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SmartCare Prime

redefining / insurance



Caring for our Customers

AXA Insurance Singapore will make every effort to provide a high level of service expected by all our policyholders. If on any occasion our service falls below the standard of your expectation, the procedure below explains what you can do:

- Your first point of contact should always be your insurance agent or broker. Alternatively, you may submit your feedback to the AXA Manager in charge of the matter you are raising.
- We will acknowledge receipt of your feedback within 3 working days whilst we look into the matter you raised. We will contact you for further information if required within 7 working days and provide you with a full reply within 14 working days.
- If the outcome of your complaint is not handled to your satisfaction, you can write to:

Chief Executive Officer
AXA Insurance Singapore Pte Ltd
8 Shenton Way #27-01, AXA Tower
Singapore 068811

We will respond to your appeal within 14 working days.

- If you are still dissatisfied with the CEO's response, we will refer you to a dispute resolution organisation, Financial Industry Disputes Resolution Centre Ltd (FIDReC) who is an independent organisation. FIDReC's contact details are:

Financial Industry Disputes Resolution Centre Ltd
112 Robinson Road #13-03
HB Robinson
Singapore 068902

Telephone : 63278878
Fax : 63278488
Email : info@fidrec.com.sg
Website : www.fidrec.com.sg

Important - Please remember to quote your Policy reference in your Communication.

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YOUR SmartCare Prime POLICY

Welcome to your **SmartCare Prime** Policy.

Please read this Policy carefully together with your Schedule to ensure that you understand the terms and conditions and that the cover You require is being provided. Do keep it in a safe place as they are legal documents.

If You have any questions after reading these documents, please contact your insurance adviser or AXA Insurance.

If there are any changes that may affect the insurance provided, please notify us immediately.

IMPORTANT NOTICE

1. Before we provide cover, you and all Insured Persons must fully and faithfully tell us everything you know (or could reasonably be expected to know) that is relevant to our decision in whether or not to insure the Insured Persons, otherwise you may receive no benefit from your Policy.
2. The insurance cover under this Policy is based on the information submitted to us, as set out in the accompanying documents. Please read these documents carefully. If they contain any information that is incorrect, please notify us immediately, otherwise you may receive no benefit in the event of a claim and/or your Policy may be voided and our liabilities shall be restricted to a refund of premiums paid for that Period of Insurance without interest. If any information, which you subsequently provide us, differs materially from the information submitted to us earlier, we may offer cover on different terms or decline it altogether. If we do not hear from you within 14 business days from the date of issue of this Policy, we will take it that the information is complete and correct.
3. You have a free-look period of 14 business days from the date that you receive this Policy to review it. You are deemed to have been received the Policy within 3 days after we have despatched it. If you decide that this Policy does not suit your needs, you may request to cancel it by giving us clear, written instructions and returning the Policy to us within the free-look period. Provided that no claims have been made during this period, we shall refund the premiums paid by you without interest. This free-look period shall not apply to policies with terms of less than 1 year. It will also not apply to policy renewals.

HOW YOUR INSURANCE OPERATES

Your **SmartCare Prime** Policy is a contract between You and AXA Insurance, and it consists of:

- this Policy document;
- the Schedule, which has details relating to You, the type of cover and Period of Insurance;

The Fact Find Form (if any), application form, declaration and any other information given form the basis of this contract. The Policy, conditions, exclusions, endorsements and memoranda shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part shall bear the same meaning wherever it appears.

This Policy shall become effective on the date specified in the Schedule and continue for the Period of Insurance specified, ending at 23:59 Standard Singapore Time on the last day of the Period of Insurance.

Having received and accepted your first premium, and any subsequent premiums required, we will provide the cover shown in the relevant sections of the Policy, up to the sums insured or limits of indemnity stated in the Schedule.

(A) ELIGIBILITY AND SCOPE

1. Persons Eligible

- (a) Cover under this Policy shall be subject to the fulfillment of all of the following eligibility requirements by the Insured Persons:
- (i) satisfy the entry age
 - You and your Spouse are from 18 to 65 years (Age next birthday); and
 - Your Child is from 15 days to 18 years (Age next birthday); and
 - (ii) are Residents of Singapore; and
 - (iii) are insurable in accordance with our terms and standards of acceptance; and
 - (iv) You pay the applicable premiums.
- (b) Subject to our approval, cover for You and your Spouse may be renewed up to 75 years (Age next birthday). Cover for your Children may be renewed up to 25 years (Age next birthday) provided that they are unmarried, unemployed and full-time students in a recognised institution of higher learning.

2. Addition of Dependants

- (a) Provided that your Dependants satisfy the eligibility requirements set out in Section A Part 1(a) above, they may be included as Insured Persons under this Policy.
- (b) You must:
- (i) provide written request of such inclusion of your Dependants and provide all necessary information on enrolment forms in the form prescribed by us;
 - (ii) provide evidence of insurability of such Dependants; and
 - (iii) pay additional premiums.

Subject to Section A 2(b)(iii) above, Cover for your Dependants will only commence on the Effective Date.

3. Further conditions concerning Cover

An Insured Person's Cover shall cease automatically if he remains outside of Singapore for a period in excess of 182 consecutive days. In such event, the Insured Person's Cover shall terminate at 23:59 Standard Singapore Time on the 182nd day after date of Insured Person's departure from Singapore.

4. Geographical Scope

This Policy Covers an Insured Person whilst resident in Singapore.

Additionally, the following terms and conditions shall also be applicable to Coverage of an Insured Person outside Singapore provided that at the time an Insured Person sustains an Injury, he has not been outside of Singapore for more than 182 consecutive days.

(B) DEFINITIONS

In this Policy, where consistent with the context, the singular shall include the plural and vice versa and words importing the masculine gender shall include the feminine gender and each of the following words and expressions shall have the following meanings:

TERM	MEANING
Accident	An unexpected, fortuitous and external event that solely and independently results in bodily injury and which is not caused by a disease or illness
Age	An Insured Person's age at his next birthday
Biological Agent	Shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which caused illness and/or death in humans, animals or plants
Chemical Agent	Shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property
Child	Your natural or step or legally adopted child who is unmarried, unemployed and whose Age next birthday is from 15 days to 25 years old, provided that the Age next birthday of 19 to 25 years old shall be applicable to renewals only
Cover	Insurance cover in accordance with the terms of this Policy, as applicable to each Insured Person
Chinese Physician	A person qualified as a Traditional Chinese medicine practitioner (other than an Insured Person or a member of the Insured Person's immediate family or business partners, employers or employees) engaged in the practice of traditional Chinese medicine (including a herbalist or bonesetter or acupuncturist), who is duly licensed and/or registered with the relevant regulatory board or council to practice and render such treatments, within the scope of his licensing and training in the geographical area of his practice
Chiropractor*	A legally qualified practitioner in chiropractic medicine and practicing within the scope of his license pursuant to the laws of the country in which such practice is maintained
Dentist	A person qualified as a dental practitioner (other than an Insured Person or a member of the Insured Person's immediate family or his business partners, employers or employees) by a degree in dentistry and duly licensed and/or registered with the relevant statutory dental board or council to provide dental treatment and who, in rendering dental treatment, is practicing within the scope of his licensing and training in the geographical area of practice.
Dependants	Any of the following persons: (a) Your spouse (b) Your child

TERM	MEANING
Effective Date	The date on which Cover under this Policy for the respective Insured Persons becomes effective and which is stated on the Schedule or Endorsement, whichever is later
Emergency Dental Treatment	A sudden change in an Insured Person's dental health which requires immediate and urgent medical treatment to avoid serious impairment to the Insured Person's dental health
Endorsement	An authorised amendment to this Policy
Hospital	<p>An establishment duly constituted and licensed in the geographical area in which it is located as a medical or surgical hospital for the care and treatment of sick and injured persons as bed-paying patients, and which:</p> <p>(a) Provides facilities for diagnosis, treatment and Minor or major Surgery;</p> <p>(b) Provides twenty-four (24) hours a day nursing services by registered graduate nurses;</p> <p>(c) Is supervised by a full-time staff of Physicians at all times; and</p> <p>(d) Is not primarily a clinic, a mental hospital or institution, a place for custodial care or facility for alcoholics or drug addicts, a spa, or a hydroclinic or a nursing or rest or convalescent home or a home for the aged or similar establishment</p> <p>A reference to a Hospital in this Policy shall be construed to refer to either a Public Hospital or a Private Hospital.</p>
Illness	A physical condition marked by a pathological deviation from the normal healthy state and contracted by an Insured Person
Immediate Family	<p>Any of the following people, related to an Insured Person by blood, marriage or adoption:</p> <p>(a) Parents and Parents-in-law;</p> <p>(b) siblings and brothers-in-law and sisters-in-law;</p> <p>(c) Spouse; and</p> <p>(d) Children</p>
Injury	Injury sustained by an Insured Person caused solely and directly by an Accident or through accidental means and excludes all medical conditions, illnesses, diseases, sickness, bacterial infections or viral infections even if such conditions resulted from or were in some way connected with the Accident.
Insured Person(s)	The person/persons so described in the Schedule.
Loss	Complete severance or permanent functional disablement of any body members.
Loss of Sight	Total and irrecoverable loss of sight of an eye rendering the Insured Person absolutely blind in that eye beyond remedy by surgical or other treatment.
Loss of Limb	Complete severance of a hand at or above the wrist or of a foot above the ankle joint, or the total and permanent functional disablement of an entire hand, arm, foot or leg.

TERM	MEANING
Occupation	The Insured Person's full-time and/or part-time gainful employment and/or any other work for remuneration or profit which the Insured Person is fitted to do by knowledge and/or training as defined in the Schedule
Parents	Your natural or step or legal parents
Permanent Disablement	<p>A state of incapacity resulting from the Insured Person suffering Bodily Injury within twelve (12) months from the occurrence of the Accident, which permanently prevents that Insured Person from engaging in any and every kind of occupation, where the injury:</p> <p>(a) falls into one of the categories listed in the Scale of Permanent Disablement Benefits Table; or</p> <p>(b) having lasted for a continuous period of twelve calendar months from the date of the Accident, is at expiry of that period, beyond hope of improvement.</p>
Public Conveyance	Any regularly scheduled mode of transportation provided and operated by a duly licensed carrier and meant for the local public interest to move around and which is recognised by respective countries (bus, ferry, hovercraft, hydrofoil, ship, train, tram or underground train). This excludes all modes of transportation that are chartered or arranged as part of a tour, even if the services are regularly scheduled
Period of Insurance	The period of Cover for the respective Insured Persons as shown in the latest Schedule or Endorsement, whichever is later.
Physician	<p>A person qualified as a medical practitioner (other than an Insured Person or a member of the Insured Person's immediate family or his business partners, employers or employees) by a medical degree in western medicine and duly licensed and/or registered with the relevant medical board or council to provide medical and surgical treatment and who, in rendering treatment, is practicing within the scope of his licensing and training in the geographical area of practice</p> <p>A reference to a "Physician" in this Policy shall be construed to mean, wherever appropriate, a General Practitioner and/or a Specialist</p>
Physiotherapist*	A person who is qualified by an accredited qualification in physiotherapy and who is registered to practise as a Physiotherapist within the scope of his licensing and training in the geographical area of practice.
Prescription Drugs	Drugs prescribed which are medically necessary, provided such drugs are listed in the Singapore Index Medical Supplies (SIMS)

TERM	MEANING
Reasonable and Customary Charges	<p>Charges for medical treatment which do not exceed the general level of fees or charges made by others of similar professional standing in the same locality where the charges are incurred, when furnishing like or comparable treatment, services or supplies for a similar illness or injury and which in accordance with accepted medical standards, could not have been omitted without adversely affecting the Insured Person's medical condition.</p> <p>We may proportionately reduce any claim to reflect what would have been reasonably incurred, based on the professional opinions of our Physician. In the event of any differences in opinions between our Physician and your Physician, our Physician's opinion shall prevail.</p>
Residents of Singapore	Singapore Citizens and permanent residents (holders of re-entry permits) as well as holders of employment passes, work permits, students' passes or dependants' passes
Schedule	Any schedule to this Policy containing your particulars and those of the Insured Persons, the Benefits payable under this Policy, the respective limits of each benefit including the Annual Limit, premiums payable and any other details and/or features of this Policy, as may be applicable
Spouse	Your husband or wife under a marriage recognised by law and whose Age next birthday is from 18 to 75 years old, provided that the Age next birthday of 66 to 75 years old shall be applicable to renewals only
Surgery	A medical treatment of surgical intervention
Temporary Partial Disablement	A state of incapacity resulting from the Insured Person suffering bodily injury which temporarily prevents that Insured Person from engaging in a substantial part of his occupation
Temporary Total Disablement	A state of incapacity resulting from the Insured Person suffering bodily injury which temporarily totally prevents that Insured Person from engaging in his occupation
We (our/ us)	AXA Insurance Singapore Pte Ltd
You (your)	The party named in the Schedule as the policyholder

* Chiropractor and Physiotherapist exclude the Insured Person or a member of his family or relatives, business partner, agent, employer or employee of the Insured Person.

(C) DESCRIPTION OF BENEFITS

IMPORTANT NOTICE: THIS IS AN ACCIDENT POLICY and benefits will only be payable upon death or injury as a result of an Accident occurring during the Period of Insurance. The Benefits described below may be subject to the maximum limits or to a deductible. Please check the Schedule of Benefits for details. Benefits are payable only if the insured event affects an Insured Person while he/she is covered under this Policy.

I. Specified Sum Basis

The benefits in Sections 1 to 8 below are payable on a specified-sum basis. The amount payable may be on a one-time basis or on a periodic basis, as provided in the Schedule of Benefits. The benefit in Section 3 is a special benefit which, when applicable, results in the benefit payable under either Section 1 or Section 2 being doubled.

SECTION 1 - ACCIDENTAL DEATH BENEFIT

We will pay if an Insured Person shall sustain Bodily Injury during the Period of Insurance, as shown in the Policy Schedule, which results in the Insured Person suffering death within twelve (12) months of the Accident.

Conditions:

- (a) Any benefit payable under Section 1, 2 or 3 shall be reduced by any benefit already paid under Section 4, in respect of the same injury.

SECTION 2 - PERMANENT DISABLEMENT BENEFIT

We will pay if an Insured Person shall sustain Bodily Injury during the Period of Insurance, as shown in the Policy Schedule, which results in the Insured Person suffering Permanent Disablement within twelve (12) months of the Accident.

Conditions:

- (a) Any benefit payable under Section 1, 2 or 3 shall be reduced by any benefit already paid under Section 4, in respect of the same Injury.

SECTION 3 - DOUBLE INDEMNITY BENEFIT

We will pay if the bodily Injury leading to Death or Permanent Disablement of an Insured Person under Section 1 or Section 2, respectively, is due to an Accident occurring whilst the Insured Person is travelling as a passenger on a Public Conveyance or due to earthquake, cyclone, typhoon, hurricane and flood.

Conditions:

- (a) Any benefit payable under Section 1, 2 or 3 shall be reduced by any benefit already paid under Section 4, in respect of the same injury.

SECTION 4.1 - TEMPORARY TOTAL DISABLEMENT BENEFIT

We will pay if an Insured Person shall sustain bodily Injury during the Period of Insurance, as shown in the Policy Schedule, which results in the Insured Person suffering Temporary Total Disablement up to a maximum of one hundred and four (104) weeks for any one Accident.

SECTION 4.2 - TEMPORARY PARTIAL DISABLEMENT BENEFIT

We will pay if an Insured Person shall sustain bodily Injury during the Period of Insurance, as shown in the Policy Schedule, which results in the Insured Person suffering Temporary Partial Disablement up to a maximum of one hundred and four (104) weeks for any one Accident.

Conditions:

- (a) Benefits under Section 4.1 and 4.2 are mutually exclusive.
- (b) We will not pay the benefit in Section 4.1 and 4.2 in respect of any Insured Person who is not gainfully employed or not engaged in any business at the time of the Accident (eg. full-time homemakers and students).
- (c) For period where the disablement lasts for less than a week, the benefit payable will be pro-rated accordingly.
- (d) Any benefit payable under Section 1, 2 or 3 shall be reduced by any benefit already paid under Section 4, in respect of the same injury.

SECTION 5 - DAILY HOSPITAL CASH ALLOWANCE

We will pay for each completed twenty-four (24) hour period that an Insured Person is confined in a Hospital as an inpatient for treatment of a bodily Injury.

SECTION 6 - COMPASSIONATE CASH RELIEF

We will pay if an Insured Person shall sustain bodily Injury during the Period of Insurance, as shown in the Schedule, which results in the Insured Person suffering death due to an Accident.

SECTION 7 - CHILDREN'S EDUCATION FUND

We will pay up to the benefits stated in the Schedule of Benefits, upon the accidental death of an Insured Person during the Period of Insurance, as shown in the Policy Schedule.

Conditions:

- (a) We will pay the amount as shown in the Policy Schedule, multiplied by the number of surviving Children at the point of occurrence of Accident, up to a maximum of 3 Children per Insured Person.
- (b) We will not pay the benefit in Section 7 in respect of any Insured Person who is not gainfully employed or not engaged in any business at the time of the Accident (eg. full-time homemakers and students).

SECTION 8 - PARENT'S SHIELD

We will pay up to the benefits stated in the Schedule of Benefits, upon the accidental death of an Insured Person during the Period of Insurance, as shown in the Policy Schedule.

Conditions:

- (a) We will pay the amount as shown in the Policy Schedule, multiplied by the number of surviving Parents at the point of occurrence of Accident, up to a maximum of 2 Parents per Insured Person.
- (b) We will not pay the benefit in Section 8 in respect of any Insured Person who is not gainfully employed or not engaged in any business at the time of the Accident (eg. full-time homemakers and students).

II. Reimbursement Basis

The benefits in Sections 9 to 11 below are payable on a reimbursement basis. We will pay an amount equivalent to the actual charges incurred within the Period of Insurance, as shown in the Policy Schedule (including charges for Prescription Drugs), or the Reasonable and Customary Charges, or the maximum sum specified in the Schedule of Benefits, whichever is the lowest. If an insured event occurs or commences while an Insured Person is Covered, but continues or extends beyond the period of Cover, we will only pay benefits pertaining to the period while the Insured Person was Covered. Benefits will be payable provided that the policy remains in force.

SECTION 9 - MEDICAL EXPENSES

We will reimburse up to the benefits stated in the Schedule of Benefit for treatment for bodily Injury of an Insured Person:

- a) At a Hospital (including all daily room and board expenses, surgical, hospital miscellaneous expenses); and/or
 - b) By a Physician (including written medication prescribed, laboratory and x-ray charges); and/or
 - c) By a Physiotherapist or Chiropractor provided with referral by the attending Physician
- for the same treatment or consultation.

Medical Expenses shall not be payable for more than 12 months calculated from the date of Accident and in no case shall exceed the limit in that Period of Insurance in which the Injury occurs.

9.1 Chinese Physician expenses

We will reimburse up to the benefits stated in the Schedule of Benefits, for charges incurred within twelve (12) months from date of Accident, for treatment for injury of an Insured Person by a Chinese Physician (including written medication prescribed by the attending Physician) for the same treatment or consultation. Charges are limited to one (1) consultation per day and up to a maximum of S\$300 per Accident.

9.2 Dental Treatment (Due to Accident only)

We will reimburse up to the benefits stated in the Schedule of Benefits and up to a maximum of S\$800 per occurrence, for charges incurred within twelve (12) months from date of Accident, by the Insured Person for emergency dental treatment performed by a Dentist to restore or treat the Insured Person's sound natural teeth following an Accident.

9.3 Dengue Fever

We will reimburse up to the benefits stated in the Schedule of Benefits and up to a maximum of S\$800 per occurrence, for charges incurred by an Insured Person for the treatment of dengue fever by a Physician including charges incurred for medication prescribed.

9.4 Insect/Animal Bites

We will reimburse up to the benefits stated in the Schedule of Benefits and up to a maximum of S\$800 per occurrence, for charges incurred by an Insured Person for the treatment of insect or animal bites by a Physician including charges incurred for medication prescribed.

9.5 Food and Drinks Poisoning

We will reimburse up to the benefits stated in the Schedule of Benefits and up to a maximum of S\$800 per occurrence, for charges incurred by an Insured Person for the treatment of food and drinks poisoning by a Physician including charges incurred for medication prescribed.

Condition:

- (a) Section 9.1 to 9.5 are subject to an annual limit as stated in the Schedule of Benefits.

SECTION 10 - INCOME PROTECTION

We will pay up to the benefits stated in the Schedule of Benefits, if an Insured Person shall sustain Bodily Injury, which results in the Insured Person suffering Permanent Disablement, during the Period of Insurance, as shown in the Policy Schedule

This benefit will only be payable provided that:

- (a) as a result of the Insured Person suffering Permanent Disablement, his employment is terminated by his employer; and
- (b) 100% of Permanent Disablement Benefit (Section 2) is payable.

Condition:

- (a) We will not pay the benefit in Section 10 in respect of any Insured Person who is not gainfully employed or not engaged in any business at the time of the Accident (eg. full-time homemakers and students).

SECTION 11 - LOAN PROTECTOR

We will pay up to the benefits stated in the Schedule of Benefits, if an Insured Person shall sustain bodily Injury which results in the Insured Person suffering death within twelve (12) months of the Accident during the Period of Insurance, as shown in the Policy Schedule.

We will reimburse the Insured Person's outstanding revolving line of credit liabilities for credit card, cashline, overdraft, education loan and renovation loan with any recognised local financial institutions registered with the Monetary Authority of Singapore (MAS).

Condition:

- (a) We will not pay the benefit in Section 11 in respect of any Insured Person who is not gainfully employed or not engaged in any business at the time of the Accident (eg. full-time homemakers and students).

NOTES:

Where the Insured Persons are Child dependants, only 50% of the Main Insured's benefits under Sections 1, 2, 3, 5, 6 and 9 shall be payable. If 'FREE' Child cover is chosen, only 10% of the Main Insured's benefits under Sections 1, 2, 3, 5, 6 and 9 shall be payable.

(D) EXTENSIONS

This Policy shall extend to cover the following subject to the policy terms and conditions:

(A) TERRORISM

Death or Injury of the Insured Person which was the result of Terrorism including losses caused by terrorist attacks using nuclear, chemical and/or biological substances.

"Nuclear, chemical, biological terrorism" which is covered hereunder shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

(B) AUTO INDEXATION

In addition to the Benefits payable to an Insured Person under Section 1 (Accidental Death), We will pay a No-Claim Benefit equivalent to 5% of the Base Benefit for each No-Claim Period, up to a maximum of 5 periods. A similar No-Claim Benefit shall be payable in addition to Benefits payable under Section 2 (Permanent Disablement) except that the No-Claim Benefit shall be pro-rated according to the actual percentage of compensation payable for the specific disablement.

The condition applicable to this Auto Indexation clause is as follows:

- (a) the Insured Person concerned must have been continuously covered under this Policy during the entire Period of Calculation;

Base Benefit means the Original Sum Insured, but if:

- (a) the Sum Insured at any time during the Period of Calculation was lower than the Original Sum Insured, then the lowest Sum Insured during such period shall be considered the Base Benefit;
- (b) the Sum Insured at the time of the Accident is higher than the Original Sum Insured, then such higher sum shall be considered the Base Benefit, provided that this was also the Sum Insured throughout the entire Period of Calculation.

No-Claim Period means each successive Period of Insurance immediately preceding that in which the Accident occurs, in which no claim has been made under this Policy.

Period of Calculation means all No-Claim Periods (maximum of 5) and the Period of Insurance at the time the Accident occurs.

(C) RIOT, STRIKE, CIVIL COMMOTION, HIJACK, MURDER, ASSAULT

Death or Injury of the Insured Person which was the result of Riot, Strike, Civil Commotion, hijack, murder or assault provided that such event did not arise as a result of or in connection with an Insured Person's collaboration or provocation of such act.

(D) SUFFOCATION BY SMOKE, POISONOUS FUMES, GAS AND DROWNING

Death or Injury of the Insured Person which was the result of suffocation by smoke, poisonous fumes, gas or drowning, provided that such event did not arise as a result of an Insured Person's wilful and intentional act.

(E) EXPOSURE

Death of the Insured Person which was the result of his being unavoidably exposed to the natural elements as a result of an Accident.

(F) DISAPPEARANCE

In the event an Insured Person disappears following the sinking or wrecking of the conveyance in which he was travelling, and after one (1) year his body has not been found and it is reasonable to believe that such Insured Person has sustained injury which results in the Insured Person suffering death, during the Period of Insurance, as shown in the Policy Schedule, we will pay the Death Benefit under Section 1, provided that if the Insured Person is subsequently found to be living, any sum paid shall be immediately refunded to us.

(G) MOTORCYCLING

Death or Injury of the Insured Person which was sustained by the Insured Person while motorcycling (whether as rider or pillion-rider) provided that at time of sustaining injury, the Insured Person was wearing a safety helmet, and not engaging in or practising for racing and hill climbing contests and reliability trials and speed or duration testing.

(E) SCALE OF PERMANENT DISABLEMENT BENEFITS

	Percentage (%)
	(applies to the sum insured in the Schedule)
Permanent Total Disablement: a) Loss of two limbs b) Loss of both hands or of all fingers and both thumbs c) Total and permanent loss of sight of both eyes d) Total paralysis e) Injuries resulting in being permanently bedridden f) Loss of hand at wrist g) Loss of arm - at shoulder; between shoulder and elbow; at and below elbow h) Loss of leg - at hip; between knee and hip; below knee	100
Loss of - four fingers and thumb of one hand - four fingers of one hand	50 40
Loss of thumb - both phalanges - one phalanx	25 10
Loss of index finger - three phalanges - two phalanges - one phalanx	15 10 5
Loss of middle finger - three phalanges - two phalanges - one phalanx	10 7 3
Loss of ring finger - three phalanges - two phalanges - one phalanx	10 7 3
Loss of little finger - three phalanges - two phalanges - one phalanx	10 7 3
Loss of metacarpals - first or second (additional) - third, fourth or fifth (additional)	3 2
Loss of toes - all - great, both phalanges - great, one phalanx or any other toes	15 5 2
Loss of hearing - Both ears - One ear	75 20
Loss of speech	50
Loss of sight of one eye, except perception of light and/or loss of lens of one eye	50

- In the event of Permanent Disablement by Loss not specified above, the percentage of compensation shall be assessed in proportion to the degree of disability as compared with the cases specified without reference to the profession or occupation of the Insured Person.
- The total aggregate sum payable in respect of any one accident shall not exceed 100% of the Sum Insured.
- Where an Insured Person sustains disablement which falls within more than one category for which a Benefit may be payable, payment will be made under the category with the higher (or highest) Benefit only. In particular, if a Benefit is payable for Loss of a whole member of the body, then no Benefit shall be payable for Loss of parts of that member.

POLICY EXCLUSIONS (these Exclusions are applicable to all Sections of the Policy)

We will not pay for claims directly or indirectly arising from :-

1. Any unlawful act of an Insured Person or his/her wilful exposure to danger (other than in an attempt to save human life), intentional self-injury, suicide or attempted suicide, while sane or insane.
2. Illness, disease, mental defect or infirmity, or insanity, bacterial or viral infections even if contracted by Accident. This excludes bacterial infection that is the direct result of an accidental cut or wound.
3. Medical or surgical treatment except where such treatment is rendered necessary by Injury within the scope of this Policy.
4. Cosmetic (aesthetic) or plastic surgery or treatment, or any treatment which relates to or is needed because of previous cosmetic treatment, provided that this exclusion does not apply to reconstructive surgery if:
 - (a) it is carried out to restore function or appearance after an Accident, (provided that the Accident occurred while the Insured Person was Covered under this Policy); and
 - (b) it is done at a medically appropriate stage after the Accident; and
 - (c) the cost of the treatment is approved by us in writing before it is done.
5. AIDS (Acquired Immunisation Deficiency Syndrome) & ARC (AIDS Related Complex) & HIV (Human Immunodeficiency Virus) infection.
6. Pregnancy, childbirth, abortion, miscarriage and all complications arising from such conditions, except where such treatment is rendered necessary by Injury within the scope of this Policy.
7. Effect or influence of alcohol or drugs not prescribed by a qualified medical practitioner.
8. Provision of medical appliances and prosthetic devices (including spectacles, hearing aids, wheelchair and lenses), unless otherwise stated and Covered in the policy.
9. Flying or other aerial activity except as a fare-paying passenger in a fully licensed aircraft operated by a licensed commercial air carrier or recognised charter company.
10. Declared or undeclared war or any act thereof, invasion, act of foreign enemy, hostilities, civil war, rebellion, revolution, insurrection, exercise of military of usurped power and strike, riot or civil commotion.
11. Ionising radiations or contamination by radioactivity from any irradiated nuclear fuel, or from any nuclear waste from the combustion of nuclear fuel; radioactive toxic explosive, or other hazardous properties of any explosive nuclear assembly, or of its nuclear component.
12. The Insured Person engaging or participating in any professional sports, dangerous activities or sports, including underwater activities necessitating the use of underwater breathing apparatus, any kind of speed contest or racing (other than on foot) boxing and wrestling, parachuting, sky diving, bungee jumping, competitive snow or ice sports, hunting, pot-holing; but not including the following activities carried out for leisure: scuba diving under the supervision of a qualified instructor, trekking/hiking (with licensed guides if in remote areas), rock climbing, hang-gliding, non-competitive winter sports.
13. Any Accident to an Insured Person which arises in the course of his/her occupation if his/her occupation falls within the following categories or involves the following activities: air crew, ship crew, professional sportspersons, diving, oil-rig platform and/or offshore work, fire-fighting, police, naval, military, airforce service or operations (other than as a Serviceman in the Singapore National Service undergoing full-time or reservist training) and any hazardous occupations.

GENERAL CONDITIONS

1. Liability

We will have no liability to pay any benefits under this Policy if You or any Insured Person:

- (a) fail to fully and truthfully disclose to us, all material information known (or which could reasonably be expected to be known), before inception of this Policy and upon each renewal;
- (b) fail to properly observe and fulfil the terms and conditions of this Policy;
- (c) make any untrue statement;
- (d) omit, suppresses or incorrectly states any material information affecting the risk;
- (e) make any claim that is fraudulent or exaggerated, or makes any false declaration or statement in support of a claim.

2. Changes in Circumstances

If there is any change in circumstances affecting the risk, You must give us immediate written notice and pay any additional premium that we may require. In particular, You must notify us of any changes in occupation/business or Country of Residence of any Insured Person.

3. Misstatement of Age

If at the correct age an Insured Person would not have been eligible for Cover under this Policy, no benefit shall be payable, and our liability shall be limited to the refund of the premium paid without interest.

4. Taking Precautions

You and all Insured Persons must at all times take reasonable precautions to prevent Accidents, loss or damage.

5. Automatic Termination

(a) Cover under this Policy for any particular Insured Person shall automatically terminate on the earliest happening of the following events:

- (i) on the death of such Insured Person; or
- (ii) upon such Insured Person ceasing to satisfy any of the eligibility requirements set out in this Policy;

(provided that if an Insured Person satisfies the age eligibility requirements at the commencement of a Period of Insurance, his/her Cover shall not automatically terminate when he/she attains a higher age during that Period of Insurance).

(b) Termination of Cover for an Insured Person with Dependants shall automatically terminate Cover for all his/her Dependants as well.

6. Payment of benefits

Any benefits payable under this Policy shall be paid to the Insured Person or to the Insured Person's legal representative. Any payment made by us in accordance with this condition shall in all cases finally and completely discharge us of all our liability.

7. Expenses Covered by Other Sources

This condition applies to the payment of benefit on a reimbursement or indemnity basis. If You or any Insured Person becomes entitled to a refund or reimbursement of all or part of claimed expenses from any other source, or if there is in place any other insurance against the events covered, we will only be liable for the excess of the amount recoverable from such other source or insurance.

8. Subrogation

We shall at any time be entitled to undertake in the same name and on behalf of an Insured Person the absolute conduct, control, defence and/or settlement of any settlement of any proceedings, and at any time to take proceedings at our expense and own behalf, but in the name of the Insured Person, to recover compensation or secure indemnity from any third party in respect of anything covered under this Policy. The Insured Person shall cooperate fully with us in this respect; and shall not do anything to prejudice our rights.

9. Claim Procedures

- (a) Written notice shall be given to us or our appointed representatives as soon as possible and in any event within thirty (30) days of the occurrence of any event, which may give rise to a claim under this Policy.
- (b) A claim form obtainable from us upon request shall then be submitted to us within 30 days after the expiry of the period for which the claim is made, accompanied by the necessary supporting evidence of the occurrence, character and extent of loss.
- (c) All certificates, receipts, information and evidence required by us shall be supplied free of expense to us, in the form prescribed by us.
- (d) Failure to comply with the time and procedure stipulated for the making of a claim in this clause shall invalidate the claim and no benefit shall be payable under this Policy.
- (e) We shall have the right and the opportunity through our medical representatives to examine any Insured Person whenever and as often as may be reasonably required within the duration of any claim. In addition, we shall have the right to require an autopsy in the case of death, where this is not forbidden by law or religious beliefs. We will bear the expenses incurred in such examinations, unless the claim is proved to be invalid, in which case we shall be entitled to recover all the expenses so incurred from You.

10. Legal Proceedings

No legal proceeding may be commenced against us prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirement of this Policy. If the Insured Person shall fail to supply the requisite proof of loss as stipulated by the terms of the Policy, the Insured Person may, within a grace period of one (1) calendar year from the time that the written proof of loss should have been furnished, submit the relevant proof of loss to us with cogent reasons for the failure to comply with Policy terms. The acceptance of such proof of loss shall be at our sole and entire discretion. After such grace period has expired, we will not accept for any reason whatsoever, such written proof of loss.

11. Mediation/Arbitration

All disputes arising out of this Policy may be submitted to the Singapore Mediation Centre for settlement by mediation in accordance with the mediation procedure for the time being in force, if the parties so agree. The parties agree to take part in the mediation in good faith and undertake to honour the terms of any settlement reached. If any dispute is not referred to mediation or if mediation fails, the dispute has to be referred to arbitration. Arbitration shall be conducted in accordance with the Arbitration Rules of the Singapore International Arbitration Centre.

12. Applicable Law

This Policy shall be governed by and interpreted in accordance with the laws of Singapore.

13. Rights of Third Parties

A person or any entity 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.

14. Non-Assignment

This Policy is not assignable. We shall not be affected by notice of any trust, charge, lien, assignment or other dealing with this Policy.

15. Alterations

We reserve the right to amend the terms and provisions of this Policy, and such amendment will be applicable from the next renewal of this Policy. No alteration to this Policy shall be valid unless approved in writing by our authorised representative and reflected in an endorsement. No broker or agent has the authority to amend or to waive any of the terms and conditions of this Policy.

16. Currency Exchange Rates

Payment of all claims and benefits will be made in Singapore currency. Charges incurred in any other currency shall be payable in Singapore Dollars on the basis of the quoted exchange rate in effect on the date such charges were incurred.

17. Clerical Error

A clerical error by us shall not invalidate insurance otherwise validly in force, nor continue insurance otherwise not validly in force.

18. Subsisting Insurance

An Insured Person may only be Covered under one **SmartCare Prime** Policy. Should an Insured Person try to obtain cover under more than one policy, Cover will only be effective under the **SmartCare Prime** Policy with the earliest issue date and the Insured Person shall not be Covered under any other **SmartCare Prime** Policies issued subsequently, and any premiums paid under such policies shall be refunded without interest.

19. Sanction Clause

Under no circumstances shall this insurance contract be deemed to provide cover and no liability be incurred to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition, or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the EU, UK, USA or Singapore.

SPECIAL CONDITIONS

A. APPLICABLE TO ANNUAL POLICIES ONLY

1. Policy Renewal

This Policy is renewable at our option, subject to underwriting requirements being fulfilled and at the premium rates determined at that time by us. An application for change of benefits to a different plan can only be made at renewal and is subject to our acceptance at that time.

2. Cancellation / Termination of Cover

- (a) You have the right to cancel this Policy at any time by giving written notice to us. If no claims have been made during the current Period of Insurance, We will grant You a pro-rated refund of the total premium paid corresponding to the unexpired Period of Insurance subject to minimum premium of S\$53.50 (inclusive of GST).
- (b) You have the right to terminate Cover for any Insured Person at any time by giving us written notice. If no claims have been made during the current Period of Insurance You will be granted a pro-rated refund of the premium paid in respect of that Insured Person corresponding to the unexpired Period of Insurance subject to minimum premium of S\$53.50 (inclusive of GST).
- (c) We have the right to cancel this Policy or any section or part of it by giving You thirty (30) days' written notice, and upon cancellation You will be granted a pro-rated refund of the total premium paid corresponding to the unexpired Period of Insurance.

B. APPLICABLE ONLY IF THE POLICYHOLDER IS AN INDIVIDUAL

1. Payment Before Cover Warranty

- (a) Notwithstanding anything herein contained but subject to sub-clauses (b) and (c) hereof, it is hereby agreed and declared that the total premium due must be paid and actually received in full by us (or the intermediary through whom this Policy was effected) on or before the inception date ("the inception date") of the coverage under the Policy, Renewal Certificate, Cover Note or Endorsement.
- (b) In the event that the total premium due is not paid and actually received in full by us (or the intermediary through whom this Policy was effected) on or before the inception date referred to above, then the Policy, Renewal Certificate, Cover Note and Endorsement shall be deemed to be cancelled immediately and no benefits whatsoever shall be payable by us. Any payment received thereafter shall be of no effect whatsoever on the cancellation of the Policy, Renewal Certificate, Cover Note and Endorsement.
- (c) In respect of coverage with "Free Look" provision, You may return the original policy document to us or intermediary within the "Free Look" period if You decide to cancel the cover during the "Free Look" period. In such an event, You will receive a full refund of the premium paid to us provided that no claim has been made under the insurance.

C. APPLICABLE ONLY IF THE POLICYHOLDER IS A BUSINESS OR COMMERCIAL ESTABLISHMENT

1. Premium Payment Warranty

- (a) Notwithstanding anything herein contained but subject to sub-clause (b) hereof, it is hereby agreed and declared that if the Period of Insurance is 60 days or more, any premium due must be paid and actually received in full by us (or the intermediary through whom this Policy was effected) within 60 days of the:-
- (i) inception date of the coverage under the Policy, Renewal Certificate or Cover Note; or
 - (ii) effective date of each Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note.
- (b) In the event that any premium due is not paid and actually received in full by us (or the intermediary through whom this Policy was effected) within the 60-day period referred to above, then:-
- (i) the cover under the Policy, Renewal Certificate, Cover Note or Endorsement shall be deemed to be cancelled immediately after the expiry of the said 60-day period;
 - (ii) the deemed cancellation of the cover shall be without prejudice to any liability incurred within the said 60-day period; and
 - (iii) we shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$26.75 (inclusive of GST).
- (c) If the Period of Insurance is less than 60 days, any premium due must be paid and actually received in full by us (or the intermediary through whom this Policy was effected) within the Period of Insurance.

2. Holding Cover upon Renewal

Where at renewal a request is made to hold cover, the maximum period that cover can be held will be fourteen (14) days. If at the end of this period the Policy is cancelled or lapses for any reason whatsoever, you must pay us a premium for the number of days the Cover was held which will be calculated pro-rata on the renewal premium subject to minimum premium of S\$53.50 (inclusive of GST).

3. Condition Precedent

The validity of this Policy is subject to the condition precedent that:

- (a) for the risk insured, the named insured has never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or
- (b) if the named insured has declared that it has breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months:
 - (i) the named insured has fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy; and
 - (ii) a copy of the written confirmation from the previous insurer to this effect is first provided by the named insured to us before cover incept.

SCHEDULE OF BENEFITS (\$\$)

Below is the Table of Benefits based on standard limits of liability. Please refer to the Policy Schedule which will show the sum insured for other sections of this Policy or when a different sum insured is applicable.

Benefits (\$\$)	Platinum	Gold	Silver
Life's Essential			
Accidental Death	\$300,000	\$200,000	\$100,000
Permanent Disablement (Total & Partial)	Up to \$300,000	Up to \$200,000	Up to \$100,000
Double Indemnity for Death / Permanent Disablement due to: (i) Accident whilst travelling as a passenger in any public conveyance (ii) Earthquake, typhoon, cyclone, hurricane & flood	Up to \$600,000	Up to \$400,000	Up to \$200,000
Temporary Total Disablement (up to 104 weeks)	\$300 per week	\$200 per week	\$100 per week
Temporary Partial Disablement (up to 104 weeks)	\$150 per week	\$100 per week	\$50 per week
Compassionate Cash Relief	\$3,000	\$2,000	\$1,000
Health Maintenance			
Accidental Medical Expenses	\$5,000 per year	\$3,000 per year	\$1,000 per year
<ul style="list-style-type: none"> • Chinese Physician Expenses • Accidental Dental Treatment, Insect / Animal Bites, Dengue Fever, Food and Drinks Poisoning 	Up to \$300 per Accident Up to \$800 per occurrence (Sub-limit of accidental medical expenses)		
Daily Hospital Allowance	\$300 per week	\$200 per week	\$100 per week
Lifestyle Maintenance			
Income Protection	6 months salary, up to \$30,000		
Loan Protector	Up to \$3,000		
Children's Education Fund	\$10,000 per child, up to 3 children		
Parent's Shield	\$8,000 per parent		

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Co. Reg. No.: 196900406D



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 or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

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