GROUP PERSONAL ACCIDENT INSURANCE

MLife Savings Account

TERMS OF THE POLICY

This Policy, Schedule and Endorsement (if any) is evidence of the contract between the Policyholder and the Insurer. The proposal made by the Insurer in connection with this Policy shall be the basis and form part of this contract.

This Policy, Schedule and Endorsement (if any) is to be read together and to be considered as one document and any word or expression to which a specific meaning has been attached in any part shall bear the same meaning wherever it appears.

Provided that the Policyholder pays the premium in accordance below, the Insurer agrees to accept the same and provide cover for the Insured Person whilst this Policy is in force in accordance to the terms and conditions set out in this Policy.

The terms and conditions set out in this Policy, Schedule and Endorsement (if any) are part of the contract and must be complied with. Failure to comply with the same by the Policyholder/Insured Person may result in the Policyholder/Insured Person not being able to claim under this Policy.

A masculine gender as used herein shall include the feminine wherever the context requires. Any word denoting a singular pronoun shall also mean to include the plural.

ELIGIBILITY

To be eligible for cover under this Policy, the Insured Person must be between the age of forty-five (45) years and seventy (70) years as at the date of the effective date of opening a MLife Savings account. The cover under this Policy shall terminate immediately on the Insured Person's 71st birthday.

PREMIUM WARRANTY

It is fundamental and an absolute special condition of this Policy that the premium due must be paid and received by the Insurer within sixty (60) days from the Effective Date of Insurance and if required upon the commencement date of any Endorsement/renewal of the Policy (if any) that is issued by the Insurer.

If this condition is not complied with then this Policy will be automatically terminated and the Insurer shall be entitled to any premium for the period for which cover was provided to the Insured Person prior to the termination of the Policy.

Where the premium payable pursuant to this warranty is received by an authorised agent of the Insurer, the payment shall be deemed to be received by the Insurer for the purposes of this warranty and the onus of proving that the premium payable was received by a person, including an insurance agent, who was not authorised to receive such premium shall lie on the Insurer.

GENERAL DEFINITIONS

Accident/Accidental means an event of violence and/or accident of an external and/or visible nature, occurring to the Insured Person whilst cover under this Policy is in force, which shall independently over and above any other cause be the sole cause of Bodily Injury or death.

Accountholder shall mean the person who opens and maintains Mlife Account(s) with the Policyholder, whether singly or jointly with other person(s) and maintains a minimum total balance of S$30,000 in the MLife Account(s) as at the date of the Accident.

Benefit means the relevant benefit amount set out in the Table of Coverage and Benefits of this Policy payable by the Insurer subject to the terms and conditions set out in this Policy in respect of each event or loss covered by this Policy.

Bodily Injury means injury sustained by an Insured Person from an Accident. For avoidance of doubt, this excludes illness &/or sickness directly resulting from medical treatment rendered necessary by the Accident.

Congenital Conditions shall mean any medical or physical abnormalities existing at the time of birth, as well as neonatal physical abnormalities developing within six (6) months from the time of birth. They will include hernias of all types and epilepsy except when caused by an Accident which occurred after the Insured Person is covered under this policy.

Effective Date of Insurance means the date this Policy comes into force, as stipulated in the Schedule.

Endorsement means written evidence of an agreed amendment to the terms and conditions of this Policy and/or Schedule.

Hospital means any institution which fully meets all of the following criteria:

a) maintains permanent and full-time facilities for care of overnight resident patients; and
b) has diagnostic and therapeutic facilities for surgical and medical diagnosis and treatment and care of injured and sick persons by or under the supervision of a staff of Medical Practitioners;
c) continuously provides 24 hours a day nursing service supervised by qualified nurses; and
d) is not other than incidentally a mental institution or a place for rest or a place for the aged or for drug addicts or for alcoholics.

Insured Person means any Accountholder who is eligible for cover under this Policy.

Insurer means Etiqa Insurance Pte Ltd (201331905K).

Loss of Hearing and Speech means total and irrecoverable loss of speech and hearing which is beyond remedy by surgical or other treatment.

Loss of Sight means physical loss of an eye or permanent and total loss of sight, which shall be considered as having occurred:

a) in both eyes if so certified by a registered fully qualified ophthalmic specialist. However, We reserve the right to seek a second opinion; or
b) in one eye if the degree of sight remaining after correction is 1/60 or less on the Snellen Scale (that is seeing at one (1) foot what a person should see at sixty (60) feet). However, We reserve the right to seek a second opinion.

Loss of Hand means:

a) amputation of an entire hand or all four fingers from where the fingers join the palm of the hand; or
b) total and permanent loss of use of an entire hand or all four fingers.

Loss of Leg means:

a) amputation of a foot (at or above the ankle); or
b) permanent total loss of use of a foot.

Loss of Limb means loss or physical separation of a hand at or above the wrist or a foot at or above the ankle and shall include total and irrecoverable loss of use of hand, arm or leg.

Medical Practitioner means a legally qualified and licensed physician, doctor or surgeon duly registered and practising within the scope of his licence pursuant to the laws of the country in which such practice is maintained and does not include the Policyholder, Accountholder or his/her family members.

Pre-existing Illness shall mean disabilities that the Insured has reasonable knowledge of. The Insured may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:

a) the Insured had received or is receiving treatment; or
b) medical advice, diagnosis, care or treatment has been recommended; or
c) clear and distinct symptoms are or were evident; or
d) its existence would have been apparent to a reasonable person in the circumstances.

MLife Savings Account means the MLife Savings Account opened and maintained by the Accountholder with the Policyholder subject to the Policyholder's prevailing terms and conditions governing such accounts.

Period of Insurance means the period commencing on the Effective Date of Insurance and continuing in full force and effect for a period of 12 months subject to this period being renewable unless terminated earlier.

Policy means this policy entered into by the Policyholder and Insurer where insurance cover in accordance to the terms and conditions set out in this Policy is provided to an Insured Person(s).

Policyholder means Maybank Singapore Limited.

Schedule means the information page that includes but is not limited to details on the Insured, Benefit, Premium and Period of Insurance attached to this Policy.

Specified Illnesses shall mean the following disabilities and its related complications, occurring within the first hundred twenty (120) days of Insurance of the Insured:

a) Hypertension, diabetes mellitus and cardiovascular disease; or
b) All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system; or
c) All ear, nose (including sinuses) and throat conditions; or
d) Hernias, haemorrhoids, fistulae, hydrocele, varicocele; or
e) Vertebro-spinal disorders (including disc) and knee conditions.

You/Your/Insured means the Insured named in the Schedule.

Us/We/Our means **Etiqa Insurance Pte Ltd** (201331905K).

Table of Coverage and Benefits

Accidental Permanent Disablement	**Benefit amount**
If during the Period of Insurance, You have sustained Bodily Injury which results in Permanent Disability within fifty two (52) weeks from the date of Accident, We shall pay the relevant Benefit Amount in accordance to the schedule of benefits stated under your plan as specified below:	
a) Permanent Total Disablement	$30,000
b) Permanent Loss of or Loss of Use of two (2) Limbs	$30,000
c) Permanent Loss of Sight in two (2) Eyes	$30,000
d) Permanent Loss of or Loss of Use of one (1) Limb and Loss of sight in one (1) eye	$30,000
e) Permanent Loss of Speech and Hearing	$30,000
f) Permanent Loss or Loss of Use of one (1) Limb or Loss of sight in one (1) eye	$15,000
g) Permanent Loss of Speech	$15,000
h) Permanent Loss of Hearing	$15,000
Conditions applicable to this Section	
1. If Benefit is claimed for: a) Permanent total loss or loss of use of a hand or leg, then no Benefit Amount shall be paid for the loss of parts of that hand or leg. b) Permanent loss of use of parts of a hand or leg, then the total amount payable shall not exceed the Benefit Amount payable for permanent total loss of that whole hand or leg.	
2. If Benefit is claimed for more than one form of Permanent Disability sustained in any one Accident, then the total amount payable shall not exceed the Benefit Amount payable for Permanent Total Paralysis or injuries resulting in permanently bedridden.	
3. Before We pay Permanent Total Paralysis or other Permanent Disability Benefits, Total Paralysis or injuries resulting in being permanently bedridden or Permanent Disability shall have lasted fifty two (52) weeks and have been proven to be permanent and without expectation of recovery.	
4. Permanent Disability Benefits shall not be payable in the event of Accidental Death in connection with the same Accident becomes payable.	
5. If total amount of Benefit has been paid for Accidental Death of Permanent Total Paralysis or Permanent Total Loss of Sight of both eyes or use of both hands or both feet or both limbs or combination of these or Permanent Total Loss of Hearing in both ears or Speech, this Certificate shall therefore cease to apply to You.	

Accidental Medical Reimbursement	
The Insurer shall pay the benefit amount stated for actual medical and Hospital expenses incurred due to an Accident and expended by the Insured Person for each Period of Insurance subject to the presentation of original invoices and/or receipts. Any expenses expended for traditional/alternative treatment are covered under this Policy provided always that such treatment is sought subsequent to any medical and Hospital treatment. Any such treatment must be provided by a qualified traditional or alternative medical practitioner who is duly registered and approved by the relevant authorities. Insurer shall not be liable for any claim if the total medical expenses incurred by Insured do not exceed S$50 in any one accident. Insurer will pay the exact claim amount or maximum up to S$500 should the total medical expenses incurred exceed S$50 in any one accident. In any event the total reimbursement for the actual medical, Hospital and traditional/alternative treatments expenses payable under this section shall not exceed S$500.00 per Accident.	S$500.00 per Accident

GENERAL EXCLUSIONS (APPLICABLE TO ALL SECTIONS)

The Insurer shall not pay for any Benefit under this Policy caused by or contributed to by or related to any of the following:

1. Any pre-existing physical defect or infirmity, pregnancy, childbirth, abortion, miscarriage or any complication thereof; or

2. any treatment or surgical operation for Congenital Conditions; or

3. any condition which is or results from erectile dysfunction and tests or treatment related to impotence or sterilization; or

4. any wilful or intentional acts of the Insured Person, suicide pacts or agreements or complications of suicide or attempted suicide, provoked homicide or assault or self-inflicted injury; or

5. any condition which is or results from intoxication by alcohol or drugs not prescribed by a Medical Practitioner; or

6. any condition, which is or results from or a complication of infection with Human Deficiency Syndrome ('HIV'), any variance including Acquired Immune Deficiency Syndrome ('AIDS'), and AIDS Related Complications ('ARC'), or any opportunistic infections and/or malignant neoplasm (tumour) found in the presence of HIV, AIDS or ARC; or

7. mental and nervous disorders, including but not limited to insanity; or

8. any condition which is or results from a complication of venereal disease; or

9. all claims and losses based upon, arising out of, directly or indirectly resulting from or in consequence of, or any way involving:
   a) asbestos, or
   b) any actual or alleged asbestos related injury or damage involving the use, presence, existence, detection, removal, elimination or avoidance of asbestos or exposure or potential exposure to asbestos; or

11. any condition sustained whilst engaging in flying or other aerial activities other than in a fully licensed passenger carrying power driven aircraft as a passenger but not:
    a) as a member of the crew; or
    b) for the purpose of any trade or technical operation in or on the aircraft.

12. the Insured Person taking part in naval, military, air force, police force, fire service department or any armed forces operation or any armed occupation; or

13. the Insured Person engaging in diving, mining, logging, sawmilling, wood working, underground works, explosive making or handling or custodians or blasters, gas manufacturing or whilst on duty as a ship crew or fisherman; or

14. war, invasion, act of foreign enemy, hostilities or warlike (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation, nationalization, requisition or destruction of or damage to property under the order of any government, public or local authority or martial law or state of siege or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege; or

15. ionizing radiations or contamination by radio-activity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel or nuclear weapons or materials. Solely for the purpose of this exclusion, combustion shall include any self sustaining process of nuclear fission; or

16. any act of terrorism. For this purpose an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public in fear; or

17. the Insured Person engaging in training or practicing for or taking part in;
    a) any underwater activities involving the use of underwater breathing apparatus or scuba diving; or
    b) climbing or mountaineering necessitating the use of ropes or guides, mountain or off road biking, skateboarding or roller skating; or
    c) pot-holing, hiking/trekking in remote areas unless with licensed guides; or
    d) parachuting, hang-gliding, bungee jumping or any diving activities; or
    e) winter sports (excluding curling and skating), hunting, polo-playing, steeple-chasing, water-skiing, or any racing activities other than on foot; or
    f) martial arts; or
    g) professional sports of any kind.

GENERAL CONDITIONS (APPLICABLE TO ALL SECTIONS)

1. Overseas Travel/Medical Treatment

The Insurer shall not pay any Benefit whilst the Insured Person travels outside Singapore and is not in the Insured Person's home country.

a) if the event which may give rise to claim occurs on the purpose of business, study or vacation for a period exceeding three (3) consecutive months in any one annual Period of Insurance; or

b) to seek medical treatment (even though such treatment shall be upon the requirement of attending Medical Practitioner) if such treatment is available locally.

2. Period of Cover and Renewal

This Policy shall be effective for the Period of Insurance and is automatically renewable on a yearly basis, unless terminated earlier in accordance as below upon the agreement of both the Policyholder and Insurer. On each such renewal, the Policy is renewable at the premium rates in effect at that time and any change in the premium rates shall be notified by writing at least thirty (30) days before the renewal takes place.

3. Disappearance Clause

Whilst the Insured Person is travelling and the means of transportation disappears, sinks, crashes, or is wrecked or the Insured Person is kidnapped or abducted and the Insured Person is not found within one (1) year of the incident, the Insurer shall presume that the Insured Person has died as a result of Bodily Injury and shall pay the Benefit as set out in the Table of Coverage and Benefits accordingly. If at any time after payment of the Benefit has been made by the Insurer, the Insured Person is found to be alive such payment shall be immediately refunded to the Insurer.

4. Misrepresentation/Fraud

If any declaration of the Insured Person is untrue in any respect or if any material fact affecting the risk be incorrectly stated herein or omitted therefrom or if cover under this Policy shall have been obtained through any misstatement, misrepresentation or suppression by the Insured Person or if any claims made shall be fraudulent or exaggerated or if any false declaration or statement shall be made in support thereof by the Insured Person then in any of these cases the cover afforded under this Policy to that Insured Person shall be void.

5. Payment of Benefit

The Benefit payable under item shall be paid to the Insured Person’s beneficiary (if any) or otherwise to his estate. The Benefit payable under item this Policy shall be paid to the Insured Person only. Any receipt by the Insured Person or his beneficiary or estate of any Benefit payable under this Policy shall in all cases be deemed final and a complete discharge of all of the Insurer’s liabilities under this Policy.

6. Claim Procedures

a) All claims must be notified to the Insurer as soon as possible but not later than thirty (30) days after any event which may entitle the Insured Person to claim under this Policy.

b) Any documents or evidence required by the Insurer to verify the claim shall be provided by the Insured Person at his own expense. Any medical examination required by the Insurer to verify the claim shall be at the Insurer’s expense.

7. Incomplete Claims

Claims are not deemed complete and eligible Benefits are not payable unless all invoices/receipts for such claims have been submitted and agreed by the Insurer. Only actual costs incurred shall be considered for reimbursement. Any variation or waiver of the foregoing shall be at the Insurer’s sole discretion.

8. Subrogation

If the Insurer shall become liable for any payment under this Insurance, the Insurer shall be subrogated to the extent of such payment to all the rights and remedies of the Insured Person against any party and shall be entitled at the Insurer’s own expense to commence action in the name of the Insured Person. The Insured Person shall give or cause to be given to the Insurer all such assistance in his power as the Insurer shall require to secure the rights and remedies and at the Insurer’s request shall execute or cause to be executed all documents necessary to enable the Insurer to effectively bring a suit in the name of the Insured Person.

9. Interest and Currency

No amount payable under this Policy shall carry any interest. The premium and Benefit payable under this Policy shall be in Singapore Dollar (SGD).

10. Notice of Trust or Assignment

The Insurer shall not accept or be affected by notice of any trust or assignment or the like which relates to this Policy.

11. Arbitration

If any differences shall arise as to the amount to be paid under this Policy (liability being otherwise admitted) such difference shall be referred to an arbitrator to be appointed in accordance with the statutory provisions in that respect for the time being in force. Where any difference is by this condition to be referred to arbitration, the making of an award shall be a condition precedent to any right of action against the Insurer. Unless any such action or suit be commenced within six months of the making of an award the Insurer shall not be liable to make any payment in excess of the amount of the award.

12. Legal Proceedings

No action at law or in equity shall be brought to recover on the Policy prior to expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. If the Insured Person shall fail to supply the requisite proof of loss as stipulated by the terms, provisions and conditions of this Policy, the Insured Person may, within a grace period of one calendar year from the time that the written proof of loss to be furnished, submit the relevant proof of loss to the Insurer with cogent reason(s) for the failure to comply with the

Policy terms, provisions and conditions. The acceptance of such proof of loss shall be at the Insurer's sole and entire discretion. After such grace period has expired, the Insurer will not accept, for any reason whatsoever, such written proof of loss.

13. Alterations

No amendments to the terms and provisions of this Policy shall be valid unless approved in writing by the Insurer and the Policyholder and evidenced by an Endorsement. Such approved amendments will take effect from the next renewal of this Policy.

14. Contract (Rights of Third Parties) Act 2001

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

15. Lapse of Coverage for Insured Person

This Insurance coverage shall lapse:

a) upon the death of the Insured Person; or
b) if the Insured Person ceases to be eligible under the terms and conditions of this Policy; or
c) upon payment of the Benefit

16. Termination of this Policy

a) **Termination by the Policyholder**

The Policyholder may give notice of termination hereof by registered post to the Insurer at his last known address where such termination shall become effective on the date the notice is received or on the date specified in such notice, whichever is the later.

b) **Termination by the Insurer**

The Insurer may give notice of termination hereof by registered post to the Policyholder at his last known address where such termination shall become effective after sixty (60) days following the date of such notice.

c) **Effective Time of Termination**

This Policy shall terminate at 11:59 pm Singapore time on the relevant date specified in the occurrence date of any events specified herein, Schedule or Endorsement.

d) **Portfolio Withdrawal Condition**

The Insurer reserve the right to cancel the portfolio as a whole if the Insurer decide to discontinue underwriting this Insurance product. Cancellation of the portfolio as a whole shall be given by written notice to the Policyholder at least thirty (30) days before the cancellation and the Insurer will run off all Policies to expiry of the period of cover within the portfolio.

FREE POLICY EXTENSIONS

1. Riot, Strike, Civil Commotion

This Policy covers death of the Insured Person as a result of riot, strike, civil commotion, hijack, murder or assault. Provided that such injury does not arise out of the Insured Person's own participation, collaboration or provocation of such act.

2. Suffocation By Smoke, Poisonous, Gas / Drowning

This Policy covers death of the Insured Person as a result of suffocation by smoke, poisonous fumes, gas or drowning. Provided that such injury does not arise out of the Insured Person's willful and intentional act.

COMPLAINT PROCEDURES

If the Policyholder makes a complaint to the Insurer, in order to expedite matters, the Policyholder needs to provide the Insurer with the Insured Person's details (name, contact numbers, etc), specific nature of the complaint and supporting documents.

Stage One

1. The Insurer shall acknowledge the Policyholder's complaint within 3 business days.
2. If the Insurer needs additional information the Insurer shall contact the Policyholder and request that information within 7 business days from the date of the complaint.
3. The Insurer shall endeavor to resolve all complaints as soon as possible. If the complaint takes longer to resolve, the Insurer will contact the Policyholder and update them on the progress of their complaint within 14 business days of the last communication to them.

Stage Two

If the outcome of the complaint is not handled to the Policyholder's satisfaction, the Policyholder can write to the principal officer of the Insurer to appeal. The Insurer shall respond within 14 business days.

POLICY OWNERS' PROTECTION SCHEME

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg

IMPORTANT NOTICE

In accordance with the Insurance Act, we would remind you that you must disclose to us fully and faithfully all the facts you know or could reasonably be expected to know, otherwise you may not receive any benefit from this Policy.