

**Benefits**

	Benefits	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
<b>Personal accident</b>						
1	a Accidental Death	150,000	250,000	350,000	500,000	750,000
	b. Burial Expenses	2,000	2,000	5,000	5,000	7,500
2	Permanent Disablement	Enhanced scale				
3	Second degree burn	10,000	10,000	20,000	20,000	30,000
4	Comatose state	30,000	30,000	50,000	50,000	75,000
5	Trauma counselling	3,000	3,000	5,000	5,000	7,500
<b>Medical expenses</b>						
6	Emergency Medical Expenses (excess: Nil)(Tcm: 750) - inclusive of expenses for Chinese acupuncturist or bonesetter or chiropractor or physiotherapist, up to S\$1,500 each and every claim	150,000	250,000	350,000	500,000	750,000
7	Post-Journey Medical Expenses -Within 60 days of return from Journey	10,000	15,000	20,000	25,000	35,000
8	Hospital confinement up to 60 days, s\$150 per day	12,000	12,000	15,000	15,000	22,500
9	Get well benefit S\$200 per day	4,000	4,000	6,000	6,000	8,000
<b>Assistance and other services</b>						
10	Chubb Assistance					
	a. Emergency Medical Evacuation	Unlimited				
	b. Repatriation of Mortal Remains	Unlimited				
	c. Travel smart	Included				
<b>Travel inconvenience</b>						
11	Trip cancellation, curtailment and rearrangement	10,000	10,000	15,000	15,000	20,000
12	Loss of money and travel document. Money sublimit s\$2000	2,000	2,000	5,000	5,000	7,500

Group Travel



13	Loss of Personal Baggage and Property - limit any one item to s\$1000	2,500	3,500	5,000	5,000	7,500
14	Travel Delay - SGD200 per 6 hours of continuous delay	1,000	1,000	2,000	2,000	3,000
15	Baggage Delay - SGD200 per 6 hours of continuous delay	1,000	1,000	2,000	2,000	3,000
16	Hijacking - SGD500 per 24 hours of continuous delay	5,000	5,000	7,500	7,500	10,000
17	Flight Diversion & Misconnection (SGD200 per 6 hours	1,000	1,000	2,000	2,000	2,500
	<b>Lifestyle and other benefits</b>					
19	Personal liability	500,000	750,000	1,000,000	1,250,000	1,500,000
20	Credit Card Indemnity	5,000	5,000	5,000	5,000	7,500
21	Replacement staff	2,500	2,500	5,000	5,000	7,500
22	Spouse retraining	2,500	2,500	5,000	5,000	7,500
23	Legal fee	10,000	10,000	15,000	15,000	20,000
24	Bail bond	10,000	10,000	15,000	15,000	20,000
25	Family security	15,000	15,000	25,000	25,000	30,000
26	Corporate image protection	5,000	5,000	10,000	10,000	15,000

**Annual Premium Per Person with GST (S\$)**

Annual Per Person	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Regional	International	Regional	International	Regional	International	Regional	International	Regional	International
< 10	154	184	203	242	275	330	297	356	337	406
11-20	139	166	183	218	247	297	267	320	304	365
21-50	116	138	152	182	206	248	223	267	253	304
51-100	100	120	132	157	179	215	193	231	219	264
101-250	85	101	112	133	151	182	163	196	186	223
251-500	69	83	91	109	124	149	134	160	152	183
501-1000	62	74	81	97	110	132	119	142	135	162
> 1000	54	65	71	85	96	116	104	125	118	142

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Important Notes

<b>Minimum premium</b>	S\$350.00
<b>Minimum lives</b>	3 Lives
<b>Name/Unnamed</b>	Group Size Below 5: Named Basis
<b>Eligibility</b>	Plan 4 and 5 only applicable to insured with annual income/salary in excess of 50k and 75k resp
	Plan 5 - not applicable to class 3 risk category
<b>Age</b>	16-70, renewal up to 75. Sum insured - for AD/PD and Medical exp to be 50% after the age of 70
<b>Total sum insured</b>	Up to S\$25m
<b>Aggregate limit per Event</b>	10 lives for max sum insured or S\$10m whichever is lower
<b>Renewal</b>	Express renewal if loss ratio is < 35%
<b>Endorsement</b>	Year-end adjustment for current year and the basis for next year
<b>Income /plan mix</b>	Lower designated employees are not allowed to take higher plan than insureds with higher designation

**Group Travel**



**Quote Sheet**

- 1) Company Name: \_\_\_\_\_ Nature of Business \_\_\_\_\_
- 2) Insured Addressed: \_\_\_\_\_
- 3) Number of People to be Insured: \_\_\_\_\_
- 4) Names of Insureds and Date of Birth if Less than 5: -
  - a. Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_
  - b. Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_
  - c. Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_
  - d. Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_
  - e. Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_
- 5) Premium Table Tabulation

Category	No of Insured Persons	Regional/International	Premiums Per Insured (Extract from the Table on Page 2 and in line with Group Size)	Total Premium (S\$)
Plan 1				
Plan 2				
Plan 3				
Plan 4				
Plan 5				
<b>TOTAL</b>				