

CARDSHIELD PRIME CERTIFICATE OF INSURANCE

Note: This CardShield Prime Certificate of Insurance (COI) sets out the terms of insurance cover provided by Aviva Ltd (the "Insurer") under a Group Policy No. 3007794 ("Policy") in respect of Principal Cardholders of DBS Bank Ltd who may view the Group Policy at DBS's premises on request in writing. This Certificate of Insurance is issued under and subject to the terms and conditions of the Group Policy. All capitalised words and expressions in this Certificate of Insurance will have the same meanings as defined in the Policy unless stated otherwise.

DBS Bank Ltd, ("DBS"), has arranged the Insurance Cover summarised below in respect of Principal Cardholders who wish to have the Insurance Cover in place. There are of course, certain exclusions, limitations and provisions which apply and these are fully described in the Policy.

1. DEFINITIONS

- a. "Accident" shall mean an incident caused solely and independently of all other causes and directly by accidental, unexpected, violent, external and visible means.
- b. "Accidental Death" shall mean a death caused by an Accident.
- c. "Certificate of Insurance" shall mean this certificate issued by the Insurer to you stating the terms of your insurance Cover.
- d. "Credit Card" or "Card" shall mean a credit card issued by DBS in Singapore.
- e. "Critical Cancer" shall mean a malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue in any one of the following areas only:

Female Critical Cancers

1. Breast
2. Cervix Uteri
3. Ovary
4. Uterus
5. Vagina
6. Colon (excluding rectum)

Male Critical Cancers

1. Colon (excluding rectum)
2. Lung
3. Prostate
4. Small Intestine
5. Liver
6. Nasopharyngeal

This diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist.

- f. "Effective Date" shall mean the date from which your Insurance Cover under the Policy commences and becomes effective and which was stated in the letter of acceptance sent to You.
- g. "Eligible Person" shall mean any person who is either (a) an applicant for a Principal Card who is 65 years of age or below at the time he applies for a Principal Card and Insurance Cover; or (b) a Principal Cardholder who is 65 years of age or below (as applicable) at the time he applies for Insurance Cover; and who satisfies such other prevailing eligibility requirements as specified by the insurer and agreed to in writing by DBS from time to time.
- h. "Indebtedness" shall mean at any time, all amounts (whether of principal, interest, fees, charges, insurance premiums or otherwise) owing by you to DBS or payable by you (whether solely or jointly) to DBS in connection with (a) all and any of your Principal Card(s); and (b) all and any of the Supplementary Card(s) issues on your application or request as Principal Cardholder whether such application is made by you alone or jointly with the Supplementary Cardholder where such "Principal Card(s)" and "Supplementary Card(s)" were issues to you on or before the Effective Date of your Insurance Cover.
- i. "Insurance Cover" shall mean the benefits provided to you as stated in this Certificate of Insurance.
- j. "Insured Person" shall mean a Principal Cardholder below 71 years of age and in respect of whom insurance coverage under this Policy has been effected.
- k. "Policy Commencement Date" shall mean the date from which the Policy becomes effective as stated in the Policy.
- l. "Policy Period" shall mean a period of 1 year or such other periods as may be agreed in writing between DBS and the Insurer, commencing from the Policy Commencement Date for the first Policy Period and from the respective Renewal Dates for subsequent Policy Periods.
- m. "Pre-Existing Conditions" shall mean any condition which existed before the Effective Date in respect of you the Insured Person and which before the Effective Date, presented signs or symptoms of which you were aware or should reasonably have been aware of.
- n. "Premiums" shall mean the monthly amounts to be paid to the Insurer for the Insurance Cover to be provided.
- o. "Principal Cardholder" refers to a person who has a valid Credit Card issued by DBS on his sole application or at his sole request. "Supplementary Cardholder" refers to any person who has a valid Credit Card issued on the application or request of a Principal Cardholder whether alone or jointly with the Supplementary Cardholder. "Principal Card" shall refer to the valid Credit Card issued to a Principal Cardholder and "Supplementary Card" shall refer to the valid Credit Card issued to the Supplementary Cardholder.
- p. "Registered Medical Practitioner" shall mean a doctor, qualified by a degree in western medicine, who is legally and duly authorized to practice medicine and surgery in the geographical area of his country but does not include you, your relative, sibling, spouse, child or parent.
- q. "Renewal Date" shall mean the anniversary of the Policy Commencement Date.
- r. "Sum Assured" shall mean the amount of your indebtedness as at the date of your Death or on the onset of your Total and Permanent Disability or the date of diagnosis of Terminal Illness and/or Critical Cancer, up to a limit of S\$100,000. Where

you suffer Accidental Death, the benefits payable for such Accidental Death shall be double the value of the Sum Assured, up to a limit of S\$200,000.

- s. "Terminal Illness" shall mean any disease of which, in the opinion of a specialist consultant holding such an appointment at an approved hospital and with the confirmation from any Registered Medical Practitioner, is highly probable to lead to death within the next 12 months.
- t. "Total and Permanent Disability" shall mean that the disability must be total and permanent and that there is neither at the point of commencement of the disability, nor at any time thereafter, any work, occupation or profession that you can sufficiently do or follow, to earn or obtain any wages, compensation or profit.

2. WHO IS ELIGIBLE

To apply for Insurance Cover under the Policy, you must be either be a new applicant for a Principal Card or an existing Principal Cardholder and you must be 65 years of age or below.

3. COMMENCEMENT DATE OF INSURANCE COVER

Where you are a Principal Cardholder at the time you apply for Insurance Cover under the Policy, the Effective Date of your insurance cover shall be from the date that your application for the Insurance Cover is accepted by the Insurer.

Where you are not yet a Principal Cardholder at the time you apply for Insurance Cover under the Policy, the Effective Date of your Insurance cover, if accepted by the insurer, shall be from the date that your application for the Principal Card is approved by DBS.

4. 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.
- (b) On your 71st birthday.
- (c) When you cease to maintain at least one Principal Card with DBS.
- (d) Where the Principal Card issued to you is unilaterally terminated by DBS for unsatisfactory conduct or for any other reason as determined by DBS at its discretion.
- (e) When any claim is paid under this Certificate of Insurance.
- (f) When your Insurance Cover is duly terminated by you.

5. BENEFIT PROVISION

Subject to the terms, conditions and exclusions of the Policy, the Insurer will pay the following benefits.

(I) Death Benefit

Upon receipt of due proof of your death in the form required by the Insurer, the Sum Assured shall be payable in a lump sum.

In the event of Accidental Death, the benefit payable will be twice the amount of the Sum Assured.

(II) Total and Permanent Disability Benefit

In the event you suffer a Total and Permanent Disability, the Insurer upon receipt of satisfactory proof of such Total and Permanent Disability, shall pay the Sum Assured in one lump sum.

(III) Terminal Illness Benefit

In the event you are diagnosed as suffering from Terminal Illness and provided no other benefit has been paid to you under this Policy or under any Supplementary Contracts attached to this Policy, an advanced benefit of 100% of the Sum Assured shall be payable.

(IV) Critical Cancer Benefit

In the event you suffer a Critical Cancer, the Insurer upon receipt of satisfactory proof of such Critical Cancer, shall pay the Sum Assured in one lump sum. Only one Critical Cancer will be payable for each Insured Person.

(V) Exclusions

Death, Total and Permanent Disability, Terminal Illness and/or Critical Cancer caused directly or indirectly, wholly or partly by any of the following matters, will not be covered:

- (a) Suicide or any attempted suicide or self-inflicted injury or illness, whether the Insured Person is sane or insane;
- (b) Pre-Existing Conditions which have existed at any time prior to the commencement or reinstatement of insurance coverage, whichever is later, in respect of the Insured Person under this Supplementary Contract whether known or unknown to the Insured Person in so far as the cause or pathology of the conditions have already existed;

- (c) Sexually transmitted diseases or viruses, Acquired Immune Deficiency Syndrome (AIDS), AIDS related complications and all illnesses or diseases associated with the Human Immunodeficiency Virus (HIV);
- (d) War (declared or undeclared), hostilities, civil war or any warlike operations; military or naval or airforce service while under orders for warlike operations and/or terrorism;
- (e) Participation in riot or commission of an assault or act of crime;
- (f) Participation in competitive racing of any kind other than on foot;
- (g) Travelling in any type of aircraft other than as a fare-paying passenger on a regularly scheduled flight of a commercial airline;
- (h) over-indulgence in alcohol;
- (i) drug-taking unless taken under the direction of a Registered Medical Practitioner; or
- (j) For Critical Cancer, the following are excluded:
 - (i) Tumours showing the malignant changes of carcinoma-in-situ and tumours which are histologically described as pre-malignant or non-invasive, including, but not limited to: Carcinoma-in-Situ of the Breasts, Cervical Dysplasia CIN-1, CIN-2 and CIN-3;
 - (ii) Hyperkeratoses, basal cell and squamous skin cancers, and melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3, unless there is evidence of metastases;
 - (iii) Prostate cancers histologically described as TNM Classification T1a or T1b or Prostate cancers of another equivalent or lesser classification, T₁N₀M₀ Papillary micro-carcinoma of the Thyroid less than 1 cm in diameter, Papillary micro-carcinoma of the Bladder, and Chronic Lymphocytic Leukaemia less than RAI Stage 3; and
 - (iv) All tumours in the presence of HIV infection.

6. LIMITATIONS

No benefit shall be payable for Critical Cancer diagnosed or occurring (as the case may be) during the period of 90 days from the date on which the insurance coverage, in respect of the insured person, or any reinstatement thereof, is effective.

7. CLAIMS PROCEDURE

- (a) If you die, your family members or legal representatives must give a written notice of your death to the Insurer within 30 days after your death along with a copy of your death certificate and proof of your date of birth.
- (b) If you suffer a Total and Permanent Disability, you or your family members or your legal representatives must submit proof of your date of birth and give full particulars of the Total Permanent Disability together with your address and whereabouts to the Insurer as soon as reasonably possible and satisfactory proof of such Total and Permanent Disability must be furnished to the Insurer within 120 days after the commencement of the Total and Permanent Disability.
- (c) If you suffer from Terminal Illness and/or Critical Cancer, you or your family members must give a written notice of your illness to the Insurer within 30 days after the diagnosis or occurrence of the Terminal Illness and/or Critical Cancer, as the case may be.
- (d) Written notice given by you or on behalf of the Insured Person to the insurer with particulars sufficient to identify you shall be deemed to be notice to the Insurer. Failure to furnish notice within the time limits provided in this Policy shall not invalidate any claim if it can be shown that it was not reasonably possible in the prevailing circumstances to give notice within these time limits and that the relevant notice was given as soon as was reasonably possible.
- (e) All certificates, medical reports, information and evidence requested by the Insurer under the Policy must be submitted in writing to the Insurer in the form as the Insurer may prescribe and any related expenses must be borne by you or your family members or your legal representative.
- (f) In order to facilitate the process of making a claim to the Insurer on behalf of the Insured Person, DBS may, without prior notice to the Insured Person, provide particulars and/or information relating to the credit card account(s) of the Insured Person, including and not limited to the Insured Person's name, identification number, date of birth, credit card number(s), credit card(s) enrolment details, effective date of Insurance cover and outstanding credit balances.

8. CANCELLATION

DBS and the Insurer shall have the right to terminate, amend and modify the following by giving you 30 days prior written notice:-

- (a) your Insurance Cover under this Certificate of Insurance; or
- (b) the Policy.

9. PREMIUM RATE

The Insurance shall have the right to amend and modify the Premium rate payable by you for the Insurance Cover by giving you 30 days prior written notice.

10. FREE LOOK

You have 14 days after you have received this Certificate of Insurance to review and to inspect a copy of the Policy which would be made available on written request to DBS. If you decide that this Insurance Cover under the Policy is not suitable for your needs, you can give the Insurer written notice that you wish to cancel the Insurance Cover. Following such notice and on your return of the original of this Certificate of Insurance for cancellation, the Insurer will then refund all Premiums without interest. If this Certificate of Insurance was sent by post to you, it is deemed to have been delivered and received by you in the ordinary course of the post; 7 days after the date of posting.

11. EXCLUSIONS OF RIGHTS UNDER THE CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 2001

Other than DBS, any person who is not a party to this Certificate of Insurance and/or the Policy shall have no rights under the Contracts (Rights of Third Parties) Act 2001 to enforce any of the terms in this Certificate of Insurance.

12. ASSIGNMENT

You may not assign the Insurance Cover under this Certificate of Insurance or any of its benefits to anyone else.

13. ACCEPTANCE OF THE TERMS AND CONDITIONS

The Insurance Coverage under this Certificate of Insurance is subject to and governed by the terms of the Policy.

14. PAYMENTS UNDER THIS CERTIFICATE OF INSURANCE

Save as provided in this Clause for a claim in relation to Accidental Death, it is an essential term of the Policy and this Certificate of Insurance that all benefits payable by the Insurer under this Certificates of Insurance will be paid to DBS by cheque and such payment will constitute good discharge of the Insurer's liability under the Policy and this Certificate of Insurance. Where you die from an Accidental Death, only half of the benefits payable by the Insurer under this Certificate of Insurance will be paid to DBS with the remainder being paid to your legal representative.

On receipt of payment from the Insurer and without prejudice to the above matters, DBS shall use the sums received to reduce your indebtedness.

15. POLICY OWNERS' PROTECTION SCHEME

This Policy is protected under the Policy Owners' Protection Scheme, and 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 Aviva Ltd or visit the LIA or SDIC web-sites (www.lia.org.sg or www.sdic.org.sg).

Benefit Illustration

BENEFITS

(A) Death Benefit

Upon your death, the Sum Assured which refers to the amount of your Indebtedness as at the date of your death, will be payable in a lump sum, up to a maximum limit of S\$100,000.

In the event of your Accidental death, the benefit payable will be doubled, subject to a maximum limit of S\$200,000.

(B) Total and Permanent Disability Benefit

In the event you suffer a Total and Permanent Disability, the Sum Assured will be payable in one lump sum, up to a maximum limit of S\$100,000.

(C) Terminal Illness Benefit

In the event you are diagnosed as suffering from Terminal Illness and provided no other benefit has been paid to you under this Policy or under any Supplementary Contracts attached to this Policy, an advanced benefit of 100% of the Sum Assured up to a maximum amount of S\$100,000 shall be payable.

(D) Critical Cancer Benefit

In the event you suffer a Critical Cancer, the Insurer upon receipt of satisfactory proof of such Critical Cancer, shall pay the Sum Assured in one lump sum, up to a maximum limit of S\$100,000, provided the date of diagnosis of the cancer is 90 days after commencement date and/or reinstatement date of the policy, whichever is later, and on the following areas only:

Female

1. Breast
2. Cervix Uteri
3. Ovary
4. Uterus
5. Vagina
6. Colon (excluding rectum)

Male

1. Colon (excluding rectum)
2. Lung
3. Prostate
4. Small Intestine
5. Liver
6. Nasopharyngeal

PREMIUM/CHARGES

The premium rate is S\$0.49 per month for every S\$100 outstanding account balance.

This introduction forms part of your Benefit Illustration.

Aviva Ltd believes it is important that you fully appreciate all the benefits under the Certificate of Insurance and that you also understand how the cost of insurance protection, distribution, administration, investment and other costs affect these benefits.

Total Distribution Cost

The distribution cost is S\$0.20 per month for every S\$100 outstanding account balance being insured. These costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. The total Distribution Cost is an accumulation of each year's expected costs but with no interest added.

The distribution cost is not an additional cost to you; it has been already allowed for in calculating the Premium.