

## PRODUCT SUMMARY SINGTEL ACTIVE PROTECT

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<b>Policyholder</b>	: Singtel Mobile Singapore Pte Ltd ("Singtel")
<b>Policy Number</b>	: 79196
<b>Effective Date of Coverage</b>	: Date of application
<b>Expiry Date of Coverage</b>	: 1 year from effective date of coverage

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<b>Benefits</b>	<b>Amount Covered Per Insured Person (S\$)</b>
<b>1. Accidental Death</b>	Lump sum payment of \$10,000
<b>2. Outpatient Medical Reimbursement due to Accidents</b>	Up to \$50 per visit (capped at 3 visits per year)
<b>3. Loss of Portable Electronic Device</b>	Up to \$100

### 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** or **Insured Member** refers to a Singtel mobile line user eligible to be insured under the Policy at the time of application and who has applied for coverage under the Policy through Singtel, as named in the Policy Certificate.
- d. **Benefits** refer to the benefits set out in the BENEFITS PROVISIONS and any subsequent endorsements where applicable and **Benefit** is construed accordingly.
- e. **Company, we, us** or **our** refers to AIA Singapore Private Limited ("AIA").
- f. **Diagnosis** or **Diagnosed** refers to the definitive diagnosis made by a Registered Medical Practitioner or Specialist (as the case may be) based upon such specific evidence as referred to in this Policy of the particular condition concerned, or, in the absence of such specific evidence, based on radiological, clinical, histological, or laboratory evidence acceptable to us. Such diagnosis must be supported by our medical director who may base his opinion on the medical evidence submitted by the Applicant, and/or any additional evidence that he may require.
- g. **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.
- h. **"Injury"** shall mean bodily injury which
- i. is sustained by an 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, occasions the death or disablement of that Insured member within three hundred and sixty-five (365) days from the date thereof.
- i. **Issue Date** refers to the date shown on the Policy Certificate when coverage for your insurance starts.
- j. **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:
  - (a) consistent with the diagnosis and customary medical treatment, service and/or supply for Sickness or Injury;
  - (b) in accordance with standards of good medical practice; consistent with the current standard of professional medical care and with proven medical benefits;
  - (c) 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
  - (d) not of an experimental, investigational or research nature, preventing or screening nature.
- k. **Medical Expenses** means expenses incurred while you are covered under this Policy, resulting from Injury sustained during your period of coverage, and paid by the Insured Person to a Registered Medical Practitioner, 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 where such treatment is necessarily incurred to restore sound and natural teeth and is caused by an Accident. All treatment must be prescribed by a Registered Medical Practitioner in order for expenses to be reimbursed under this Contract and shall not exceed the usual level of charges for similar treatment, medical services or supplies in the location where the expenses were incurred had this insurance not existed.
- l. **Non-Participating** refers to a policy that does not share in the divisible surplus of our participating life fund.
- m. **Portable electronic device** refers to mobile phone, smart watch, earphones and headphones.
- n. **Policy** refers to the application, your declarations, these terms and conditions and the Policy Certificate.
- o. **Policy Certificate** refers to the schedule that is issued which includes the policy details, benefits and premiums payable.
- p. **Policyholder** refers to Singtel Mobile Singapore Pte Ltd.
- q. **Policy Effective Date** shall mean the date from which the coverage under this Policy becomes effective.
- r. **Policy Anniversary Date** shall mean the anniversary of the Policy Effective Date or such other date as may be agreed in writing between the Policyholder and the Company.
- s. **Policy Period** shall mean a period of one year or such other periods as may be agreed in writing between the Company and the Policyholder, starting from the Policy Effective Date and the subsequent Policy Anniversary Dates.
- t. **Public Place** refers any place to which the general public has access, for example (but not limited to) airports, shops, restaurants, hotel foyers, parks, beaches, golf course, driving range, public buildings and like places.
- u. **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 the Applicant, a member of her immediate family or other relative.
- v. **Sickness** shall mean a physical or mental condition marked by a pathological deviation from the normal healthy state.
- w. **Specialist** shall mean a Registered Medical Practitioner who possesses a specialist qualification and

accredited by the Specialists Accreditation Board established under the Medical Registration Act, chapter 174, Singapore, who is also registered under the relevant specialty by the Singapore Medical Council.

- x. **You** or **your** refers to the Applicant or Insured Person or Insured Member.

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**

To be eligible for cover under this Policy, an Insured Person at the time of the Effective Date of Coverage:

- i. must be a Singtel mobile line user who has applied and, submitted his personal particulars to be insured under this Policy, through Singtel;
- ii. be aged between eighteen (18) years and sixty-five (65) years old (age last birthday); and
- iii. must have paid the annual premium to Singtel, and such payment shall discharge the Insured Person of its liability to pay the premium to the Company, to the extent of the amount paid.

## **BENEFITS PROVISIONS**

### **1. Accidental Death Benefit**

We shall pay the Amount Covered if you die in Singapore as a result of an Injury occurring in Singapore during the period of insurance. We shall upon receipt and approval of proof, subject to the provisions, conditions and limitations contained herein or which may be endorsed hereon, pay a benefit according to the said Schedule.

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

### **2. Outpatient Medical Reimbursement due to Accidents**

We shall pay you the relevant benefit Amount Covered as specified in the Table of Benefits on the Medical Expenses paid to Registered Medical Practitioner for treatment provided as a result of an Injury.

This benefit shall only be payable up to a maximum of 3 visits per Insured Person within the period of insurance regardless of the number of occurrences.

Notwithstanding any provision to the contrary under this Policy, we will not pay for any medical expenses incurred outside Singapore, regardless of the amount, and the Outpatient Medical Reimbursement is only for Medical Expenses incurred in Singapore.

### **3. Loss of Portable Electronic Device**

In the event the Insured Person's Portable Electronic Device is lost due to circumstances beyond the Insured Person's control within Singapore, we will reimburse up to S\$100 for the item.

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 incident if supporting documents can be produced, such as original receipts or original warranty cards, for claims.

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

- a. had taken every possible step and reasonable precaution to ensure the security of the Portable Electronic Device and prevent loss;
- b. had not left his portable electronic device unattended in a Public Place; and

- c. reports the loss to the police within 24 hours of the incident and obtains a written confirmation from the police of such a report of loss filed.

Claims that result from the Insured Person losing his Portable Electronic Device that is under physical possession of the service provider (selling, servicing or repairing the Portable Electronic Device) 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.

This total amount payable under this benefit is limited to \$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.

### **Policy Extensions**

Coverage shall extend to the following under the respective benefits while this Policy is in force and subject to the terms and conditions of the respective benefits and this Policy:

- (a) Food poisoning

We will cover death or Injury of the Insured Person resulting from food poisoning that was an Accident, provided that such event does not arise as a result of the Insured's willful and/or intentional act.

- (b) Insect/animal bites, stings or attacks

We will cover death or Injury of the Insured Person caused by a bite, sting, attack or such similar event by an insect or animal that was an Accident, and provided that such event does not arise as a result of the Insured's willful and/or intentional act. This cover includes dengue fever and zika.

### **BENEFITS EXCLUSIONS**

The Policy shall not cover you for any one of the following occurrences:

- (a) 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;
- (b) any claim in relation to outpatient medical reimbursement due to accident and /or loss of portable electronic device occurring prior to or within 14 days after the effective date of coverage of the Insured Person.
- (c) self-destruction or any attempt thereat, while sane or insane;
- (d) war, declared or undeclared, revolution or any warlike operations;
- (e) participation in a riot, violation or attempted violation of the law or resistance to arrest;
- (f) Traveling or flying in, ascending or descending from any aerial device or aircraft, unless the Insured Member 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;
- (g) racing on horse or wheels;
- (h) if the covered event occurs within 14 days before or after the Effective Date of Coverage of the Insured Person.

## **TERMINATION PROVISIONS**

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

- (a) The Expiry Date of Coverage as specified in the Policy Schedule;
- (b) Upon the payment of the Accidental Death Benefit to the estate of the Insured Person;
- (c) When the Insured Person(s) ceases to be eligible under the Eligibility Section;
- (d) The date on which the Policy is terminated;
- (e) The date communicated to the Policyholder by us as the date the Policy ceases on account of war, or an act of war, such date being determined at our discretion.

## **CLAIMS PROVISIONS**

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 90 days after the date of such loss and there must be sufficient particulars to enable us to identify the insured, the occurrence, nature and extent of the loss.

The occurrence of a covered event must be proven to our satisfaction at your own expense.

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

## **PREMIUM PAYMENTS**

Annual premium rate per Insured Person is \$9.90 (inclusive of 7% GST) and the annual premium will be paid through Singtel Mobile Singapore Pte Ltd.

No refund of premiums will be provided to the Insured Person in the event of early termination or cancellation of his / her coverage.

## **GENERAL PROVISIONS**

### **Applicant**

You, as the Applicant, can exercise all the rights, privileges and options under the Policy during the period of coverage. This would be subject, where applicable, to the rights of any assignee or trustee.

### **Assignment**

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

### **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 (Cap.142) 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.

### **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:

- (a) 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
- (b) 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.

### **Currency**

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

### **Cancellation**

- (a) Cancellation by us

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 you at your last known address.

### **Rights of Third Parties**

The Contracts (Rights of Third Parties) Act (Cap.53B) and any subsequent changes or replacement of its provisions shall not apply to the Policy.

**Proper Discharge**

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

These persons may include:

- (a) you as the Insured Person;
- (b) the estate of Insured Person

**Beneficiaries**

Benefits for the loss of life is payable to the Estate of the Insured Person. All other benefits of this Policy will be payable to the Insured Person.

**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.

**Free Look**

The Insured Person has 14 days from the date of receipt of the Policy Certificate and the policy contract to decide whether to continue with the coverage.

The 14-day free-look period will start when the Insured Person receives our email notification, informing him of the successful registration along with the policy contract documents sent electronically.

If the Insured Person does not wish to continue with the coverage, he may cancel the coverage and obtain a refund of premiums paid without interest.