**ProtectFirst**

**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 against death, **critical illnesses** and **accident**.

## 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) **Attained age** means **your** or the **life insured's** age as at **your** or his/her last birthday.

(c) **Accident** means a sudden, unexpected, unintentional, unusual and specific event caused by violent, external or visible means and has a visible impact on the **life insured's** external appearance. It happens at an identifiable date, time and place and, without being linked to any other cause.

(d) **Accidental death** means death of the **life insured** within 365 days of the **accident** directly due to **accidental injury,** independent of any other cause.

(e) **Accidental death benefit** means the benefit payable to **you** in the event of a claim for **accidental death** as determined in accordance with clause 26.

(f) **Accidental death sum insured** means an amount paid upon a claim for **accidental death benefit** subject to conditions specified in clause 26**. Accidental death sum insured** on the **policy start date** is shown on the **schedule page.**

(g) **Accidental injury** means an abnormal bodily injury caused solely and directly by **accident**, of which there is evidence of a visible contusion or wound on the exterior of the body and it is not due to any illness or disease of **life insured**.

(h) **Accidental hospitalisation** means admission of the **life insured** in the **hospital** due to an **accidental injury** within 30 days of the **accident** and subject to conditions specified in clause 26.

(i) **Accidental hospitalisation benefit** means the benefit payable to **you** in the event of a claim for **accidental hospitalisation** as determined in accordance with clause 25.

(j) **Accidental hospitalisation sum insured** means an amount paid upon a claim for **accidental hospitalisation benefit** subject to conditions specified in clause 25**. Accidental hospitalisation sum insured** on the **policy start date** is shown on the **schedule page.**

(k) **Accidental total and permanent disability (accidental TPD)** means **life insured** suffering from one of the following conditions within 365 days of the **accident** directly due to an **accidental injury**:

(i) Conditions: -
   a. total and irrecoverable loss of sight of both eyes;
   b. total and irrecoverable **loss of use** of 2 limbs; or
   c. total and irrecoverable loss of sight of 1 eye and total and irrecoverable **loss of use** of 1 limb.

**Loss of use** means total, continuous and permanent functional disablement of a limb, which has lasted for at least 6 months

OR

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(ii) **Life insured** has, for a minimum period of 6 consecutive months, been continuously unable to engage in any occupation, business, work or profession whatsoever (whether his or her usual or otherwise) for income, profit, compensation, wages or remuneration. This inability to engage in any occupation, business, work or profession whatsoever (whether his or her usual or otherwise) for income, profit, compensation, wages or remuneration is expected to be continuous and permanent and must result from an **accident**.

OR

(iii) **Life insured's** total and permanent inability due to **accidental injury**, to perform at least 3 of the 6 **activities of daily living** even with the aid of special equipment and always requiring physical assistance of another person throughout the entire activity for a continuous period of at least 6 months.

(l) **Accidental TPD benefit** means the benefit payable to **you** in the event of a claim for **accidental TPD** as determined in accordance with clause 26**.**

(m) **Accidental TPD sum insured** means an amount paid upon a claim for **accidental TPD benefit** subject to conditions specified in clause 26**. Accidental TPD sum insured** on the **policy start date** is shown on the **schedule page.**

(n) **Activities of daily living** means

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

**Diagnosis** must be confirmed and certified by a **medical examiner**.

(o) **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.

(p) **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.

(q) **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.

(r) **Critical illness (CI) benefit** means the benefit payable to **you** in the event of a claim for **CI** as determined in accordance with clause 24.

(s) **CI sum insured** means an amount paid upon a claim for **CI benefit** subject to conditions specified in clause 24**. CI sum insured** on the **policy start date** is shown on the **schedule page.**

(t) **Dates**

(i) **Date of event** means the date of **diagnosis** of a **critical illness** for **CI benefit**. However, in the case of **major organ transplant** 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**.

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(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.

(x) **Renewed term** is a period equivalent to the **policy term,** from the date of renewal as provided in clause 5 below.

(u) **Death benefit** means benefit payable to **you** in the event of a claim due to the death of **life insured** as determined in accordance with clause 23.

(v) **Death sum insured** means an amount paid upon a claim for **death benefit** subject to conditions specified in clause 23**. Death sum insured** on the **policy start date** is shown on the **schedule page** and is referred to as "protect first" on the **schedule page.**

(w) **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.

(x) **Endorsement** means any document issued and signed by **our** Chief Executive Officer to change the terms of this **policy**. It forms an integral part of this **policy**.

(y) **Hospital** means an institution which:

(i) is licensed as a medical or surgical hospital in Singapore;

(ii) provides 24-hour nursing services by registered nurses under the permanent supervision of a **medical examiner**;

(iii) keeps daily medical records for its patients; and

(iv) is not mainly a rest or convalescent facility, a place of custodial care, a facility for the elderly or alcoholics or drug addicts or to treat mental disorders, or a nursing home, a spa or a hydroclinic, a hospice centre or home.

(z) **Life insured** means the person named as the **life insured** on the **schedule page** or **endorsement**. This is the person that this **policy** insures.

(aa) **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.

(bb) **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;

(ii) clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the **life insured**'s medical condition;

(iii) not primarily for the convenience of the **life insured**, a **medical examiner** or any 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;

(iv) appropriate and consistent with the symptoms and findings or **diagnosis** and direct treatment of the **life insured**'s medical condition;

(v) in accordance with **generally accepted standards of medical practice**;

(vi) in accordance with treating **medical examiner's** specialty society recommendations and established clinical protocols;

(vii) not associated with treatment, procedure, supplies or other medical services of an experimental or investigative nature; and

(viii) not adversely affecting the **life insured**'s medical condition.

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For the purpose of this **policy**, **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.

(cc) **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 Officer.

(iii) **We** are not bound by any representation made by or to any other person not included in this **policy**

(dd) **Pre-existing condition** means any condition or illness 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.

(ee) **Premium** means the amount **you** pay in accordance with the payment frequency as shown on the **schedule page** or **endorsement**. It consists of the regular **premiums** payable for the **basic benefit** and for the **supplementary benefits** (where applicable) as reflected in **our** records.

(ff) **Schedule page** forms part of this **policy** setting out specific details.

(gg) **Sum insured** means and is equivalent to the amount payable for the **basic benefit** in accordance with the specified **sum insured** for each **basic benefit** as stated in the **basic benefit** conditions of this **basic benefit** contract and reflected on the **schedule page** or **endorsement.** It may be revised as described in clause 6.

(hh) **Supplementary benefit** means an 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.

(ii) **Surgery** means any invasive operative procedure done under the administration of general and regional anaesthesia involving an incision into the body by using scalpel or other medical equipment. Surgical procedures involving only local anaesthesia shall not be considered **surgery** under this **policy**.

(jj) **We, our, us** refer to Manulife (Singapore) Pte. Ltd.

(kk) **You, your, yourself** refer to the policy 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**.

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(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. PREMIUM

(a) The **premium** payable for this **policy**:
   (i) during the **policy term / renewed term** is shown on the **schedule page** or **premium** notice; and
   (ii) during any **renewed term,** will be based on the **attained age** of the **life insured** at the time of renewal.

(b) 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.

(c) 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**.

(d) The **premium** shown will be based on the frequency of payment **you** have chosen.

(e) **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**.

(f) **We** will not process the payment if **we** do not receive the full **premiums** for the **policy**.

(g) 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.

(h) Upon claim, **sum insured** of the claimed **basic benefit** will reduce by the claimed amount. When that happens **premium** payable for this **policy** will be revised accordingly. The revised **premium** and the date the revised **premium** is applicable from, will be stated on the **premium** notice issued by **us.**

## 5. RENEWAL

(a) This **policy** is guaranteed renewable (without any evidence of health) every 5 years, on the date after the expiry date of either (i) the **policy term**; or (ii) subsequent **renewed term.** The last and final **renewed term** shall be 5 years from the **policy anniversary** immediately following the **life insured**'s 60th birthday and no later.

(b) Each **renewed term** is for a period equivalent to the **policy term**. The first **renewed term** will start on the day after the expiry of the **policy term** and each **renewed term** thereafter (if applicable) will start on the day after the expiry of the immediate preceding **renewed term.**

(c) The **premium** rates will be revised at the start of each **renewed term.** The revised **premium** and the date the revised **premium** is applicable from, will be stated on the **premium** notice issued by **us.**

## 6. SUM INSURED

(a) **Sum insured** on the **policy start date** is shown on the **schedule page.**

(b) No changes to the **sum insured** shall be allowed, except where upon claim, **sum insured** of the claimed **basic benefit** will reduce by the claimed amount subject to and as stated in the **basic benefit** conditions of this **basic benefit** contract and reflected on the **schedule page** or **endorsement**.

(c) **You** must continue to pay **premiums** on the reduced **sum insured** as instructed by **us**.

(d) The maximum aggregate (sum of **death sum insured** and **CI sum insured**) **we** will allow for all ProtectFirst plan named policies (including any of its future versions issued under any plan name, by **us**), purchased by **you** covering the same **life insured** shall be limited to S$200,000.

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(e) The maximum aggregate **accidental death sum insured we** will allow for all ProtectFirst plan named policies (including any of its future versions issued under any plan name, by **us**), purchased by **you** covering the same **life insured** shall be limited to S$300,000.

## 7. WAITING PERIOD

**We** will not cover any of the stages of the following **critical illness** of the **life insured**, if:
(i) **major cancer** is **diagnosed;** or
(ii) **heart attack of specified severity** is **diagnosed**,

within ninety (90) days from:
(i) the **policy issue date**; or
(ii) the date of reinstatement of this **policy**,
whichever is later.

## 8. 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.**

## 9. NON-DISCLOSURE

(a) Under the Insurance Act 1966 of Singapore, **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**.

## 10. 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 9, **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**.

## 11. 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**;

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(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 which **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.

## 12. RESIDENCE, TRAVEL AND OCCUPATION

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

## 13. 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.

## 14. 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.

## 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.

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(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; or
(d) when the **life insured** dies and **death benefit** or **accidental death benefit** is paid,
whichever happens first.

## 17. EXCLUSIONS

(a) **We** will not cover the **CI benefit** if the illness or condition 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;
  (iv) donation of any of the **life insured**'s organs; or
  (v) a **pre-existing condition**.

(b) **We** will not pay the **accidental hospitalisation 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) confinement within hospital solely for rehabilitative therapies;
  (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) medical or surgical procedures which are experimental in nature or not generally accepted as standard medical treatment by the medical profession;
  (xi) during war or any act related to it, or service in either the armed forces or Civil Defence Force supporting any country at war;
  (xii) during riot, insurrection, civil commotion, strikes, or terrorist activities except as a victim; or
  (xiii) 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.

(c) **We** will not pay the **accidental death benefit** or **accidental TPD benefit** if the claim arises directly or indirectly, wholly or partly from any of the following:

  (i) self-inflicted injuries or suicide, while sane or insane;
  (ii) bodily infirmity, or mental or functional disorder, or illness or disease of any kind, or any infection other than an infection occurring simultaneously with and in consequence of a cut or wound of an **accidental injury**;
  (iii) the taking of poison, voluntarily or involuntarily;
  (iv) any injury sustained:
    (a) during war or any act related to it, or service in either the armed forces or Civil Defence Force supporting any country at war;

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(b) during riot, insurrection, civil commotion, strikes, or terrorist activities except as a victim;
(c) as a result of participation in any aerial activity including parachuting and sky diving;
(d) as a result of travel in any type of aircraft other than as a crew member or fare paying passenger on a regularly scheduled passenger flight of an international commercial airline;
(e) as a result of committing, attempting or provoking an assault or crime or any violation of the law by the **life insured**;
(f) while under the influence of alcohol or drugs;
(g) as a result of racing of any kind other than on foot; or
(h) as a result of participation in any underwater activity.

(v) **pre-existing condition** (not applicable for **accidental death benefit**).

## 18. GOVERNING LAW

This **policy** is subject to, governed by and construed in accordance with the laws of Singapore. The Singapore courts shall have exclusive jurisdiction over this **policy**.

## 19. CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 2001

A person who is not directly involved in this **policy** will have no rights under the Contracts (Rights of Third Parties) Act 2001 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).

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**Basic benefit conditions**

## 23. DEATH BENEFIT

While this **policy** is in force, **we** will pay the **death sum insured** as **death benefit** upon the death of the **life insured**, less any amount **you** owe **us.** The **policy** will end immediately upon payment of this benefit.

## 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 an amount equivalent to the following as **CI benefit:**

| **CI benefit** for all advanced stage **critical illnesses** | **CI benefit** for early / intermediate stage **critical illnesses** |
|---|---|
| • **We** will **pay** the **CI sum insured** (as available at the time of claim); and<br>• once a payment is made, this benefit will end. This **policy** will continue to be in force. | • **We** will pay 25% of the **CI sum insured** in advance;<br>• the **CI sum insured** will be reduced by amount paid and **we** will pay this benefit only once under this **policy**; and<br>• this **policy** will continue to be in force. |

(b) **Life insured** must survive for a period of 7 days from the **date of event** (as applicable) for **you** to claim **CI benefit**.

(c) **We** can decide the sequence in which payments are made if there is more than 1 policy issued on the same **life insured** with an equivalent of **CI benefit**.

## 25. ACCIDENTAL HOSPITALISATION BENEFIT

(a) While this **policy** is in force, **we** will pay the **accidental hospitalisation sum insured** as **accidental hospitalisation benefit,** upon **life insured's accidental hospitalisation** if **life insured:**
   (i) is admitted in the **hospital**, for a period of 6 days or more consecutively from the date of such admission, in 1 **hospital** admission, due to **accidental injury**; and
   (ii) requires a **surgery**.

(b) Once paid, this benefit will end. **Policy** will continue to be in force.

(c) **Life insured's** stay in the **hospital** must be confirmed as **medically necessary**.

(d) The most **we** will pay for this **policy** and for all ProtectFirst plan named policies (including any of its future versions issued by **us**) purchased by **you** covering the same **life insured** for **accidental hospitalisation benefit** shall be a maximum of S$15,000.

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## 26. ACCIDENTAL DEATH BENEFIT OR ACCIDENTAL TPD BENEFIT

While this **policy** is in force, **we** will pay only one of the **following** benefits**,** whichever happens first**:**

| **Accidental Death Benefit** | **Accidental TPD Benefit** |
|---|---|
| (a) While this **policy** is in force, **we** will pay the **accidental death sum insured** less any amount **you** owe **us** as **accidental death benefit**, if the **life insured** dies from an **accidental death** and if **accidental TPD benefit** is not yet paid.<br>(b) The most **we** will pay for this **policy** and all other policies issued by **us** covering the **life insured** for **accidental death benefit** shall be a maximum of S$1,500,000.<br>(c) Once paid, this **policy** will end.<br>(d) For avoidance of doubt, **death benefit** shall also be payable in addition to this benefit upon death of **life insured**, subject to clause 23. | (a) While this **policy** is in force, **we** will pay the **accidental TPD sum insured** as **accidental TPD benefit,** if the **life insured** suffers from an **accidental TPD** and if **accidental death benefit** is not yet paid.<br>(b) Once paid, this benefit will end. This **policy** will continue to be in force. |

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# APPENDIX A – EARLY, INTERMEDIATE AND ADVANCED STAGE CRITICAL ILLNESS DEFINITIONS

| Conditions | Early Stage | Intermediate Stage | Advanced Stage |
|---|---|---|---|
| **1. Heart Attack of Specified Severity** | **Cardiac Pacemaker Insertion**<br>Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be absolutely necessary by a specialist in the relevant field.<br><br>**Pericardiectomy**<br>The undergoing of a total or partial pericardiectomy as a result of pericardial disease. The surgical procedures must be certified to be absolutely necessary by a specialist in the relevant field. | **Cardiac Defibrillator Insertion**<br>Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method. The surgical procedure must be certified to be absolutely necessary by a specialist in the relevant field.<br><br>**Early Cardiomyopathy**<br>The unequivocal **diagnosis** of cardiomyopathy which has resulted in the presence of permanent physical impairments to at least Class III of the New York Heart Association (NYHA) classification of Cardiac Impairment.<br><br>The **diagnosis** must be confirmed by a specialist in the relevant field. Cardiomyopathy that is directly related to alcohol misuse is excluded.<br><br>The NYHA Classification of Cardiac Impairment (Source: "Current Medical **Diagnosis** & Treatment – 39th Edition"):<br>Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.<br>Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.<br>Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.<br>Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest. | **Heart Attack of Specified Severity**<br>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:<br>• History of typical chest pain;<br>• New characteristic electrocardio graphic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;<br>• 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;<br>• Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by **us**.<br><br>For the above definition, the following are excluded:<br>• Angina;<br>• Heart attack of indeterminate age; and<br>• 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.<br><br>Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml |

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| **2. End Stage Liver Failure** | Liver Surgery<br>Partial hepatectomy of at least one (1) entire lobe of the liver that has been found necessary as a result of illness or accident of the life insured.<br><br>Liver disease secondary to alcohol or drug abuse is excluded. | Liver Cirrhosis<br>Cirrhosis of the liver with a HAI-Knodell Scores of 6 and above as evident by liver biopsy. The diagnosis must be unequivocally confirmed by a specialist in the relevant field and based on the histological findings of the liver biopsy.<br><br>Liver disease secondary to alcohol or drug abuse is excluded. | End Stage Liver Failure<br>End stage liver failure as evidenced by all of the following:<br>• Permanent jaundice;<br>• Ascites; and<br>• Hepatic encephalopathy<br><br>Liver disease secondary to alcohol or drug abuse is excluded. |
| **3. Major Cancer** | **Carcinoma in situ**<br>Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The **diagnosis** of the Carcinoma in situ must always be supported by a histo-pathological report. Furthermore, the **diagnosis** of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result.<br><br>**Early Prostate Cancer**<br>Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.<br><br>**Early Thyroid Cancer**<br>Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of thyroid.<br><br>**Early Bladder Cancer**<br>Bladder cancer that is histologically described using the TNM Classification as Tis or T1N0M0. Non-invasive papillary urothelial carcinoma of the bladder (stage Ta) is excluded. | **Carcinoma in situ of Specified Organs treated with Radical Surgery**<br>The actual undergoing of a Radical Surgery to arrest the spread of malignancy in that specific organ, which must be considered as appropriate and necessary treatment. "Radical Surgery" is defined as the total and complete removal of one (1) of the following organs: breast (mastectomy), prostate (prostatectomy), corpus uteri (hysterectomy), ovary (oophorectomy), fallopian tube (salpingectomy), colon (partial colectomy with end to end anastomosis) or stomach (partial gastrectomy with end to end anastomosis).<br><br>The **diagnosis** of the Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of fixed tissues additionally supported by a biopsy of the removed organ.<br><br>Early prostate cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification is also covered if it has been treated with a radical prostatectomy.<br><br>The actual undergoing of the surgeries listed above and the surgery must be certified to be absolutely necessary by an oncologist Partial surgical removal such as lumpectomy and partial mastectomy and partial prostatectomy are specifically excluded. | **Major Cancer**<br>A malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.<br><br>The term **Major Cancer** includes, but is not limited to, leukaemia, lymphoma and sarcoma.<br><br>**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.<br><br>For the above definition, the following are excluded:<br>A) All tumours which are histologically classified as any of the following:<br>• Pre-malignant;<br>• Non-invasive;<br>• Carcinoma-in-situ (Tis) or Ta;<br>• Having borderline malignancy;<br>• Having any degree of malignant potential;<br>• Having suspicious malignancy;<br>• Neoplasm of uncertain or unknown behavior; or<br>• All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia; |

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| | **Early Chronic Lymphocytic Leukaemia**<br>Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded.<br><br>**Neuroendocrine Tumours**<br>All Neuroendocrine tumours hist ologically classified as T1N0M0 (TNM Classification)<br><br>**Gastro-intestinal Stromal Tumours**<br>All Gastro-intestinal Stromal Tumours histologicall y classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual which are treated with surgery or chemotherapy as recommended by an oncologist.<br><br>**Bone Marrow Malignancies**<br>All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic ste m cell transplant or other major interventionist treatment.<br><br>The **diagnosis** of the above minor cancers must be established by histological evidence and be confirmed by a specialist in the relevant field.<br><br>The following conditions are specifically excluded from coverage:<br>• Clinical **diagnosis;**<br>• Any **diagnosis** on the basis of finding tumour cells and/or tumor-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;<br>• Any lesion or tumour which is histologically described as benign, dysplasia, premalignant, borderline malignant, or suspicious malignant potential; | Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/ or destruction of surrounding tissues. ”Invasion” means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The **diagnosis** of the Carcinoma in situ must always be supported by a histopathological report.<br><br>The following conditions are specifically excluded from the coverage:<br>• Clinical **diagnosis;**<br>• Any **diagnosis** on the basis of finding tumour cells and/or tumor-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;<br>• Any lesion or tumour which is histologically described as benign, dysplasia, premalignant, borderline malignant, or suspicious malignant potential;<br>• Cervical Dysplasia, CIN-1, CIN-2 and CIN-3 and low grade & high grade squamous epithelial lesions unless specifically reported as CIS (carcinoma in situ);<br>• Prostatic Intraepithelial Neoplasia (PIN);<br>• Vulvar Intraepithelial Neoplasia (VIN);<br>• All Pituitary neuroendocrine tumours (PitNETs);<br>• All tumours in the presence of Human Immunodeficiency Virus (HIV) infection. | 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;<br>C) Malignant melanoma that has not caused invasion beyond the epidermis;<br>D) All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;<br>E) All Thyroid cancers histologically class ified as T1N0M0 (TNM Classification) or below;<br>F) All Neuroendocrine tumours hi stologically classified as T1N0M0 (TNM Classification) or below; and all pituitary neuroendocrine tumours (PitNET) except Metastatic PitNET and Pituitary Carcinoma;<br>G) All tumours of the Urinary Bladder histologically class ified as T1N0M0 (TNM Classification) or below;<br>H) All Gastro-Intestinal Stromal tumours histologic ally classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;<br>I) Chronic Lymphocytic Leukaemia le ss than RAI Stage 3;<br>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<br>K) All tumours in the presence of HIV infection. |

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| | • Cervical Dysplasia, CIN-1, CIN-2 and CIN-3 and low grade & high grade squamous epithelial lesions unless specifically reported as CIS (carcinoma in situ);<br>• Prostatic Intraepithelial Neoplasia (PIN);<br>• Vulvar Intraepithelial Neoplasia (VIN);<br>• Melanoma in situ and any non-melanoma skin carcinoma (in-situ or invasive), skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans;<br>• Non-invasive papillary urothelial carcinoma of the bladder (stage Ta);<br>• All Pituitary neuroendocrine tumours (PitNETs);<br>• All tumours in the presence of Human Immunodeficiency Virus (HIV) infection. | | |
| **4. Major Organ / Bone Marrow Transplantation** | **Small Bowel Transplant**<br>The receipt of a transplant of at least one (1) meter of small bowel with its own blood supply<br>via a laparatomy resulting from intestinal failure. | **Major Organ/Bone Marrow Transplant (on waitlist)**<br>This benefit covers those who are on an official organ transplant waiting list for the receipt of a transplant of:<br>• Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or<br>• One (1) of the following human organs: heart, lung, liver, kidney or pancreas that resulted from irreversible end stage failure of the relevant organ.<br><br>Other stem cell transplants are excluded.<br><br>This benefit is limited to those on the official waitlist for organ transplant on Ministry of Health Singapore list of hospitals only. | **Major Organ / Bone Marrow Transplantation**<br>The receipt of a transplant of:<br>• Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or<br>• One (1) of the following human organs: heart, lung, liver, kidney or pancreas that resulted from irreversible end stage failure of the relevant organ.<br><br>Other stem cell transplants are excluded. |

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| **5. Stroke with Permanent Neurological Deficit** | **Brain Aneurysm Surgery**<br>The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous malformation via craniotomy or endovascular procedures. The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field.<br><br>**Cerebral Shunt Insertion**<br>The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a specialist in the relevant field. | **Carotid Artery Surgery**<br>The actual undergoing of Endarterectomy of the carotid artery which has been necessitated as a result of at least 80% narrowing of the carotid artery as diagnosed by an arteriography or any other appropriate diagnostic test that is available. Endarterectomy of blood vessels other than the carotid artery are specifically excluded. Percutaneous carotid angioplasty excluded. | **Stroke with Permanent Neurological Deficit**<br>A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, i ntracerebral embolism and cerebral thrombosis resulting in **permanent neurological deficit**.<br>This **diagnosis** must be supported by all of the following conditions:<br>• Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and<br>• Findings on Magnetic Resonance Imaging, Computerised To mography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.<br><br>The following are excluded:<br>• Transient Ischaemic Attack s;<br>• Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;<br>• Vascular disease affecting the eye or optic nerve;<br>• Ischaemic disorders of the vestibular system; and<br>• Secondary haemorrhage w ithin a pre-existing cerebral lesion. |

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