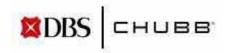


Benefits

	Benefits	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5				
	Personal accident									
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	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				
	Medical expenses									
6	Emergency Medical Expenses (excess: Nil)(Tcm: 750) - inclusive of expenses for Chinese acupuncturist or bonesetter or chiropractor or physiotherapist, up to \$\$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				
	Assistance and other services									
10	Chubb Assistance									
	a. Emergency Medical Evacuation	Unlimited								
	b. Repatriation of Mortal Remains Unlimited									
	c. Travel smart Included									
	Travel inconvenience									
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				

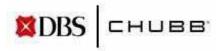
13	Loss of Personal Baggage and Property - limit any one item to s\$1000	2,500	3,500	5,000	5,000	7,500			
14	Travel Delay - SGD200 per 6 hours of continuous delay	1,000	1,000	2,000	2,000	3,000			
15	Baggage Delay - SGD200 per 6 hours of continuous delay	1,000	1,000	2,000	2,000	3,000			
16	Hijacking - 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			
	Lifestyle and other benefits								
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			





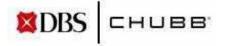
Annual Premium Per Person with GST (S\$)

	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
Annual Per Person	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



Important Notes

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



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				
TOTAL				