GREAT EASTERN LIFE
GREAT SUPREMEHEALTH P PRIME

POLICY VERSION ACQ10/25

In this policy document, "THE COMPANY" is THE GREAT EASTERN LIFE ASSURANCE COMPANY LIMITED and "THE POLICYHOLDER" is the Policyholder named in Schedule A. "LIFE ASSURED" refers to any person named as the Life Assured in Schedule A or in an endorsement on this Policy.

SCHEDULE A defines the scope of the insurance under this Policy, including the Plan Type for the Life Assured, and all terms and conditions must be read in conjunction with this Schedule A. Schedule A may be varied by endorsements on this Policy. From time to time, the Company may issue a fresh Schedule A which consolidates all variations made since the last Schedule A was issued. Upon issue, the new Schedule A will take effect from the stated Effective Date and all previous Schedules A will be void from that date.

(a) This policy document;
(b) the Schedules;
(c) any Endorsements;
(d) the proposal form (including any amendments), supplementary forms or questionnaires submitted by the Policyholder to the Company for the purposes of underwriting this Policy,

will make up the whole of the Contract of Insurance between the Company and the Policyholder.

THIS GREAT SUPREMEHEALTH P PRIME Insurance is subject to the terms contained in this Policy and in endorsements, if any, attached to this Policy. No change in or endorsement on this Policy is valid unless approved by a duly authorised personnel of the Company.

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The Great Eastern Life Assurance Company Limited (Reg. No. 1908 00011G)

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CONTENTS

The table of contents, headings and sub-headings in this Policy are inserted merely for convenience of reference and will be ignored in the interpretation of the terms and conditions contained in this Policy.

GREAT EASTERN LIFE
GREAT SUPREMEHEALTH P PRIME

SCHEDULE B: TABLE OF BENEFITS (inclusive of MediShield Life's Limits)

LIMITS ON EXPENSES (All Amounts in S$)	
Plan Type	**GREAT SupremeHealth P PRIME**
Hospital / Ward Class Entitlement	**Private & Restructured Hospitals**
EXPENSE ITEM	**BENEFIT LIMIT**
1. INPATIENT / DAY SURGERY BENEFITS	
A. HOSPITALISATION [1] AND SURGERY BENEFITS	
Normal Ward	As Charged [2]
Intensive Care Unit (ICU)	As Charged [2]
Short-stay Ward	As Charged [2]
Examination and Laboratory Tests	As Charged [2]
Miscellaneous Hospital Services	As Charged [2]
Daily In-Hospital Medical Doctor's Visit	As Charged [2]
Surgery	As Charged [2]
Surgical Implants / Approved Medical Consumables	As Charged [2]
Radiosurgery	As Charged [2]
B. ADDITIONAL INPATIENT BENEFITS	
Pregnancy and Childbirth Complications	As Charged [2]
Breast Reconstruction after Mastectomy	As Charged [2]
Accidental Dental Treatment	As Charged [2]
Stem Cell Transplant	As Charged [2]
Organ Transplant	As Charged [2]
Human Immunodeficiency Virus ("HIV") Due to Blood Transfusion and Occupationally Acquired HIV	As Charged [2]
C. PRE & POST HOSPITALISATION BENEFITS	
Pre-Hospitalisation Treatment (i) within 90 days before Hospitalisation (ii) within 180 days before Hospitalisation [3]	As Charged [2]
Post-Hospitalisation Treatment (i) within 180 days from Hospital discharge (ii) within 365 days from Hospital discharge [4]	As Charged [2]

[1] Includes eligible Mobile Inpatient Care at Home ("MIC@Home") stays, where all criteria for a claim under MediShield Life are met.

[2] "As Charged" means all Expenses incurred by the Life Assured in the Hospital and ward class of the Life Assured's entitlement under the Plan Type insured.

[3] Expenses incurred for Pre-Hospitalisation Treatment will be covered up to 180 days before Hospitalisation if the Hospitalisation is in a Restructured Hospital or in a Private Hospital and is prescribed by a Medical Doctor who is a Panel Provider. Refer to Clause 1.2.16 for details.

[4] Expenses incurred for Post-Hospitalisation Treatment will be covered up to 365 days from Hospital discharge if provided in a Restructured Hospital or prescribed by the admitting and/or main treating Specialist Doctor that had ordered the Hospitalisation of the Life Assured. The Specialist Doctor must be a Panel Provider. Such Post-Hospitalisation Treatment must also be provided by a Panel Provider. Refer to Clause 1.2.17 for details.

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SCHEDULE B: TABLE OF BENEFITS (inclusive of MediShield Life's Limits)

LIMITS ON EXPENSES (All Amounts in S$)		
Plan Type		**GREAT SupremeHealth P PRIME**
Hospital / Ward Class Entitlement		**Private & Restructured Hospitals**
EXPENSE ITEM		**BENEFIT LIMIT**
2. OUTPATIENT BENEFITS		
Erythropoietin		As Charged [2]
Immunosuppressants for organ transplant: (a) Cyclosporin (b) Tacrolimus (c) Other Immunosuppressant drugs		As Charged [2]
Kidney Dialysis Treatment		As Charged [2]
Radiotherapy for cancer (a) External (Except Hemi-Body) (b) Brachytherapy (c) Hemi-Body (d) Stereotactic		As Charged [2]
Outpatient Cancer Drug Treatment on the Cancer Drug List	Life Assured receiving treatment for one primary cancer	5x (MediShield Life's limit for one primary cancer per month) [5]
	Life Assured receiving treatment for Multiple Primary Cancers [6]	Sum of the highest cancer drug treatment limit [7] among the claimable treatments received for each primary cancer per month [5]
Outpatient Cancer Drug Services	Life Assured receiving treatment for one primary cancer	5x (MediShield Life's limit for one primary cancer per Period of Insurance) [8]
	Life Assured receiving treatment for Multiple Primary Cancers [6]	5x (MediShield Life's limit [9] for Multiple Primary Cancers per Period of Insurance) [8]
Long-term Parenteral Nutrition		As Charged [2]
Home Ventilation and Respiratory Support Service		$1,680 per month
Hyperbaric Oxygen Therapy		$1,560 per treatment session
Negative Pressure Wound Therapy		$240 per day
Paediatric Home Care		$840 per month
Pasteurized Donated Human Milk		$170 per day
Repetitive Transcranial Magnetic Stimulation		$240 per treatment session
Outpatient Parenteral Antibiotic Therapy		$180 per day

[2] "As Charged" means all Expenses incurred by the Life Assured in the Hospital and ward class of the Life Assured's entitlement under the Plan Type insured.

[5] For the latest MediShield Life's limit, refer to the Cancer Drug List on the Ministry of Health of Singapore's website under "MediShield Life Claim Limit per month" (go.gov.sg/moh-cancerdruglist). The Ministry of Health of Singapore may update the Cancer Drug List from time to time. The revised list will be applicable to the outpatient cancer drug treatment which is administered on and from the effective date of the revised list.

[6] Defined as two or more cancers arising from different sites and/or are of a different histology or morphology group. The benefit limits for patients receiving treatment for Multiple Primary Cancers are accorded on an application basis; doctors are to send the application form to Ministry of Health of Singapore and the Company for assessment of MediShield Life and GREAT SupremeHealth coverage respectively.

[7] This benefit limit is based on 5x MediShield Life's limit for the specific cancer drug treatment.

[8] For the latest MediShield Life's limit for Cancer Drug Services, refer to "Cancer Drug Services" under the MediShield Life Benefits on the Ministry of Health of Singapore's website (go.gov.sg/mshlbenefits). The Ministry of Health of Singapore may update this from time to time. The revised limit will be applicable to the outpatient cancer drug services which were provided within the Period of Insurance of the revised limit.

[9] The MediShield Life's limit for Cancer Drug Services for Multiple Primary Cancers will be double that of the MediShield Life's Limit for one primary cancer if the patient had received treatment for Multiple Primary Cancers at any point within the Period of Insurance.

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LIMITS ON EXPENSES (All Amounts in S$)		
Plan Type		**GREAT SupremeHealth P PRIME**
Hospital / Ward Class Entitlement		**Private & Restructured Hospitals**
EXPENSE ITEM		**BENEFIT LIMIT**
3. ADDITIONAL BENEFITS		
Inpatient Sub-acute Care	provided in a Restructured Hospital / government-funded Community Hospital	As Charged [2]
	provided in a Private Hospital / private Community Hospital	$ 1,200 per day
Inpatient Rehabilitation Care	provided in a Restructured Hospital / government-funded Community Hospital	As Charged [2]
	provided in a Private Hospital / private Community Hospital	$ 1,000 per day
Inpatient Palliative Care		As Charged [2]
Outpatient Autologous Bone Marrow Transplant (for Multiple Myeloma)		$ 30,000 per Period of Insurance
Proton Beam Therapy [10]		$ 80,000 per Period of Insurance
Cell, Tissue and Gene Therapy [11]	Kymriah	$ 200,000 per treatment (Limited to one treatment per indication per Lifetime) [12]
	Yescarta	$ 200,000 per treatment (Limited to one treatment per indication per Lifetime) [12]
Psychiatric Treatment		$ 5,000 per Period of Insurance
Living Donor Organ Transplant (Kidney / Liver / Pancreas)	Life Assured is the Organ Donor – Covers Expenses Incurred by Life Assured	$ 60,000 per Transplant
	Life Assured is the Organ Recipient - Covers Expenses Incurred by the Organ Donor	$ 60,000 per Transplant
Congenital Abnormalities of the Life Assured		As Charged [2]
Congenital Abnormalities of the Life Assured's Biological Child	Within (and including) 730 days from the date of Birth of the Child	$ 20,000 per Lifetime [13] ($ 5,000 per child)
Emergency Medical Treatment outside Singapore [14]		As Charged [2] (*Limited to Partnering Medical Institution charges*)

Plan Type	GREAT SupremeHealth P PRIME
FINAL EXPENSES BENEFIT (All Amounts in S$)	**BENEFIT LIMIT**
	$ 7,000

Plan Type	GREAT SupremeHealth P PRIME
PRO-RATION FACTORS	
Expenses incurred for Specially-Approved Treatments, Medical Services and/or Supplies (excluding cancer drug treatments)	50%

[2] "As Charged" means all Expenses incurred by the Life Assured in the Hospital and ward class of the Life Assured's entitlement under the Plan Type insured.

[10] The Company will only cover Proton Beam Therapy if it is administered for a Ministry of Health of Singapore-approved Proton Beam Therapy indication and if the Life Assured meets the eligibility criteria for coverage of Proton Beam Therapy under MediShield Life. The Ministry of Health of Singapore-approved Proton Beam Therapy indications and patient eligibility criteria are specified on Ministry of Health of Singapore's website (go.gov.sg/pbt-approved-indications). The Ministry of Health of Singapore may update this from time to time.

[11] Expenses for certain consultations, treatments, laboratory and examination tests, as described in Clause 1.2.34, which are incurred in connection with cell, tissue and gene therapy that is (a) not listed on the Cell, Tissue and Gene Therapy Product List or (b) is listed on the Cell, Tissue and Gene Therapy Product List but not covered under this Policy, will be covered under this expense item up to $200,000 per Lifetime. Refer to Clause 1.2.34 for more details.

[12] This refers to the benefit limit for one treatment. The Life Assured is limited to a maximum of one treatment per clinical indication per Lifetime. The Company will only cover the Cell, Tissue and Gene Therapy if it is listed in Schedule B and the Cell, Tissue and Gene Therapy Product List, is used according to the Cell, Tissue and Gene Therapy product-indication pairs and fulfils all clinical indication requirements as specified in the Ministry of Health of Singapore's Cell, Tissue and Gene Therapy Product List (go.gov.sg/ctgtp-list). The Ministry of Health of Singapore may update the list from time to time.

[13] The benefit limit refers to per Lifetime of the Life Assured.

[14] Covers all Expenses incurred if the Life Assured requires treatments, medical services and/or supplies as a result of an Emergency while outside Singapore up to limits stated above.

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Plan Type		GREAT SupremeHealth P PRIME	
DEDUCTIBLE [15]			
Per Period of Insurance		**Up to and including age 80 years next birthday**	**Following age 80 years next birthday**
Partnering Medical Institution (All ward types & Day Surgery)	Treated by Panel Provider	$ 5,000	$ 7,500
	Treated by Non-Panel Provider	$ 6,000	$ 9,000
Non-Partnering Medical Institution (All ward types & Day Surgery)	Treated by Panel Provider	$ 6,000	$ 9,000
	Treated by Non-Panel Provider		
Restructured Hospital / government-funded Community Hospital / government-funded Inpatient Palliative Care Institution	Ward A	$ 3,500	$ 5,250
	Ward B1/ B2+/B2	$ 2,500	$ 3,750
	Ward C	$ 2,000	$ 3,000
	Short-stay Ward / Day Surgery (Non-subsidised)	$ 2,500	$ 3,750
	Short-stay Ward / Day Surgery (Subsidised)	$ 2,000	$ 3,000
CO-INSURANCE [16]			
Partnering Medical Institution	Treated by Panel Provider	10%	
	Treated by Non-Panel Provider	40%	
Non-Partnering Medical Institution	Treated by Panel Provider	40%	
	Treated by Non-Panel Provider		
Restructured Hospital / polyclinic / government-funded Community Hospital / government-funded Inpatient Palliative Care Institution / general practitioner clinic		10%	
LIMITS ON BENEFITS PAYABLE			
Annual Benefit Limit		(i) $ 1,500,000 (ii) $ 2,500,000 [17]	
Lifetime Benefit Limit		Unlimited	

[15] Does not apply to Expenses incurred by the Life Assured on an outpatient basis for expense items under "Section 2 – Outpatient Benefits" of Schedule B, Cell, Tissue and Gene Therapy and Proton Beam Therapy.

[16] Co-insurance applicable to the Expenses incurred for Pre-Hospitalisation Treatment and/or Post-Hospitalisation Treatment will follow the Co-insurance applicable to the related Hospitalisation or Surgery, except where such Pre-Hospitalisation Treatment and/or Post-Hospitalisation Treatment is provided by a Non-Panel Provider or in a Restructured Hospital, polyclinic or general practitioner clinic. Refer to Clause 3.5.3 for details of the applicable Co-insurance for Pre-Hospitalisation Treatment and Post-Hospitalisation Treatment.

[17] The additional Annual Benefit Limit of $1,000,000 per Period of Insurance, in excess of the base Annual Benefit Limit of $1,500,000, shall be applicable only to Expenses incurred either at a Restructured Hospital, polyclinic, government-funded Community Hospital, government-funded Inpatient Palliative Care Institution, general practitioner clinic or at a Partnering Medical Institution where the Life Assured was treated by Panel Provider.

1 POLICY DEFINITIONS

The following terms are defined as stated below and apply wherever they appear in this Policy:

1.1 Special Definitions

1.1.1 Accident

An event that results in a sudden, unforeseen and involuntary Injury, and that event occurs independently of an illness, disease or any other causes.

1.1.2 Act

The Act refers to the MediShield Life Scheme Act 2015 and/or any other revised edition of the Act.

1.1.3 Aggregate Eligible Expenses

The Aggregate Eligible Expenses for the Life Assured is the sum of all Eligible Expenses incurred by the Life Assured during the Period of Insurance. On the Commencement Date of Insurance and on each subsequent Renewal Date of this Policy, the Aggregate Eligible Expenses for the Period of Insurance which follows that date is nil.

1.1.4 Annual Benefit Limits

Annual Benefit Limits refer to the benefit limits for the Plan Type insured, as set out in Schedule B, during the Period of Insurance.

1.1.5 Benefit Limits

Benefit Limits refer to the benefit limits for the Plan Type insured, as set out in Schedule B.

1.1.6 Cancer Drug List

Cancer Drug List refers to a list of clinically-proven and more cost-effective cancer drug treatments developed by Ministry of Health of Singapore. Outpatient cancer drug treatments are only claimable under this Policy if they are listed on the Cancer Drug List and used according to the clinical indications specified in the Cancer Drug List, unless otherwise stated in this Policy. The list may be updated periodically and can be found on the Ministry of Health of Singapore's website (go.gov.sg/moh-cancerdruglist).

1.1.7 Cancer Drug Services

Cancer Drug Services refer to services that are ancillary to the administration of any cancer drug treatment (including such services for Outpatient Cancer Drug Treatment not on the Cancer Drug List), such as consultations, scans, lab investigations, treatment preparation and administration, supportive care drugs and blood transfusions.

1.1.8 Cell, Tissue and Gene Therapy Product List

Cell, Tissue and Gene Therapy Product List refers to the list of clinically-effective and cost-effective cell, tissue and gene therapy products developed by Ministry of Health of Singapore. Cell, tissue and gene therapies are only claimable under this Policy if they are listed in Schedule B and the Cell, Tissue and Gene Therapy Product List, are used according to the Cell, Tissue and Gene Therapy product-indication pairs and fulfil all clinical indication requirements as specified in the Cell, Tissue and Gene Therapy Product List. The list may be updated periodically and can be found on the Ministry of Health of Singapore's website (go.gov.sg/ctgtp-list).

1.1.9 Certificate of Pre-authorisation

A certificate issued in writing by the Company at its discretion, and subject to such conditions as it may impose from time to time, to the Life Assured to pre-authorise a claim on Eligible Expenses incurred for a Planned Hospitalisation, Surgery and/or treatment. The Certificate of Pre-authorisation must be issued prior to the commencement of that Planned Hospitalisation, Surgery and/or treatment.

1.1.10 Co-insurance

The proportion of the Expenses that needs to be borne by the Policyholder after the deduction of Deductible (where applicable), as set out in Schedule B.

1.1.11 Commencement Date of Insurance

The Commencement Date of Insurance refers to the Commencement Date, as set out in Schedule A which denotes the date when this Policy commences.

1.1.12 Community Hospital

Any "approved community hospital" as defined in the Regulations.

1.1.13 Country of Issue

The country in which this Policy is issued as set out in Schedule A.

1.1.14 Date of Reinstatement

The date when the Application for Reinstatement (as described in Clause 7.1.1) is approved by the Company or when the full reinstatement premium is received by the Company, whichever is later.

1.1.15 Day Surgery Centre

Any accredited medical clinic or centre approved by the Ministry of Health of Singapore for the purposes of the Act and Regulations to provide day surgical treatment (excluding dental day surgical treatment). For the avoidance of doubt, Day Surgery Centre does not include dental day surgery centre.

1.1.16 Deductible

The amount which must be borne by the Policyholder before any benefit becomes payable under this Policy as set out in Schedule B.

1.1.17 Effective Date of Cancellation

The date of cancellation as advised by the Policyholder in his notice of cancellation or date of receipt of the notice of cancellation by the Company, whichever is later.

1.1.18 Electronic Claims Filing System

The electronic claims filing system set up by the Ministry of Health of Singapore.

1.1.19 Eligible Expenses

Eligible Expenses refers to Expenses which have been subject to the following;

(a) Pro-ration Factor;

(b) the deduction of Deductibles and Co-insurance; and

(c) Benefit Limits of this Policy,

unless otherwise stated in this Policy.

For the purposes of determining which Period of Insurance an Eligible Expense was incurred, the date when the Life Assured was admitted to a Hospital, has undergone a Surgery or sought treatment listed under Outpatient Benefits as set out in Schedule B for the same Injury or sickness that the Eligible Expense was incurred for shall be used as the date of reference, regardless of when the Eligible Expense was actually incurred.

1.1.20 Eligible Valid Pass

Eligible Valid Pass refers to a valid pass with a foreign identification number recognised by the Immigration and Checkpoints Authority of Singapore and the Ministry of Manpower of Singapore, and is listed as an eligible pass type in the proposal form.

1.1.21 Emergency

Emergency refers to a sudden or unexpected occurrence of a serious medical condition or Injury, which in our opinion and as evidenced by documentation that sets out the relevant diagnosis, requires urgent remedial treatment to avoid death or serious impairment to the Life Assured's immediate or long-term health. The Company has the absolute discretion to determine if such sudden or unexpected occurrence of a serious medical condition or Injury is deemed as an Emergency, which determination shall be final and conclusive and binding on the Policyholder/Life Assured.

1.1.22 Expenses

Expenses refer to the Reasonable and Customary Charges (inclusive of Goods & Services Tax in Singapore but does not include any other governmental taxes payable in any jurisdiction) incurred by the Life Assured in respect of the treatments, medical services and/or supplies (which must be Medically Necessary) listed under Clause 1.2 below.

1.1.23 Foreigner

A person who is neither a citizen nor a permanent resident of Singapore.

1.1.24 Free-look Period

Free-look Period refers to the period within twenty one (21) days after the date on which the Policyholder receives the Policy which first informs him of the Commencement Date of Insurance. The Policy shall be deemed to have been received by the Policyholder on the seventh (7th) day after the date of posting.

1.1.25 Goods & Services Tax

Goods & Services Tax refers to the goods and services tax as defined in Goods and Services Tax Act (Chapter 117A).

1.1.26 Government

The government of the Republic of Singapore.

1.1.27 GREAT Medical Care Concierge

GREAT Medical Care Concierge refers to a personalised service provided by the Company that provides support to Life Assured for his or her medical care journey(s). For more information on the GREAT Medical Care Concierge, please refer to the Company's corporate website.

1.1.28 Hospital

An establishment which is:

(a) a Restructured Hospital;

(b) a Private Hospital;

(c) a Day Surgery Centre; or

(d) a hospital overseas that is recognized and accepted by the Company.

For the avoidance of doubt, the term "Hospital" does not refer to a clinic, a dental day surgery centre, an alcoholic or drug rehabilitation centre, a nursing, rest or convalescent home, a spa or a hydroclinic, a Community Hospital, Inpatient Palliative Care Institution or similar establishment.

1.1.29 Hospitalisation

Confinement of the Life Assured in a Hospital or under Mobile Inpatient Care at Home ("MIC@Home"):

(a) for 12 consecutive hours or longer;

(b) for which a room and board charge is made or daily home monitoring fee / daily treatment fee is charged in connection with such confinement; or

(c) which is required because of a Surgery.

1.1.30 Injury

Damage of bodily tissues that is not sustained as a result of an illness or disease.

1.1.31 Inpatient Palliative Care Institution

Any "approved in-patient palliative care institution" approved by the Ministry of Health of Singapore for the purposes of the Act and Regulations to provide inpatient palliative care.

1.1.32 Last Policy Effective Date

The latest date of:

(a) the Commencement Date of Insurance;

(b) the last Date of Reinstatement of the Policy; or

(c) the last effective date of upgrading of the Policy.

1.1.33 Medical Doctor

Any person qualified by degree in Western medicine and legally licensed and authorised to practise medicine and surgery in the geographical area of his practice, other than the Policyholder, the Life Assured, or the Policyholder's or the Life Assured's spouse, parent, sibling, child or other relative.

1.1.34 Medically Necessary

Medically Necessary refers to treatments, medical services and/or supplies which, in the Company's opinion, are:

(a) pursuant to an order of a Medical Doctor;

(b) consistent with the diagnosis and customary medical treatment for a covered illness, disease or Injury, in accordance with generally accepted medical practice in Singapore;

(c) in accordance with the standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits;

(d) approved by the Institutional Review Board, the Centre of Medical Device Regulation, Health Sciences Authority (HSA) or other relevant authority in Singapore;

(e) not purely for the convenience of the Life Assured or the Medical Doctor, and unable to be reasonably rendered in an outpatient setting if admitted as an inpatient;

(f) not of an experimental or research nature (including but not limited to experimental, pioneering medical or surgical techniques and medical devices);

(g) as regards to medicinal products, not on medical trials whether or not these trials have a clinical trial certificate issued by the HSA or other relevant authority in Singapore; and

(h) not for Primary Prevention, preventive measures which are not also therapeutic in nature or for health enhancement (including but not limited to dietary replacement or supplement) in purpose.

The Company has the discretion to determine whether or not a treatment, medical service and/or supply is Medically Necessary.

1.1.35 MediSave

MediSave refers to the Central Provident Fund MediSave account.

1.1.36 MediShield Life

MediShield Life refers to the plan operated by the Central Provident Fund ("CPF") Board, which is governed by the Act and the Regulations.

1.1.37 Mobile Inpatient Care at Home

Mobile Inpatient Care at Home ("MIC@Home") refers to an inpatient care delivery model in Singapore implemented by a Restructured Hospital that allows clinically suitable patients to be confined and treated at their own homes, instead of in a hospital ward.

1.1.38 Multiple Primary Cancers

Multiple Primary Cancers refer to two or more cancers arising from different sites and/or are of a different histology or morphology group.

1.1.39 Next-of-Kin

Next-of-Kin refers to the spouse, parent, child, sibling, nephew or niece of the deceased Policyholder.

1.1.40 Non-Panel Provider

Non-Panel Provider refers to a specialist doctor or medical service provider who is not a Panel Provider. For the avoidance of doubt, a specialist doctor or medical service provider in a Hospital or medical clinic outside Singapore is considered a Non-Panel Provider.

1.1.41 Non-Partnering Medical Institution

Non-Partnering Medical Institution refers to a medical institution that is not a Partnering Medical Institution. For the avoidance of doubt, a Hospital or medical clinic outside Singapore is deemed a Non-Partnering Medical Institution.

1.1.42 Outpatient-Related Services

Outpatient-Related Services refer to:

(a) consultations with a Specialist Doctor including Specialist Doctor's consultations, treatments, laboratory and examination tests that are directly related to a medical condition which results in the relevant outpatient treatment described in the applicable Expense Item under Clause 1.2. Such consultation must take place:

(i) in a Hospital or in a medical clinic where the Specialist Doctor customarily provides such consultations; and

(ii) not more than 90 days before the relevant outpatient treatment. The Company will extend the period from 90 days to 120 days provided that the relevant outpatient treatment is provided in a Restructured Hospital or government-funded medical clinic or if it is provided in a Private Hospital and is prescribed and provided by a Specialist Doctor that is a Panel Provider; and/or

(b) laboratory and examination tests ordered by a Specialist Doctor during the course of the relevant outpatient treatment.

For the avoidance of doubt, follow-up consultations, treatments and laboratory and examination tests after the relevant outpatient treatment are not covered.

1.1.43 Panel Provider

Panel Provider refers to a Specialist Doctor or medical service provider who is on the Company's list of Panel Providers. The list of Panel Providers can be found on the Company's corporate website. The Company reserves the right to amend or remove the list of Panel Providers from time to time without prior notice. For medical care assistance, the Policyholder can reach out to our GREAT Medical Care Concierge team.

1.1.44 Partnering Medical Institution

Partnering Medical Institution refers to a:

(a) Private Hospital;

(b) private Community Hospital;

(c) private Inpatient Palliative Care Institution;

(d) private Day Surgery Centre; or

(e) private medical clinics (private sector outpatient clinics in Singapore)

that is on the Company's list of Partnering Medical Institutions. The Company's list of Partnering Medical Institutions can be found on the Company's corporate website. The Company reserves the right to amend or remove the list of Partnering Medical Institution from time to time without prior notice. For medical care assistance, the Policyholder can reach out to our GREAT Medical Care Concierge team.

1.1.45 Period of Insurance

The Period of Insurance refers to the period of insurance, as set out in Schedule A.

1.1.46 Plan Type

Plan Type refers to the plan type for the Life Assured, as set out in Schedule A.

1.1.47 Planned Hospitalisation

Planned Hospitalisation refers to the confinement of the Life Assured in a Hospital for which the Life Assured was not admitted through the accident and emergency department or 24-hour urgent care centre of a Hospital.

1.1.48 Pre-existing Condition

(a) Any illness, disease, disability, defect or impairments from which the Life Assured was suffering prior to the Commencement Date of Insurance; or

(b) Any illness, disease, disability, defect or impairment of which signs or symptoms had existed in the 12 months immediately preceding the Commencement Date of Insurance, for which:

(i) the Life Assured had sought or received medical advice or treatment, prescription of drugs, counselling, investigation or diagnostic tests, surgery, hospitalisation; or

(ii) an ordinarily prudent person would have sought medical advice or treatment, prescription of drugs, counselling, investigation or diagnostic tests, surgery, hospitalisation.

1.1.49 Primary Prevention

Primary Prevention refers to medical services for generally healthy individuals to, in the absence of any signs or symptoms that would indicate the need for a service, prevent a disease from ever occurring, including but not limited to general medical / health screening, general physical check-ups, vaccinations, medical certificates and examinations for employment or travel.

1.1.50 Private Hospital

Any Singapore private hospital approved by the Ministry of Health of Singapore for the purposes of the Act and Regulations that is not a Restructured Hospital.

1.1.51 Pro-ration Factor

Pro-ration Factor refers to the pro-ration factor as described in Clause 3.3 below.

1.1.52 Reasonable & Customary Charges

Any fee or expense which is charged for treatments, medical services and/or supplies which in the Company's opinion does not:

(a) exceed the usual level of charges for similar treatments, medical services and/or supplies in Singapore; and

(b) include fees or charges that would not have been incurred had no insurance existed.

The Company may determine whether any particular Expenses incurred for treatments, medical services and/or supplies are Reasonable and Customary Charges by taking into account what it determines to be relevant factors, including taking reference from the Company's claims data as well as relevant publication, information, guidelines or schedule(s) of fees prescribed by the Government, official medical bodies, relevant authorities and recognised medical associations in the locality, which will outline the most appropriate course of care for a specific Illness, Surgery or procedure. We reserve the right to adjust, at our sole discretion, the benefits payable under this Policy for any treatments, medical services and/or supplies to take into account any fees or expenses that are not Reasonable and Customary Charges. The Company has the discretion to determine whether or not a fee or expense is a Reasonable & Customary Charge.

1.1.53 Regulations

The Regulations refer to the MediShield Life Scheme Regulations 2015 and/or any other revised future edition of the Regulations.

1.1.54 Renewal Date

The date immediately following the last day of any Period of Insurance.

1.1.55 Restructured Hospital

Any "approved restructured hospital" as defined in the Regulations. For the avoidance of doubt, an overseas government-funded hospital is not considered a Restructured Hospital.

1.1.56 Specialist Doctor

A Medical Doctor who is accredited by the Specialist Accreditation Board and registered with the Registry of Specialist, maintained by the Singapore Medical Council to practice in a specific field of medicine in the geographical area of his practice.

1.1.57 Specially-Approved Treatments, Medical Services and/or Supplies

Treatments, medical services and/or supplies listed under Clause 1.2 below that:

(a) are not registered with, but have received special authorisation from the HSA and/or the Government solely for the purposes of treating the illness, disease or Injury (as the case may be) of the Life Assured; and

(b) have been approved by an overseas regulatory agency, which is recognised by HSA as one of its reference drug regulatory agencies, for the purposes of treating that illness, disease or Injury (as the case may be) of the Life Assured.

1.1.58 Transitional Care Facility

Any transitional care facility set up by the Ministry of Health of Singapore and are meant for medically stable patients who no longer require hospital care and are waiting for long-term care arrangement.

1.2 Expense Items

The following is a list of treatments, medical services and supplies referred to in Clause 1.1.22 (Expenses) above:

1.2.1 Normal Ward

Accommodation in a Hospital including meals and general nursing during confinement as a bed-paying patient in a standard room or high dependency ward. For deluxe rooms, luxury suites or other special rooms that are available in the Hospital, Expenses incurred will be reimbursed only up to the room and board rates for a standard room in that Hospital.

Expenses incurred arising from an MIC@Home admission must fulfil all criteria for a claim under MediShield Life.

1.2.2 Intensive Care Unit (ICU)

Confinement in the intensive care unit of a Hospital.

1.2.3 Short-stay Ward

Confinement in the short-stay ward in an accident and emergency department of a Restructured Hospital for patients who need a short period of inpatient monitoring and treatment.

1.2.4 Examination and Laboratory Tests

Examinations using instruments and laboratory tests performed during the period of Hospitalisation where such examinations and tests are ordered by a Specialist Doctor and is directly related to the medical condition for which the Hospitalisation was required.

1.2.5 Miscellaneous Hospital Services

Drugs and medicines, dressings, splints and plaster casts, intravenous infusions and blood transfusions, anaesthetics (other than that required for Surgery) and oxygen and their administration supplied to the Life Assured during Hospitalisation.

1.2.6 Daily In-Hospital Medical Doctor's Visit

Consultation by a Medical Doctor who attends to and treats the Life Assured during Hospitalisation.

1.2.7 Surgery

Surgery solely refers to surgical operations that are listed in Table 1 to Table 7 of the "Table of Surgical Procedures" under the MediSave or MediShield Life Scheme operated by the Ministry of Health of Singapore and performed in a Hospital and/or Day Surgery Centre (regardless of whether the Life Assured is hospitalised or not). The surgery must be performed by a Medical Doctor and involves local or general anaesthesia. The surgical Expenses include fees and charges for anaesthetics and oxygen and their administration and use of operating theatre and facilities. Surgery excludes Accidental Dental Treatment, and Minor Surgical Procedures (MSP) as may be determined by the Ministry of Health of Singapore (whether or not listed with a table ranking "MSP"). Any surgery not listed in Table 1 to Table 7 of the "Table of Surgical Procedures" as at the date of the surgery is not covered.

1.2.8 Surgical Implants / Approved Medical Consumables

Surgical Implant refers to an implant inserted into the body of the Life Assured during Surgery and remains in the body of the Life Assured on completion of the Surgery.

Approved Medical Consumables includes any of the following:

(a) intravascular electrodes used for electrophysiological procedures;

(b) Percutaneous Transluminal Coronary Angioplasty (PTCA); or

(c) inter-aortic balloons (or balloon catheters).

1.2.9 Radiosurgery

Gamma knife treatment or novalis radiosurgery performed by a Medical Doctor during the Hospitalisation of the Life Assured.

1.2.10 Pregnancy and Childbirth Complications

One of the following complications arising from a pregnancy or childbirth. The relevant diagnosis must be made by an obstetrician.

(a) Abscess of breast - Abscess of breast associated with childbirth;

(b) Accreta placenta - Abnormal trophoblast invasion into the myometrium of the uterine wall, requiring caesarean hysterectomy during delivery;

(c) Acute fatty liver pregnancy - Severe acute fatty liver occurring during pregnancy and where at least three (3) of the following criteria must be fulfilled:

- Imaging studies consistent to the diagnosis of a fatty liver;
- Bilirubin is persistently elevated above 150 umol/L (10 mg/dL) for a period of at least five (5) days;
- Renal impairment; and/or
- Coagulopathy.

Liver damage in the presence of eclampsia, pre-eclampsia and viral hepatitis shall be excluded;

(d) Amniotic fluid embolism - Entering of amniotic fluid into the maternal circulation that has caused life threatening pulmonary edema or cardiac arrest in the mother or foetal death;

(e) Antepartum, intrapartum and postpartum haemorrhage - The severe abnormal bleeding from the female genital tract at or after twenty (20) weeks of pregnancy before, during or after childbirth;

(f) Cervical incompetency requiring cervical cerclage;

(g) Choriocarcinoma, hydatidiform mole and its subsequent complications - Occurrence of a histologically confirmed choriocarcinoma and/or molar pregnancy;

(h) Complications resulting in a caesarean hysterectomy - Removal of the uterus during a caesarean section delivery in cases where removal of the uterus is solely due to complications that have arisen during the pregnancy or delivery;

(i) Disseminated intravascular coagulation - Only disseminated intravascular coagulation caused as a result of pregnancy complications is covered;

(j) Ectopic pregnancy - A condition in which implantation of a fertilised ovum occurs outside the uterine cavity;

(k) Fourth degree perineal laceration - Perineal laceration following vaginal delivery which involves the perineal structures, external anal sphincter, internal anal sphincter and rectal mucosa. Perineal laceration less than fourth degree or without identified degree are excluded;

(l) Gestational diabetes mellitus - This condition must have been diagnosed by way of a 75g oral glucose tolerance test;

(m) Infection of amniotic sac and membranes - Infection of the amniotic sac or membranes;

(n) Still birth - The birth of a baby after twenty four (24) weeks gestation, which has not, at any time after being expelled completely from the mother, breathed or showed any sign of life. Elective termination of pregnancy and abortion are specifically excluded;

(o) Maternal death;

(p) Medically Necessary abortion - Termination of pregnancy carried out to save the mother's life or those performed due to a congenital abnormality where the foetus would not be able to survive. However, if the Medically Necessary abortion is due to a miscarriage, it must meet the definition of "Miscarriage" under Clause 1.2.10 (q);

(q) Miscarriage - The death of the foetus (unborn baby) after thirteen (13) weeks of pregnancy as a result of a sudden unforeseen and involuntary event and must not be due to a voluntary or malicious act;

(r) Obstetric cholestasis;

(s) Obstetric injury or damage to pelvic organs - Injuries to the pelvic organs or surrounding structures as a consequence of vaginal delivery;

(t) Placenta previa - The presence of placental tissue extending over the internal cervical os, resulting in an indication for caesarean delivery;

(u) Placental abruption - Premature separation of the placentae from the uterine wall after the twentieth (20th) week gestation that has caused foetal death or has required emergency caesarean section;

(v) Placental insufficiency and Intrauterine growth restriction;

(w) Postpartum haemorrhage requiring hysterectomy - Ongoing uterus bleeding (secondary to an unresponsive and atonic uterus, a ruptured uterus, or a large cervical laceration extending into the uterus) requiring hysterectomy.

(x) Postpartum inversion of uterus - Condition in which the uterine fundus collapses into the endometrial cavity, turning the uterus partially or completely inside out;

(y) Pre-Eclampsia or eclampsia;

(z) Retained placenta and membranes - The retention of the placenta or other products of conception in the uterus after delivery;

(aa) Twin-to-twin transfusion syndrome - There should be ultrasonic evidence of a single monochorionic placenta with twin oligohydroamnios / polyhydramnios sequence; and

(bb) Uterine rupture - The complete disruption of all uterine layers, including the serosa. A surgery must be performed to correct the abnormality.

The complication must be first diagnosed after 300 days from the Last Policy Effective Date. For the avoidance of doubt, expenses incurred for managing the pregnancy (prior to or after the diagnosis of the above complications) and delivery procedure for childbirth will not be covered, except for an emergency caesarean section arising from one of the specified pregnancy or childbirth complications listed under Clause 1.2.10 above.

1.2.11 Breast Reconstruction after Mastectomy

Reconstructive surgery of the breast on which a mastectomy has been performed as a treatment of breast cancer. The breast reconstruction Surgery or any subsequent follow-up Surgery on that breast reconstruction surgery must be performed by a Medical Doctor within 365 days from the date of the first mastectomy. The breast cancer must be first diagnosed after the Last Policy Effective Date. Any surgery or reconstruction of the other breast to produce a symmetrical appearance will not be covered. Any complications from reconstruction of the breast after mastectomy and arising after 365 days from the date of that mastectomy will not be covered.

1.2.12 Accidental Dental Treatment

Dental surgeries performed by a duly qualified dental surgeon to restore or replace sound natural teeth lost or damaged caused by an Accident. The surgery must be performed during the Hospitalisation of the Life Assured.

1.2.13 Stem Cell Transplant

Expenses incurred by the Life Assured arising from and directly attributed to the stem cell transplant treatment including surgeon's fees, anaesthetist fees, Hospital's operating theatre and facilities fees due to an illness or a medical condition.

Outpatient therapy such as injection or extraction where there is no Surgery or Hospitalisation involved will not be covered under this expense item. For the avoidance of doubt, all other costs incurred by or in respect of any donor who is not the Life Assured arising from or in relation or incidental to the stem cell transplant including costs of donor searches, harvesting and laboratory tests, investigations, storage, transportation and cell culture are expressly excluded.

1.2.14 Organ Transplant

Expenses incurred by the Life Assured when Life Assured is the recipient of the following human organ(s) transplant - lung(s), kidney(s), heart, liver, cornea(s), skin, pancreas and musculoskeletal tissue which arise from and directly attributed to the said transplant. The transplant must be performed by a Specialist Doctor during the Hospitalisation of the Life Assured.

For the avoidance of doubt, all Expenses incurred from an illegal transplantation or arising from any illegal transaction or practice will not be covered.

1.2.15 Human Immunodeficiency Virus ("HIV") Due to Blood Transfusion and Occupationally Acquired HIV

1.2.15.1 Infection with the HIV through a blood transfusion, provided that all of the following conditions are met:

(a) the blood transfusion was Medically Necessary or given as part of a medical treatment;

(b) the blood transfusion was received in Singapore after the Last Policy Effective Date; and

(c) the source of the infection is established to be from the Hospital that provided the blood transfusion and the Hospital is able to trace the origin of the HIV tainted blood.

1.2.15.2 Infection with HIV which resulted from an Accident occurring after the Last Policy Effective Date, whilst the Life Assured was carrying out the normal professional duties of his or her own occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:

(a) proof that the Accident involved a definite source of the HIV infected fluids;

(b) proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented Accident. This proof must include a negative HIV antibody test conducted within 5 days of the Accident; and

(c) proof that the Life Assured is a medical practitioner, a houseman in a Hospital, medical student, registered nurse, medical laboratory technician, dental surgeon, dental nurse or paramedical worker, working in a medical centre or medical clinic in Singapore.

HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

1.2.16 Pre-Hospitalisation Treatment

Expenses incurred by the Life Assured for a Medical Doctor's consultation, including the examinations using instruments and laboratory tests ordered by a Medical Doctor, and treatments of a medical condition, for which the Medical Doctor recommends and the Life Assured undergoes (as a result of such recommendation) Hospitalisation or Surgery.

The Pre-Hospitalisation Treatment refers to any of the following:

(a) general outpatient services provided by a non-Specialist Doctor (general practitioner) in a Hospital or in a medical clinic where the Medical Doctor customarily provides such services; or

(b) specialist outpatient services provided by a Specialist Doctor in a Hospital or in a medical clinic where the Specialist Doctor customarily provides such services.

In addition, the Pre-Hospitalisation Treatment must be related to the medical condition that results in Hospitalisation or Surgery and the Expenses of such Hospitalisation or Surgery are payable under this Policy. The Pre-Hospitalisation Treatment must take place not more than 90 days before the Hospitalisation or Surgery. The Company will extend the period from 90 days to 180 days provided that the Hospitalisation or Surgery takes place:

(a) in a Restructured Hospital; or

(b) in a Private Hospital and the Hospitalisation is prescribed by a Medical Doctor who is a Panel Provider.

This extended period from 90 days to 180 days will not apply if:

(a) the Life Assured received the Pre-Hospitalisation Treatment overseas; or

(b) the Hospitalisation or Surgery takes place in a Private Hospital and the Life Assured is treated by more than one Medical Doctor, where any of the Medical Doctors is a Non-Panel Provider.

The Company reserves the right to reject Expenses incurred in connection with any medical second opinions, in its sole discretion. Pre-Hospitalisation Treatment excludes consultations and treatments provided by that Medical Doctor during and after the recommended Hospitalisation or Surgery.

For the avoidance of doubt, the Company will not pay for any Expenses incurred by the Life Assured for Psychiatric Treatment and any allied health services, including but not limited to physical therapy, occupational therapy and speech therapy, provided prior to the Hospitalisation or Surgery.

1.2.17 Post-Hospitalisation Treatment

Post-Hospitalisation treatment refers to treatment, including examinations using instruments and laboratory tests ordered by a Medical Doctor, received by the Life Assured after the discharge from Hospitalisation. The Post-Hospitalisation Treatment must be prescribed by a Medical Doctor and resulted directly from the condition for which Hospitalisation was required. Expenses incurred for Post-Hospitalisation Treatment for a medical condition will only be covered if the Expenses for Hospitalisation or Surgery for that same medical condition are payable under this Policy.

The Post-Hospitalisation Treatment refers to any of the following:

(a) general outpatient services provided by a non-Specialist Doctor (general practitioner) in a Hospital or in a medical clinic where the Medical Doctor customarily provides such services;

(b) specialist outpatient services provided by a Specialist Doctor in a Hospital or in a medical clinic where the Specialist Doctor customarily provides such services;

(c) speech therapy recommended in writing by the treating Medical Doctor as one of the medical treatments arising from the same Injury, illness or disease that resulted in the Life Assured's Hospitalisation or Surgery. The speech therapy session has to be performed by a qualified speech therapist for the purpose of restoring the Life Assured's impaired speech function;

For the avoidance of doubt, this expense item shall not include speech therapy which:

(i) aims to improve speech skills which are not fully developed;

(ii) is educational in nature;

(iii) is intended to maintain speech communication;

(iv) aims to improve speech or language disorders (such as stammering); or

(v) is a result of learning difficulties, developmental problems (such as dyslexia), attention-deficit hyperactivity disorder or autism.

(d) occupational therapy recommended in writing by the treating Medical Doctor as one of the medical treatments arising from the same Injury, illness or disease that resulted in the Life Assured's Hospitalisation or Surgery. The occupational therapy session has to be performed by a qualified occupational therapist for the purpose of improving the Life Assured's functional ability to perform normal activities of daily living; or

(e) physical therapy recommended in writing by the treating Medical Doctor as one of the medical treatments arising from the same Injury, illness or disease that resulted in the Life Assured's Hospitalisation or Surgery. The physical therapy session has to be performed by a qualified therapist for the purpose of assisting the Life Assured to restore physical mobility to perform normal activities of daily living. The types of therapy covered include but are not limited to physiotherapy and hydrotherapy.

The Post-Hospitalisation Treatment must be administered within 180 days from the date of discharge from Hospitalisation. The Company will extend the period from 180 days to 365 days provided that such Post-Hospitalisation Treatment must be:

(a) provided in a Restructured Hospital; or

(b) prescribed by the admitting and/or main treating Specialist Doctor that had ordered the Hospitalisation of the Life Assured. The said Specialist Doctor must be a Panel Provider. Such Post-Hospitalisation Treatment must also be provided by a Panel Provider.

This extended period from 180 days to 365 days will not apply if:

(a) the Life Assured is discharged from a Private Hospital whereby the Hospitalisation is ordered by a Medical Doctor who is a Non-Panel Provider;

(b) the Life Assured is discharged from an overseas Hospital; or

(c) in the event that the Life Assured is under the care of more than one Medical Doctor for the Hospitalisation and if any of the Medical Doctor is a Non-Panel Provider.

Any pre-purchased treatments, medical services and supplies which are not used within the said period shall be excluded. For the avoidance of doubt, Post-Hospitalisation Treatment received by the Life Assured, that arises from or is covered under any Outpatient Benefits, will not be covered.

1.2.18 Erythropoietin

Inpatient or outpatient treatment with erythropoietin performed at a Hospital or at a medical clinic.

The following Expenses incurred in connection with inpatient treatment with erythropoietin will be covered:

(a) Pre-Hospitalisation Treatment;

(b) Examination & Laboratory Tests; and/or

(c) Post-Hospitalisation Treatment.

Expenses for Outpatient-Related Services incurred in connection with outpatient treatment with erythropoietin will be covered.

1.2.19 Immunosuppressants for organ transplant

Inpatient or outpatient treatment involving immunosuppressants for organ transplant, including cyclosporin, tacrolimus and other immunosuppressant drugs, performed at a Hospital or at a medical clinic.

The following Expenses incurred in connection with inpatient treatment involving immunosuppressants for organ transplant will be covered:

(a) Pre-Hospitalisation Treatment;

(b) Examination & Laboratory Tests; and/or

(c) Post-Hospitalisation Treatment.

Expenses for Outpatient-Related Services incurred in connection with outpatient treatment involving immunosuppressants for organ transplant will be covered.

1.2.20 Kidney Dialysis Treatment

Inpatient or outpatient kidney dialysis treatment performed at a Hospital or at a licensed dialysis centre.

The following Expenses incurred in connection with inpatient kidney dialysis treatment will be covered:

(a) Pre-Hospitalisation Treatment;

(b) Examination & Laboratory Tests; and/or

(c) Post-Hospitalisation Treatment.

Expenses for Outpatient-Related Services incurred in connection with outpatient kidney dialysis treatment will be covered.

The Kidney Dialysis Treatment includes the formulated solution prescribed by a Specialist Doctor and purchased from a Hospital or at a licensed dialysis centre for peritoneal dialysis, which is not required to be performed at a Hospital or at a licensed dialysis centre.

Any additional formulated solution not prescribed by the Specialist Doctor will not be covered. In addition, the cost of purchase or rental of the machine and apparatus for peritoneal dialysis and the costs for prescribed medications apart from Erythropoietin will not be covered.

1.2.21 Radiotherapy for cancer

Inpatient or outpatient radiotherapy for cancer treatment provided by a Hospital or at a licensed oncology clinic.

The following Expenses incurred in connection with inpatient radiotherapy for cancer treatment will be covered:

(a) Pre-Hospitalisation Treatment;

(b) Examination & Laboratory Tests; and/or

(c) Post-Hospitalisation Treatment.

Expenses for Outpatient-Related Services incurred in connection with outpatient radiotherapy for cancer treatment will be covered.

1.2.22 Outpatient Cancer Drug Treatment on the Cancer Drug List and Outpatient Cancer Drug Services

Outpatient cancer drug treatments on the Cancer Drug List and Outpatient Cancer Drug Services provided by a Hospital or at a licensed oncology clinic where the Specialist Doctor customarily provides such treatments and services.

A cancer drug treatment shall be considered to fall within the Cancer Drug List if it was included in the Cancer Drug List as at the date of administration of such treatment to the Life Assured. For outpatient cancer drug treatments on the Cancer Drug List, the indications refer to the clinical indications of the drug as specified in the Cancer Drug List on the Ministry of Health of Singapore's website (go.gov.sg/moh-cancerdruglist). Outpatient cancer drug treatments on the Cancer Drug List must be used according to the clinical indications specified in the Cancer Drug List.

For each primary cancer, if the outpatient cancer drug treatment on the Cancer Drug List involves more than one drug, the Company will allow drug omission or replacement with another drug on the Cancer Drug List with the indication "for cancer treatment", only if it is due to intolerance or contraindications. In such cases, the claim limit of the original outpatient cancer drug treatment on the Cancer Drug List will apply.

For each primary cancer, where multiple outpatient cancer drug treatments are administered in a month,

(a) if any of the outpatient cancer drug treatment on the Cancer Drug List have an indication of "monotherapy", the Company will only cover outpatient cancer drug treatments on the Cancer Drug List with the indication "for cancer treatment" in that month.

(b) if none of the outpatient cancer drug treatments have an indication of "monotherapy", the following will apply:

(i) if more than one of the outpatient cancer drug treatments administered in a month have an indication other than "for cancer treatment", the Company will only cover outpatient cancer drug treatments on the Cancer Drug List with the indication "for cancer treatment" in that month.

(ii) if one or none of the outpatient cancer drug treatments administered in a month has an indication other than "for cancer treatment", the Company will cover all outpatient cancer drug treatments on the Cancer Drug List in that month.

Outpatient cancer drug treatments not on the Cancer Drug List will be considered as having an indication other than "for cancer treatment".

Higher claim limits for patients receiving treatment for Multiple Primary Cancers are accorded on an application basis; doctors are to send the application form to Ministry of Health of Singapore and the Company for assessment of MediShield Life and GREAT SupremeHealth coverage respectively.

If the Life Assured is receiving treatment for one primary cancer, the Company will pay up to the highest limit among the claimable outpatient cancer drug treatments on the Cancer Drug List that the Company covers in that month.

If the Life Assured is receiving treatment for Multiple Primary Cancers, the Company will pay up to sum of the highest limit among the claimable outpatient cancer drug treatments on the Cancer Drug List that the Company covers for each primary cancer in that month.

If the Life Assured incurs expenses for outpatient Cancer Drug Services, such expenses will only be covered if they are incurred not more than 90 days before the Life Assured receives the outpatient cancer drug treatment(s). The Company will extend the period from 90 days to 120 days provided that the cancer drug treatment(s) are provided in a Restructured Hospital or in a Private Hospital and is prescribed and provided by a Specialist Doctor that is a Panel Provider.

For the avoidance of doubt, Cancer Drug Services incurred after the cancer has gone into remission, or once the course of treatment has ceased, will not be covered. The MediShield Life's limit for Cancer Drug Services for Multiple Primary Cancers will be double that of the MediShield Life's Limit for one primary cancer, if the patient had received treatment for Multiple Primary Cancers at any point within the Period of Insurance.

1.2.23 Long-term Parenteral Nutrition

Expenses incurred by the Life Assured for parenteral nutrition bags and consumables necessary for administration of parenteral nutrition as outpatient treatment. The Company will only pay the Expenses incurred when the Life Assured fulfils all criteria for a claim for long-term parenteral nutrition under MediShield Life.

Expenses for Outpatient-Related Services incurred in connection with outpatient long-term parenteral nutrition will be covered.

1.2.24 Home Ventilation and Respiratory Support Service

Expenses incurred by the Life Assured for ventilation and respiratory support services at home. Such home ventilation and respiratory support services must be recommended in writing by the treating Medical Doctor/Specialist Doctor and provided by a Hospital or medical clinic. The

Company will only pay the Expenses incurred when the Life Assured fulfils all criteria for a claim for home ventilation and respiratory support services under MediShield Life.

Expenses for Outpatient-Related Services incurred in connection with home ventilation and respiratory support services will be covered.

1.2.25 Hyperbaric Oxygen Therapy

Expenses incurred by the Life Assured for outpatient hyperbaric oxygen therapy according to the following clinical indications:

(a) Air or gas embolism;

(b) Carbon monoxide poisoning;

(c) Gas gangrene;

(d) Crush injury, compartmental syndrome and other acute ischaemias;

(e) Decompression illness;

(f) Healing of problem wounds;

(g) Exceptional blood loss;

(h) lntracranial abscess;

(i) Necrotising soft tissue infections;

(j) Chronic refractory osteomyelitis;

(k) Osteoradionecrosis and delayed radiation injuries including soft tissue injuries;

(l) Compromised skin grafts and myocutaneous flaps; or

(m) Thermal burns.

Such outpatient hyperbaric oxygen therapy must be recommended in writing by the treating Medical Doctor/Specialist Doctor and provided by a Hospital or medical clinic.

The Company will only pay the Expenses incurred if the outpatient hyperbaric oxygen therapy is administered according to the above clinical indications and when the Life Assured fulfils all criteria for a claim for an outpatient hyperbaric oxygen therapy under MediShield Life.

Expenses for Outpatient-Related Services incurred in connection with outpatient hyperbaric oxygen therapy will be covered.

1.2.26 Negative Pressure Wound Therapy

Expenses incurred by the Life Assured for outpatient negative pressure wound therapy. Such outpatient negative pressure wound therapy must be recommended in writing by the treating Medical Doctor/Specialist Doctor and provided by a Hospital or medical clinic. The Company will only pay the Expenses incurred when the Life Assured fulfils all criteria for a claim for an outpatient negative pressure wound therapy under MediShield Life.

Expenses for Outpatient-Related Services incurred in connection with outpatient negative pressure wound therapy will be covered.

1.2.27 Paediatric Home Care

Expenses incurred by the Life Assured for paediatric home care services. The paediatric home care services provided must be based on the following circumstances:

(a) post-operative care; or

(b) treatment for chronic medical conditions that would require ongoing medical attention.

Such paediatric home care services must be administered by a Hospital. The Company will only pay the Expenses incurred when the Life Assured fulfils all criteria for a claim for paediatric home care under MediShield Life.

Expenses for Outpatient-Related Services incurred in connection with paediatric home care services will be covered.

1.2.28 Pasteurized Donated Human Milk

Expenses incurred by the Life Assured for pasteurized donated human milk and consumables necessary for administration of pasteurized donated human milk as outpatient treatment.

The pasteurized donated human milk must be provided by a Ministry of Health of Singapore registered milk bank. The Company will only pay the Expenses incurred when the Life Assured fulfils all criteria for a claim for pasteurized donated human milk under MediShield Life.

Expenses for Outpatient-Related Services incurred in connection with pasteurized donated human milk will be covered.

1.2.29 Repetitive Transcranial Magnetic Stimulation

Expenses incurred by the Life Assured for outpatient repetitive transcranial magnetic stimulation treatment will only be covered if the treatment is administered according to the guidance recommendation published by the Ministry of Health of Singapore's Medical Technology Advisory Committee (www.ace-hta.gov.sg/healthcare-professionals/ace-technology-guidances/medical-technology-guidance). Such repetitive transcranial magnetic stimulation must be recommended in writing by the treating Medical Doctor/Specialist Doctor and provided by a Hospital or medical clinic.

The Company will only pay the Expenses incurred when the Life Assured fulfils all criteria for a claim for outpatient repetitive transcranial magnetic stimulation under MediShield Life.

Expenses for Outpatient-Related Services incurred in connection with outpatient repetitive transcranial magnetic stimulation treatment will be covered.

For the avoidance of doubt, repetitive transcranial magnetic stimulation sessions for maintenance purposes will not be covered.

1.2.30 Outpatient Parenteral Antibiotic Therapy

Expenses incurred by the Life Assured for outpatient parenteral antibiotic therapy will only be covered if the antibiotic administered is listed on the List of subsidised drugs published on the Ministry of Health of Singapore's website (www.moh.gov.sg/managing-expenses/schemes-and-subsidies/list-of-subsidised-drugs). Such outpatient parenteral antibiotic therapy must be recommended in writing by the treating Medical Doctor/Specialist Doctor and provided by a Hospital or medical clinic.

The Company will only pay the Expenses incurred when the Life Assured fulfils all criteria for a claim for outpatient parenteral antibiotic therapy under MediShield Life.

Expenses for Outpatient-Related Services incurred in connection with outpatient parenteral antibiotic therapy will be covered.

1.2.31 Inpatient Sub-acute Care, Rehabilitation Care and/or Palliative Care

Expenses incurred by the Life Assured for inpatient sub-acute care, rehabilitation care and/ or palliative care, including accommodation, meals and general nursing, during the Life Assured's

confinement as a bed-paying patient in a standard room of a Hospital, Community Hospital or Inpatient Palliative Care Institution, provided that:

(a) the Life Assured has:

(i) undergone Hospitalisation and/or Surgery in a Hospital;

(ii) undergone treatment from the accident and emergency department or 24-hour urgent care centre of a Restructured Hospital or Private Hospital; or

(iii) been admitted to a Transitional Care Facility,

after the Last Policy Effective Date and a Medical Doctor of that Restructured Hospital, Private Hospital or Transitional Care Facility has recommended in writing that the Life Assured is to be confined in a Hospital or Community Hospital for further sub-acute care and/or rehabilitation care arising from the same Injury, illness or disease that resulted in the Life Assured's Hospitalisation in a Hospital or treatment from the accident and emergency department or 24-hour urgent care centre of a Restructured Hospital or Private Hospital; and/or

(b) a Medical Doctor in a Hospital has recommended in writing that the Life Assured is to be confined in a Hospital or Inpatient Palliative Care Institution for further palliative care. Such recommendation must be in accordance to the guidelines set by Ministry of Health of Singapore at the point of such recommendation.

For the avoidance of doubt:

(a) inpatient sub-acute care, rehabilitation care and/or palliative care does not refer to treatments, medical services and/or supplies provided under any home hospice or day hospice.

(b) expenses for confinement in a Transitional Care Facility are excluded.

(c) where treatments, medical services and/or supplies are for inpatient sub-acute care, rehabilitation care and/or palliative care, Expenses incurred for such treatments, medical services and/or supplies will fall under this Clause 1.2.31 to the express exclusion of all other expense items.

1.2.32 Outpatient Autologous Bone Marrow Transplant

The following Expenses incurred by the Life Assured arising from continuation of an outpatient autologous bone marrow transplant treatment due to Multiple Myeloma:

(a) Stem-cell mobilization;

(b) Harvesting of healthy stem cells;

(c) Pre-transplant workup;

(d) Use of high dosage chemotherapeutic drugs to destroy the cancerous cells;

(e) Engraftment of healthy stem cells; and

(f) Post-transplant monitoring.

All other expenses incurred by Life Assured which are directly related to the continuation of an outpatient autologous bone marrow transplant treatment ordered by a Medical Doctor or Specialist Doctor, such as Medical Doctor's consultation, Examinations and Laboratory Tests and Miscellaneous Hospital Services will be covered under this expense item.

For the avoidance of doubt, where treatments, medical services and/or supplies are for an outpatient autologous bone marrow transplant treatment, Expenses incurred for such treatments,

medical services and/or supplies will fall under this Clause 1.2.32 to the express exclusion of all other expense items.

1.2.33 Proton Beam Therapy

Inpatient, day surgery and outpatient proton beam therapy provided by a Hospital or at a licensed medical clinic for proton beam therapy.

Expenses incurred by the Life Assured for proton beam therapy will only be covered if the proton beam therapy is administered for a Ministry of Health of Singapore-approved proton beam therapy indication and if the Life Assured meets the eligibility criteria for coverage of proton beam therapy under MediShield Life. The Ministry of Health of Singapore-approved proton beam therapy indications and patient eligibility criteria are specified on Ministry of Health of Singapore's website (go.gov.sg/pbt-approved-indications). The Ministry of Health of Singapore may update this from time to time.

The following Expenses incurred in connection with inpatient and day surgery proton beam therapy will be covered under this expense item:

(a) Pre-Hospitalisation Treatment;

(b) Examination & Laboratory Tests; and/or

(c) Post-Hospitalisation Treatment.

Expenses for Outpatient-Related Services incurred in connection with outpatient proton beam therapy will be covered.

For the avoidance of doubt, where treatments, medical services and/or supplies are for proton beam therapy, Expenses incurred for such treatments, medical services and/or supplies will fall under this Clause 1.2.33 to the express exclusion of all other expense items.

1.2.34 Cell, Tissue and Gene Therapy

Inpatient, day surgery and outpatient cell, tissue and gene therapy provided by a Hospital or at a licensed medical clinic for cell, tissue and gene therapy.

Expenses incurred by the Life Assured for cell, tissue and gene therapy will only be covered if they are listed in Schedule B and the Cell, Tissue and Gene Therapy Product List, are used according to the Cell, Tissue and Gene Therapy product-indication pairs and fulfil all clinical indication requirements as specified in the Ministry of Health of Singapore's Cell, Tissue and Gene Therapy Product List (go.gov.sg/ctgtp-list). The Ministry of Health of Singapore may update the list from time to time. The Life Assured can only claim for one treatment per clinical indication per Lifetime.

The following Expenses incurred in connection with inpatient and day surgery cell, tissue and gene therapy (including where the cell, tissue and gene therapy is (a) not listed on the Cell, Tissue and Gene Therapy Product List, or (b) is listed on the Cell, Tissue and Gene Therapy Product List but not covered under this Policy) will be covered under this expense item:

(a) Pre-Hospitalisation Treatment;

(b) Examination & Laboratory Tests; and/or

(c) Post-Hospitalisation Treatment.

Expenses for Outpatient-Related Services incurred in connection with outpatient cell, tissue and gene therapy (including where the cell, tissue and gene therapy is (a) not listed on the Cell, Tissue and Gene Therapy Product List, or (b) is listed on the Cell, Tissue and Gene Therapy Product List but not covered under this Policy) will be covered.

For the avoidance of doubt, where treatments, medical services and/or supplies are for cell, tissue and/or gene therapy, Expenses incurred for such treatments, medical services and/or supplies will fall under this Clause 1.2.34 to the express exclusion of all other expense items.

1.2.35 Psychiatric Treatment

Psychiatric treatment provided to the Life Assured by a Medical Doctor during Hospitalisation.

The following Expenses incurred by the Life Assured in connection with Psychiatric Treatment will also be covered under this expense item:

(a) Examination & Laboratory Tests; and/or

(b) Post-Hospitalisation Treatment.

For the avoidance of doubt,

(a) Expenses for Pre-Hospitalisation Treatment are excluded.

(b) Where treatments, medical services and/or supplies are for psychiatric treatment, Expenses incurred for such treatments, medical services and/or supplies will fall under this Clause 1.2.35 to the express exclusion of all other expense items.

1.2.36 Living Donor Organ Transplant (Kidney / Liver / Pancreas)

1.2.36.1 Life Assured is the Organ Donor – Covers Expenses Incurred by Life Assured

Transplanting Life Assured's kidney, liver or pancreas where the recipient of the kidney, liver or pancreas is the Life Assured's parent, sibling, child or spouse, and where the recipient's kidney, liver or pancreas failure is only first diagnosed after 730 days from the Last Policy Effective Date. Such transplant(s) must be carried out in a Hospital in Singapore.

The following Expenses incurred by the Life Assured in connection with Living Donor Organ Transplant (Kidney/Liver/ Pancreas) will be covered:

(a) Pre-Hospitalisation Treatment;

(b) Examination & Laboratory Tests;

(c) Hospitalisation;

(d) surgery to remove the organ from the Life Assured;

(e) costs of storage and transportation of the organ; and/or

(f) Post-Hospitalisation Treatment.

1.2.36.2 Life Assured is the Organ Recipient - Covers Expenses Incurred by the Organ Donor

Transplanting of a non-life assured's kidney, liver or pancreas where the Life Assured is the recipient, subject to the following:

(a) the Expenses incurred by the Life Assured when Life Assured is a recipient is covered under Clause 1.2.14;

(b) the expenses incurred must be directly attributed to the surgery where the organ is retrieved from the non-life assured for the Life Assured's Organ Transplant Surgery and shall be limited to the following costs:

(i) confinement in Hospital; and/or

(ii) surgery to remove the organ from the non-life assured; and

(c) if the organ donor is eligible for reimbursement for his organ donation surgery under MediShield Life administered by the CPF Board or under a policy pursuant to the PMIS or any other insurance policies ("collectively referred to as "Non-life Assured's Policies"), the Company will only pay for the expenses in excess of the total amount paid by the Non-life Assured's Policies in respect to the non-life assured's confinement in Hospital and surgery to remove the organ from the non-life assured, up to the actual expenses incurred. For the avoidance of doubt, reimbursement of these expenses must first be sought from the Non-Life Assured's Policies before a claim may be made under this Policy.

The following expenses incurred by the non-life assured who is the organ donor in connection with Living Donor Organ Transplant (Kidney / Liver / Pancreas) will not be covered under this expense item:

(a) Pre-Hospitalisation Treatment;

(b) Examination & Laboratory Tests;

(c) Post-Hospitalisation Treatment; and/or

(d) Other costs such as investigation, storage, transportation of the organ.

For the avoidance of doubt, all Expenses incurred from an illegal transplantation or arising from any illegal transaction or practice will not be covered.

1.2.36.3 For the avoidance of doubt, where treatments, medical services and/or supplies are for Living Donor Organ Transplant (Kidney / Liver / Pancreas), Expenses incurred for such treatments, medical services and/or supplies will fall under this Clause 1.2.36 to the express exclusion of all other expense items.

1.2.37 Congenital Abnormalities of the Life Assured

Treatment provided to the Life Assured by a Medical Doctor during Hospitalisation, relating to birth defects, including hereditary conditions, and congenital sickness or abnormalities first diagnosed from the Last Policy Effective Date.

The following Expenses incurred by the Life Assured in connection with the Congenital Abnormalities of the Life Assured will also be covered under this expense item:

(a) Pre-Hospitalisation Treatment;

(b) Examination & Laboratory Tests; and/or

(c) Post-Hospitalisation Treatment.

1.2.38 Congenital Abnormalities of the Life Assured's Biological Child

Expenses incurred for the treatment provided to the Life Assured's biological child during hospitalisation of the child for treatment related to birth defects, including hereditary conditions and congenital sickness or abnormalities of the child, subject to the following:

(a) the condition must be first diagnosed by a Medical Doctor or Specialist Doctor after 300 days from the last Policy Effective Date;

(b) the expenses must be incurred within (and including) 730 days from the date of birth of the child; and

(c) if the child is eligible for reimbursement for his treatment related to congenital abnormalities during hospitalisation under MediShield Life administered by the CPF Board or under a policy pursuant to the PMIS or any other insurance policies ("collectively referred to as "Child's Policies"), the Company will only pay for the expenses in excess of the total amount paid by

the Child's Policies in respect to the treatment related to the child's congenital abnormalities during hospitalisation up to the actual expenses incurred. For the avoidance of doubt, reimbursement of these expenses must first be sought from the Child's Policies before a claim may be made under this Policy.

The following expenses incurred for the treatment of the Life Assured's biological child in connection with Congenital Abnormalities of the Life Assured's Biological Child will not be covered under this expense item:

(a) Pre-Hospitalisation Treatment;

(b) Examination & Laboratory Tests; and/or

(c) Post-Hospitalisation Treatment.

1.3 Final Expenses Benefit

In the event the Life Assured dies during Hospitalisation or after discharge from Hospitalisation, the Deductible and Co-insurance will be waived. Aggregate Eligible Expenses in respect of the treatments, medical services and/or supplies listed under Clause 1.2 above (i.e. expense items) incurred during the Period of Insurance in which death occurs, which will otherwise not have been reimbursed due to the application of the Deductible and Co-insurance, will be reimbursed up to the Benefits Limits for the Plan Type insured.

1.4 Expenses for the use of Specially-Approved Treatments, Medical Services and/or Supplies

Expenses incurred by Life Assured for the use of Specially-Approved Treatments, Medical Services and/or Supplies, will be covered in accordance with the terms and conditions of this Policy, provided that:

(a) such Specially-Approved Treatments, Medical Services and/or Supplies are used for the purposes of treating an illness, disease or Injury (as the case may be) as have been approved by HSA, the Government and an overseas regulatory agency, which is recognised by HSA as one of its reference drug regulatory agencies; and

(b) the Life Assured has exhausted all conventional registered treatments, medical services and/or supplies for such illness, disease or Injury (as the case may be).

2 LIFE ASSURED JOINTLY INSURED UNDER MEDISHIELD LIFE

2.1 Provided that the Life Assured meets the eligibility conditions as specified in the Act and the Regulations, the Life Assured will be jointly insured under MediShield Life as well as the additional private insurance coverage under this Policy.

2.2 MediShield Life is operated by the CPF Board which is governed by the Act and the Regulations. The benefits payable will comprise of the MediShield Life benefits as well as the additional benefits under this Policy.

3 BENEFITS

3.1 General

Subject to the terms and conditions of this Policy,

3.1.1 The Company will pay the benefits of this Policy by way of reimbursement if the Life Assured incurs any Eligible Expenses as described in this Policy as a result of Injury, illness or disease during a Period of Insurance. If the Life Assured is also jointly insured under MediShield Life and

the benefits payable under MediShield Life are higher than the benefits payable under this Policy, the Company will pay the benefits under MediShield Life.

3.1.2 Any claim for Expenses incurred after the Commencement Date of Insurance shall only be paid after the Company receives the full premium for the Period of Insurance during which the Expenses are incurred.

3.1.3 The Company will make payment of the benefits of this Policy to the Hospital, medical clinic or other medical establishment using the Electronic Claims Filing System with which it has a payment arrangement. Otherwise, the Company will make payment directly to the Policyholder, or the Policyholder's legal personal representative(s) or Next-of-Kin as the Company may deem fit.

3.2 Benefit Computation

In accordance with the Plan Type, Eligible Expenses shall be computed in the following sequence:

(a) apply Pro-ration Factor (where applicable);

(b) deduct the Deductibles (where applicable);

(c) reduce proportionately by the Co-insurance; then

(d) subject the balance amount to the Benefit Limits (where applicable).

The Aggregate Eligible Expenses will then be subject to the Annual Benefit Limit.

3.3 Pro-ration Factor

3.3.1 Expenses incurred by Life Assured for the use of Specially-Approved Treatments, Medical Services and/or Supplies (except for cancer drug treatments) will be proportionately reduced by multiplying such Expenses with the Pro-ration Factor as set out in Schedule B. For the avoidance of doubt, all Expenses in excess of the proportionately reduced Expenses will not be reimbursed by the Company.

3.3.2 Emergency Medical Treatment outside Singapore

If the Life Assured while outside Singapore, requires Emergency medical or surgical treatment in an overseas Hospital, the Company will reimburse the actual Expenses incurred overseas or the Reasonable and Customary Charges applicable in a Partnering Medical Institution, whichever is the lower, and thereafter be subject to Deductibles (where applicable), Co-insurance and the Benefit Limits (where applicable).

3.3.2.1 Currency Exchange

Expenses incurred while outside of Singapore in any currency other than the Singapore Dollar will be converted to Singapore currency at the prevailing exchange rate as determined by the Company to be in effect on the date the Expenses were incurred.

3.4 Deductibles

3.4.1 After applying the Pro-ration Factor (where applicable), the balance of the Expenses will be subject to Deductibles (where applicable) as set out in Schedule B.

For the avoidance of doubt, in the event that the Life Assured is under the care of more than one Medical Doctor for any one Hospitalisation and/or Surgery at a Partnering Medical Institution and any of the Medical Doctor is a Non-Panel Provider, the applicable Deductible shall be:

(a) $6,000 per Period of Insurance if the age next birthday of the Life Assured is 80 and below; or

(b) $9,000 per Period of Insurance if the age next birthday of the Life Assured is above 80.

3.4.2 If the Life Assured was admitted at a Partnering Medical Institution as a result of an Emergency and treated by Non-Panel Provider, the applicable Deductible is:

(a) $5,000 per Period of Insurance if the age next birthday of the Life Assured is 80 and below; or

(b) $7,500 per Period of Insurance if the age next birthday of the Life Assured is above 80.

For the avoidance of doubt, where the Company determines that the admission does not constitute an Emergency, the applicable Deductible is:

(a) $6,000 per Period of Insurance if the age next birthday of the Life Assured is 80 and below; or

(b) $9,000 per Period of Insurance if the age next birthday of the Life Assured is above 80.

3.4.3 If there are two or more Deductibles that can be applied, the Company will apply the highest Deductible.

3.4.4 Deductibles shall not apply to Expenses incurred in respect of expense items under "Section 2 – Outpatient Benefits" of Schedule B, Cell, Tissue and Gene Therapy and Proton Beam Therapy, provided to the Life Assured on an outpatient basis.

3.5 Co-insurance

3.5.1 After applying the Pro-ration Factor (where applicable) and Deductibles (where applicable), the balance of the Expenses will be subject to Co-insurance as set out in Schedule B.

For the avoidance of doubt, in the event that the Life Assured is under the care of more than one Medical Doctor for any one Hospitalisation and/or Surgery at a Partnering Medical Institution and any of the Medical Doctor is a Non-Panel Provider, the applicable Co-insurance shall be 40%.

3.5.2 If the Life Assured was admitted at a Partnering Medical Institution as a result of an Emergency and treated by Non-Panel Provider, the applicable Co-insurance is 10%.

For the avoidance of doubt, where the Company determines that the admission does not constitute an Emergency, the applicable Co-insurance is 40%.

3.5.3 The Co-insurance applicable to the Expenses incurred for Pre-Hospitalisation Treatment and/or Post-Hospitalisation Treatment shall follow the Co-insurance applicable to the related Hospitalisation or Surgery, except in the following circumstances:

(a) Where such Pre-Hospitalisation Treatment and/or Post-Hospitalisation Treatment is provided by a Non-Panel Provider (regardless of whether the treatment is provided in a Partnering Medical Institution or Non-Partnering Medical Institution), the applicable Co-insurance for such Pre-Hospitalisation Treatment and/or Post-Hospitalisation Treatment shall be 40%; or

(b) Where such Pre-Hospitalisation Treatment and/or Post-Hospitalisation Treatment is provided in a Restructured Hospital, polyclinic or general practitioner clinic, the applicable Co-insurance for such Pre-Hospitalisation Treatment and/or Post-Hospitalisation Treatment shall be 10%.

3.6 Benefit Limits

After applying Pro-ration Factor (where applicable), Deductibles (where applicable) and Co-insurance, the balance of the Expenses will be subject to the Benefit Limits. The applicable Benefit Limits would be such limits as prevailing at the time of incurring the Expenses.
For the avoidance of doubt, where the same Expenses are incurred in respect of two or more of the treatments, medical services and/or supplies listed under Clause 1.2 (i.e. expense items), such Expenses shall be deemed to have been incurred in respect of only one of such expense items (the "Applicable Expense Item") to the exclusion of the remaining expense items. The applicable Benefit Limit would thus be the Benefit Limit of the Applicable Expense Item. Where the same Expenses are incurred in respect of two or more expense items:

(a) Where Clause 1.2 provides that Expenses incurred for a specific expense item will fall under such specific expense item to the express exclusion of all other expense items, such specific expense item shall be the Applicable Expense Item.

(b) Save as set out in Clause 3.6 (a) above, the Company shall have the absolute discretion to determine which of such expense items shall be the Applicable Expense Item.

(c) The Applicable Expense Item as determined in accordance with Clause 3.6 (a) and (b) above shall apply in respect of any further Expenses as may be incurred in respect of the same two or more expense items for the same illness, disease or Injury for which the Expenses were incurred.

3.7 Annual Benefit Limits

3.7.1 The Aggregate Eligible Expenses are subject to Annual Benefit Limits as set out in Schedule B. The applicable Annual Benefit Limits would be such limits as prevailing at the time of incurring the Expenses.

3.7.2 The additional Annual Benefit Limit of $1,000,000 per Period of Insurance, in excess of the base Annual Benefit Limit of $1,500,000, shall be applicable only to Expenses incurred at any of the following:

(a) Restructured Hospital;

(b) polyclinic;

(c) government-funded Community Hospital;

(d) government-funded Inpatient Palliative Care Institution;

(e) general practitioner clinic;

(f) Partnering Medical Institution and treated by Panel Provider; or

(g) Partnering Medical Institution as a result of an Emergency and treated by Non-Panel Provider.

For the avoidance of doubt, the additional Annual Benefit Limit shall not apply to any Expenses incurred at locations other than those stated in Clause 3.7.2 (a) to (g) above.

3.7.3 In the event of Hospitalisation for more than one Period of Insurance, the Annual Benefit Limits will be increased by the number of additional Periods of Insurance the Hospitalisation extends into.

3.8 Indemnity and Last Payer Status

3.8.1 If the Policyholder is entitled to reimbursement for the Expenses incurred in respect of any claim from sources other than this Policy, including other insurance policies and employment benefits (collectively referred to as "Other Policies"), the Policyholder shall first seek reimbursement from

the Other Policies before making a claim under this Policy. The Company shall be the last payer reimbursing the claim.

3.8.2 If any Expenses payable under this Policy has been made to the Policyholder before a claim is made from Other Policies, the Other Policies shall reimburse the Company their share. The Policyholder shall provide the Company with all information including the full details of such Other Policies and all relevant documentary proof that the Company requires to make a claim for the Expenses that the Company has paid.

3.8.3 The benefits payable under this Policy, together with reimbursement of Expenses paid or payable from Other Policies, shall not exceed the actual Expenses incurred.

4 EXCLUSIONS

4.1 General Exclusions

Under this Policy, the Company will not reimburse any Expenses incurred in respect of or for the consequences of, the following, whether or not it results from or is related to any condition or treatment that is covered under this Policy:

(a) Treatment provided to the Life Assured by the Policyholder, the Policyholder's or the Life Assured's spouse, parent, sibling, child or other relative, or self-treatment by the Life Assured, including the prescription of drugs.

(b) Medical treatments that were of an experimental or research nature, including but not limited to;

(i) experimental / pioneering medical or surgical techniques;

(ii) medical devices not approved by the Institutional Review Board and the Centre of Medical Device Regulation; or

(iii) medical trials for medicinal products whether or not these trials have a clinical trial certificate issued by the HSA.

(c) Use of drugs, medical devices, procedures, therapies and/or therapeutic products that are not registered with the HSA and/or the Government, and/or use of drugs, medical devices, procedures, therapies and/or therapeutic products (whether registered or not) for the purposes of treating an illness, disease or Injury (as the case may be) that have not been approved by HSA and/or the Government.

This exclusion shall not apply to:

(i) drugs, medical devices, procedures, therapies and/or therapeutic products that are:

a. registered with the HSA and/or the Government; and
b. used for the purposes of treating an illness, disease or Injury (as the case may be) as have been approved by an overseas regulatory agency, which is recognised by HSA as one of its reference drug regulatory agencies.

(ii) drugs, medical devices, procedures, therapies and/or therapeutic products covered under Clause 1.4 on Expenses for the use of Specially-Approved Treatments, Medical Services and/or Supplies.

(iii) outpatient cancer drug treatments, which shall be subject to the exclusion set out at Clause 4.1 (cc) below instead.

(d) Pregnancy and childbirth (including caesarean section, vacuum extraction or forceps delivery and the consequences thereof) except for Pregnancy and Childbirth Complications.

(e) Elective abortion, spontaneous miscarriage occurring within first trimester of pregnancy, birth control*, sterilisation*, infertility*, sub-fertility* or impotence treatment.

* for male or female

(f) Cosmetic, plastic, aesthetic, reconstructive or body modification procedures, treatments or surgeries except for:

(i) Breast Reconstruction after Mastectomy; and

(ii) Injury sustained as a result of an Accident, which occurs after the Last Policy Effective Date.

(g) All dental treatment, including any pre-existing jaw conditions where orthodontics and/or orthognathic (corrective jaw surgery) are required, except those covered under Accidental Dental Treatment.

(h) Sexually-transmitted diseases.

(i) AIDS and all illnesses or diseases caused by or related to the Human Immunodeficiency Virus ("HIV") except for those covered under Human Immunodeficiency Virus ("HIV") Due to Blood Transfusion and Occupationally Acquired HIV.

(j) All expenses incurred by the living donor, or where the Life Assured is the donor, for an organ transplant, except for those covered under Living Donor Organ Transplant (Kidney / Liver / Pancreas).

(k) Purchase and rental of the following items including but are not limited to:

(i) Braces;

(ii) Corrective devices;

(iii) Durable medical equipment / machines;

(iv) Home aids;

(v) Hospital beds;

(vi) Iron lungs;

(vii) Kidney dialysis machines;

(viii) Oxygen machines;

(ix) Prostheses;

(x) Special / medical appliances including location, transport, and associated administrative costs of such appliances, which are not necessary for the completion of a surgical operation;

(xi) Walking aids;

(xii) Wheelchairs; and/or

(xiii) Any other hospital type equipment.

This exclusion shall not apply to:

(i) The purchase and rental of such items where such items satisfy the definition of a Surgical Implant/ Approved Medical Consumables; or

(ii) The rental of such items where such items are required for an MIC@Home admission and fulfils all criteria for a claim under MediShield Life.

(l) Treatments, medical services and/or supplies outside Singapore except in the case of an Emergency.

(m) Rest cures and services or treatment in any home, hospice care (except for Inpatient Palliative Care Institution), outpatient nursing or palliative care, convalescent care in convalescent or nursing homes, stay in any healthcare establishment for health, social or non-medical reasons, spa, hydroclinic,

sanatorium or long-term care facility that is not a Hospital or Community Hospital as defined (except when it fulfils all criteria for a claim under MediShield Life for an MIC@Home admission).

(n) Transport related services including but not limited to charges for trips made for the purpose of obtaining medical treatment, for ambulance services (except ambulance fees arising from an MIC@Home admission that fulfils all criteria for a claim under MediShield Life), emergency evacuation and repatriation or assistance in the transport or repatriation of mortal remains.

(o) The Life Assured engaging in any sport in a professional capacity or where the Life Assured would or could earn income or remuneration from engaging in such sport.

(p) Mountaineering, diving, bungee jumping, racing other than racing on foot, wakeboarding, hang-gliding, rock climbing, parachuting, ballooning, handling of explosives or firearms (even during peacetime military training) and all activities which are potentially life-threatening, hazardous or where there is a risk of bodily injury to the Life Assured unless such activities are engaged on a leisure basis with a licensed organisation, and every safety precaution has been followed by the Life Assured.

(q) Sex-change operations.

(r) Injury and/or illness arising directly or indirectly out of or in connection with violation or attempted violation of law, or resistance to lawful arrest and/or any resultant imprisonment.

(s) Treatment of injuries arising from being directly or indirectly involved in war (whether declared or not), invasion, terrorist activities (with the exception of victim to a terrorist activity), rebellion, revolution, civil commotion, riot, strike or any war-like operations. This exclusion shall not apply to military training for national servicemen or reservists in peacetime.

(t) Treatment for, arising from or is related to obesity, weight reduction, improvement or management, regardless of whether it is for medical or psychological reasons, including but not limited to the use of gastric banding or stapling, the removal of fat or surplus tissue from any part of the body.

(u) Routine physical or any other examinations which are solely for the purposes of Primary Prevention or any preventive measures which are not also therapeutic in nature to prevent illness or disease.

(v) Treatment of abuse or misuse (or any Injury, illness or disease caused directly or indirectly by the abuse or misuse) of any controlled drug as specified in the First Schedule to the Misuse of Drugs Act 1973, whether intentional or otherwise, whether sane or insane, or any Injury suffered while under the influence of such controlled drug.

(w) Vaccination(s). However, Expenses incurred due to complications arising from vaccination(s) approved by HSA will be covered.

(x) Ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.

(y) Correction for refractive errors of the eye (including the use of artificial lens implants), routine eye examinations, costs of spectacles, costs of contact lenses and costs of hearing aids.

(z) Non-medical items including but not limited to, parking fees, hospital administration and registration fees, laundry, rental of television, newspaper, medical report fees, personal care and hygiene products, regardless of whether it is Medically Necessary or otherwise.

(aa) Medical treatment, Hospitalisation, Surgery and consultation provided to and investigation of the Life Assured commencing:

(i) Before the Commencement Date of Insurance for any condition; and

(ii) On or after the Commencement Date of Insurance which are follow-up medical treatment(s), consultation(s) or further investigation(s) of the Life Assured for that condition for which he

received medical treatment(s), consultation(s) or investigation(s) prior to the Commencement Date of Insurance.

(bb) Any treatment provided to the Life Assured after the Renewal Date of this Policy unless the insurance has been renewed on or before that date in accordance with Clause 6 of this Policy.

(cc) Any outpatient cancer drug treatment that is not on the Cancer Drug List, unless otherwise stated in this Policy.

(dd) Any cell, tissue and gene therapy that is not on the Cell, Tissue and Gene Therapy Product List.

(ee) Any high-cost drug that is used for a medical condition covered by MediShield Life which is not listed in the MediShield Life Benefit Schedule on the Ministry of Health of Singapore's website (go.gov.sg/mshlbenefits).

(ff) All other excluded expenses under the MediShield Life Scheme as set out in the Act and the Regulations (including any excluded expenses added to revised future editions of the Act and/or the Regulations) or not allowed by MediShield Life Claims Rules specified on the Ministry of Health of Singapore's website, unless otherwise provided under this Policy.

(gg) Any treatment, medical service or supply that is provided at a non-MediShield Life/MediSave accredited Hospital or medical clinic and/or provided by a Medical Doctor who is not an approved participant of the MediShield Life/MediSave Scheme (except where expressly covered by Clause 3.3.2), or has had such participation or approval suspended or revoked. This exclusion shall not apply to general outpatient services provided by a non-Specialist Doctor (general practitioner) in a Hospital or in a medical clinic where the Medical Doctor customarily provides such services.

4.2 Pre-existing Conditions

4.2.1 Under this Policy, the Company will not reimburse any Expenses incurred in respect of, or arising from any Pre-existing Conditions, unless:

(a) the Pre-existing Condition is declared in the proposal form or in the Application for Reinstatement of this Policy; and

(b) the Company has accepted the proposal form or Application for Reinstatement without any exclusions of such Pre-existing Conditions.

4.2.2 Subject to Clause 4.2.3 below, any Pre-existing Condition which is also excluded under Clause 4.1 above is automatically excluded regardless of whether it was declared in the proposal form or in the application for the reinstatement of this Policy and the Company had accepted the proposal or application without any exclusion of such Pre-existing Conditions.

4.2.3 Subject to Clause 2, any Pre-existing Condition(s) that is covered under MediShield Life but excluded under this Policy, will be provided for under MediShield Life and subject to the terms and conditions as set out by the Act and the Regulations.

4.3 Expenses Falling under Exclusion

For the avoidance of doubt, Expenses incurred in respect of or arising from any of the general exclusions as listed in Clauses 4.1 or Pre-existing Conditions excluded under Clause 4.2 above will not be part of Eligible Expenses, and will not be added to the Aggregate Eligible Expenses, provided that no benefit payment is made in respect of these Expenses.

However, if benefits are paid in respect of these Expenses under MediShield Life, these benefits will be added to the Aggregate Eligible Expenses.

5 TERMINATION OF POLICY

5.1 Termination on Renewal Date

On any Renewal Date, this Policy will terminate unless it has been renewed in accordance with Clause 6 below.

5.2 Death of Policyholder or Life Assured

5.2.1 If the Policyholder dies and the Policyholder is not the Life Assured, this Policy will continue until the Renewal Date following the date of the death of the Policyholder. On that Renewal Date, this Policy will continue for the same Plan Type, subject to the same conditions which applied prior to that Renewal Date (including as set out in all endorsement or variations to this Policy which had been authorised by the Company), unless expressly varied in accordance with the terms of this Policy by the Company, without the Company requiring fresh evidence of the Life Assured's insurability, provided that a party must submit a written request to change Policyholder before that Renewal Date and;

(a) that party must be allowed to deduct premiums from that party's MediSave account with the CPF Board if the premium for the new policy is to be paid entirely or partially from that party's MediSave account; or

(b) if the premium for the new policy is to be paid entirely in cash, that party must have valid insurable interest on the Life Assured.

5.2.2 If the Life Assured dies, this Policy will be terminated. The Company will refund to the Policyholder, or the Policyholder's legal personal representative(s) or Next-of-Kin as the Company may deem fit, the portion of the premiums paid in respect of the period from the date of termination up to the next Renewal Date.

5.3 Cancellation by Policyholder

5.3.1 The Policyholder may cancel this Policy by submitting a written notice of cancellation to the Company and this Policy will be treated as terminated with effect from the Effective Date of Cancellation.

5.3.2 The Policyholder is entitled to a full refund of the premium (excluding MediShield Life's premium), if the Effective Date of Cancellation falls within the Free-look Period.

5.3.3 If the Effective Date of Cancellation falls after the Free-look Period, the Company will refund to the Policyholder the portion of the premium (excluding MediShield Life's premium) paid in respect of the period from the Effective Date of Cancellation up to the next Renewal Date.

5.3.4 The termination of this Policy pursuant to Clause 5.3.1 shall not affect the validity of the Life Assured's insurance cover under MediShield Life, if any.

5.4 Change of Citizenship or Residency Status

5.4.1 The Policyholder shall notify the Company in writing of any changes to the Life Assured's citizenship or residency status as soon as practicable.

5.4.2 Failure to Give Notice

If the Policyholder fails to notify the Company in accordance with Clause 5.4.1, and is entitled to benefits payable under this Policy on or after the Renewal Date immediately following the changes to the Life Assured's citizenship or residency status, the Company reserves the right to reject such claims and/or adjust the benefits payable.

5.4.3 Foreigner without an Eligible Valid Pass Shall Not Be Insurable

(a) The Life Assured shall be deemed to be a Foreigner without an Eligible Valid Pass and shall not be insurable under this policy from the date ("the Relevant Date") the Life Assured is not a citizen or permanent resident of the Country of Issue and:

(i) does not have an Eligible Valid Pass; or

(ii) whose Eligible Valid Pass has expired or has been terminated for a minimum of 60 days.

(b) If the Policyholder notifies the Company in accordance with Clause 5.4.1 above on or after the Relevant Date, the Policy will terminate from the date of such notification and the Company will refund to the Policyholder any premiums (excluding MediShield Life's premium) paid in respect of the period from the date of such notification up to the next Renewal Date provided that no claims have been made by the Policyholder. If the Policyholder had made claims after the Relevant Date, the Company reserves the right to recover all the claims paid in respect of Expenses incurred on or after the Relevant Date, and refund all premiums (excluding MediShield Life's premium) paid in respect of the period after the Relevant Date up to the date of termination.

(c) If the Policyholder fails to notify the Company in accordance with Clause 5.4.1 above on or after the Relevant Date, the Company reserves the right to terminate this Policy from the date when the Company first becomes aware that the Life Assured has been deemed to be a Foreigner without an Eligible Valid Pass under Clause 5.4.3 (a) above. The Company will refund to the Policyholder any premiums (excluding MediShield Life's premium) paid in respect of the period from the date of such discovery up to the next Renewal Date provided no claims have been made by the Policyholder. If the Policyholder had made claims after the Relevant Date, the Company reserves the right to recover all the claims paid in respect of Expenses incurred on or after the Relevant Date, and refund all premiums (excluding MediShield Life's premium) paid in respect of the period after the Relevant Date up to the date of termination.

5.5 Life Assured insured under another plan that is part of the Private Medical Insurance Scheme ("PMIS")

In the event that the Life Assured is subsequently insured under a plan that is part of the PMIS issued by an insurance company other than the Company, this Policy will terminate immediately.

5.6 No Benefits Payable after Termination of Insurance

For the avoidance of doubt, in the event that this policy is terminated in accordance with Clauses 5.2.2, 5.3, 5.4.2 and/or 5.5 and/or not renewed in accordance with Clause 6 below, the Company will not make any reimbursement of Expenses incurred on or after the date of such termination.

6 RENEWAL OF POLICY

6.1 When No Renewal Allowed

No Renewal of this Policy shall be allowed in the event that it is terminated in accordance with Clauses 5.2.2, 5.3, 5.4.2 and/or 5.5 above.

6.2 Renewal upon Payment of Premium

6.2.1 Subject to Clause 6.1, if the renewal premium is fully paid on or before a Renewal Date, the Company will guarantee the renewal of this Policy for the same Plan Type subject to the same

conditions which applied prior to that Renewal Date (including as set out in all endorsements or variations to this Policy which had been authorised by the Company), unless expressly varied in accordance with the terms of this Policy by the Company, for a further Period of Insurance.

6.2.2 Where the renewal premium is to be paid from the Policyholder's MediSave account, the Company shall request from the CPF Board the deduction of the premium from the Policyholder's MediSave account, subject to the limits under the MediShield Life Scheme (Private Medical Insurance Scheme) Regulations 2015 effective at the time of request.

6.3 Grace Period

6.3.1 The Policyholder has a period of 60 days from the Renewal Date (such period to be inclusive of the Renewal Date) ("Grace Period"), to pay the full renewal premium failing which, this Policy shall be treated as having ended on the Renewal Date and may only be reinstated with the consent of the Company.

6.3.2 Subject to the other terms of this Policy, the Company shall only reimburse the Eligible Expenses incurred during the Grace Period if the Policyholder makes full payment of any outstanding renewal premiums before the end of the Grace Period.

6.3.3 If during the Grace Period, insurance on the Life Assured begins under any policy of insurance with the Company which also provides benefits payable as defined in this Policy, then Clause 6.3.2 will immediately be void on the date of commencement of such other insurance.

6.4 Rate of Renewal Premium

The renewal premium for the Policy will:

(a) be calculated based on the rate of premium applicable on the Renewal Date in accordance with:

(i) the Plan Type effective on the day before the Renewal Date (or for any other Plan Type subject to the agreement of the Company);

(ii) the age next birthday of the Life Assured on the Renewal Date: and

(b) include any extra premium loading imposed on this Policy,

unless otherwise agreed in writing by the Company.

6.5 Company May Amend Terms and Conditions and Premium Rates

The Company reserves the right to amend the terms and conditions and/or premium (excluding MediShield Life's premium) rates of this Policy in any of the following circumstances:

(a) immediately upon written notice to the Policyholder, where the Company is required to do so by any relevant regulatory authority, or under applicable law, regulation or guidelines;

(b) immediately upon written notice to the Policyholder, where the amendment is required for the purposes of aligning the coverage under this Policy with that under the MediShield Life; or

(c) in all other circumstances, where the Company has given the Policyholder notice of the amendment of at least 30 days.

6.6 Upgrading / Downgrading of Plan Type

6.6.1 The Policyholder may apply to:

(a) upgrade the Plan Type, subject to receipt of evidence of insurability on the Life Assured acceptable to the Company; or

(b) downgrade the Plan Type,

provided that the application for upgrading or downgrading is received by the Company at least 15 days before the Renewal Date.

6.6.2 The Company has the absolute discretion to accept or refuse such an application.

6.6.3 If the Company accepts the Policyholder's application, the upgraded / downgraded Plan Type is subject to the same conditions which applied prior to the upgrading / downgrading (including as set out in all endorsements or variations to this Policy which had been authorised by the Company), unless expressly varied in accordance with the terms of this Policy by the Company. For the avoidance of doubt, any premium loading imposed will also apply to the insurance granted upon upgrading / downgrading, unless otherwise agreed in writing by the Company.

6.6.4 For medical treatment, Hospitalisation, Surgery and consultation provided to and investigation of the Life Assured commencing:

(a) before the effective date of upgrading or downgrading ("upgrading / downgrading date") of benefits for any condition; and

(b) on or after that upgrading / downgrading date which were follow-up medical treatment(s), consultation(s) or further investigation(s) of that Life Assured for the same condition for which he received medical treatment(s), consultation(s) or investigation(s) before the upgrading / downgrading date,

benefits will be payable in accordance with the Benefit Limits of the Plan Type insured under this Policy immediately prior to that upgrading / downgrading date.

7 REINSTATEMENT OF POLICY

7.1 Application for Reinstatement

7.1.1 If this Policy terminates on the Renewal Date in accordance with Clause 5.1 above and is not renewed in accordance with Clause 6 above, the Policyholder may apply for this Policy to be reinstated ("Application for Reinstatement") subject to the Company's receipt of evidence of the Life Assured's insurability acceptable to the Company within 1 year from the Renewal Date. The Company has the absolute discretion to refuse such an application.

7.1.2 If the Company accepts the Policyholder's Application for Reinstatement, this Policy will be reinstated only if the Policyholder pays the full reinstatement premium in accordance with one of the following applicable modes:

(a) If the full reinstatement premium is paid entirely in cash, the reinstatement premium must be paid to the Company within 1 year from the Renewal Date. The Policy will be reinstated upon the Company's approval of the Application for Reinstatement or when the reinstatement premium is received by the Company, whichever is the later date;

(b) If the reinstatement premium is paid entirely from the Policyholder's MediSave account, the full reinstatement premium must be successfully deducted in from the Policyholder's MediSave account. The Policy will be reinstated upon the deduction of premium from the Policyholder's MediSave account; or

(c) If the reinstatement premium is paid partly in cash and partly from the Policyholder's MediSave account ("the CPF Portion"):

(i) the CPF Portion of the reinstatement premium must be successfully deducted from the Policyholder's MediSave account; and

(ii) the cash portion of the reinstatement premium must be paid by the date of the successful deduction of the CPF Portion.

The Period of Insurance upon reinstatement will begin on the Renewal Date as if this Policy had not been terminated in accordance with Clause 5.1 and had been renewed in accordance with Clause 6.

7.1.3 Insurance granted upon reinstatement excludes treatments, medical services and supplies provided to the Life Assured commencing:

(a) before the Date of Reinstatement for any condition; and/or

(b) on or after the Date of Reinstatement which are follow-up treatments, medical services and supplies for that condition before the Date of Reinstatement.

7.1.4 Upon reinstatement of this Policy, the same conditions which applied prior to that Renewal Date as described in Clause 7.1.2 (including as set out in all endorsements or variations to this Policy which had been authorised by the Company), unless otherwise agreed in writing or expressly varied in accordance with the terms of this Policy by the Company.

7.2 Reinstatement Premium Rate

The reinstatement premium for the Policy will:

(a) be calculated at the rate of premium applicable on the Date of Reinstatement according to the:

(i) Plan Type of the insurance granted on reinstatement; and

(ii) age next birthday reached by the Life Assured on the Renewal Date of this Policy as described in Clause 7.1.2; and

(b) include any extra premium loading imposed on this Policy,

unless otherwise agreed in writing by the Company.

7.3 When No Reinstatement Allowed

For the avoidance of doubt, the Company will not allow reinstatement of insurance for the Life Assured whose insurance had ended in accordance with Clauses 5.2.2, 5.3, 5.4.2 and/or 5.5 above.

8 CLAIMS

8.1 Notification

8.1.1 The Policyholder or the Policyholder's legal personal representative(s) must file a claim within 90 days from the date of the medical bill.

8.1.2 A claim will still be valid if it was not reasonably possible for the Policyholder or the Policyholder's legal personal representative(s) to give such proof within this period.

8.2 Submission and Documentation

The Policyholder or the Policyholder's legal personal representative(s) shall (at the Policyholder's or the Policyholder's legal personal representative(s)' own expense) submit to the Company all certificates, forms, bills, receipts, documents, information and evidence satisfactory to and required by the Company, including but not limited to English translations of any documents written in another language. Only original bills, receipts and other documents will be accepted by the Company unless such certificates,

forms, bills and receipts, documents, information and evidence required by the Company are electronically submitted on behalf of the Policyholder by a Hospital or medical clinic or other medical establishment using the Electronic Claims Filing System or otherwise agreed in writing by the Company.

8.3 Medical Doctor's Certificate

The Policyholder or the Policyholder's legal personal representative(s) shall (at the Policyholder's or the Policyholder's legal personal representative(s)' own expense) submit a certificate (in a form prescribed by the Company) signed by a Medical Doctor who attended to the Life Assured in respect of the claim. Otherwise, the Company will not pay any benefit under this Policy.

8.4 Medical Examination

If required by the Company, the Life Assured, for whom a claim has been submitted, must undergo medical examinations (at the Company's expense) by a Medical Doctor or Medical Doctors appointed by the Company.

8.5 Expiration of Liability

If the Company first denies liability to the Policyholder or the Policyholder's legal personal representative(s) for any claim, the Company will not be responsible for that claim after 365 days have passed from the date of denial unless the claim is the subject of pending mediation before a mediation authority or body.

9 POLICY - WHEN VOID

9.1 Misrepresentation or Non-disclosure of Material Facts

9.1.1 If any written statements or declarations made by the Policyholder or the Life Assured on proposal for (or Application for Reinstatement of) insurance is untrue in any respect or if any material fact affecting the risk is incorrectly stated or represented in or is omitted from these documents ("Misrepresentation or Non-disclosure"), the Company may, at its sole discretion:

(a) declare this Policy void; or

(b) impose such conditions and/or additional exclusions or vary the terms of this Policy and/or recover any benefits paid under this Policy that would not have been paid had the Misrepresentation or Non-disclosure not been made.

9.1.2 If the Company opts to declare this Policy void under Clause 9.1.1 (a) above, this Policy is treated as void:

(a) on the Commencement Date of Insurance if the Misrepresentation or Non-disclosure was made to the Company on a proposal for insurance; or

(b) on the applicable Renewal Date as described in Clause 7.1.2, if the Misrepresentation or Non-disclosure was made to the Company on an Application for Reinstatement of insurance.

9.2 Refund of Premium

Except in the case of fraud by the Policyholder and/or the Life Assured, where this Policy is treated as void under Clause 9.1.1 (a) above, the Company will:

(a) If there are no claims made under this Policy, all premiums (excluding MediShield Life's premium) paid for insurance which became effective on or after the date on which this Policy is treated as void will be refunded; or

(b) If there were claims made under this Policy, only the premiums (excluding MediShield Life's premium) paid for the Period(s) of Insurance following the Period of Insurance in which the last claim was made will be refunded.

9.3 Fraudulent Claims

The Company may terminate or void this Policy by immediate notice if the Policyholder makes any claim which is fraudulent or exaggerated or if the Policyholder makes any false declaration or statements in support of any claim. In this case, there will be no refund of premiums for this Policy and the Company reserves the right to recover any benefits paid under this Policy, including for such fraudulent or exaggerated claims.

10 OTHER CONDITIONS

10.1 Form of Notices

10.1.1 Any request, notice, instruction or correspondence required under this Policy whether to the Company or the Policyholder has to be in writing and must be delivered personally or sent by courier, or by post, or facsimile transmission or electronic mail addressed to the addressee or by any other means as may be approved or adopted or accepted by the Company. For the Policyholder, the mailing address is that stated in the proposal or any other address that the Policyholder has informed the Company in writing.

10.1.2 The Company's notice, request, instruction or communication is presumed to be received by the Policyholder:

(a) in the case of a letter, on the 7th day after posting if posted locally, and on the 14th day after posting, if posted overseas;

(b) in the case of personal delivery or delivery by courier, on the day of delivery;

(c) in the case of a facsimile transmission or electronic mail, on the business day immediately following the day of despatch; or

(d) in the case of other means as approved, adopted or accepted by the Company, when the Company decides it is reasonable to have been received.

10.2 Alteration of Policy

No alteration in the terms of this Policy or any endorsement will be valid unless the alteration or endorsement is signed or initialled by an authorised personnel of the Company.

10.3 Errors of Age

If the age of the Life Assured has been stated wrongly in the proposal for this Policy, the premium shall be adjusted based on the correct age of the Life Assured. Any excess premium paid will be refunded to the Policyholder and any shortfall in premium shall be paid by the Policyholder.

If at the correct age, the Life Assured would not have been eligible for insurance under this Policy, no benefits will be payable, and all premiums (excluding MediShield Life's premium) paid will be refunded in full.

10.4 Absolute Owner

10.4.1 The Company is entitled to treat the Policyholder as the absolute owner of this Policy.

10.4.2 The Company will not recognise any equitable or other claim to or interest in this Policy.

10.4.3 The receipt by the:

(a) Policyholder;

(b) Policyholder's legal personal representative(s) or Next-of-Kin; or

(c) Hospital or medical clinic or other medical establishment using the Electronic Claims Filing System in which the Expenses were incurred by the Life Assured,

of any payment made by the Company in respect of a claim made under this Policy will be the full and final discharge of the Company in respect of any liability under such claim.

10.5 Assignment

The Policyholder may not assign this Policy or any of its rights and obligations hereunder, without the prior written consent of the Company. Any such attempted assignment shall be null and void.

10.6 Governing Law

10.6.1 This Policy will be construed according to and governed by the laws of the Republic of Singapore.

10.6.2 The laws of the Republic of Singapore will apply in the event of any conflict or dispute with regard to or arising out of this Policy and the parties to this Policy agree to submit themselves to the exclusive jurisdiction of the courts of the Republic of Singapore for the resolution of any such conflict or dispute.

10.7 Exclusion of the Contracts (Rights of Third Parties) Act 2001

A person who is not a party to this Policy shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.

10.8 Subrogation

If the Company makes any payment or otherwise makes good any loss under this Policy, the Company shall be subrogated to all of the Life Assured and Policyholder's rights of recovery against any other person or persons and Policyholder shall complete, sign and deliver any document necessary to secure such rights. Both the Life Assured and Policyholder shall not take any action following a loss to prejudice such rights of subrogation.

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