

## STUDY SAFE POLICY WORDINGS

Please read this Policy carefully together with the Schedule and any Endorsements issued by Us to ensure that You understand the terms and conditions as it sets out the terms of a legal contract between You and Us.

The Policy, Schedule and any Endorsements 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.

The Fact Finding Form, application form, declaration form, supplementary questionnaires and any correspondences relating to the application shall form the basis of this contract. It is important that You have fully and faithfully declared to Us everything You know or could reasonably be expected to know that is relevant to Our decision to give You the insurance, otherwise You may receive no benefit from this Policy.

Having received and accepted Your premium, We will provide the cover shown in the relevant sections of the Policy, up to the sum insured or limits of indemnity stated in the Schedule.

If there is any change that may affect the insurance provided, please notify Us immediately.

## DEFINITIONS

These terms, wherever used in this Policy, are defined as follows.

1. **Accident** - An event of violent, accidental, external and visible nature, which independently of any other cause, is the sole cause of bodily Injury.
2. **Age** - Age next birthday.
3. **Congenital Conditions** - Congenital anomalies as well as neo-natal physical abnormalities developing within six (6) months of birth.
4. **Country of Residence** - The Country of Residence shall mean the Republic of Singapore unless otherwise stated in the Policy.
5. **Day Surgery** - Surgery that is scheduled and performed and is carried out by a Surgeon but not on an Inpatient basis.
6. **Doctor / Physician** - A person qualified as a medical practitioner (other than an Insured Person or a member of his Immediate Family or his business associates including any business partners, employers or Employees) by a medical degree in western medicine and duly licensed and registered with the relevant statutory 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.
7. **Effective Date** - The Policy commencement date or date of Insured Person's first enrolment into the Policy, whichever is the later.
8. **Emergency Treatment** - Urgent remedial treatment to avoid death or impairment to the Insured Person's immediate or long-term health prospects.
9. **Evidence of Insurability** - A statement or record of the Insured Person medical history upon which acceptance for insurance will be determined. In some cases, the Insured Person may need to undergo a medical examination as part of the Evidence of Insurability.
10. **Hospital** - An establishment duly constituted and registered subject to the applicable national laws and regulations as a Hospital for the care and treatment of sick and injured persons as bed-paying patients, and which:
  - (a) provides organised facilities for diagnosis, treatment and major Surgery;
  - (b) provides 24-hour nursing services by registered graduate nurses and under the supervision of one or more Physicians at all times;
  - (c) is not primarily a clinic, a mental Hospital, a place for providing care or treatment of alcoholics or drug addicts, a nursing, rest or convalescent home or a home for the aged or similar establishment.
11. **Hospitalisation** - Confinement for reason of Illness or Injury to a Hospital bed or ward for a continuous period of at least 6 hours for purposes of treatment or Surgery and for which the Hospital levies a room and board charge.
12. **Illness / Sickness** - Any sudden and unexpected pathological deviation from the normal healthy state, marked by interruption, cessation or disorder of body functions, systems or organs as confirmed by a Physician.
13. **Injury** - Bodily harm caused solely and directly by an Accident.
14. **Inpatient** - A patient admitted into a Hospital for treatment, for which the Hospital levies a daily room and board charge.
15. **Insured Person(s)** - The person(s) described in the Schedule, and who is a citizen of the People's Republic of China holding a valid Student Pass issued by the Government of Singapore and his/her legal parent(s) who is an expatriate or foreigner holding a valid Pass issued by the Government of Singapore. The person(s) and his/her legal parent(s) must be residing in Singapore.
16. **Intensive Care Unit** - A section within a Hospital which is designated as an Intensive Care Unit by the Hospital and which is maintained on a 24 hour basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.
17. **Per Disability** - All medical conditions resulting from the same cause, including any and all complications arising therefrom or closely related thereto, except that after 30 days following the latest discharge from Hospital or Surgery, any subsequent Disability from the same cause shall be considered as a new Disability.
18. **Period of Insurance** - The period of cover shown in the Policy Schedule for which the appropriate premium has been paid.
19. **Policy Period** - A period of one (1) year, commencing from the Policy Commencement Date for the first Policy Year and from the respective Renewal Dates for the subsequent Policy Years.
20. **Pre-existing Condition** - An Injury or an Illness which existed or symptoms manifestations of which existed prior to the Effective Date of cover with respect to an Insured Person based on normal medically accepted pathological development of the Illness or of which the Insured Person was aware or should reasonably have been aware.

## DEFINITIONS (continued)

21. **Reasonable and Customary Charges** - The lower of charges and fees for medical care and treatment between the general level of charges or fees being made by others of similar medical standing in the locality where the charge is incurred when giving like or comparable treatment, services or supplies to individuals of the same gender and of comparable Age for a similar Illness or Injury, and the charges or fees which would have been incurred at the Singapore General Hospital for similar medical care and treatment.
22. **Schedule** - The Schedule containing details of the Insured Person(s), types of cover selected and Period of Insurance. The Schedule forms part of the Policy.
23. **Surgeon** - A Specialist who is qualified to perform Surgery.
24. **Surgery / Surgical Treatment** - Any invasive surgical intervention.
25. **We, Our, Us** - China Taiping Insurance (Singapore) Private Limited.
26. **You, Your** - The party named in the Schedule as the Policyholder.

## DESCRIPTION OF BENEFITS

1. **Room and Board** - Hospital charges for a standard room accommodation, general nursing services and meals for each day of confinement as an Inpatient in a Hospital at the recommendation of a Physician. The total number of days for which the daily room and board charges are payable shall include confinement in the Intensive Care Unit of the Hospital but shall not exceed the maximum number of days Per Disability as specified in the Schedule of Benefits.
2. **Intensive Care Unit (ICU)** - The daily room and board charges incurred when an Insured Person is confined as an Inpatient in the Intensive Care Unit of a Hospital. The total number of days for which the daily room and board charges are payable shall not exceed the maximum number of days Per Disability as specified in the Schedule of Benefits.
3. **Hospital Miscellaneous Services** - Hospital charges incurred while confined in the Hospital:
  - (a) Prescription Drugs consumed in the Hospital.
  - (b) Inpatient diagnostic procedures and physiotherapy that are medically necessary.
  - (c) Anaesthesia and oxygen and their administration.
  - (d) Ambulance charges, provided the Insured Person is admitted as an Inpatient.
  - (e) Special nursing and medically necessary ancillary services & consumable items.
  - (f) Use of an operating theatre necessary for Surgery.
4. **Surgeon's Fee** - The Surgeon's Fees reimbursable shall be either the actual fees for the Surgery or an amount obtained by multiplying the maximum benefit payable as per the Schedule of Benefits with the percentage number payable according to the Group under which the Surgery is classified in the Schedule of Surgical Benefits, whichever is the lower.

If two or more surgical procedures are performed during the course of a single operation through the same incision, benefits will be allowed only for surgical procedure having the higher limit.
5. **Inpatient Physiotherapy** - Charges for Inpatient physiotherapy that are medically necessary, arising out of or in connection to an Illness / Sickness or Injury.
6. **In-Hospital Physician's Visit** - Fees charged for daily bedside visits made by the attending Physician during the Insured Person's confinement in the Hospital. This benefit is limited to one visit per day and shall be payable up to the maximum daily limit specified in the Schedule of Benefits. The total number of days for which the benefit is payable shall not exceed the maximum number of days specified in the Schedule of Benefits under the Daily Room and Board.
7. **Pre-Hospitalisation Specialist Consultation** - Charges made by a Specialist for his opinion and advice sought within ninety (90) days before Hospitalisation is payable when an Insured Person who on the recommendation of a Physician, consults a Specialist for a disability from Illness or Injury of the Insured Person.

No benefit shall be payable if the Specialist's consultation does not lead to Hospitalisation or Surgical Treatment within the Period of Insurance.
8. **Pre-Hospitalisation Diagnostic Services** - Charges made for diagnostic X-rays and laboratory examinations or tests which are recommended by a Physician for a disability resulting from Illness or bodily injury of the Insured Person and conducted within ninety (90) days before Hospitalisation.

No benefit shall be payable if the diagnostic X-ray and laboratory examinations or tests do not lead to Hospitalisation or Surgical Treatment within the Period of Insurance.
9. **Post-Hospitalisation Treatment** - Charges incurred for follow-up treatment by the same attending Physician received immediately after discharge from a Hospital or Day Surgery, provided the treatment is for the same medical condition for which the Inpatient treatment or Day Surgery was required. The treatment must be received within ninety (90) days immediately following discharge from Hospital.
10. **Emergency Accidental Outpatient Treatment** - Charges incurred for emergency outpatient medical treatment at a clinic or Hospital for Injury sustained in an Accident. This benefit is payable provided the medical attention is sought within 24 hours of the occurrence of the Accident. Charges incurred for follow-up treatment shall be payable up to thirty-one (31) days from the time of the Accident but the total benefit shall not exceed the maximum limit specified in the Schedule of Benefits.
11. **Outpatient Kidney Dialysis** - Charges incurred for treatment of an Insured Person requiring machines or apparatus for providing kidney dialysis at a legally registered dialysis centre.
12. **Outpatient Cancer Treatment** - Charges incurred for treatment of an Insured Person for Cancer at a legally registered Cancer treatment centre.
13. **Major Organ Transplant** - Charges incurred for the transplantation of the major organs of the kidneys, heart, liver, lung or bone marrow by Surgery from a human donor to an Insured Person, excluding the costs of acquisition of the organ (including but not limited to, transportation costs) or any expenses incurred by the donor, in the event that an Insured Person shall contract an Illness / Sickness or sustain an Injury and requires major organ transplantation.

## DESCRIPTION OF BENEFITS (continued)

14. **Miscarriage Benefits** - A benefit equal to the actual charges or the limit specified in the Schedule of Benefit, whichever is lower, shall be payable to an Insured Person as a result of a miscarriage or an ectopic pregnancy. However, no benefit will be payable for expenses incurred as a result of termination of pregnancy requested by the Insured Person and which is not medically needed.
15. **Daily Recovery Benefits** - If an Insured Person is confined in a Hospital as an Inpatient as a result of an Illness / Sickness or Injury, We will pay a Daily Recovery Benefit as specified in the Schedule of Benefits. This benefit will be payable only from the eighth (8th) day following the first day of confinement in the Hospital, and up a maximum of twenty (20) days.
16. **Special Grant** - Payable if an Insured Person dies from,
  - (a) an Injury;
  - (b) an Illness during or after treatment for such Illnesses, at a Hospital or in Day Surgery.

## LIMITATIONS

- (a) When an Insured Person is entitled to benefits payable under the Work Injury Compensation Act or similar legislation, other group or individual insurance, the benefits payable under this Policy is limited to the balance of charges not insured by benefits payable under the Law or similar legislation, and other insurance or that calculated from the Schedule of Benefits, whichever is less.
- (b) Each Hospital confinement must be for a minimum of six (6) consecutive hours before any benefits are payable. However, no minimum period of Hospital confinement is required if the confinement is due to Surgery, Emergency Treatment necessitated by an Accident or if the Hospital makes a charge for Room and Board.

## EXCLUSIONS

This Policy does not cover claims for expenses or benefits for Hospitalisation and/or Surgery directly or indirectly caused by or arising from the following:

- (a) All Pre-existing Conditions which existed before the effective date, whether known or unknown to the Insured Person.
- (b) Pregnancy, childbirth, or termination of pregnancy requested by the Insured Person which was not medically needed, and any complications arising therefrom.
- (c) Investigation into and treatment relating to birth control, infertility and erectile dysfunction.
- (d) Congenital conditions and any physical birth defects.
- (e) Cosmetic or plastic Surgery except where such Surgery is necessary for the repair of damage caused solely by bodily injuries as a result of an Accident.
- (f) Removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons, treatment for obesity, weight reduction or weight improvement.
- (g) Circumcision unless medically necessary.
- (h) Sex reassignment Surgery.
- (i) Any eyes examination or procedure for correction of eye refraction.
- (j) Implants, medical appliances and prosthetic devices including spectacles, hearing aids, wheelchairs and lenses.
- (k) Non-medical services or specially requested items not normally included in room rate such as telephone, television, radio, newspaper, guests' meal or similar facilities.
- (l) Outpatient treatment cost not related to Inpatient treatment or Day Surgery except as a result of an Accident under Emergency Accidental Outpatient Treatment.
- (m) Dental care and treatment (including oral surgeries) except Emergency Treatment to sound natural teeth damaged during an Accident.
- (n) Hospitalisation primarily for diagnosis, x-ray examinations, general physical and medical check-up. Routine physical examinations, health check-ups or any other tests where there is no objective indication of impairment of normal health or any treatment of a preventive nature including vaccinations, or any treatment which is not medically necessary.
- (o) Emotional, stress, psychiatric or psychological disorders.
- (p) Alcoholism or drug addiction.
- (q) Sleep apnoea.
- (r) Suicide or attempted suicide, self-inflicted or any attempt thereat while sane or insane.
- (s) Injuries sustained as a result of a criminal act of the Insured Person.
- (t) Any investigation, test or treatment arising directly or indirectly from sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS), any AIDS related condition or infection by Human Immune-Deficiency Virus (HIV).
- (u) Non-Hospital charges including nursing care or ambulatory care, rest cures or sanatoria care, convalescent care, hospice care and treatment arising from any geriatric, psycho-geriatric or psychiatric condition.
- (v) Sickness or injury arising from racing of any kind (except on foot), participating in any sports in a professional capacity, parachuting, skydiving, hand gliding, bungee jumping.
- (w) 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.
- (x) Experimental medical treatment or diagnostic examinations or services for education purposes.
- (y) Nuclear or chemical contamination, or terrorist acts using chemical biological substances.
- (z) War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military coup, or any similar event.
- (aa) Participation, collaboration, or provocation of strike, riot, and civil commotion.
- (bb) Active duty in the military, air force, navy, police and civil defence personnel (other than when serving as a Serviceman under National Service Reservist Training).

## GENERAL CONDITIONS

### 1. The Contract

This policy is evidence of the contract between You and Us from the day the Policy commences.

We will provide the insurance to You according to the terms set out in this Policy, provided You pay the premium when due and We agree to accept it. The General Conditions which appear in this Policy or in any Endorsement form part of the contract and must be complied with.

It is important that You:

- (i) read the whole Policy to make sure that You understand the protection that You have just bought; and
- (ii) are aware of the limits on the amounts We will pay You.

### 2. Interpretation

This Policy including Your proposal form, Schedule and any Endorsement and amendment, shall be read together as one contract and any one word or expression to which a specific meaning has been attached, shall, unless the context otherwise requires, bear that specific meaning wherever it may appear.

No change in this Policy shall be valid unless approved by Us, and evidenced by an Endorsement reflecting the amendment on the Policy by Us.

### 3. Duty of Disclosure

The accuracy of the information provided by You over the phone or in Your proposal form will form the basis of and be part of the contract. Before You enter into the Insurance contract and during the Period of Insurance, You must tell Us everything You know or could reasonably be expected to know which will affect Our decision on the coverage and the terms of the insurance. If You are uncertain about whether a fact is relevant or not, You must tell Us about it. We will acknowledge receipt of acceptance of material information by stating these on the Policy Schedule. If You do not provide this information to Us, We may:

- (i) reduce the amount payable for the claim under this Policy; or
- (ii) refuse to pay the claim that may arise; or
- (iii) cancel Your insurance policy from inception.

### 4. Eligibility

Persons eligible for cover under this Policy are:

- (i) A student and citizen of the People's Republic of China holding a Student Pass issued by the Government of Singapore;
- (ii) The legal parent(s) holding an valid Pass issued by the Government of Singapore and whose child has already been insured under this Policy

who are aged up to 55 years and residing in Singapore.

### 5. Commencement of Cover

If an eligible person is confined in a Hospital on the date his/her cover would otherwise be effective, such cover will not be effective until the date following his/her discharge from the Hospital.

### 6. Residence Requirement

No benefits shall be payable for any medical treatment provided to any Insured Person who resides outside Singapore during the Policy Year.

If an Insured Person has been physically absent from Singapore during the Policy Year, his/her insurance cover shall be automatically terminated and considered null and void, unless prior agreement has been received and endorsed by Us to extend the Policy to include such absence from Singapore and payment of the additional premium chargeable has been received by Us.

### 7. Policy Limit

Our total aggregate liability shall not exceed the Annual Limit (if any) for any Insured Person as set out in the Schedule of Benefits for any one Policy Year.

When the aggregate total benefits paid under this Policy reaches the Annual Limit (if any) for any Insured Person in any one Policy Year, no further benefits shall be payable in respect of that Insured Person for the remainder of that Policy Year.

### 8. Misstatement Of Age

If the date of birth of any Insured Person has been incorrectly stated on the application form, then the annual premium shall be adjusted based on the correct Age. Any excess premium that may have been paid as a result of any misstatement of Age shall be refunded without interest. If at the correct Age the 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. Proof of Age of each Insured Person must be submitted to Us before any claims can be made under the Policy.

### 9. Misstatement or Fraud

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

- (i) 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;
- (ii) fail to properly observe and fulfill the terms and conditions of this Policy;
- (i) make any untrue statement;
- (ii) omit, suppress or incorrectly state any material information affecting the risk;
- (iii) make any claim that is fraudulent or exaggerated, or make any false declaration or statement in support of a claim.

**10. 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. 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.

**11. Premium Payment**

This Policy is not a Medisave-approved policy and You may not use Medisave to pay the premium for this Policy.

**12. Payment Before Cover Warranty**

- i) The Premium due must be paid Us on or before the inception date or the renewal date of the coverage. Payment shall be deemed to have been effected to Us when one of the following acts takes place:
  - (a) Cash or honoured cheque for the premium is handed over to Us;
  - (b) A credit or debit card transaction for the premium is approved by the issuing bank;
  - (c) A payment through an electronic medium including the internet is approved by the relevant party;
- ii) In the event that the total premium due is not paid to Us on or before the inception date or the renewal date, then the insurance shall not attach and no benefits whatsoever shall be payable by Us. Any payment received thereafter shall be of no effect whatsoever as cover has not attached.
- iii) In respect of insurance coverage with Free Look provision, You may return the original policy document to Us within the Free Look period if You decides 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 and the cover shall be treated as if never put in place.

**13. Changes In Circumstances**

You shall give Us immediate written notice of any changes in the Country of Residence, Occupation, pursuits or health of any Insured Person, which is likely to result in an material increase in hazard to Us and shall pay any additional premiums that may be required by Us. Failure to do so shall entitle us, in the event of a claim, to repudiate such a claim or at Our discretion, adjust the benefits payable.

**14. Change of Terms and Conditions**

We reserve the right to amend the terms and provisions of this Policy at the end of each Policy Period by giving You thirty (30) days' written notice of such change. Notice is considered to have been given when such written notice is sent by ordinary mail to Your last known correspondence address in Our records. No alteration to this Policy shall be valid unless approved in writing by Our authorised representative and reflected in an Endorsement. No broker or advisor has the authority to amend or waive any of the terms and conditions of this Policy.

The terms and provision of this Policy may also be amended at any time as may be agreed between You and Us, subject to such amendment being evidence by an Endorsement.

**15. Automatic Termination**

Insurance under this Policy in respect of each Insured Person shall automatically terminate on the earliest happening of the following events:

- (i) on the date this Policy is terminated; or
- (ii) upon the death of such Insured Person; or
- (iii) the Insured Person no longer meets the eligibility requirements

**16. Cancellation of Cover**

We may cancel this Policy at any time by giving 7 days' notice in writing delivered to You or mailed to Your last known correspondence address in Our records and You shall be entitled to the return of a pro-rata premium corresponding to the unexpired period of insurance subject to a minimum premium of S\$53.50 (inclusive of GST). You may also cancel this Policy by giving 7 days' written notice to Us and if no claims have been made during the current period of insurance, We will grant You a short period refund of premium based on the table below.

Period of Cover	Short Period Premium Refundable
2 months and below	60%
4 months and below	40%
6 months and below	20%
More than 6 months	0%

**17. Claims Procedures**

Written notice of claim must be provided to Us within thirty (30) days after the occurrence of any event which may give rise to a claim under this Policy, or as soon as is reasonably possible.

All claims shall be made on Our prescribed form and submitted to Us together with all original documentation, itemised bills, receipts and prescriptions. All information required for assessing the claim shall be furnished at the Insured Person's own expense.

We shall have the right and the opportunity through Our Physicians to examine any Insured Person whenever and as often as may be reasonably required within the duration of any claim. We will bear the expenses incurred in such examinations, unless the claim is proven to be invalid, in which case We shall be entitled to recover all the expenses so incurred from You.

If the Insured Person fails to cooperate with Us in Our administration of the claim, We may at Our discretion, terminate the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable.

**18. Payment of Benefits**

Any benefits payable under this Policy shall be paid to You or the Insured Person. The Insured Person or Your receipt of any benefit payable under this Policy shall in all cases be deemed final and complete discharge of all Our liability.

Any portion of the eligible expenses paid through the Insured Person's Medisave will be refunded directly into his/her Medisave account.

**19. Legal / Beneficial Owner**

We shall treat You as the absolute legal and beneficial owner of this Policy and shall not be bound to recognise any equitable or other claim interest in this Policy.

**20. Other Insurances and Third Party Liability**

If at the time of claim the Insured Person shall hold other medical insurance which makes provision for payment of medical expenses, You shall disclose to Us the details of such other insurance and We shall be liable only for the balance of the amount not recoverable from such other insurance under the law.

In the event of any claim or right of action against any third party arising from a claim paid under this Policy, You must notify Us in writing immediately of all developments and take all steps that We may reasonably require to include all benefits claimed for under this Policy in any claims against the third party with the objective of recovering the claim paid.

**21. Governing Law**

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

**22. Currency**

All claim payments shall be made in Singapore Dollars and no interest will be added to any amount of benefit payable under this Policy. Charges incurred in another currency shall be payable in Singapore Dollars on the basis of the quoted exchange rate in effect on the date such claim is to be paid.

**23. 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.

**24. 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.

**25. Legal Proceedings**

No action at law or in equity shall be brought under this Policy against Us prior to the expiration of 60 days after the proof of claim has been filed in accordance with the requirements of this Policy nor shall such action be brought at all unless it is brought within 2 years from the expiration of the period within which proof of claim is required under this Policy. If We shall disclaim liability for any claim under this Policy and no action has within 12 calendar months from the date of such disclaimer been commenced against Us, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable.

**26. Arbitration**

If there is any dispute on Your policy that we cannot reach an agreement including any question regarding its existence, validity or termination, it must be referred to Financial Industry Disputes Resolution Centre Ltd (FIDREC) for mediation. If the dispute cannot be resolved through FIDREC, it must be referred and finally resolved by arbitration administered by the Singapore International Arbitration Centre (SIAC) in accordance with the Arbitration Rules of the Singapore International Arbitration Centre for the time being in force, which rules are deemed to be incorporated by reference in this clause.

**27. Clerical Error**

If a clerical error or other mistake occurs, that error will not deprive You of benefits under the Policy nor will it create a right to benefits. If You make a clerical error (including but not limited to, sending Us inaccurate information regarding addition or termination of coverage under the Policy), We will not make any retroactive adjustments beyond a 60-day period.



## SCHEDULE OF SURGICAL BENEFITS

Surgical Code Table	Classifications	Percentage
1A – 1C	Minor	12.5%
2A – 2C, 3A – 3C	Intermediate	25%
4A – 4C, 5A – 5C	Major	50%
6A – 6C, 7A – 7C	Complex	100%

**Note:** Detailed surgical procedures under each category shown above can be found in Medisave / Medishield Life Table of Surgical Procedures.

## 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 us or visit the GIA / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).