of Insurance.

g. "Monthly Benefit" shall mean the amount that is payable to you each month in accordance with Clause 4.

This amount is derived by using the formula as agreed between DBS and the Insurer, based on your income credited in the last 12 months to your Account prior to enrollment in the Policy.

h. "Pre-Existing Condition" shall mean any condition or illness:
(i) which presented signs or symptoms of which you were aware or should reasonably have been aware; or
(ii) for which treatment was recommended by or received from a Medical Examiner; or
(iii) for which you have undergone medical tests or investigations,
before the commencement date of your Insurance Cover.

i. "Premiums" shall mean the amounts deducted from your Account on a monthly basis.

j. "Medical Examiner" shall mean:
(a) any medical practitioner and/or specialist doctor registered with the medical council of the country, who has skill and competence to give medical or surgical services for the illness, disability or disease concerned; or

(b) at the Insurer's option, any medical practitioner and/or specialist doctor in Singapore of the Insurer's choice in the event of a critical illness and/or disability claim made by you under the Policy.

This person must not be you, your spouse, or your Relation.

k. "Redundancy" shall mean the job scope or business function of your Full-time Employment becoming obsolete or irrelevant due to the employer re-structuring, re-organizing, relocating, outsourcing or liquidating the business.

l. "Relation" shall mean parent, sibling, uncle, aunt, nephew, niece, grandparent, child, grandchild.

m. "Renewal Date" shall mean each monthiversary from the Effective Date.

n. "Retrenchment" shall mean that:

(i) in the case of Singapore citizens and Singapore Permanent Residents:
your employer has terminated your Full-time Employment due to Redundancy and ceased to make regular contribution to your Central Provident Fund. You must not be receiving any income from other employment (whether full-time or part-time).

(ii) in the case of foreigners holding a valid employment pass issued by the Ministry of Manpower of Singapore:
your employer has terminated your Full-time Employment due to Redundancy and your employment pass is cancelled by the employer. You must not be receiving any income from other employment (whether full-time or part-time).

The term "Retrenched" shall be construed accordingly.

2. ELIGIBILITY FOR INSURANCE COVER

Eligible Persons as selected by DBS and Insurer may enroll to be covered under the Policy, such individuals must (a) maintain an Account with DBS; (b) meet the Eligibility Criteria; and (c) be nominated by DBS to be covered under the Policy.

3. COMMENCEMENT OF INSURANCE COVER

Your Insurance Cover shall commence on the Effective Date.

4. BENEFITS

The Monthly Benefit will be paid in the event you are diagnosed with critical illness or total and permanent disability or in the event of Retrenchment or death in accordance with the terms of this Clause 4 below.

4.1. Critical Illness Benefit

If you are diagnosed with any of the covered Critical Illnesses (CIs) as set out in **Appendix 1** of the Policy, the Insurer will pay the Monthly Benefit for a period of 12 months.

4.2. Total and Permanent Disability (TPD) Benefit

If you are diagnosed with a TPD, the Insurer will pay Monthly Benefit for a period of 12 months.

You shall be deemed as suffering from a TPD:

(i) if you are:

(a) totally and permanently disabled as a result of bodily injury or disease and are unable to engage in any occupation whatsoever or perform any work for income or profit at the time of claim or anytime thereafter; and
(b) disabled for a minimum period of 30 consecutive days;

or

(ii) if you suffer from:
(a) total and irrecoverable loss of sight of both eyes; or
(b) total and irrecoverable loss of use of two limbs; or
(c) total and irrecoverable loss of sight of one eye and total and irrecoverable loss of use of one limb.

"Loss of Use" means total, continuous and permanent functional disablement of a limb, which has lasted for at least 30 days.

4.3. Retrenchment Benefit

If you are Retrenched and remain unemployed for a minimum period of 30 consecutive days, the Insurer will pay Monthly Benefit for a period of 3 months.

If you have secured employment following the Retrenchment before the claim is approved, you are required to inform the Insurer of the new employment and no Retrenchment Benefit shall be payable. The Insurance Cover will continue to be in force.

The Retrenchment Benefit will not be payable if you are Retrenched within the first 90 days from the Effective Date.

4.4. Maximum limit in respect of all claims

The maximum the Insurer will pay you in respect of all claims under your policy is the Monthly Benefit for 12 months. If you are diagnosed with any of the covered CIs or TPD while receiving the Retrenchment Benefit or vice-versa, while receiving CI or TPD Benefit you also suffer Retrenchment and such claims are approved, the Insurer will, aggregate all claims and pay the Monthly Benefit for a total of 12 months.

4.5. Death Benefit

The Insurer will pay an amount of $5,000 in the event of your death.

While your Insurance Cover is in-force, if you die while you were receiving CI Benefit, TPD Benefit or Retrenchment Benefit, the Insurer will pay the remaining unpaid benefit in respect of such claim and the Death Benefit of $5,000, in one lump sum.

4.6. Premiums will continue to be payable after the diagnosis of CI, TPD or in the event of Retrenchment or death as described in Clause 4.1, 4.2, 4.3 and 4.5 above until the claim is processed and approved by Insurer. If the claim is approved, the Premiums paid during such period will be refunded without any interest and future Premiums will be waived.

5. EXCLUSIONS

5.1. Exclusions to CI Benefit

The CI Benefit will not be payable to you:
(i) if the CI is caused directly or indirectly, wholly or partly by the Pre-Existing Conditions; or
(ii) if the CI is diagnosed within 90 days from the Effective Date.

You must have survived for a period of 7 days from the date of diagnosis of the CI before the CI benefit is payable. Otherwise, only the Death Benefit will be payable.

5.2. Exclusions to TPD Benefit

The TPD Benefit will not be payable to you if the TPD is caused by any of the following occurrences:
(i) Any self-inflicted injury or attempt at suicide, while sane or insane; or
(ii) You being under the influence of any narcotic, alcohol, gas or fumes, voluntarily taken, administered, absorbed or inhaled or drugs not prescribed by a Medical Examiner; or
(iii) War or any act incident to war, or service in the armed forces or in a civil defense force supporting any country at war except for peacetime national service duties; or
(iv) Riot, insurrection, civil commotion, strikes or terrorist activities, except as a victim; or
(v) Injuries sustained while travelling on any aerial device or conveyance, except (i) as a fare-paying passenger or a crew member including a pilot on an aircraft licensed for passenger service and operated by a regular airline on a scheduled route, and (ii) operated by the Republic of Singapore Air Force; or
(vi) Any Pre-Existing Condition.

"War" means any war, or any conflict between the armed forces of countries, international organizations or combinations of the above.

"Armed forces" means the military, naval and air forces of any international organizations.

5.3. Exclusions to Retrenchment Benefit

The Retrenchment Benefit will not be payable if:
(i) you were, before the Effective Date, aware that you would be Retrenched; or
(ii) you are self-employed, or an independent contractor or sole proprietor immediately before being Retrenched; or
(iii) your employer is any of your spouse, your Relation or Relation of your spouse; or
(iv) any of you, your spouse, your Relation or Relation of your spouse, (a) holds a substantial interest in, or (b) is in a position to exercise control over the appointment and termination of employees in the company, corporation, limited liability partnership, society, association or partnership (or such other similar body whether incorporated or unincorporated) which employs you; or
(v) the Retrenchment arises out of:
    a) retirement; or
    b) resignation; or
    c) termination or suspension due to your own willful or deliberate misconduct or unlawful behavior; or
    d) natural expiry of the employment contract; or
    e) leave of absence whether paid or unpaid; or
    f) military discharge; or
    g) any voluntary forfeiture of income by you.

For the purposes of this Clause 5.3, "substantial interest" means to own 5% or more of the equity interest in a body corporate.

5.4. Exclusions to Death Benefit

The Death Benefit will not be payable if you die from suicide within 1 year from the Effective Date. All premiums paid will be refunded without any interest, less any claim amounts paid, medical or other expenses the Insurer has had to pay in connection with the Insurance Cover.

6. CLAIMS

The claimant must provide evidence of the claimed event. The Insurer must receive:

(1) the birth certificate, identification documents or other relevant documents the Insurer may need for you or the claimant;
(2) the completed claim form;
(3) proof of the event giving rise to the claim under this Certificate of Insurance, including but not limited to death certificate, medical reports, retrenchment letter and verification of the retrenchment from the employer, where applicable; and
(4) any other document the Insurer may ask for so that the Insurer can process the claim.

In the case that the Insurer appoints another Medical Examiner to examine you in Singapore or the evidence presented, any travel, accommodation and other ancillary cost (excluding the cost of examination by the Medical Examiner appointed by the Insurer) will be borne by the claimant.

The Insurer will not be liable if the claimant fails to provide the documents necessary to establish a claim.

7. PREMIUMS

The premium rate is S$6.00 for every S$1,000.00 of the Monthly Benefit. This rate may be amended by the Insurer in its sole discretion by providing you with 30 days prior notice.

8. RENEWAL OF INSURANCE COVER

(a) Your Insurance Cover shall automatically be renewed on each Renewal Date for a further term of one month, unless DBS or the Insurer notify you otherwise via written notice.

(b) The Insurer may vary the benefits, cover and/or premium by giving you at least 30 days' written notice.

9. TERMINATION OF INSURANCE COVER

Your Insurance Cover will terminate on the occurrence of any of the following events, whichever is the earliest:-

(a) When the Policy is terminated in accordance with Clause 10 below;
(b) When you elect to terminate the Insurance Cover;
(c) Upon the day immediately preceding the Renewal Date in the event premium deduction from your Account is unsuccessful (whether due to insufficient funds in the Account or otherwise);
(d) Upon full payment of the benefits to you or the proper claimant in accordance with Clause 4; or
(e) On the anniversary of the Effective Date immediately following your 62nd birthday.

10. TERMINATION OF POLICY

Each of the Insurer and DBS may terminate the Policy by providing the other party with 60 days prior written notice. Upon such event, you will be notified of the termination of your Insurance Cover.

Termination of the Policy or any Insurance Cover effected under the Policy shall not prejudice any claim submitted in accordance with the provisions of the Policy and prior to such termination.

11. FREE LOOK

You have 14 days after you have received this Certificate of Insurance to review and to inspect a copy of the Policy (on request being made to DBS). If you decide within these 14 days from the date of receipt of the Certificate of Insurance that the Insurance Cover under the Policy is not suitable for your needs, you can give the Insurer notice of your wish to cancel the Insurance Cover. Premiums paid (without interest) will be refunded after such notice is received and the original Certificate of Insurance is returned for cancellation.

12. EXCLUSIONS OF RIGHTS UNDER THE CONTRACTS (RIGHTS OF THIRD PARTIES) ACT (CAP. 53B)

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

13. ASSIGNMENT

You may not assign this Certificate of Insurance or any of its benefits to anyone.

14. PAYMENTS

It is an essential term of the Policy and this Certificate of Insurance that any amount payable under this Certificate of Insurance (save for the Death Benefit in Clause 4.5 which will be paid to proper claimant) will be credited to your Account. Such payment will constitute good discharge of the Insurer's liability to you under the Policy and this Certificate of Insurance.

15. POLICY OWNERS' PROTECTION SCHEME

The Policy is protected under the Policy Owners' Protection Scheme, and is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for the Policy is automatic and no further action is required from DBS. 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 Manulife (Singapore) Pte. Ltd. or visit the LIA or SDIC web-sites (www.lia.org.sg or www.sdic.org.sg).

APPENDIX 1

DEFINITION OF CRITICAL ILLNESS

Critical Illness or CI means any of the following medical conditions:

1. Major Cancers

(i) A malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

(ii) The term malignant tumour includes leukemia, lymphoma and sarcoma.

(iii) For the above definition, the following are excluded:

(a) All tumours which are histologically classified as any of the following:
- Pre-malignant;
- Non-invasive;
- Carcinoma-in-situ;
- Having borderline malignancy;
- Having any degree of malignant potential;
- Having suspicious malignancy;
- Neoplasm of uncertain or unknown behavior; or
- Cervical Dysplasia CIN-1, CIN-2 and CIN-3;

(b) Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
(c) Malignant melanoma that has not caused invasion beyond the epidermis;
(d) All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
(e) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
(f) All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
(g) All Gastro-Intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
(h) Chronic Lymphocytic Leukaemia less than RAI Stage 3; and
(i) All tumours in the presence of HIV infection.

2. Heart Attack of Specified Severity

(i) Death of heart muscle due to obstruction of blood flow, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:
(a) History of typical chest pain;
(b) New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
(c) Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
(d) Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company.

(ii) For the above definition, the following are excluded:
(a) Angina;
(b) Heart attack of indeterminate age; and
(c) A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

3. Stroke

(i) A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit with persisting clinical symptoms. This diagnosis must be supported by all of the following conditions:
   (a) Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
   (b) Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

(ii) The following are excluded:
   (a) Transient Ischaemic Attacks;
   (b) Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
   (c) Vascular disease affecting the eye or optic nerve; and
   (d) Ischaemic disorders of the vestibular system.

(iii) Permanent means expected to last throughout the lifetime of the Life Assured.

(iv) Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Assured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

4. Coronary Artery By-Pass Surgery

(i) The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

(ii) Angioplasty and all other intra arterial, catheter based techniques, 'keyhole' or laser procedures are excluded.

5. Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

6. Aplastic Anaemia

(i) Chronic persistent bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
   (a) Blood product transfusion;
   (b) Marrow stimulating agents;
   (c) Immunosuppressive agents; or
   (d) Bone marrow transplantation.

(ii) The diagnosis must be confirmed by a haematologist.

7. Blindness (Loss of Sight)

Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

8. End Stage Lung Disease

(i) End stage lung disease, causing chronic respiratory failure. This Diagnosis must be supported by evidence of all of the following:
   (a) FEV1 test results which are consistently less than 1 litre;
   (b) Permanent supplementary oxygen therapy for hypoxemia;
   (c) Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($PaO2 \leq 55mmHg$); and
   (d) Dyspnea at rest.

(ii) The Diagnosis must be confirmed by a respiratory Physician.

9. End Stage Liver Failure

(i) End stage liver failure as evidenced by all of the following:
   (a) Permanent jaundice;
   (b) Ascites; and
   (c) Hepatic encephalopathy.

(ii) Liver disease secondary to alcohol or drug abuse is excluded.

10. Coma

(i) A coma that persists for at least 96 hours. This Diagnosis must be supported by evidence of all of the following:
   (a) No response to external stimuli for at least 96 hours;
   (b) Life support measures are necessary to sustain life; and
   (c) Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

(ii) Coma resulting directly from alcohol or drug abuse is excluded.

11. Deafness (Loss of Hearing)

(i) Total and irreversible loss of hearing in both ears as a result of illness or accident. This Diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.

(ii) Total means “the loss of at least 80 decibels in all frequencies of hearing”.

12. Heart Valve Surgery

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The Diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

13. Loss of Speech

(i) Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This Diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

(ii) All psychiatric related causes are excluded.

14. Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Insured’s body.

15. Major Organ / Bone Marrow Transplantation

(i) The receipt of a transplant of:
   (a) Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
   (b) One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

(ii) Other stem cell transplants are excluded.

16. Multiple Sclerosis

(i) The definite occurrence of Multiple Sclerosis. The Diagnosis must be supported by all of the following:
   (a) Investigations which unequivocally confirm the Diagnosis to be Multiple Sclerosis;
   (b) Multiple neurological deficits which occurred over a continuous period of at least 6 months; and
   (c) Well documented history of exacerbations and remissions of said symptoms or neurological deficits.

(ii) Other causes of neurological damage such as Systemic Lupus Erythematosus (SLE) and HIV are excluded.

17. Muscular Dystrophy

(i) A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months:

(ii) Activities of Daily Living:
   (a) **Transferring:**
   The ability to move from a bed to an upright chair or wheelchair and vice versa.
   (b) **Mobility:**
   The ability to move indoors from room to room on level surfaces.
   (c) **Toileting:**
   The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
   (d) **Dressing:**
   The ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or surgical appliances.
   (e) **Washing:**
   The ability to wash in the bath or shower (including getting into and out of the bath or shower) or to wash satisfactorily by any other means.
   (f) **Feeding:**
   The ability to feed oneself once food has been prepared and made available.

(iii) For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

18. Viral Encephalitis

(i) Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.

(ii) Encephalitis caused by HIV infection is excluded.

19. Parkinson's Disease

(i) The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:
   (a) The disease cannot be controlled with medication;
   (b) Signs of progressive impairment; and
   (c) Inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months:

(ii) Activities of Daily Living:
   (a) **Transferring:**
   The ability to move from a bed to an upright chair or wheelchair and vice versa.
   (b) **Mobility:**
   The ability to move indoors from room to room on level surfaces.
   (c) **Toileting:**
   The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
   (d) **Dressing:**
   The ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or surgical appliances.
   (e) **Washing:**
   The ability to wash in the bath or shower (including getting into and out of the bath or shower) or to wash satisfactorily by any other means.
   (f) **Feeding:**
   The ability to feed oneself once food has been prepared and made available.

(iii) Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson's Disease are excluded.

(iv) For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

20. Surgery to Aorta

(i) The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

(ii) Surgery performed using only minimally invasive or intra arterial techniques are excluded.

21. Alzheimer's Disease / Severe Dementia

(i) Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Insured. This Diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed Physician.

(ii) The following are excluded:
   (a) Non-organic diseases such as neurosis and psychiatric illnesses; and
   (b) Alcohol related brain damage.

22. Fulminant Hepatitis

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This Diagnosis must be supported by all of the following:

(a) Rapid decreasing of liver size as confirmed by abdominal ultrasound;
(b) Necrosis involving entire lobules, leaving only a collapsed reticular framework;
(c) Rapid deterioration of liver function tests;
(d) Deepening jaundice; and
(e) Hepatic encephalopathy.

23. Motor Neurone Disease

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This Diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

24. Primary Pulmonary Hypertension

(i) Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

(ii) The NYHA Classification of Cardiac Impairment

Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.
Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.
Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

25. HIV Due to Blood Transfusion and Occupationally Acquired HIV

(i) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:
   (a) The blood transfusion was medically necessary or given as part of a medical treatment;
   (b) The blood transfusion was received in Republic of Singapore after the Policy Issue Date, date of endorsement or date of reinstatement of this Policy, whichever is the later;
   (c) The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and
   (d) The insured does not suffer from Thalassaemia Major or Haemophilia.

(ii) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Policy Issue Date or date of reinstatement of this Policy, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in Republic of Singapore, provided that all of the following are proven to the Company's satisfaction:
   (a) Proof of the accident giving rise to the infection must be reported to the Company within 30 days of the accident taking place;
   (b) Proof that the accident involved a definite source of the HIV infected fluids;
   (c) Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
   (d) HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

(iii) This benefit is only payable when the occupation of the insured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist

(surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Republic of Singapore).

(iv) This benefit will not apply under either clause 11.25(i) or clause 11.25(ii) where a cure has become available prior to the infection. “Cure” means any treatment that renders the HIV inactive or non-infectious.

26. Benign Brain Tumor

(i) Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:
   (a) It is life threatening;
   (b) It has caused damage to the brain;
   (c) It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
   (d) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

(ii) The following are excluded:
   (a) Cysts;
   (b) Granulomas;
   (c) Vascular Malformations;
   (d) Haematomas; and
   (e) Tumours of the pituitary gland or spinal cord.

27. Bacterial Meningitis

(i) Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This Diagnosis must be confirmed by:
   (a) The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
   (b) A consultant neurologist.

(ii) Bacterial Meningitis in the presence of HIV infection is excluded.

28. Major Head Trauma

(i) Accidental head injury resulting in permanent neurological deficit with persisting clinical symptoms to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident” means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head Injury.

(ii) The following are excluded:
   (a) Spinal cord injury; and
   (b) Head injury due to any other causes.

(iii) Permanent means expected to last throughout the lifetime of the Life Assured.

(iv) Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Assured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

29. Systemic Lupus Erythematosus With Lupus Nephritis

(i) A multi-system, multifactorial, autoimmune disorder characterised by the development of auto-antibodies directed against various self-antigens. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO classification). The final Diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

(ii) The WHO classification of Lupus Nephritis:
Class I: Minimal Change Lupus Glomerulonephritis
Class II: Messangial Lupus Glomerulonephritis
Class III: Focal Segmental Proliferative Lupus Glomerulonephritis
Class IV: Diffuse Proliferative Lupus Glomerulonephritis
Class V: Membranous Lupus Glomerulonephritis

30. Paralysis (Loss of Use of Limbs)

(i) Total and irreversible loss of use of at least two (2) entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

(ii) Self-inflicted injuries are excluded.

31. Terminal Illness

The conclusive diagnosis of an illness that is expected to result in the death of the Life Assured within 12 months. This diagnosis must be supported by a specialist and confirmed by the Company's appointed doctor.

Terminal illness in the presence of HIV infection is excluded.

32. Progressive Scleroderma

(i) A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

(ii) The following are excluded:
(a) Localised scleroderma (linear scleroderma or morphea);
(b) Eosinophilic fascitis; and
(c) CREST syndrome.

33. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one month.

34. Other Serious Coronary Artery Disease

(i) The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed.

(ii) Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

35. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

(a) Poliovirus is identified as the cause,
(b) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

36. Loss of Independent Existence

(i) A condition as a result of a disease, illness or injury whereby the Life Assured is unable to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living", for a continuous period of 6 months.

(ii) Activities of Daily Living:

(a) Transferring:
The ability to move from a bed to an upright chair or wheelchair and vice versa.

(b) Mobility:
The ability to move indoors from room to room on level surfaces.

(c) Toileting:
The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.

(d) Dressing:
The ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or surgical appliances.

(e) Washing:
The ability to wash in the bath or shower (including getting into and out of the bath or shower) or to wash satisfactorily by any other means.

(f) Feeding:
The ability to feed oneself once food has been prepared and made available.

(iii) This condition must be confirmed by the company's approved doctor.

(iv) Non-organic diseases such as neurosis and psychiatric illnesses are excluded.

(v) For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.