



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way #21-01 SGX Centre 2
Singapore 068807
Tel: (65) 6827 7607 Fax: (65) 6827 7805
Co. Reg. No. 200412212G

DENTAL INSURANCE POLICY

Here is your Dental Insurance Policy. Please read it now, to make sure that You have the cover You need. It is important that this Policy document together with its **Schedule**, and any amendments or endorsement issued from time to time are read together to avoid any misunderstanding.

HOW YOUR INSURANCE OPERATES

Your Policy is a contract between Us, the Company, and You, Our Insured named in the **Schedule**. The application form, declaration and any information You gave to Us when applying for the Policy, are the basis of this contract. The **Schedule** and any endorsement made altering the terms of this Policy, form part of this Policy.

In return for Your payment of the premium, We will provide You with insurance cover as described in the Policy during the **Period of Insurance** or any subsequent period for which You pay and We accept the required premium.

OUR PROMISE OF SERVICE

We wish to provide You with a high standard of service and to meet any claims covered by this Policy honestly, fairly and promptly. Should You have any reason to believe that We have not done so, please contact preferably in writing, Our Manager for Bancassurance, who will be ready to help You with Your concerns.

FREE LOOK PERIOD

If We are issuing this Policy to You for the first time, We will give You a "Free Look" period of fourteen (14) business days from the date You receive the Policy. If within these fourteen (14) days You tell Us that You do not want the Policy, We will cancel it from its start date and refund in full the premium You have paid so long as no claim has arisen. Please note You are assumed to have received the Policy within three (3) days after We dispatch it. The Free Look will not apply to renewals of Your Policy with Us.

DEFINITION OF WORDS

Certain words have been defined below. These have the same meaning wherever they are used in the Policy. They appear in **bold print** (e.g. **Accident**) or begin with a capital letter (e.g. You, Your).

Accident

means an event which happens suddenly, solely and directly caused by violent and external means and give rise to a result which the **Insured Person** did not intend or anticipate.

Benefit Allowable

means the maximum amount allowed under the Policy for **Covered Dental Services** based on **Reasonable and Customary Charges**.

Clinic

refers to a place operated by a **Doctor** for the treatment of **Illness** or **Injury** and licensed by the competent Authorities of the country in which treatment is provided.

Covered Dental Services

means dental treatment that is covered under this Policy as shown in the **Schedule**.

Commencement Date

means original inception date of cover under this Policy as shown in the **Schedule**.

Company / We / Us / Our / the Company

means MSIG Insurance (Singapore) Pte. Ltd.

Contracted Providers

refers to the group of **contracted Dentists** and **Dental Clinics, Clinics** and **Hospitals** that have agreed to provide **Covered Dental Services** and adhere to Our quality management programs. It also refers to the **Dental Services** and special pricing that may be available to You when accessing care by a **Contracted Dentist** for non-covered treatments.

Contracted Dentist

means a **Dentist, Dental Clinic, Clinic** or **Hospital** that is actively participating in a network defined by Us to provide covered treatments and services to You according to Your Policy **Schedule**.

Dentist

means a properly qualified dentist, dental surgeon or dental practitioner (other than an **Insured Person** or a member of the **Insured Person's** immediate family) licensed by the competent Authorities of the country in which treatment is provided, and who in rendering such treatment is practicing within the scope of his/her licensing and training.

Dental Clinic

means a modern medical or dental outpatient facility licensed under law, which provides dental care by **Dentists**.

Dental Diseases

means any **Illness, Injury**, or irregularities of **Teeth**, tooth organs, intraoral organs, jaws, and maxillofacial bones, including the symptoms caused thereby.

Dental Emergency

means a condition where You experience and suffer from severe pain that is not relieved by painkillers, or experience swelling or uncontrollable bleeding originating in the **Oral Cavity** requiring **Emergency Dental Service**.

Dental Services

means the examination, diagnosis, treatment, or prevention of **Dental Diseases**, dental organ diseases, oral organ diseases, jaw and maxillofacial bone diseases, including surgical or any other procedures for the purpose of curing, restoring, and rehabilitating intraoral organs or maxillofacial bones, as well as intraoral dental services.

Dental Standards

means the dental basis or guidelines of an international level which give rise to an appropriate course of treatment for a patient, according to what is **Medically Necessary** and consistent with the diagnosis, healing, treatment, or others (if any).

Doctor

means a properly qualified medical practitioner (other than an Insured Person or a member of the Insured Person's immediate family) qualified to practice Western medicine and surgery and licensed by the Ministry of Health in Singapore or its equivalent in the country of in which treatment is provided, and who in rendering such treatment is practicing within the scope of his/her licensing and training.

Due Date

means the **Commencement Date** or date of renewal of cover as shown in the **Schedule** or the date on which any subsequent payment of premium falls due.

Emergency Dental Service

means a **treatment** to stabilize You and relieve severe pain, reduce swelling or stop uncontrollable bleeding originating in the **Oral Cavity**.

Event(s)

means an occurrence that could give rise to a claim for a benefit under Your Policy.

Hospital

means an institution which is legally licensed as a medical or surgical Hospital in the country in which it is located to provide service primarily for reception, care and treatment of injured or sick persons as Inpatients under the constant supervision of a **Doctor**. These exclude nursing, rest homes or convalescent homes, institutions for treatment of substance abuse, geriatric wards and places for drug addicts or alcoholics or for any similar purpose.

Illness

means physical illness or disease, marked by a pathological deviation from the normal healthy state.

Injury

means all bodily injury suffered and caused solely by an **Accident** and not by sickness, disease or gradual physical or mental wear and tear.

Insured/You/Your

means the policyholder named as Insured in the **Schedule**.

Insured Person

means an individual who has completed or whose name is included on an Application Form for the Policy and, who meets the eligibility criteria set out in the General Condition one (1) of the Policy, and in respect of whom commencement of cover has been confirmed in writing by the Company.

Medical Centre

means any medical facility that provides medical services and can accommodate overnight patients and outpatient treatments, and is permitted to be registered as a medical centre in accordance with the law of that locality.

Medically Necessary

means **Dental Services** which are subject to the following conditions:

- (a) such services must be consistent with the diagnosis and treatment according to the symptoms of the **Injury** or **Illness** in a treated person;
- (b) there is a clear dental indication in accordance with **Dental Standards**
- (c) such services are not solely for the convenience of the treated person or their family or the dental service provider; and
- (d) such services are dental treatments in accordance with the standard of care for patients, as appropriate to, and necessary for, the symptoms of the **Injury** or **Illness** in the treated person.

Nominated Account

means the account selected by the Insured as the account to be debited or charged with the premiums due on this Policy.

Oral Cavity

means the organs between, and including, those adjacent to lips and uvula, where the digestive system begins.

Out-of-Contract

means **Dental Services** received from a **Dentist** that does not participate or belong to Our **Contracted Providers**.

Period of Insurance

means a period of twelve (12) consecutive months starting from the **Commencement Date** of this Policy and each consecutive period of 12 months for which this Policy remains in force.

Pre-existing Condition

means any Dental Service that You should have received or condition You have been advised or would have reasonably known requires treatment by a **Dentist** during the twelve (12) months prior to the **Commencement Date**.

Preventive Dental Services

means an oral examination, **Prophylaxis** (teeth cleaning) and Fluoride Application.

Prophylaxis/Cleaning

means the professional cleaning by a **Dentist** of filmy deposit on tooth surfaces and underneath the gum by removing gross plaque and calculus from **Teeth**

Reasonable and Customary Charges

means charges for medical care which shall be considered by the Company or its medical advisers to be reasonable and customary to the extent that they do not exceed the general level of charges being made by others of similar standing in the region as determined by Us. To determine if a charge is reasonable and customary, the nature and severity of the treatment will be considered by Us.

Schedule

means the **Schedule** containing the details of the policy, benefits, endorsements (if any), **Insured Person(s)**, type of cover selected and **Commencement Date** of insurance. The **Schedule** is part of the Policy.

Teeth

means the intraoral organs of which the roots are connected to the jaws, and the bodies of the teeth which perform the functions of biting, tearing, and chewing food, and facilitating clear and correct pronunciation.

Treatment

means any dental procedure or service which is carried out or personally controlled by a **Dentist**, including procedures provided by a hygienist (as allowed by local law) but subject always to the exclusions and limitations contained in the Policy and these policy terms and conditions.

Usual Country of Residence

means Singapore.

Waiting Period

means the period of time from the **Commencement Date** of Your Policy for and in respect of which no benefits are payable.

THE BENEFITS

The maximum total amount We will pay under Your Policy is the **Benefit Allowable** as shown on Your Policy **Schedule**.

SECTION 1 – EMERGENCY DENTAL SERVICES BENEFITS

If You suffer a **Dental Emergency** requiring **Emergency Dental Services** We will pay the **Reasonable and Customary Charges** incurred for **Emergency Dental Services** up to the **Benefit Allowable** during any one (1) **Period of Insurance** shown on Your Policy **Schedule** current at the time of the **Dental Emergency**;

We will not pay for expenses incurred:

- (a) where a **Dentist** has not certified the **Emergency Dental Service** as necessary;
- (b) as a result of a **Pre-existing Condition**.

SECTION 2 – PREVENTIVE DENTAL BENEFITS

We will pay the **Reasonable and Customary Charges** incurred by You for **Medically Necessary Preventive Dental Services** provided by a **Dentist** for one (1) visit only during any one (1) **Period of Insurance**.

We will not pay for costs incurred:

- (a) during the ninety (90) days **Waiting Period**;
- (b) as a result of a **Pre-existing Condition**.

SECTION 3 – DENTAL RADIOLOGY BENEFITS

(Applicable to VIP Plan and Platinum Plan only)

We will pay the **Reasonable and Customary Charges** incurred by You for dental radiology services for:

- (a) up to two (2) bitewing intraoral x-ray during the **Period of Insurance**; or
- (b) one (1) posterior/anterior or lateral skull, and facial bone survey x-ray during the **Period of Insurance**; or
- (c) one (1) panoramic x-ray during the **Period of Insurance**.

We will not pay for costs incurred:

- (a) during the ninety (90) days **Waiting Period**;
- (b) as a result of a **Pre-existing Condition**.

SECTION 4 – CONSERVATIVE BENEFITS (FILLINGS)

We will pay the **Reasonable and Customary Charges** incurred by You for **Medically Necessary** conservative treatments for:

- (a) amalgam, 1-2 surfaces, permanent
- (b) composite/resin, 1-2 surfaces, permanent

We will pay up to a maximum of two (2) **Teeth** only during any one (1) **Period of Insurance**.

We will not pay for costs incurred:

- (a) during the ninety (90) days **Waiting Period**;
- (b) as a result of a **Pre-existing Condition**.

SECTION 5 – EXTRACTION BENEFITS (NON-SURGICAL)

We will pay the **Reasonable and Customary Charges** incurred by You for **Medically Necessary** dental extractions limited to:

- (a) simple extraction e.g., erupted tooth or exposed root
- (b) complicated extraction e.g., tooth or root, partially bony.

We will pay for one (1) tooth only during any one (1) **Period of Insurance** for Platinum and Classic Plan.

We will pay for up to two (2) **Teeth** only during any one (1) **Period of Insurance** for VIP Plan.

We will not pay for costs incurred:

- (a) during the ninety (90) days **Waiting Period**;
- (b) as a result of a **Pre-existing Condition**.

SECTION 6 – ENDODONTIC BENEFITS (ROOT CANAL TREATMENT)

(Applicable to VIP Plan only)

We will pay the **Reasonable and Customary Charges** incurred by You for **Medically Necessary** dental extractions limited to:

- (a) root canal
- (b) therapeutic pulpotomy (excluding final restoration)

We will pay for one (1) endodontic **Treatment** only during any one (1) **Period of Insurance**.

We will not pay for costs incurred:

- (a) during the ninety (90) days **Waiting Period**;
- (b) as a result of a **Pre-existing Condition**.

GENERAL CONDITIONS

The conditions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. They are where their nature permits, conditions precedent to the right to recover from Us.

1. **Eligibility**
Unless We agree in writing otherwise, the person to be insured under this Policy must be named as an Insured Person in the **Schedule** and must at the **Commencement Date** of the Policy be aged between eighteen (18) years old and below sixty (60) years old with his/her **Usual Country of Residence** as Singapore.
2. **Territorial Cover**
Your Policy insures You twenty-four (24) hours a day worldwide for **Emergency Dental Services** Benefit and twenty-four (24) hours a day in Singapore for all other benefits.
3. **Usual Country of Residence**
As a condition precedent to liability, the Company must be informed in writing of any change in the Usual Country of Residence. A permanent change in the Usual Country of Residence is deemed to occur when the Insured Person lives or intends to live in another country for more than six (6) consecutive months. The Company reserves the right to continue cover on the terms and conditions it considers appropriate to the new country of residence or to decline to continue cover under the Policy.
4. **Co-ordination of Benefits**
The Policy will not provide compensation other than on a proportionate basis if the Insured Person has any other insurance in force or is entitled to indemnity from any source in respect of the same **Injury or Illness**.

The Company has full rights of subrogation and may take proceedings in Your name and/or the Insured Person's name, but at the Company's expense, to recover for the Company's benefit the amount of any payment made under the Policy and/or to secure an indemnity from a third party.

5. **Co-operation**
As a condition precedent to the Company's liability, the Insured Person or his/her representatives shall co-operate fully with the Company and its medical advisers and will fully and faithfully disclose all material facts and matters which the Insured and/or Insured Person knows or ought to know and will upon request execute any document to empower the Company to obtain relevant information, at the Insured or Insured Person's expense, from any **Doctor** or **Hospital** or other source.
6. **Automatic Renewal of Coverage**
Unless the Insured or the Company exercises the right to cancel the Policy or the Policy is terminated, the Policy will be renewed automatically from year to year so long as premium is paid when due.
7. **Premium Payment**
Subject to the Company's agreement in writing, premium can be paid on a monthly basis or an annual basis.
- (a) If Premium is Paid Monthly
- i) The first monthly premium is payable on the **Commencement Date** and subsequent monthly premiums are due on the same date on each succeeding month.
 - ii) Each payment must be paid by direct debit instruction or charged to Your **Nominated Account**.
 - iii) We are immediately entitled to the balance of the annual premium payable for the entire **Period of Insurance** if a claim arises in respect of that **Period of Insurance**. We reserve the right to deduct the balance of the annual premium from any claim amount due.
- (b) If Premium is Paid Annually
- i) The first annual premium is payable on the **Commencement Date** and subsequent premiums due on the same date on each succeeding year.
 - ii) Each payment must be paid by direct debit instruction or charged to Your **Nominated Account** or by cheque.
- (c) Changes in the frequency of premium payments to or from monthly or annual payments cannot be made unless the Company, on receipt of a request to do so by the Insured, allow otherwise.
8. **Alterations**
- (a) At each renewal of this Policy, We have the right to vary the premium payable and all other terms, conditions and exceptions of the Policy. We will notify You of any such change at least thirty (30) days from the renewal date. For avoidance of doubt, the Company may change the Policy terms and conditions at its discretion at any renewal. Your continued payment of premium after We give such notice will mean that You accept the change.
- (b) If the date of birth of the Insured Person has been incorrectly stated, the benefits will be amended by Us having regard to the true date of birth. If the true date of birth is such that, had it been known to Us at the time of the Policy was proposed for, We would not have issued the Policy, then We may cancel the Policy and no benefits will be payable.
- (c) Any misrepresentation of or failure to disclose material facts by the Insured or Insured Person, will entitle the Company to alter, amend or cancel the Policy having regard to the true facts and all benefits under the Policy shall be forfeited. A material fact is any information that could influence the Company in its assessment of Your application.
9. **Difference in Opinions**
In the event of any difference in opinions between our **Dentist** and Your **Dentist**, our **Dentist's** opinion shall prevail.
10. **Cancellation**
Either the Insured or the Company may cancel this Policy by giving the other party thirty (30) days notice in writing sent to the last known address. Refunds of premium in respect of a **Period of Insurance** will be made as follows:
- (a) If the Insured cancels the Policy, the Company will make a refund of premium that the Insured has paid on pro-rated basis from the date of cancellation provided no claim has arisen in relation to that **Period of Insurance** and the amount refundable is more than S\$10.00.
- (b) If the Company cancels the Policy, the Company will make a pro-rata refund of the premium paid.
11. **Termination**
- (a) The entire Policy will terminate and all Insured Persons' cover under it will cease immediately upon:
- i) non payment of premium by the **Due Date** as described in the Payment Before Cover Warranty of this Policy; or
 - ii) the cancellation of this Policy as described in General Condition 9.

- (b) Unless We have agreed otherwise in writing, the cover of an Insured Person under this Policy will terminate immediately in any of the following circumstances, whichever first occurs:
- i) when the Insured Person's **Usual Country of Residence** ceases to be Singapore;
 - ii) where the Insured Person is You, on the expiry of the **Period of Insurance** in which You attain Your 65th birthday;
 - iii) where the Insured Person is Your legal spouse, on the expiry of the **Period of Insurance** in which Your legal spouse attains his/her 65th birthday.
12. **In the Event of Fraud**
If any claim shall in any respect be false or fraudulent or if fraudulent means or devices are used by the Insured, the Insured Person or anyone acting on their behalf to obtain a benefit hereunder, then the Policy shall be cancelled immediately and all benefits and premium are forfeited.
13. **Payment of Benefits**
You may not be covered under more than one (1) Dental Insurance Policy with the Company. If You are covered under more than one (1) such policy, We will consider that person to be covered under the policy which provides the highest benefits. Where the benefits under any additional policy are identical, We will consider that person to be insured under the policy first issued. All policies not recognised by Us shall be cancelled. We will refund, without interest, any duplicated premium.
14. **Change of Plan**
Any request for change of plan must be in writing not more than thirty (30) days before the renewal of this Policy. The change, subject always to Company's written approval, shall be effective when this Policy is renewed.
15. **Acceptance of Instructions**
Any instruction, request or notice will not be accepted by the Company until such documents, information and consents as the Company may reasonably require are received at the Company's official address stated in the Policy.
16. **No Trust**
The Company will not recognise or be affected by any notice of trust, charge or assignment relating to this Policy and the receipt of the Insured or Insured Person or his/her legal personal representative or any person to whom any benefit is expressed to be payable, shall in all cases effectively discharge our liability.
17. **Legal Personal Representatives**
The terms, exceptions and conditions of this Policy also apply to the legal personal representatives of the Insured, and Insured Persons.
18. **Legal Proceedings**
No action in law or equity shall be brought to recover under the Policy until after the expiration of sixty (60) days from the date proof of claim has been furnished in accordance with the Policy conditions. The parties submit themselves to the exclusive venue and jurisdiction of the Courts of Singapore for the resolution of any such conflict or dispute save where the circumstances are governed by the Arbitration clause of the Policy.
19. **Arbitration**
All disputes or differences under this Policy shall be referred to Arbitration in accordance with the Arbitration Act (Chapter 10) or any statutory re-enactment thereof. The making of an Award by an Arbitrator or Arbitrators as herein before specified shall be a condition precedent to any right of action against the Company.
20. **Commencement of Arbitration or Court Action**
If We offer an amount in settlement or disclaim liability for any claim hereunder and such claim is not within twelve (12) calendar months from the date of such offer or disclaimer referred to arbitration under the provisions contained in this Policy or made subject to a pending court action, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy
21. **Consent**
It is hereby declared that as a condition precedent to the liability of the Company, the Insured and the Insured Person have agreed that any personal information in relation to the Insured Person provided by or on behalf of the Insured Person to the Company may be held, used and disclosed to enable the Company or individuals/organisations associated with the Company or any independent third party (within or outside of Singapore) to:
- (a) process and assess the Insured's application or any matter arising from the Policy and any other application for insurance cover and/or
 - (b) provide all services related to the Policy.
22. **Governing Law**
This Policy is to be construed according to the laws of Singapore.

23. **Exclusion of Rights Under The Contracts (Rights Of Third Parties) Act**

A person who is not a party to this Policy contract shall have no right under the Contracts (Right of Third Parties) Act to enforce any of its terms. Insured Persons (other than the Insured) are not parties to this Policy Contract.

GENERAL EXCLUSIONS

Your Policy will not apply to any **Event** arising directly or indirectly out of:

1. an **Injury** caused by a suicide, attempted suicide, self-inflicted **Injury**, or attempted self-inflicted **Injury**, whether by oneself or with the assistance of someone else, and while sane or insane.
2. a **Treatment** that is in a trial stage, or a **Treatment** using any material, instrument, device, or medical supply that is in a trial stage or any **Treatment** not recognized as dental practice by the Ministry of Health or by any competent foreign authority.
3. any **Dental Services** solely for cosmetic and/or aesthetics purposes.
4. **Injury** caused by the action of You whilst under the influence of alcohol, addictive drugs, or harmful narcotics to the extent of being unable to control one's mind.

The term "under the influence of alcohol" refers to a blood alcohol level of 150 mg. percent or more, according to the results of a blood test.
5. any dental **Treatment** for a tooth that is not present or missing in your mouth prior to the commencement of the Policy (if it is found that the tooth at the exact intraoral position is absent because it has been lost or extracted, but there is a **Treatment** for that tooth).
6. dental **Treatment** for any condition which is considered to be a **Pre-existing Condition**.
7. medications that need to be taken post treatment.
8. a Treatment in any **Hospital, Medical Centre, Clinic** or **Dental Clinic** that is not advised by a Dentist.
9. expenses for toothbrushes, toothpaste, dental floss, mouthwash, and other consumables for intraoral hygiene.
10. a request for **Treatment** or dental surgery which is not advised by a **Dentist**, including any **Dental Services** not necessary for a **Treatment**.
11. **Dental Services** not necessitated by a pathological condition or deemed not **Medically Necessary**.
12. an **Injury** arising whilst You are engaged in a brawl or fight, or taking part in inciting a brawl or fight.
13. an **Injury** arising whilst You are committing an indictable felony, or are being arrested or avoiding arrest.
14. an **Injury** arising whilst You are embarking on or disembarking from, or travelling in, an aircraft not registered for carrying passengers and operated as a commercial aircraft.
15. an **Injury** arising whilst You are piloting or acting as a crew member in any aircraft.
16. an **Injury** arising whilst You serve as a soldier, policeman/policewoman, or a volunteer, and engages in war or crime suppression.
17. a congenital condition, development problem, heredity disease, cancer or AIDS. AIDS means Acquired Immune Deficiency Syndrome which is caused by the AIDS virus infection, including opportunistic infections, Malignant Neoplasm, or any infection or **Illness** that reveals an HIV (Human Immune Deficiency Virus) positive blood test. Opportunistic infections shall include, but are not limited to, Pneumocystic Carinii Pneumonia, Organism or Chronic Enteritis, Disseminated Viral and/or Fungi Infection. Malignant Neoplasm shall include, but not limited to, Kaposi's Sarcoma, Central Nervous System Lymphoma, and/or any severe disease which is presently known as Acquired Immune Deficiency Syndrome, or which cause sudden death, **Illness**, or disability to infected persons. AIDS includes the HIV, Encephalopathy Dementia, and viral epidemics.
18. war, invasion, acts of foreign enemies, warlike operations (whether declared or not), civil war, uprising, insurrection, riots, strikes, civil commotion, revolution, coup, proclamations of martial law, or any **Events** or causes which determine the proclamation or maintenance of martial law.

19. radiation or radioactivity from any nuclear fuel or nuclear refuse arising from the combustion of nuclear fuel or any process of self-sustaining nuclear fission/fusion, radioactive explosion, or any nuclear component or harmful substance that may cause an explosion in a nuclear process.

CLAIMS CONDITIONS

1. Procedure for making a claim

- 1.1 In order to claim for benefits hereunder, You must comply with the following:
- (i) You must notify Us of Your intent to access Sections 2 – 6, where applicable as well as schedule an appointment with a **Contracted Dentist, Dental Clinic, Clinic or Hospital** before each **Dental Service** is rendered; If You do not contact Us and obtain Our consent before Your **Treatment** We will be unable to directly reimburse the **Contracted Provider**.
 - (ii) You may exercise Your claim for benefits at Your dental centre of choice; however, You must notify Us of Your intent to access benefits before **Dental Services** and **Treatments** are rendered;
 - (iii) if We require any additional evidence, as necessary, You or Your representative must submit it to us at Your own expense.
- 1.2 In the case of **Out-of-Contract** dental care the foregoing evidence must be submitted within thirty (30) days from the date of a **Treatment** at a **Hospital, Medical Centre, Clinic or Dental Clinic**.
The following evidence must be submitted to Us:
- (a) A claim form as prescribed by Us and completed by You and Your **Dentist**;
 - (b) An original paid receipt showing the expenses, or an invoice cover sheet together with a paid receipt; and
 - (c) Other necessary documents as required by Us to support consideration of the claim.
- 1.3 Failure to submit the evidence within the prescribed time shall be without prejudice to the right of claim, if it can be proven that such failure is justified and the said evidence is submitted as soon as is practical.
- 1.4 In the case of **Contracted Providers** dental care the **Contracted Dentist** shall coordinate all claims procedures directly with Us. You must sign the claim or treatment plan at the **Contracted Dentists** location (including **Dental Clinic, Clinic and Hospital**) after **Treatment** and pay the **Contracted Providers** any coinsurance or amount due for any non-covered services. In the case of **Out-of-Contract** dental care, You must authorise Your **Dentist** to disclose to Us any relevant information regarding their treatment and / or condition as it relates to the claim process.

2. Dental Examination

- 2.1 We shall, at Our own expense, have the right to examine any record of the **Treatment** and diagnosis of Your dental condition, to the extent necessary for this insurance.
- 2.2 If You fail to allow Us to examine Your record of the **Treatment** and diagnosis to support its consideration of benefit payment, We may refuse to provide coverage to You.

3. Payment of Benefits

- 3.1 In the case of **Contracted Providers** claims, We will pay the **Contracted Dentist** directly for the **Covered Dental Services** provided in accordance with this Policy.
- 3.2 In the case of **Out-of-Contract** claims, We will pay **Reasonable and Customary Charges** for the **Covered Dental Services** to You within thirty (30) days from the date on which correct and complete evidence of expenses is received by Us.
- 3.3 In the event of **Dental Emergency** treatment during the ninety (90) days **Waiting Period**, all claims for **Covered Dental Services** will be on reimbursement basis up to the **Benefit Allowable** as shown on your Policy **Schedule**.
- After the ninety (90) days **Waiting Period**, clauses 3.1 and 3.2 above will apply.
- 3.4 In the event that there are reasonable grounds for suspecting that a claim for benefits under the Policy is not made in accordance with Your Policy **Schedule**, We may extend the payment period as necessary, but no more than ninety (90) days from the date of its receipt of complete evidence of expenses.

PAYMENT BEFORE COVER WARRANTY

1. The premium due must be paid to **the Company** on or before the **Commencement Date** or the renewal date of the coverage. Payment shall be deemed to have been effected to **the Company** when one of the following acts takes place:
 - (a) Cash or honoured cheque for the premium is handed over to **the Company**;
 - (b) A credit or debit card transaction for the premium is approved by the issuing bank;
 - (c) A payment through an electronic medium including the internet is approved by the relevant party;
 - (d) A credit in favour of **the Company** is made through an electronic medium including the internet.
2. In the event that the total premium due is not paid and actually received in full by **the Company** on or before the relevant **Commencement Date** or the renewal date, then the cover under the Policy shall not attach and no benefits whatsoever shall be payable by **the Company** in respect of that cover. Any payment received after the relevant due date shall be of no effect whatsoever as cover has not attached.
3. As provided in the Policy's "Free Look" provision, if **the Insured** decides to cancel the cover during the "Free Look" period, **the Insured** will receive a full refund of the premium paid to **the Company** provided that no claim has been made under the insurance and the cover shall be treated as if never put in place. The "Free Look" period does not apply to renewals of the Policy.

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 MSIG or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

IMPORTANT— The Insured is requested to read this Policy. If any error or misdescription be found, the Policy should be returned to the issuing office for correction.