AIA DEVICE COVER

POLICY SCHEDULE AND POLICY CONTRACT

POLICY SCHEDULE

Group Policy Number : 83140

Effective Date of Coverage: Coverage will begin for customer on the date stipulated in the enrolment

confirmation email from AIA

Expiry Date of Coverage : 10 February 2024

Table of Benefits

Benefits	Amount Covered (S\$)
Loss of Portable Electronic Device	Up to \$100 per claim, capped at 1 claim
2. Outpatient Medical Reimbursement due to Accident	Up to \$50 per visit, capped at 2 visits
3. Death Benefit due to Accident	Lump sum payment of \$10,000

POLICY TERMS AND CONDITIONS

DEFINITIONS

- a. Accident shall mean an unforeseen event, which is caused solely and directly by external, violent, sudden accidental means.
- **b. Amount Covered** refers to the insured amount for the Benefit specified in the table of Benefits in the Policy Schedule.
- **c. Applicant** or **Insured Person** refers to the person covered under the Policy, as described under the Eligibility section.
- **d. Benefits** refer to the benefits set out in the BENEFITS PROVISIONS and any subsequent endorsements where applicable and **Benefit** is construed accordingly.
- e. Hospital shall refer exclusively to an institution duly licensed as such and operated pursuant to law for the care and treatment of sick and injured persons as registered bed patients, with facilities for diagnosis and major surgery, which is under the supervision of one or more Registered Medical Practitioners, and which has 24 hours a day professional nursing service. "Hospital" does not include any institution or that portion of any institution which is operated as a convalescent or nursing home, rest home, home for the aged, a place for alcoholics or drug addicts, or for any similar purpose.
- f. Injury shall mean bodily injury of the Insured Person which
 - (i) is sustained by the Insured Person during the Period of Insurance under this Policy, and
 - (ii) is caused solely and directly by Accident, and
 - (iii) solely and independently of any other cause, except sickness or medical or surgical treatment directly resulting from or rendered necessary by such injury, results in the death or disablement of that Insured Person within twelve (12) calendar months from the date thereof.
- g. Medical Expenses means expenses incurred within coverage period of sustaining Injury and paid by the Insured Person to a Registered Medical Practitioner, Specialist, Hospital and/or ambulance service for medical, surgical, x-ray, hospital or nursing treatment including the cost of medical supplies and ambulance hire and including the cost of dental treatment done at Hospital where such treatment is necessarily incurred to restore sound and natural teeth and is caused by an Accident.

- h. Medically Necessary shall mean a medical treatment, services and/or supply provided by a Registered Medical Practitioner and/or Specialist covered under this Policy which are:
 - (i) consistent with the diagnosis and customary medical treatment, service and/or supply for Injury;
 - (ii) in accordance with standards of good medical practice; consistent with the current standard of professional medical care and with proven medical benefits;
 - (iii) not for the convenience of the insured, Registered Medical Practitioner or the Specialist, and unable to be reasonably rendered out of Hospital (if admitted for confinement); and
 - (iv) not of an experimental, investigational or research nature, preventive or screening nature.
- **i. Period of Insurance** refers to the period during which the coverage under this Policy is effective, as stated in the Policy Schedule or endorsement (if any).
- j. Portable Electronic Device refers to a mobile phone, a smartwatch, a pair of earphones or a pair of headphones only owned by the Insured Person. Any laptop, tablet (including but not limited to iPads, Samsung Galaxy tablets. Amazon Kindle), netbook, monitor, MP3 players, CD/DVD player, e-reader, satellite navigation device, handheld game, console, camera, video camera, wearable technology, drone or similar devices are excluded from this category.

k. Policy refers to:

- a. this document including the Policy Schedule;
- **b.** the application for this Policy:
- c. declarations of this Policy; and
- **d.** the endorsements (if any).
- I. Pre-existing Condition refers to any condition for which have existed during the 12 months prior to the commencement of insurance coverage in respect of the Insured Person under this Policy, whether known or unknown to the insured in so far as the cause and pathology of the conditions have already existed.
- m. Prohibited Person refers to a person or entity (including any director or any direct or indirect shareholder of, or any person having executive authority in such entity) subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which has the effect of prohibiting AIA from providing insurance coverage, transacting business with or otherwise offering any economic benefits to such person or entity under the Policy.
- n. Public Place refers to any place to which the general public has access, for example (but not limited to) airports, shops, restaurants, hotel foyers, parks, beaches, public golf course, public driving range, public sports facilities, public buildings and like places. Private clubs or facilities where non-members may enter or use on payment of a guest fee are excluded.
- o. Registered Medical Practitioner shall mean only a person qualified by degree in western medicine and legally authorized in the geographical area of his practice to render medical or surgical services, and who is not: (i) the Insured Person, or (ii) a member of his immediate family, or (iii) other relative of the Insured Person.
- p. Sickness shall mean a physical condition marked by a pathological deviation from the normal healthy state.

q. Singapore Resident

- (i) is a citizen of Singapore, unless he has resided outside Singapore continuously for 5 or more years preceding the application date of the policy and is not currently residing in Singapore; or
- (ii) is a permanent resident, unless he has resided in Singapore for less than a total of 183 days in the 12 months preceding the application date of the policy; or
- (iii) has a work pass or permit required under the Employment of Foreign Manpower Act 1990, unless he has resided in Singapore for less than a total of 183 days in the 12 months preceding the application date of the policy; or
- (iv) has a pass or permit required under the Immigration Act 1959 that has a duration longer than 90 days and has resided in Singapore continuously for at least 90 days in the 12 months preceding the application date of the policy.

- r. Specialist shall mean a Registered Medical Practitioner who possesses a specialist qualification and is accredited by the Specialists Accreditation Board established under the Medical Registration Act 1997, Singapore, who is also registered under the relevant specialty by the Singapore Medical Council.
- s. We, us or our refers to AIA Singapore Private Limited, its assigns and successors in title.
- t. You or your refers to the Applicant or Insured Person.

Where the **context** requires, the masculine form shall apply to the feminine and the singular term shall include the plural and vice versa.

Any examples set out in the Policy are purely for illustrative purposes only and shall not affect the construction and interpretation of the Policy.

ELIGIBILITY AND TERMINATION

Section A: Eligibility

To be eligible for cover under this Policy, an Insured Person must:

- (A) at the time of the Effective Date of Coverage:
 - (i) be a Singapore Resident and hold a valid NRIC/FIN; and
 - (ii) be aged between 21 years old and 65 years old (age last birthday); and
 - (iii) not be an individual residing in the European Union, European Economic Area, Switzerland, Guernsey, Jersey, Monaco, San Marino, Vatican, The Isle of Man, the UK, Brazil or New Zealand; and
 - (iv) not be a citizen of a sanctioned country, and is not a Prohibited Person;

and

- (B) at the time of Policy application:
 - (i) hold at least one valid (i.e. not suspended, cancelled and/ or terminated) primary credit card issued by Citibank in Singapore (excluding corporate credit cards and S\$500 clear cards) or
 - (ii) is a primary / main account holder with a relationship in Citi Plus, Citibank, Citi Priority, Citigold, or Citigold Private Client

For clarity, the above criteria do not affect the operation of the provisions of **General Provisions Section**J. No Cover below.

Section B : Termination

The Policy shall automatically terminate on the earliest occurrence of the following:

- (i) The Expiry Date of Coverage as specified in the Policy Schedule; or
- (ii) Upon the payment of the Death Benefit due to Accident to the estate of the Insured Person; or
- (iii) When the Insured Person(s) ceases to be eligible under the Eligibility Section; or
- (iv) The date communicated to the Policyholder and the Insured Person by us as the date the Policy ceases on account of war, or an act of war, such date being determined at our discretion.

BENEFIT PROVISIONS AND EXCLUSIONS

Section A - Benefits

1. Loss of Portable Electronic Device

In the event that the Insured Person sustain loss of his/her Portable Electronic Device due to circumstances beyond the Insured Person's control within Singapore, we will pay up to S\$100 for the loss of one (1) Portable Electronic Device.

We will make payment under this benefit provided that the Insured Person:

- a. Had taken every possible step and reasonable precaution to safeguard the security of the Portable Electronic Device and prevent loss;
- b. Had not left his/her Portable Electronic Device unattended in a Public Place;
- c. Reports the loss to the Singapore Police within 24 hours of the incident and provides to us evidencing such loss a copy of a police report;
- d. Provides proof of purchase of the Portable Electronic Device, i.e. documentation that states the item name or description, date of purchase and purchase amount.

The amount that we pay on an admitted claim may be adjusted due to wear and tear and depreciation of the Portable Electronic Device at the time of loss, as assessed by us in our sole discretion. Depreciation may not be applied to electronic items that are purchased less than 1 (one) year from the date of the incident if supporting documents can be produced, such as original receipts or original warranty cards, for claims.

Any claim that results from the Insured Person losing his Portable Electronic Device while the Portable Electronic Device is under physical possession of a service provider servicing or repairing the Portable Electronic Device or selling the Portable Electronic Device on behalf of the Insured Person should be made to the service provider first. Any payment under this Policy shall be made upon proof of compensation received from the service provider or where such compensation is denied, proof of such denial.

The total amount payable under this benefit is limited to one (1) Portable Electronic Device and capped at \$\$100 per Insured Person regardless of the number of occurrences.

Notwithstanding any provision to the contrary under this Policy, this benefit shall not be applicable to this Policy if the loss is incurred outside Singapore.

2. Outpatient Medical Reimbursement due to Accident

We shall pay up to the Amount Covered for the relevant benefit amount as specified in the Table of Benefits for Medical Expenses in Singapore for treatment provided as a result of an Injury.

Notwithstanding any provision to the contrary under this Policy, this benefit shall not be applicable to this Policy if the Insured is not a Singapore Resident on the date of the Accident, or the Medical Expenses are incurred outside Singapore.

3. Death Benefit

We shall pay the Amount Covered for the Death benefit as specified in the Table of Benefits if you die as a result of an Injury occurring during the Period of Insurance in Singapore.

Notwithstanding the above, we will pay the Death Benefit only once.

Section B - Exclusions

No benefit shall be payable under this Policy for any claims resulting from:

- (i) Death due to any cause other than Injury;
- (ii) general physical or medical check-up or health screening or tests not incidental to treatment or diagnosis of an actual Sickness or Injury; treatment which is not Medically Necessary or treatment of an optional nature or for preventive purposes; even if recommended by the attending doctor;
- (iii) outpatient medical reimbursement due to Injury and/or loss of Portable Electronic Device occurring prior to or within 14 days after the effective date of coverage of the Insured Person;
- (iv) self-destruction or any attempt thereat, while sane or insane;
- (v) war, declared or undeclared, revolution or any warlike operations:
- (vi) participation in a riot, violation or attempted violation of the law or resistance to arrest;
- (vii) travelling or flying in, ascending or descending from any aerial device or aircraft, unless the Insured Person is traveling as a fare-paying passenger in a duly licensed commercial aircraft and the said aircraft was not engaged in any rescue, instructional or training purposes during such flight; or
- (viii) racing on horse or wheels;
- (ix) any Pre-existing Conditions.

CLAIMS PAYMENT AND PROCEDURES

We must be notified through the submission of a completed claim form and other proof of loss documents as may be determined by us to our satisfaction. Such claim submission and proof of loss must be filed with us within 30 days after the date of such loss and there must be sufficient particulars to enable us to identify the Insured Person, the occurrence, nature and extent of the loss.

The occurrence of a covered event must be proven to our satisfaction; all medical reports, information and evidence required shall be furnished at your expense.

Benefits for the loss of life of the Insured Person are payable to the estate of the Insured Person. All other benefits of this Policy are payable to the Insured Person.

GENERAL PROVISIONS

Section A: Applicant

Insured Person, as the Applicant, can exercise all the rights, privileges and options under the Policy during the Period of Insurance. This would be subject, where applicable, to the rights of any assignee or trustee.

Section B: Applicable Law

This Policy, and all rights, obligations and liabilities arising hereunder, shall be construed and determined and may be enforced in accordance with the law of Singapore.

Section C: Assignment

Neither the benefits nor this Policy may be assigned, pledged or used as security by you in any transaction.

Section D: Burden of Proof

In any action, suit or proceeding where we allege that any loss is not covered by the Policy due to any applicable exclusion, the burden of proving that such loss is covered by the Policy shall be upon you, or such other claimant.

Section E: Cancellation

We have the right to cancel this Policy at any time in the event that we decide, at our sole discretion, to cancel:

- (i) the entire portfolio of this insurance;
- (ii) a particular plan type of this insurance; and/or
- (iii) this insurance for a particular group of insured persons

by giving 30 days' notice in writing to Insured Persons at their last known address.

Section F: Contracts (Rights of Third Parties) Act 2001

Save and except where contrary to Singapore law governing any of the benefits granted under this Policy, or where expressly provided otherwise, a person who is not a party to this Policy has no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any term of this Policy.

Notwithstanding anything in this Policy, the consent of any third party (including the Insured Person) is not required for any variation (including any release or compromise of any liability) or termination of this Policy.

Section G: Currency

The amounts to be paid by us shall be in the currency shown on the Policy Schedule.

Section H: Legal Proceedings

No action in law or in equity shall be brought to recover on this Policy prior to the expiration of 60 days after proof of claim has been filed in accordance with the requirements of this Policy, nor shall such action be brought at all unless brought within two (2) years from the expiration of time within which such proof of claim is required by the Policy, unless we agree to otherwise in writing.

Section I: Modifications

The Policy's provisions cannot be changed or varied by any of our employees, independent contractors or agents unless such change is contained in an endorsement signed by our duly authorised officer.

The clauses in the Policy are subject to the provisions of the Insurance Act 1966 and other relevant laws, including subsequent changes or replacements of such provisions from time to time. In response to regulatory requirements or changes beyond our control required by law, we may amend the terms and conditions of the Policy by informing you of the relevant changes and such changes will become effective from a date specified.

Section J: No Cover

Notwithstanding anything to the contrary, this Policy shall not cover or provide for the payment of claims or benefits to specific persons or entities where the application of or compliance with certain laws and regulations (as may be applicable to us, our parent companies and/or our ultimate controlling entities, our reinsurers, their parent company and/or ultimate controlling entity) prohibit performance under the Policy based on:

- the identity, domicile, residence, place of incorporation, establishment (whether incorporated or unincorporated), or citizenship, of you, or claimant or the parent company and ultimate controlling entity of you, or claimant; or
- (ii) the country where the claim arises.

Should any person or entity be found to have been erroneously enrolled under this Policy, insurance coverage for such person or entity shall cease with immediate effect and any unearned premiums paid in respect of such person or entity shall, subject to compliance with laws and regulations, be refunded without interest to you. Should any claim for payment of any nature be found to have been made under this Policy

by a person or entity excluded by this provision, no such payment will be made.

Section K: No Nomination

The Insured Person is not allowed to nominate any person as a beneficiary of any benefit under the Insurance Act 1966, Singapore.

Section L: 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 information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Section M: Personal Data

You agree to the terms and conditions with regard to your personal data and information contained in your application.

Section N: Proper Discharge

Payment made in accordance with this Section shall release us of all liabilities under this Policy.

We will make payment under the Policy to such person who can give us proper discharge to our satisfaction and subject to our discretion. These persons may include:

- (a) the Insured Person; or
- (b) the estate of the Insured Person.

Section O: Policy Non-Participating

This Policy shall not participate in any surplus distribution by us.

Section P: Subcontractors and Delegates

Notwithstanding any other agreement to the contrary, we may in our sole and absolute discretion subcontract or delegate any of our services in the administration of the Policy or the performance of its other obligations under this Policy to a third party appointed by us at our own cost and expense, subject that we will remain responsible and liable to Insured Persons for the work and activities of each subcontractor or delegated person for our obligations under this Policy.

Date : 10 October 2023



Registrar Chief Executive Officer

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