

eCriticalCare

General conditions

1. THE CONTRACT

This **policy** is a written confirmation of a contract between **you** and **us**. This is a regular premium **non-participating** life insurance **policy** that provides protection for critical illnesses and coverage in the event that admission to an **intensive care unit (ICU)** of a hospital is **medically necessary**.

2. DEFINITIONS

Unless **we** say otherwise, the following are definitions of words and expressions **we** use in this **policy**.

- (a) **Age** means the **life insured's age** as at his/her last birthday, on the **policy effective date**.
- (b) **Application** means information **you** and/or the **life insured** gave to buy this **basic benefit** or any **supplementary benefit** of this **policy**. Whether **we** accept **your application** depends on **our** assessment of the information submitted.
- (c) **Basic benefit** means the basic insurance cover as shown on the **schedule page** or **endorsement** and as stated in the **basic benefit** conditions of this **basic benefit** contract.
- (d) **Basic sum insured** means the **sum insured** of the **basic benefit** (as may be changed or adjusted in accordance with this **basic benefit** contract) as set out on the **schedule page**.
- (e) **Critical illness** or **CI** means a list of conditions that is covered under this **policy** and it is defined in appendix A of this **basic benefit** contract.
- (f) **Critical illness (CI) benefit** means the amount payable in the event of a claim for **CI** as determined in accordance with clause 24.
- (g) **Dates**
 - (i) **Date of event** means the date of **diagnosis** of a **critical illness** for **CI benefit** and date of **ICU** or **HCU** admission for **recovery care benefit**. However, in the case of **Angioplasty and other invasive treatment for coronary artery** and certain other conditions as defined in appendix A, it shall mean the date of treatment.
 - (ii) **Grace period** means a period of 30 calendar days after the **premium due date**.
 - (iii) **Policy anniversary** means any anniversary of the **policy effective date**.
 - (iv) **Policy start date** (or **policy effective date**) means the date when this **policy** takes effect, as shown on the **schedule page**. If there is no day in any month or year that coincides with the **policy effective date**, the **policy anniversary**, **policy** monthiversary, and **policy year** (where applicable) will be the first calendar day of the next calendar month.
 - (v) **Policy issue date** means the date when this **policy** is issued, as shown on the **schedule page**.
 - (vi) **Policy year** means a consecutive 12-month period. The first **policy year** begins on the **policy effective date** and ends 1 day before the first **policy anniversary**. Each subsequent **policy year** begins on the day of the **policy anniversary** and ends 1 day before the next **policy anniversary**.
 - (vii) **Benefit end date** means the date when the **basic benefit** or any **supplementary benefit** cover ends, as shown on the **schedule page**.
 - (viii) **Premium end date** means the date on which the final **premium** is due and is to be paid, as shown on the **schedule page**.
 - (ix) **Premium due date** means the date when the **premium** is due and payable according to the payment frequency **you** have chosen.
- (h) **Death Benefit** means benefit payable to **you** as described under the **death benefit** section as set out in clause 23.
 - (i) **Diagnosis** or **diagnosed** means the definitive **diagnosis** made by a **medical examiner**, based on radiological, clinical, histological or laboratory evidence which **we** accept. **We** may appoint another **medical examiner** to examine the **life insured** or the

evidence presented. The opinion and **diagnosis** of this **medical examiner** will be final and binding.

- (j) **Endorsement** means any document issued and signed by **our** Chief Executive or Chief Operations Officer to change the terms of this **policy**. It forms part of this **policy**.
- (k) **Intensive Care Unit (ICU)** is the **intensive care unit** of a hospital that is dedicated to the management and monitoring of patients with severe or life-threatening conditions. **High dependency unit** and other accommodation ward are not considered an **intensive care unit**.
- (l) **High Dependency Unit (HDU)** is a step-down unit for patients who do not yet require admission into an **ICU**. It is one level of care below that of an **ICU**.
- (m) **Life insured** means the person named as the **life insured** on the **schedule page** or **endorsement**. This is the person that this **policy** insures.
- (n) **Medical examiner** means:
 - (i) any medical practitioner or specialist doctor with a recognised degree in western medicine who is licensed and authorised to practise in his or her country, who has the relevant skill to provide medical or surgical services for the illness, disability or disease; or
 - (ii) any medical practitioner or specialist doctor in Singapore **we** choose if **you** or the **life insured** makes a claim for **basic benefit** or **supplementary benefit** (if applicable) under this **policy**.

This person must not be **you** or the **life insured**, or **your** or the **life insured's** husband, wife, relative or business partner.

- (o) **Medically necessary** means such treatment, procedure or other medical services which are:
 - (i) required for the **diagnosis** or direct treatment of the **life insured's** medical condition; and
 - (ii) clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the **life insured's** medical condition; and
 - (iii) not primarily for the convenience of the patient or healthcare provider, a **medical examiner** or any other healthcare provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the **diagnosis** or treatment of that **life insured's** medical condition; and
 - (iv) appropriate and consistent with the symptoms and findings or **diagnosis** and direct treatment of the **life insured's** medical condition; and
 - (v) in accordance with **generally accepted standards of medical practice**; and
 - (vi) in accordance with treating **medical examiner's** specialty society recommendations and established clinical protocols; and
 - (vii) not associated with treatment, procedure, supplies or other medical services of an experimental or investigative nature; and
 - (viii) cannot have been omitted without adversely affecting the **life insured's** medical condition.

For these purposes, "**generally accepted standards of medical practice**" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community.

- (p) **Policy**
 - (i) This **policy** is made up of the following:
 - a. the **application** form, any amendments, other forms and documents provided by **you** and the **life insured** to apply for this **policy**;
 - b. this **basic benefit** contract;
 - c. the **supplementary benefit** contract (if any);
 - d. the **schedule page**;
 - e. the **endorsement** (if any);
 - f. any counter offers **we** made and **you** accepted; and
 - g. any information and documents provided by **you** and the **life insured** with or after **your application**.
 - (ii) **We** may issue revised **schedule pages** and/or **endorsements** to show changes made to this **policy**. Any change to this **policy** must be in writing and signed by **our** Chief Executive or Chief Operations Officer.
 - (iii) **We** are not bound by any representation made by or to any other person not included in this **policy**

- (q) **Pre-existing condition** means any illness or condition which existed before the **policy issue date** or the most recent date of reinstatement of this **policy**, whichever is the latest, which would have affected **our** decision to accept **your application** and for which:
 - (i) presented signs or symptoms which **you** or the **life insured** was aware of or should have been aware of, and where the **life insured** should have sought medical advice or treatment;
 - (ii) treatment, test or investigation was recommended by or received from a **medical examiner**; or
 - (iii) the **life insured** has arranged or received medical consultation, test or investigation.
- (r) **Premium** means the amount **you** pay to **us** until the **premium end date** as shown in the **schedule page**, to keep this **policy** in force.
- (s) **Recovery care benefit** is as defined and set out in clause 25.
- (t) **Schedule page** forms part of this **policy** setting out specific details.
- (u) **Supplementary benefit** means optional insurance coverage attached to this **basic benefit contract**. **You** can find details of **supplementary benefit** on **schedule page** or **endorsement**, and terms in the **supplementary benefit** contract.
- (v) **Total premiums paid to date** means and is equal to the total **premiums** paid to **us** for the **basic benefit** (without interest).
- (w) **We, our, us** refer to Manulife (Singapore) Pte. Ltd.
- (x) **You / Your / Yourself** refer to the owner of this **policy** as shown in **schedule page** or **endorsement** (if there is an **assignment** to change the ownership of this **policy**).

3. FREE-LOOK PERIOD

- (a) **You** may cancel this **policy** by writing to **us** within 14 days after **you** receive this **policy**.
- (b) If **you** cancel the **policy** within this **free-look period**, **we** will refund all **premiums** paid without interest and less any medical or other expenses **we** have had to pay in processing **your application**.
- (c) If **we** send this **policy** to **you** by post or email, it will be considered delivered by **us** and received by **you** 7 days after the date of posting or email sent.

4. PREMIUMS

- (a) The **premium** for this **policy** is shown on the **schedule page** or **endorsement** and the **premium rate** is not guaranteed. **We** reserve the right to change the **premium rate** for this **policy** by giving **you** 30 days' notice.
- (b) If there is a **supplementary benefit** contract attached to this **policy**, the **premium** shown on the **schedule page** includes the **premium** for the **supplementary benefit**.
- (c) The **premium** shown will be based on the frequency of payment **you** have chosen.
- (d) **You** must pay the **premiums** by the **premium due date**. It is **your** responsibility to pay all **premiums** when due and until the **premium end date** as shown on the **schedule page**.
- (e) **We** will not process the payment if **we** do not receive the full **premiums** for the **policy**.
- (f) If **you** pay **premiums** monthly, **you** must do so using a direct debit facility (GIRO) approved by **us**. **We** may charge an administrative fee for any monthly premium not paid through GIRO or where the GIRO transaction has not been successful.
- (g) If the **basic sum insured** is changed, the **premium** payable for this **policy** will be revised accordingly. The revised **premium rate** that is applied to the **policy** will be based on the **age** of the **life insured**.

5. BASIC SUM INSURED

- (a) The **basic sum insured** on the **policy start date** is shown on the **schedule page**.
- (b) Depending on **our** approval and conditions that may change at any time, **you** can ask **us** to reduce the **sum insured** as long as the **policy** is in force. If **we** approve the request, **we** will charge **you** a **premium** based on the reduced **sum insured** starting from the next **premium due date**.
- (c) The **basic sum insured** will be reduced by the amount paid upon **your** claim of any of the **basic benefits** as stated in this **basic benefit** contract. **You** must continue to pay **premiums** on the reduced **basic sum insured** as instructed by **us**.
- (d) The maximum aggregated sum insured **we** will allow for all eCriticalCare plan named policies (and any of its future versions issued by **us**), purchased by **you** covering the same **life insured** shall be limited to S\$300,000.

6. WAITING PERIOD

We will not cover the following **critical illness** of the **life insured**, if:

- (i) Major Cancer is **diagnosed**;
- (ii) Heart Attack with specified severity is **diagnosed**;
- (iii) Other Serious Coronary Artery Disease is **diagnosed**;
- (iv) Date of **diagnosis** of the condition that leads to performance of Coronary Artery By-Pass Surgery is; and/or
- (v) Date of **diagnosis** of the condition that leads to performance of Angioplasty & Other Invasive Treatment for Coronary Artery is

within ninety (90) days from:

- (i) the **policy issue date**; or
 - (ii) the date of reinstatement of this **policy**;
- whichever is later.

Recovery care benefit is not payable if **life insured** was **diagnosed** with an illness which directly or indirectly, partly or wholly, resulted into **ICU** or **HDU** admission where such **diagnosis** was made within 90 days from the **policy issue date** or the most recent date of reinstatement of this **policy**, whichever is later.

7. LAPSING AND REINSTATING THE POLICY

- (a) This **policy** will lapse (no cover will be provided) if **you** do not pay the **premiums** by the end of the **grace period**.
- (b) **You** may ask **us** to reinstate the **policy** within 3 **policy years** from the date the **policy** lapsed.
- (c) **We** will decide whether to reinstate the **policy** and **we** must receive:
 - (i) evidence of the **life insured's** eligibility for insurance cover (**you** will have to pay for any medical reports and tests needed);
 - (ii) all overdue **premiums** which would have been paid had the **policy** not lapsed and the interest **we** may charge on these **premiums** (in a way which **we** will decide); and
 - (iii) any amount **you** may owe **us**.
- (d) **We** can include new terms and conditions on the reinstated **policy**.

8. NON-DISCLOSURE

- (a) Under the Insurance Act (Cap. 142), **you** and the **life insured** must disclose all facts **you** and/or the **life insured** know or ought to know (including any facts which may affect **our** decision to provide insurance coverage under this **policy**).
- (b) If **you** and/or the **life insured** misrepresent or fail to disclose any facts (as described above), **we** may void this **policy**. **We** may determine at **our** sole discretion whether to refund all

premiums received without interest, less the policy debt, amounts **you** owe to **us**, medical and other expenses incurred and to be incurred by **us** under this **policy**.

9. INCONTESTABILITY

- (a) Except for fraud, non-payment of **premium**, any claim that is not covered under this **policy**, or **non-disclosure** as described under clause 8, **we** will not contest the validity of or void this **policy** after 2 years from any of the following dates, whichever is the latest:
- (i) the **policy issue date**; or
 - (ii) the date of the most recent reinstatement of the **policy**.
- (b) If **we** contest the validity of or void this **policy**, **we** may determine at **our** sole discretion whether to refund all **premiums** received without interest, less the policy debt, amounts **you** owe to **us**, medical and other expenses incurred and to be incurred by **us** under this **policy**.

10. MAKING A CLAIM

- (a) **You** or the person making a claim must give **us** notice in writing of the claim within 30 days of the event (or as soon as possible).
- (b) **You** or the person making the claim must give **us**, within 30 days after notice of the claim (or as soon as possible) evidence of the event. **We** must receive:
- (i) this **policy**;
 - (ii) proof of ownership or entitlement of the person making the claim;
 - (iii) the birth certificate, identification documents or other relevant documents **we** may need for the **life insured** or the person making the claim;
 - (iv) the completed claim form and the medical report;
 - (v) proof of the event giving rise to the claim under this **policy**; and
 - (vi) any other document **we** may ask for so **we** can process the claim.
- (c) **We** may appoint another **medical examiner** to examine the **life insured** in Singapore or the evidence presented. The opinion and **diagnosis** of this **medical examiner** will be binding on the **life insured** and **us**. **You** will have to pay any travel, accommodation and other costs; but not the cost of the examination carried out by **our** appointed **medical examiner**.
- (d) **We** will not be legally responsible if **you** or the person making the claim fails to provide the documents, **we** need to check the claim or entitlement under this **policy**.
- (e) If the **age** or sex (or both) were incorrect on the **application**, **we** will change the benefits due under this **policy** to those which would have been appropriate had the **age** or sex been correctly stated.
- (f) If **we** make a payment under this **policy**, this will fulfill **our** duty under the **policy**, and **we** will have no further responsibility to **you** or any other person for the claim. This will apply to any action, claim, proceedings, cost, damages, demand, interest, liability, loss, penalty, tax and expenses **you** or the person making the claim may suffer or have to pay as a result of or in connection with the claim.
- (g) **We** may ask **you** or the person claiming to repay any amount which **we** have paid as a result of any mistake or oversight (including on **our** part or on the part of **our** employees or representatives).
- (h) **We** will take any amount **you** owe **us** on **your policy** before **we** pay any claim.

11. RESIDENCE, TRAVEL AND OCCUPATION

There are no restrictions on where the **life insured** stays, travels or works, unless **we** say otherwise.

12. NON-PARTICIPATING

This **policy** does not benefit from **our** surplus distributions. When **you** ask to end the **policy** or if the **policy** lapses or ends, it will have no cash value.

13. ASSIGNMENT

- (a) While this **policy** is in force and during the lifetime of the **life insured**, **you** may use **your policy** as security or collateral if **you** fully transfer the benefits of the **policy** to another person or organization.
- (b) **You** must give **us**:
 - (i) written notice of the **assignment**; and
 - (ii) a copy of the **assignment**.
- (c) **We** will only treat the notice of **assignment** as received when it is delivered to **our** registered address. If **you** provide this notice through **our** representative, **we** will only treat it as received when the representative delivers it to **our** registered address.
- (d) By acknowledging the notice of **assignment**, **we** are not responsible for whether the **assignment** is valid or legally enforceable.

14. SURVIVAL PERIOD

The **life insured** must survive for a period of 7 days from the **date of event** (as applicable) in order for **you** to claim **critical illness benefit** and/or **recovery care benefit**. Otherwise, only **death benefit**, subject to clause 23, shall be payable.

15. SUICIDE

- (a) If the **life insured** dies from **suicide** within 1 year from the **policy issue date**, **we** will not pay the **death benefit** and will refund all **premiums** paid without interest and less any medical or other expenses **we** have had to pay in connection with this **policy** and this **policy** ends.
- (b) If the **life insured** dies from **suicide** within 1 year from the effective date of the most recent reinstatement of the **policy**, **we** will not pay the **death benefit** and will refund all **premiums** paid from the start date of the most recent reinstatement without interest and less any medical or other expenses **we** have had to pay in connection with this **policy** and this **policy** ends.

16. TERMINATION

This **policy** will end:

- (a) when **we** receive **your** notice in writing to end the **policy**;
- (b) on the **benefit end date** shown on the **schedule page** or **endorsement**;
- (c) when it lapses;
- (d) when the **life insured** dies and **death benefit** is paid;
- (e) when the **critical illness benefit** is fully paid out, whichever happens first.

17. EXCLUSIONS

- (a) **We** will not pay the **CI benefit**, if **critical illness** of the **life insured** is caused directly or indirectly, wholly or partly by any of the following:
 - (i) any self-inflicted injury, provoked assault or attempt at suicide, whether sane or insane;
 - (ii) the **life insured** 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**;
 - (iii) infection from any Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS) or any AIDS-related condition unless the infection arose in accordance with the definition of HIV due to Blood Transfusion and Occupational Acquired HIV (as defined in appendix A);
 - (iv) donation of any of the **life insured**'s organs; or
 - (v) a **pre-existing condition**.
- (b) **We** will not pay the **recovery care benefit** if the claim arises directly or indirectly, wholly or partly from any of the following:
 - (i) any self-inflicted injury, provoked assault or attempt at suicide, whether sane or insane;
 - (ii) the **life insured** 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**;

- (iii) infection from any Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS) or any AIDS-related condition unless the infection arose in accordance with the definition of HIV due to Blood Transfusion and Occupational Acquired HIV (as defined in appendix A);
- (iv) donation of any of the **life insured's** organs;
- (v) a **pre-existing condition**;
- (vi) overseas medical treatment;
- (vii) pregnancy or complications from pregnancy, childbirth, abortion, miscarriage, prenatal or postnatal care, birth control, sterilisation and treatment or tests pertaining to fertility;
- (viii) psychological disorders, personality disorders, mental conditions or behavioural disorders, including any addiction or dependence arising from these disorders such as gambling or gaming addiction;
- (ix) elective cosmetic or plastic surgery for purposes of beautification except constructive surgery to treat functional defect due to Injury sustained;
- (x) treatments for obesity, weight reduction or weight improvement;
- (xi) medical or surgical procedures which are experimental in nature or not generally accepted as standard medical treatment by the medical profession;
- (xii) sex-change operations;
- (xiii) war or any act related to it, or service in the armed forces or in a Civil Defence Force supporting any country at war;
- (xiv) riot, insurrection, civil commotion, strikes, or terrorist activities except as a victim; or
- (xv) injuries arising while engaging in hazardous sports such as speed racing (boat, horse or automobile), mountaineering or rock climbing necessitating the use of guides or ropes, skiing or any kind including jet-ski, skating sport, parachuting (unless trying to save human life), ballooning, hang gliding, bungee-jumping, and underwater activities involving the use of breathing apparatus.

18. GOVERNING LAW

This **policy** is governed by the laws of Singapore.

19. CONTRACTS (RIGHTS OF THIRD PARTIES) ACT

A person who is not directly involved in this **policy** will have no rights under the Contracts (Rights of Third Parties) Act (Cap. 53B) to enforce any of the terms.

20. POLICY TRANSACTIONS

If **you** want to carry out any transactions under this **policy**, **you** must use the forms **we** provide to **you**. **You** must tell **us** about any change in **your** personal information, especially **your** correspondence address, residential address, email address and contact number.

21. CURRENCY

All **premiums** and benefits quoted in this **policy** are in Singapore dollars. Payments made to **us** under this **policy** or payments which **we** make under this **policy** will also be in Singapore dollars.

22. 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 Life Insurance Association of Singapore (LIA) or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

Basic benefit conditions

23. DEATH BENEFIT

While this **policy** is in force, **we** will pay 20% of the **basic sum insured**, as **death benefit** upon death of **life insured**. Upon the payment of the **death benefit**, this **policy** will end.

24. CRITICAL ILLNESS (CI) BENEFIT

- (a) If the **life insured** is **diagnosed** with a **critical illness** while this **policy** is in force, **we** will pay the **following**:

CI benefit for all critical illnesses, excluding Angioplasty and Other Invasive Treatment for Coronary Artery	CI benefit for Angioplasty and Other Invasive Treatment for Coronary Artery
<ul style="list-style-type: none"> • We will pay basic sum insured. • This policy will end immediately after such payment. 	<ul style="list-style-type: none"> • We will pay 10% of basic sum insured in advance; • this policy will continue to be in force after such payment; • the basic sum insured will be reduced by amount paid; and • the most we will pay for this policy and all other policies we have issued covering the same life insured for Angioplasty and Other Invasive Treatment for Coronary Artery is limited to 10% of the CI sum insured, subject to a maximum of S\$25,000. We will pay this benefit only once under this policy.

- (b) This **policy** will remain in force if the **basic sum insured** is not fully paid upon claim for **CI benefit**.
- (c) If **life insured** is **diagnosed** with **critical illness**, **you** must continue to pay **premiums** until **we** have approved **your** claim for **critical illness benefit**.
- (d) **We** can decide the sequence in which payments are made if there is more than 1 policy issued on the same **life insured** with CI benefit.

25. RECOVERY CARE BENEFIT

- (a) While this **policy** is in force, **we** will pay 30% of the **basic sum insured** in advance if the **life insured**:
- (i) stays in the **ICU** for a total of 5 days or more consecutively in 1 hospital admission; or
 - (ii) stays both in the **ICU** and **HDU** together (not only the **HDU** admission alone) for a total of 5 days or more consecutively in 1 hospital admission.

This **policy** will continue to be in force after such payment. The **basic sum insured** will be reduced by the amount paid under the **recovery care benefit**.

- (b) The stay in **ICU** or **HDU** must be confirmed as **medically necessary**.
- (c) **We** will pay this benefit only once under this **policy**.
- (d) The most **we** will pay for this **policy** and all other policies **we** have issued covering the same **life insured** for **recovery care benefit** (including similar benefits provided under any benefit name or specification in other policies), is subject to a maximum of S\$200,000.

APPENDIX A – CRITICAL ILLNESS DEFINITIONS

The following are definitions of terms used in the **Definitions of Critical Illness (CI)**, unless otherwise stated.

“Permanent neurological deficit” means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the **life insured**. 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. For purpose of this definition, “Permanent” means expected to last throughout the lifetime of the **life insured**.

“Activities of Daily Livings (ADLs)” means:

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

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

1.1 Major Cancer

- (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 major cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.
- (iii) Major Cancer **diagnosed** on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.
- (iv) 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 (Tis) or Ta;
 - Having borderline malignancy;
 - Having any degree of malignant potential;
 - Having suspicious malignancy;
 - Neoplasm of uncertain or unknown behavior; or
 - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;
 - (b) Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans 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 Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
 - (g) All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
 - (h) All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
 - (i) Chronic Lymphocytic Leukaemia less than RAI Stage 3;

- (j) All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- (k) All tumours in the presence of HIV infection.

1.2 Heart Attack of Specified Severity

- (i) Death of heart muscle due to ischaemia, 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 **us**.
- (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

1.3 Stroke with Permanent Neurological Deficit

- (i) A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in **permanent neurological deficit**. 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;
 - (d) Ischaemic disorders of the vestibular system; and
 - (e) Secondary haemorrhage within a pre-existing cerebral lesion.

1.4 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.

1.5 End Stage Kidney Failure

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

1.6 Irreversible Aplastic Anaemia

- (i) Chronic persistent and irreversible 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) Bone marrow stimulating agents;
 - (c) Immunosuppressive agents; or
 - (d) Bone marrow or haematopoietic stem cell transplantation.
- (ii) The **diagnosis** must be confirmed by a haematologist.

1.7 Blindness (Irreversible Loss of Sight)

- (i) 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 6/60 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.
- (ii) The blindness must not be correctable by surgical procedures, implants or any other means.

1.8 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 ($\text{PaO}_2 \leq 55\text{mmHg}$); and
 - (d) Dyspnea at rest.
- (ii) The **diagnosis** must be confirmed by a respiratory Physician.

1.9 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.

1.10 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) For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.

1.11 Deafness (Irreversible 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".
- (iii) Irreversible means "cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention."

1.12 Open Chest 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.

1.13 Irreversible Loss of Speech

- (i) Total and irreversible 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.

1.14 Major Burns

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

1.15 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.

1.16 Multiple Sclerosis

- (i) The definite **diagnosis** of Multiple Sclerosis and must be supported by all of the following:
 - (a) Investigations which unequivocally confirm the **diagnosis** to be Multiple Sclerosis; and
 - (b) Multiple neurological deficits which occurred over a continuous period of at least 6 months.
- (ii) Other causes of neurological damage such as Systemic Lupus Erythematosus (SLE) and HIV are excluded.

1.17 Muscular Dystrophy

- (i) The unequivocal **diagnosis** of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the **life insured(s)** to perform (whether aided or unaided) at least 3 of the following 6 "**Activities of Daily Livings**" for a continuous period of at least 6 months:
- (ii) 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.

1.18 Severe Encephalitis

- (i) Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in **permanent neurological deficit** which must be documented for at least 6 weeks. This **diagnosis** must be certified by a consultant neurologist and supported by any confirmatory diagnostic tests.
- (ii) Encephalitis caused by HIV infection is excluded.

1.19 Idiopathic 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; and

(b) Inability of the **life insured(s)** to perform (whether aided or unaided) at least 3 of the following 6 “**Activities of Daily Livings**” for a continuous period of at least 6 months:

(ii) 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.

1.20 Open Chest 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.

1.21 Alzheimer's Disease / Severe Dementia

(i) Deterioration or loss of cognitive function 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(s)**. This **diagnosis** must be supported by the clinical confirmation of an appropriate consultant and supported by **our** appointed Physician.

(ii) The following are excluded:

- (a) Non-organic diseases such as neurosis and psychiatric illnesses; and
- (b) Alcohol related brain damage.

1.22 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.

1.23 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**.

1.24 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.

1.25 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 date of issue, date of **endorsement** or date of reinstatement of this contract, whichever is the later; 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.
- (ii) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the date of issue, date of **endorsement** or date of reinstatement of this contract, 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 **our** satisfaction:
- (a) Proof that the accident involved a definite source of the HIV infected fluids;
 - (b) 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
 - (c) 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 1.25 (i) or clause 1.25 (ii) where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

1.26 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 has undergone surgical removal or, if inoperable, has caused a **permanent neurological deficit**; and
 - (b) 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) Abscess;
 - (c) Angioma;
 - (d) Granulomas;
 - (e) Vascular Malformations;
 - (f) Haematomas; and
 - (g) Tumours of the pituitary gland or spinal cord and skull base.

1.27 Severe 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.

1.28 Major Head Trauma

- (i) Accidental head injury resulting in **permanent neurological deficit** 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 relevant 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.

1.29 Systemic Lupus Erythematosus With Lupus Nephritis

- (i) The unequivocal **diagnosis** of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. 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 RPS/ISN classification system). The final **diagnosis** must be confirmed by a certified doctor specialising in Rheumatology and Immunology.
- (ii) The RPS/ISN classification of Lupus Nephritis:
 - Class I: Minimal mesangial lupus nephritis
 - Class II: Mesangial proliferative lupus nephritis
 - Class III: Focal lupus nephritis (active and chronic; proliferative and sclerosing)
 - Class IV: Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global)
 - Class V: Membranous lupus nephritis
 - Class VI: Advanced sclerosis lupus nephritis

1.30 Angioplasty and Other Invasive Treatment For Coronary Artery

- (i) The actual undergoing of balloon angioplasty or similar intra arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered **medically necessary** by a consultant cardiologist.
- (ii) Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- (iii) Payment under this condition is limited to 10% of the Sum Insured under this **policy** subject to a maximum of S\$25,000. This benefit is payable once only and shall be deducted from the amount payable under the **basic sum insured**, thereby reducing the amount of the **basic sum insured** which may be payable herein.
- (iv) Diagnostic angiography is excluded.

1.31 Paralysis (Irreversible Loss of Use of Limbs)

- (i) Total and irreversible loss of use of at least 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.

1.32 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 confirmed by a consultant rheumatologist and supported by biopsy or equivalent confirmatory test 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 fasciitis; and
 - (c) CREST syndrome.

1.33 Persistent Vegetative State (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.

1.34 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 invasive coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed.
- (ii) **Diagnosis** by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.
- (iii) Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.

1.35 Poliomyelitis

- (i) 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.
- (ii) The **diagnosis** must be confirmed by a consultant neurologist or specialist in the relevant medical field.

1.36 Loss of Independent Existence

- (i) A condition as a result of a disease, illness or injury whereby the **life insured(s)** is unable to perform (whether aided or unaided) at least 3 of the following 6 "**Activities of Daily Livings**", for a continuous period of 6 months.
- (ii) This condition must be confirmed by **our** approved doctor.
- (iii) Non-organic diseases such as neurosis and psychiatric illnesses 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.

1.37 Terminal Illness

The conclusive **diagnosis** of an illness that is expected to result in the death of the **life insured** within twelve (12) months. This **diagnosis** must be supported by a specialist and confirmed by **our** appointed Physician.

Terminal illness in the presence of HIV infection is excluded.