

JUNIOR ADVANTAGE

A. Our Contract

This Policy forms a legally enforceable contract between You and Us. We will insure You and pay the benefits of this Policy in return for the premiums You pay.

We insure You based on the information that You have provided to us in the Application Form and/or through any other means.

You are to ensure that all information that You have provided are accurate and that You fully and faithfully disclose to Us all important facts which You know or ought to know in respect of this insurance. Failing this, Your Policy may be void and You may not receive any benefits under this Policy.

B. Your Policy Coverage

Accidental Disability

In the event of an Accident resulting in Your Permanent Disablement, We will pay You a percentage of the sum insured for this benefit in the manner described in the compensation table below, up to the sum insured as stated in the policy schedule:

Compensation Table				
	Loss	% of Sum Insured		
1.	Permanent Total Disablement	100%		
2.	Loss of or the Permanent total Loss of Use of two Limbs	100%		
3.	Loss of or the Permanent total Loss of Use of one Limb	50%		
4.	Permanent total Loss of Sight of both eyes	100%		
5.	Permanent total Loss of Sight of one eye	50%		
6.	Loss of or the Permanent total Loss of Use of one Limb and Loss of Sight of one eye	100%		
7.	Loss of Speech and Hearing	100%		
8.	Permanent total Loss of Hearing (a) both ears (b) one ear	75% 25%		
9.	Loss of Speech	50%		
10.	Permanent total loss of the lens of one eye	50%		
11.	Loss of or the Permanent total Loss of Use of four Fingers and thumb of (a) right hand (b) left hand	70% 50%		
12.	Loss of or the Permanent total Loss of Use of four Fingers of (a) right hand (b) left hand	40% 30%		
13.	Loss of or the Permanent total Loss of Use of one thumb (a) both right phalanges (b) one right phalanx (c) both left phalanges (d) one left phalanx	30% 15% 20% 10%		
14.	Loss of or the Permanent total Loss of Use of Fingers (a) three right phalanges (b) two right phalanx (c) one right phalanx (d) three left phalanges (e) two left phalanges (f) one left phalanx	10% 7.5% 5% 7.5% 5% 2%		
15.	Loss of or the Permanent total Loss of Use of Toes (a) all-one foot (b) great toe-two phalanges (c) great toe-one phalanx	15% 5% 3%		



	(d) other than gr	1%	
16.	Fractured leg or pate	10%	
17.	Shortening of leg by at least 5cm		7.5%
18.	Third Degree Burns		
	Area damage	Percentage of surface area	
	Head	 equal to or greater than 2% but less than 5% equal to or greater than 5% but less than 8% equal to or greater than 8% 	50% 75% 100%
	Body	 equal to or greater than 10% but less than 15% equal to or greater than 15% but less than 20% equal to or greater than 20% 	50% 75% 100%

We will not pay You more than 100% of the sum insured for this benefit as specified in the policy schedule.

We will at Our discretion determine the percentage payable for any Injury that is not provided for in the compensation table above.

If You are left-handed, the compensation percentage in items 11 to 14 will be reversed whereby the greater compensation percentage will apply to the left hand and any part of the left hand.

This Policy will be cancelled if more than 50% under the compensation table is paid for any one Injury.

Special Education Benefit

In the event of an Accident resulting in You suffering from any of the following specified Injuries, We will pay You the sum insured, as stated in the policy schedule, for Your special educational needs:

- (1) Permanent Total Disablement;
- (2) Permanent total Loss of Use of two Limbs;
- (3) Permanent total Loss of Sight of both eyes;
- (4) Loss of Speech and Hearing; or
- (5) Loss of Use of one limb and sight in one eye.

We will only pay You the sum insured as stated in the policy schedule regardless of the number of such Injuries You suffer and upon such payment, this benefit shall cease.

Accident Medical Reimbursement

We will reimburse You for Medical Expenses paid to a Doctor for treatment obtained by You as a result of an Injury, up to the maximum sum insured for this benefit as stated in the policy schedule.

If You are reimbursed for the Medical Expenses by any other source(s) (including, but not limited to other insurers), We will only be liable for the excess of the amount that You have recovered from the other source(s).

Daily Hospital Income Due to An Injury or Illness

In the event of Injury or Illness resulting in Hospital Confinement, We will pay You the daily hospital cash, as specified for this benefit in the policy schedule, for each day of Your stay in a Hospital, up to a maximum of 365 days per Injury or Illness.

Successive Hospital Confinements due to the same Injury or Sickness are considered to be part of the same period of Hospital Confinement, unless there are at least forty-five (45) days in between the discharge date for the prior Hospital Confinement and the admission date for the next Hospital Confinement.

Subsidy of Child Care or School Fee

In the event of Injury or Illness resulting in Hospital Confinement for more than five (5) consecutive days, We will pay You the sum insured for this subsidy, as stated in the policy schedule.

You must be enrolled in a registered child care centre or are a full time student in a recognized academic institution of learning in order to qualify for this subsidy.

Surgical Reimbursement (inclusive of Day Surgery)

In the event of Injury or Illness and You require surgery by a qualified surgeon, We will reimburse You the surgical expenses charged for the surgery up to the sum insured as stated in the policy schedule.

If two or more procedures are performed through a single incision, We will reimburse the surgical expenses upon proof of original receipts for all such procedures, but in any event, We will not pay You more than the sum insured as stated in the policy schedule for such surgical expenses.

Surgical expenses eligible for reimbursement under this benefit include the operating room charge, anaesthetist's charge and the actual surgical fee reasonably and customarily charged by a qualified surgeon to perform the surgery.



If You are reimbursed by any other source(s) (including, but not limited to other insurers), We will only be liable for the excess of the amount that You have recovered from the other source(s).

Parental Allowance

In the event of Injury or Illness resulting in Hospital Confinement, We will pay one of Your parents the parental allowance as stated in the policy schedule for each day of Your stay in a Hospital, up to a maximum of 30 days per Injury or Illness.

Successive Hospital Confinements due to the same Injury or Illness are considered to be part of the same period of Hospital Confinement, unless there are at least forty-five (45) days in between the discharge date for the prior Hospital Confinement and the admission date for the next Hospital Confinement.

Reimbursement of A & E Expenses (including Ambulance Charges)

In the event of Injury or Illness resulting in Hospital Confinement for more than three (3) consecutive days, and admission to the Hospital is through the Accident and Emergency Unit, We will reimburse You the Medical Expenses incurred at the Accident and Emergency Unit, including the ambulance charge if applicable, up to the sum insured stated in the policy schedule.

If You are reimbursed by any other source(s) (including, but not limited to other insurers), We will only be liable for the excess of the amount that You have recovered from the other source(s).

Accidental Death Benefit

In the event of an Accident resulting in Your Accidental Death, We will pay You the sum insured as stated in the policy schedule.

Emergency Medical Evacuation and Repatriation Expenses

(a) In the event of Injury or Illness while You are travelling outside Singapore on an organized exchange or field or immersion programme conducted by a recognized academic institution of learning, and if in the opinion of AIG Travel Guard Asia Pacific Pte. Ltd. (ATAP), or an authorised representative of ATAP, it is medically appropriate to move You to another location for medical treatment or to return You to Singapore, ATAP, or the authorised representative, will arrange for Your emergency medical evacuation, based on the medical severity of Your condition.

We will pay directly to ATAP the expenses for such emergency medical evacuation. The means of evacuation arranged by ATAP, or the authorised representative of ATAP, may include air ambulance, surface ambulance, regular air transportation, railroad or any other appropriate means. All decisions as to the means of transportation and the final destination will be made by ATAP, or the authorised representative, and will be based solely upon medical necessity.

(b) In the event of Your death arising from an Injury or Illness while You are travelling outside Singapore on an organized exchange or field or immersion programme conducted by a recognized academic institution of learning, ATAP, or an authorised representative of ATAP shall make the necessary arrangements for the return of Your mortal remains to Your place of residence, We shall pay directly to ATAP the covered expenses for such repatriation.

In addition to the transportation of Your remains, We shall reimburse the expenses incurred for the services and supplies provided by a mortician or undertaker, including but not limited to the cost of the casket, the embalming and cremation, if so elected.

Critical Illness Benefit (Applicable with Payment of Additional Premium)

In the event You are Diagnosed to be suffering from a Critical Illness, We will pay You the sum insured for this benefit as stated in the policy schedule.

We will only pay You if:

- (a) the Diagnosis of Your Critical Illness is the first incidence of that Critical illness;
- (b) the signs or the symptoms of Your Critical Illness only appear after ninety (90) consecutive days from the Effective Date or the last reinstatement date of the Policy, whichever is later; and
- (c) You survive for a period more than ninety (90) consecutive days after Your Diagnosis.

We will only pay for one (1) Critical Illness and this benefit will terminate immediately upon such payment.

C. Your Policy Exclusions

1. General Exclusions

We will not pay nor be liable for any Injury, Illness or loss sustained by You, resulting from:

- (a) Engagement in aerial activity other than as a passenger in any properly licensed private and/or commercial aircraft;
- (b) Engagement in a sport as an occupation and/or in a professional capacity where You could earn income or remuneration from engaging in such sport;
- (c) Suicide or attempted suicide or intentional self-injury, or from deliberate exposure to exceptional danger (except in an attempt to save human life), or is sustained while You are in a state of insanity;
- (d) Any criminal, intentional or illegal act and breaking of any government laws and regulations on Your part;
- (e) Any treatments arising from pregnancy, miscarriage, abortion, childbirth, sterilisation, contraception as well as treatment for infertility:
- (f) Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or any infection by Human Immunodeficiency Virus (HIV).
- (g) Provoked assault, intoxication, drugs abuse or insanity;
- (h) General check-up, convalescence, custodial or rest cure;
- (i) Dental disease, dental care or surgery, cosmetic or plastic surgery or any elective surgery unless necessitated by Injury;
- (j) Any congenital anomalies or physical impairment;
- (k) Any mental, psychiatric and/or nervous disorders including anxiety or depression, sleep disorders, alcoholism and drug related



treatment;

- (I) Pre-existing Condition;
- (m) Any Injury or Permanent Disablement directly or indirectly caused by an Illness, Critical Illness, disease or bacterial infection;
- (n) Any expenses incurred under the emergency medical evacuation or repatriation expenses benefit for services provided by another party for which You are not liable to pay, or any expenses already included in the cost of a scheduled trip; and
- (o) Driving or riding as a passenger in or on any vehicle engaged in any race, speed test or endurance test.

2. War

We will not cover any loss damage, injury or liability directly or indirectly caused or contributed to by war, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or popular uprising, or usurpation of power.

3. Nuclear Risks

We will not cover any loss, damage, injury or liability directly or indirectly caused or contributed to by:

- ionizing radiation or contamination by radioactivity from any nuclear fuel or any nuclear waste from the combustion of nuclear fuel, including any self-sustaining process of nuclear fission; or
- the use of any nuclear weapons material.

4. Exclusion of Third Party Rights

A person who is not a party to this contract will have no rights under the Contracts (Rights of Third Parties) Act 2001(Cap. 53B) to enforce any of its terms.

5. Economic Sanctions

The Insurer will not be liable to provide any coverage or make any payment under this Policy if to do so would be in violation of any sanctions law or regulation which would expose the Insurer, its parent company or its ultimate controlling entity to any penalty under any sanctions law or regulation.

D. Your Policy Conditions

1. Geographical Limits

The coverage under this Policy is 24 hours a day, worldwide unless otherwise endorsed or amended.

2. Governing Law

This Policy is governed by the laws of Singapore.

3. Burden of Proof

If We allege that by reason of any of the exclusions under Part C above, any loss, damage, injury or liability is not covered by this Policy, the burden of proving the contrary shall be on You.

4. Duty of Disclosure

As explained in Part A of this Policy, all information You provide to Us in the Application Form and through any other means form the basis of this contract of insurance between You and Us. You must inform us immediately if any of the information that You have given us changes or is no longer accurate.

You must also inform Us of any other facts which You know or ought to know which may affect Our decision whether to continue to insure You and on what terms.

These information/facts could result in additional premium being payable and different terms and conditions may apply on this Policy. If such information is not disclosed to Us or if there is any fraud, misstatement or concealment in respect of this Policy or of any claim, You may not receive any benefits under this Policy and/or We may cancel or void this Policy.

5. Eligibility

Entry age is from age 30 days to 15 years old (at last birthday).

6. Change in Country of Residence

You must inform Us in writing of any change in Your country of residence. A change in the country of residence will be deemed to mean You are living or intending to live in another country other than Your country of residence at the Effective Date of this Policy, for more than 183 consecutive days. Upon receipt of such information, We may at Our option continue to cover You on the same terms and conditions or terminate this Policy.

7. Notification and Claims Procedures

Upon receipt of a notice of claim, We will furnish You with a claim form. This claim form must be returned to Us fully completed within 30 days upon Your receipt of the form together with supporting documents to prove Your loss. You must at any time upon Our request, submit any other documents in support of the claim as soon as possible and in any event within 60 days after receipt notice of such requirement.

8. Receipts

We will not be committed by any notice of any trust, charge, lien, assignment or other dealing with this Policy and Your receipt of any compensation payable under this Policy will in all cases be effectual discharge of Our liability. In the event of any successful claim or demand made by any person or entity as beneficiaries in respect of the compensation paid to You, You agree to indemnify Us in full.

9. Medical Examination and Treatment

You will at Your expense furnish to Us all such medical reports, certificates, information and evidence as may be required by Us and



You will whenever required to do so, arrange to submit to medical examination by Doctors appointed by Us. In the event of Your death, where it is not forbidden by law, We will be entitled to have a post-mortem examination at Our own expense, and notice will, where practicable, be given to Us before internment or cremation, stating the name and place of any inquest appointed. In the event of any conflict of opinion between Our Doctor and Your Doctor, the opinion of Our Doctor will prevail and be binding on You or Your estate. Where medical certificates/reports are required to be furnished, We will only accept medical certificates/reports issued by a Doctor. Certificates or reports issued by a traditional chinese medicine practitioner will not be accepted.

In the course of Our claims process, You are to render full cooperation to Us and to Our appointed service providers, vendors and experts including providing face to face interviews, if and when required.

10. To Whom Indemnities Are Payable (as may be applicable)

In respect of Your coverage under this Policy:

If You have made a valid revocable nomination under Section 49M of the Insurance Act (Cap.142), Your death benefits under this Policy are payable to Your nominated beneficiary / beneficiaries and all Your other benefits under this Policy are payable to You or Your estate (in the event of death). If You have made a valid trust nomination under Section 49L of the Insurance Act, all Your benefits under this Policy are payable to Your appointed trustee, in trust for Your nominated beneficiary / beneficiaries. If You have not made any valid nomination under Sections 49L or 49M of the Insurance Act, all Your benefits under this Policy are payable to You or Your estate (in the event of death). Receipt by You or Your legal personal representative, Your nominated beneficiary /beneficiaries or Your appointed trustee (as the case may be) alone will be an effectual discharge of Our liability except under the Emergency Medical Evacuation and Repatriation benefit.

11. Cancellation

We may cancel this Policy by giving You 7 days' notice at Your last known address. You may also cancel this Policy by writing to Us.

We will refund 80% of the premium less a pro-rated amount to cover the period when You were covered under this Policy.

You will not receive any refund of premium if on or before cancellation of this Policy.

- a claim has arisen
- You have not promptly paid the premium due.

If this Policy is cancelled before the Effective Date of this Policy, You shall pay us an administrative fee of \$25 (before GST).

12. Termination of Policy

This Policy will immediately terminate on the happening of any one of the following events:

- (a) on the date You attain sixteen (16) years of age;
- (b) upon Your death; and
- (c) when any premium due is not paid in accordance to the Payment Before Cover Warranty clause under this Policy

For the avoidance of doubt, refund of premium or a proportionate part thereof is not applicable in respect of termination under this clause.

13. Duplication of Cover and Other Insurance Cover

If You make a valid claim under this Policy, and have more than one policy with Us which is the same product and provides the same cover, We will consider You to be insured under the policy which Provides the highest benefit level. If the cover is for reimbursement of costs, expenses or third party liability payments and You have more than one policy with Us which provide the same or similar cover but which are not identical products, such costs, expenses or third party liability payments will be distributed proportionately between the policies based on the proportion of the cover limit. If however the cover is for reimbursement of costs, expenses or third party liability payments and You have insurance with other insurers providing the same or similar cover, We will only pay You Our proportion of the cover limit of Your claim based on the total number of policies covering such claim against the proportion of the cover limit of the other insurer(s) subject always to the limit under this Policy and any other policy(ies) You have with Us.

14. Dealing with Disputes

Any disputes arising out of this Policy shall first be referred to the Financial Industry Disputes Resolution Centre Ltd (FIDREC), where it falls within FIDREC's jurisdiction. If the dispute cannot be referred to or resolved by FIDREC, it shall be referred to and finally resolved by arbitration in Singapore in accordance with the Arbitration Rules of the Singapore International Arbitration Centre ("SIAC Rules") for the time being in force, which rules are deemed to be incorporated by reference in this clause. The Tribunal shall consist of one (1) arbitrator.

15. Waiver of Your Rights

If We reject liability for any claim made under this Policy and it is not referred to arbitration within 12 months from the date of Our rejection, it shall be deemed that You have accepted Our rejection of Your claim and You have waived all Your rights with respect to such a claim.

16. 14 Days Free Look Privilege

You have 14 days from the receipt of this Policy to examine its terms and conditions. You may cancel this Policy within this 14 days period by written request to Us. If there is no claim made within this 14 days period, We will refund You any premium paid. If this Policy is sent by post, it is deemed to have been delivered in the ordinary course of post. Once this Policy is cancelled, We will have no liability under the cancelled Policy and We will be entitled to recover any expense incurred by Us in underwriting this Policy. This provision is not applicable to any policies with terms of cover of less than a year and to renewals.



17. Premium Payment for Annual Renewals

Unless cancelled by You or by Us, this Policy will be automatically renewed by the payment of premium subject to all terms, conditions and exclusions of this Policy. Our acceptance of premium will constitute consent to renewal. In any event, Your coverage will terminate when the Policy terminates.

18. Premium Payment for Monthly Renewals

Unless cancelled by You or by Us, this Policy will be automatically renewed by the payment of premium subject to all terms, conditions and exclusions of this Policy. Our acceptance of premium will constitute consent to renewal. In any event, Your coverage will terminate when the Policy terminates.

19. Payment Before Cover Warranty

Notwithstanding anything contained in this Policy, You agree and acknowledge that:

- (a) 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 Effective Date of this Policy or Renewal Certificate.
- (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 Effective Date, then the Policy or Renewal Certificate will be deemed to be cancelled immediately and no benefits will be payable by Us as cover never attached. Any payment received thereafter shall not affect the cancellation of the Policy or Renewal Certificate.
- (c) In respect of coverage with a "Free Look" provision, You may return the original policy document to Us or Our 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 notified or made under this Policy.
- (d) If payment of full premium is to be made by credit card or bank GIRO whether monthly, annually or at such periods as may be agreed, the submission to Us of a complete and properly signed Direct Debit Authorisation form (or such other form as may be required by the card centre, bank or Us) to Us on or before the Effective Date will be deemed to be payment received by Us, subject to clause (e) below.
- (e) In the event of any rejection by the card centre or bank of the Direct Debit Authorization Form (or such other form as referred to in clause (d) or any inability by Us to obtain payment of the premium by credit card or GIRO deduction due to any reason), We will allow a second attempt for the charge and deduction of the outstanding premiums from the relevant card centre or bank. Should the second attempt fail for any reason, the Policy or Renewal Certificate will be deemed to be cancelled immediately effective from the day of the month when premium was due and unpaid and no benefits whatsoever will be payable by Us as cover never attached. Any payment received thereafter shall not affect the cancellation of the Policy or Renewal Certificate.

20. Validity of Remainder of Policy

In the event that any portion of this Policy is found to be invalid or unenforceable, the remainder of this Policy will remain valid, in full force and effect.

21. Data Use

You have agreed and consented that We may collect, use and process Your personal information whether obtained in this application form or otherwise obtained) and disclose such information (whether in or outside of Singapore) to the following:

- (a) Our group companies;
- (b) Our (or Our group companies') service providers, reinsurers, agents, distributors, business partners;
- (c) brokers, Your authorized agents or representative, legal process participants and their advisors, other financial institutions;
- (d) governmental / regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purpose stated in Our Data Privacy Policy which include:
 - Processing, underwriting, administering and managing Your relationship with Us;
 - Audit, compliance, investigation and inspection purposes and handling regulatory governmental enquiries;
 - Compliance with legal or regulatory obligations, risk management procedures and Our internal policies;
 - Managing Our infrastructure and business operations; and
 - Carrying out market research and analysis and satisfaction surveys.

Note: Please refer to the full version of Our Data Privacy Policy found at https://www.aig.sg/privacy.

If You have not opted out, You have also consented to Us, Our group companies, service providers and business partners using, processing and disclosing Your personal information to:

- (a) Enroll You in contests, prize draws and similar promotions
- (b) Contact You to market other insurance, and/or Our, Our group companies and/or Our business partners' financial products and/or services.

If You have any questions about Our collection, use and disclosure of personal information, You may contact Our Data Protection Officer at singaporedataprotectionofficer@aig.com.



22. Insurance Act (Cap. 142)

This Policy is issued in Singapore and is subject to the Insurance Act (Cap.142).

When You applied for this Policy, a declaration made by You at that time that You are ordinarily resident in Singapore must satisfy any one of the following descriptions of being treated as "ordinarily resident in Singapore":

- You are a citizen of Singapore, unless You have resided outside Singapore continuously for 5 or more years before the
 application date of the Policy and are not currently residing in Singapore;
- You are a permanent resident, unless You have resided in Singapore for less than a total of 183 days in the 12 months before the application date of the Policy;
- You have a work pass or permit required under the Employment of Foreign Manpower Act (Cap. 91A), unless You have resided in Singapore for less than a total of 183 days in the 12 months before the application date of the Policy; or
- You have a pass or permit required under the Immigration Act (Cap. 133) that has duration longer than 90 days and You have resided in Singapore continuously for at least 90 days in the 12 months before the application date of the Policy.

If You do not satisfy any one of the above definitions of being "ordinarily resident in Singapore", You must notify Us immediately.

23. Written Notice

Every notice or communication to be made under this Policy shall be given in writing to Us.

24. Currency

All benefits payable under this Policy will be in Singapore dollars. When a claim is made by You for losses incurred in a foreign currency, We will pay You in Singapore dollars based on the prevailing currency exchange rate determined by Us.

25. Assignment

No assignment of interest under this Policy will be binding upon Us. We do not assume any responsibility for the validity of any assignment.

26. Compliance with Policy Provisions

The due observance and fulfillment of the terms and conditions of this Policy so far as they relate to anything to be done or complied with and the truth to the best of Your knowledge and belief of the information furnished to Us in connection with this insurance shall be conditions precedent to Our liability. Failure to comply with any of the provisions contained in this Policy will invalidate all claims made under this Policy.

27. Entire Contract

This Policy, policy schedule, and where applicable Endorsements, Application Form, declaration and any other statements in writing will be read together as one contract. In the event of a conflict, the terms, conditions or provisions of this Policy will prevail. No agent has the authority to change or waive any provisions of the insurance. No change of provisions will be valid unless approved by Us and such approval will be endorsed onto this Policy.

E. Your Policy Definitions

Any word or expression which has a specific meaning has the same meaning whenever that word or expression is used in this Policy, policy schedule and/or Endorsements.

Accident means a sudden, unforeseen and fortuitous event which results in You suffering death, Disablement or Injury.

Accidental Death means death by or as a result of an Accident.

Act of Terrorism means an act which may or may not involve the use or threat of use of force or violence by any person or group of persons. This is regardless of whether any person or group is acting alone or on behalf or in connection with any organisation or government 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.

Acquired Immune Deficiency Syndrome or AIDS shall have such meanings assigned to it by the World Health Organization including Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus (HIV), Encephalopathy (Dementia), HIV Wasting Syndrome or any disease or Illness in the presence of a sero-positive test for HIV provided that:

- a) Malignant Neoplasm includes but is not limited to Kaposi's sarcoma, central nervous system lymphoma and/or other malignancies now known or which become known as immediate causes of death, an illness, or disability, in the presence of Acquired Immune Deficiency Syndrome (AIDS).
- b) Opportunistic Infection includes but is not limited to pneumocystis carinii pneumonia, organism of chronic enteritis, virus and/or disseminated fungi infection.

Activities of Daily Living means Washing, Dressing, Feeding, Toileting, Mobility and Transferring:

- Washing means the ability to wash in the bath, or shower or wash by other means.
- **Dressing** means the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical or medical appliances.
- Feeding means the ability to feed oneself food after its preparation and being made available.
- **Toileting** means the ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate.



- Mobility means the ability to move indoors from room to room on level surfaces.
- Transferring means the ability to move from a bed to an upright chair or wheelchair, and vice versa.

Application Form refers to the completed form(s) signed by You for this Policy whether prior or subsequent to inception of this Policy or for and upon renewal of this Policy.

Critical Illness means the following conditions:-

- 1. Severe Asthma
- 2. Severe Epilepsy
- 3. Leukemia
- 4. Bone Marrow Transplant
- 5. Kawasaki Disease with Heart Complication
- 6. Insulin Dependent Diabetes Mellitus
- 7. Haemophilia
- 8. Rheumatic Fever with heart Involvement
- 9. Acquired Brain Damage
- 10. Still's Disease including Severe Juvenile Rheumatoid Arthritis
- 11. Paralysis (Irreversible Loss of Use of Limbs)
- 12. Irreversible Aplastic Anemia
- 13. Severe Encephalitis
- 14. Tuberculosis Meningitis
- 15. Death as a result of Hand, Foot and Mouth Disease
- 1. Severe Asthma means a condition where at least three (3) of the following diagnostic conditions must be met:
 - (a) continuous daily usage of oral corticosteroids for a minimum period of six (6) months on the advice of a consultant pediatrician to control Your asthma;
 - (b) the presence of chest deformities resulting from chronic hyperinflation as confirmed by a consultant pediatrician;
 - (c) Your significant retardation of growth and development as a result of asthma documented by falling percentiles on growth charts within a six (6) month period;
 - (d) history of at least three (3) Hospital admissions per year in the two (2) Policy years prior to the submission of claims for exacerbations of asthma where each Hospital Confinement shall last for at least forty-eight (48) consecutive hours on the recommendation of a consultant pediatrician; or
 - (e) history of status asthmaticus within the two (2) Policy years prior to the submission of claims. "History" means after the Effective Date or the last reinstatement date of the Policy, whichever is later.
- 2. Severe Epilepsy means a condition diagnosed by a consultant neurologist or pediatrician confirmed by electroencephalography (EEG) with the use of other investigations including magnetic resonance imaging (MRI) and Positron Emission Tomography (PET) as appropriate and where the following diagnostic conditions must be met:
 - (a) the seizures are generalised and involve a loss of consciousness and tonic clonic movements; and
 - (b) the condition has been present for at least twelve (12) months; and
 - (c) despite optimal drug therapy on the recommendation of a consultant neurologist or pediatrician there are at least six (6) seizures per Policy year which are documented by reliable medical sources; or
 - (d) brain surgery has been performed to control the seizures.

Febrile convulsions, Petit Mal (Absence) seizures and infantile spasms are specifically excluded.

- 3. Leukemia means the occurrence of an acute or chronic myeloid leukemia or acute lymphocytic leukemia where all of the following diagnostic conditions must be met:
 - (a) unequivocal Diagnosis has been confirmed by a consultant haematologist or pathologist; and
 - (b) the leukemia has required treatment with chemotherapy or Bone Marrow Transplant.
- 4. Bone Marrow Transplant means the recipient of a transplant of human bone marrow using heamatopoietic stem cells preceded by total bone marrow ablation.
- 5. Kawasaki Disease with Heart Complications means a condition which is characterised by mild anemia, with a white-blood-cell count above normal level, an elevated erythrocyte sedimentation rate which indicates blood vessel inflammation and a sharp rise in number of platelets.
 - All of the following diagnostic conditions must be met:
 - (a) there is persistent dilation or aneurysm formation in one (1) or more coronary arteries for at least six (6) millimetres in diameter; and
 - (b) the dilation or aneurysm has persisted for at least six (6) months after the initial Diagnosis of this disease.
- 6. Insulin Dependent Diabetes Mellitus means a condition where all of the following diagnostic conditions must be met:
 - (a) there is an on-going absence of insulin production by the pancreas due to auto-immune disease;
 - (b) exogenous insulin administration is medically necessary to maintain normal glucose metabolism as diagnosed by a consultant endocrinologist; and
 - (c) the condition has been present for at least six (6) months.
- 7. Haemophilia means a condition where all of the following diagnostic conditions must be met:
 - (a) the level of either coagulation factor VIII or factor IX is persistently less than one percent (%) of the normal level; and



- (b) there are recurrent intra-articular or other major haemorrhage necessitating treatment with coagulation at least twice per Policy year for at least two (2) consecutive Policy years.
- 8. Rheumatic Fever with Heart Involvement means acute rheumatic fever where all of the following diagnostic conditions must be met:
 - (a) Diagnosis by a consultant cardiologist or pediatrician confirming presence of the diagnostic criteria specified by the American Heart Association on You; and
 - (b) Moderate incompetence of at least one (1) heart valve has developed as a sole consequence of rheumatic fever, supported by echocardiogram.
- 9. Acquired Brain Damage means a condition where all of the following conditions must be met:
 - (a) You have attained the age of four (4) years old or above;
 - (b) brain imaging studies and neuro-psychological testing appropriate to Your age have confirmed the presence of moderate to severe brain damage; and
 - (c) Your development are delayed by the equivalent of at least two (2) years and there is a need for special childcare and special schooling as confirmed by a pediatrician.

Brain damage as a result of congenital causes is excluded.

- **10. Still's Disease (including Severe Juvenile Rheumatoid Arthritis)** means a form of juvenile chronic arthritis where all of the following diagnostic conditions must be met:
 - (a) widespread joint destruction and major deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankles, cervical spine or feet; and
 - (b) the condition has been present for at least six (6) months.
- 11. Paralysis (Irreversible Loss of Use of Limbs) means total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist. Self-inflicted injuries are excluded.
- **12. Irreversible Aplastic Anaemia** means chronic persistent and irreversible bone marrow which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
 - (a) blood product transfusion
 - (b) bone marrow stimulating agents
 - (c) immunosuppressive agents or
 - (d) bone marrow or haematopoietic stem cell transplantation.
- 13. Severe Encephalitis means severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in Permanent Neurological Deficit which must be documented for at least 6 weeks. This diagnosis must be certified by consultant neurologist and supported by any confirmatory diagnostic tests.. Encephalitis caused by HIV infection is excluded.
- **14. Tuberculosis Meningitis** means meningitis proven to be caused by mycobacterium tuberculosis that causes a Permanent Neurological Deficit that result in either:
 - (a) severe cognitive impairment documented by standard neuro-psychological that results in the need for continuous supervision; or
 - (b) physical impairment that results in a Permanent inability to perform at least one (1) Activity of Daily Living.
 - (c) Meningitis occurring in the presence of HIV infection is excluded.
- **15.** Hand, Foot and Mouth Disease means a condition caused by coxsackievirus A16, A5, A9, A10, B1 and B3 or enterovirus A71 and confirmed by a pediatrician acceptable to Us.

Diagnosed / Diagnosis means the definitive diagnosis made by a Doctor based upon such specific evidence, as referred to in the definition of the particular illness concerned, or in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to Us. Such diagnosis must be supported by Our Doctor who may base his/her opinion on the medical evidence which You submitted and/ or any additional evidence that he/she may require. In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, We will have the right to call for Your examination, or the evidence used in arriving at such Diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by Us and the opinion of such expert as to such Diagnosis shall be binding to both You and Us.

Disablement means physical impairment resulting from Injury that is caused solely and directly from an Accident and is independent of all other causes.

Doctor means a qualified and registered medical practitioner licensed under local applicable laws and acting within the scope of his/her licensing and training. The attending Doctor must not be You, or Your business partner, employer, employee, agent, or a person who is related to You in any way.

Effective Date means the commencement date of insurance, whether at inception or upon renewal, as specified in the period of insurance under this Policy.

Endorsement means a change of information of this Policy and/or the cover We provide. The endorsement which applies to this Policy will be shown in a schedule.

Hospital means a place that:

(a) holds a valid license (if required by law);



- (b) operates primarily for the care and treatment of sick or injured persons;
- (c) has a staff of one or more Doctors available at all times;
- (d) provides 24- hour nursing service and has at least one registered professional nurse on duty at all times;
- (e) has organized diagnostic and surgical facilities, either on premises or in facilities available at the Hospital on a pre-arranged basis; and
- (f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or a facility operated as a drug and/or alcohol treatment centre.

Hospital Confinement means admission in a Hospital as a registered patient for an overnight stay upon the recommendation of a Doctor and for which the Hospital charges You for room and board.

Illness or Sickness means a physical condition marked by a pathological deviation from the normal healthy state.

Inception date means the commencement date of insurance at inception as specified in this Policy.

Injury means bodily Injury which is sustained by You within 365 days from the date of an Accident and during the period of insurance and is caused by an Accident solely and independently of any other causes.

Loss of Use of Limb(s) means total functional disablement or loss by complete and permanent physical severance of a hand at or above the wrist or of a foot at or above the ankle.

Loss of Use of Fingers or Toes means complete severance through or above the metacarpophalangeal joints or metatarsophalangeal joints.

Loss of Sight means the entire irrecoverable loss of sight.

Loss of Speech means the disability in articulating any three of the four sounds which contribute to the speech such as the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds or total loss of vocal cord or damage of speech centre in the brain resulting in Aphasia.

Loss of Hearing means permanent irrecoverable loss of hearing as determined by a Doctor.

Medical Expenses means expenses incurred by You within 365 days of sustaining Injury for:-

- i. Doctor's consultation;
- ii. ambulance service;
- iii. medical and surgical treatment
- iv. X-ray;
- v. nursing treatment;
- vi. medical supplies; and
- vii. dental treatment where such treatment is necessarily incurred to restore sound and natural teeth following an Accident.

The first medical expenses must be incurred within 30 days from the date of Accident.

All treatment and services must be prescribed by a Doctor and shall not exceed the usual level of charges for similar treatment, medical services or supplies in the location where the expenses were incurred had this insurance not existed.

Permanent means lasting 365 days from the date of Accident and at the expiry of that period is beyond hope of improvement.

Permanent Neurological Deficit means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout Your lifetime. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

Policy means the Application Form, policy terms and conditions, policy schedule and, where applicable, certificate of insurance, hold cover letter/cover note and any Endorsement to this Policy.

Policyholder means Your parent who has applied for this insurance and agreed to pay the premium stated in the policy schedule.

Pre-existing Condition means any Illness, disease or other condition which You suffer prior to the Effective Date and which:

- (a) first manifested itself, worsened, became acute or exhibited symptoms prior to the Effective Date which would have caused any reasonable person to seek diagnosis, care or treatment; or
- (b) requires You to take prescribed drugs or medicine; or
- (c) was treated by a Doctor or treatment had been recommended by a Doctor.

Strike, Riot or Civil Commotion means:-

- a) the act of any person taking part together with others in any disturbance of the public peace (whether in connection with a strike or lock-out or not) or the action of any lawfully constituted authority in suppressing or attempting to suppress any such disturbance or in minimizing the consequences of such disturbance; or
- b) the intentional act of any striker or locked-out worker done in furtherance of a strike or in resistance to a lock-out or the action of any lawfully constituted authority in preventing or attempting to prevent any such act or minimizing the consequences of such act;



but does not apply to any accident, loss, damage or liability (except as legally required) which is directly or indirectly caused by or contributed to or arising out of or in connection with:

- i. war, invasion, or other acts of foreign powers or warlike operations (whether war is declared or not), civil war; or
- ii. mutiny, civil commotion assuming the proportions of or amounting to a popular uprising, military rising, rebellion, revolution, insurrection, military or usurped power or any act of any person acting on behalf of or in connection with any organisation with activities directed towards the overthrow by force of the government de jure or de facto, or to the influencing of such government by terrorism or violence or by the direct or indirect consequences of any of the said occurrences.

Total Disablement means Injury which solely, directly and totally disables and prevents You from attending to Your business, profession or occupation (of any and every kind) or if You have no business, profession or occupation, from performing three or more Activities of Daily Living.

We/Our/Us means AIG Asia Pacific Insurance Pte. Ltd.

You/Your means the person named as the insured person in the policy schedule

F. Your Policy Endorsements (where applicable)

The following endorsements apply to this Policy only if the corresponding endorsement number is shown in the Policy Schedule under the heading "Subject to Endorsement".

1. Strike, Riot or Civil Commotion and Act of Terrorism

This Policy is extended to cover You against Accidental Death or Injury as a result of Strike, Riot, Civil Commotion or any Act of Terrorism. We will not pay for any claim arising out of or in connection with Your own participation or provocation of any such actor if such act could reasonably have been avoided by You.

2. Hijack, Murder and Assault

This Policy is extended to cover Accidental Death or Injury as a result of You being a victim of hijack, murder or assault. We will not pay for any claims arising out of or in connection with Your own participation or provocation of any such act.

3. Drowning and Suffocation

This Policy is extended to cover against Accidental Death or Injury as a result of drowning or suffocation by poisonous fumes, gas or smoke. We will not pay for any claim for such Injury arising out of or in connection with Your wilful or intentional act.

4. Exposure and Disappearance

This Policy is extended to cover You if You are exposed to the elements due to an Accident and You suffer an Injury or die as a result of such exposure.

If Your body has not been found within 365 days after the date of disappearance, sinking or wrecking of the aircraft or other conveyance either on the ground or at sea in which You were travelling at the time of the Accident We will presume that You died from this Accident. This is subject to a signed undertaking by Your legal representative that if this presumption is subsequently found to be wrong, any payment made under this Policy will be refunded to Us.

5. Motor Cycling

This Policy is extended to You when you are motor-cycling (whether as a rider or a pillion-rider) provided that at the time of the Accident, You are wearing a safety helmet, and not engaging in or practising for any racing or hill climbing contests, reliability trial sand speed or duration testing.

6. Renewal Bonus for Accidental Disability Benefit

The sum insured in respect of Accidental Disability Benefit as stated in the policy schedule will, upon each annual renewal, increase by 5% of the Original Sum Insured provided that:

- (a) no claim had been made during the period of insurance immediately preceding the renewal;
- (b) the increase will only be applicable during the first 5 years from the first issuance of the Policy and up to a maximum of 25% of the Original Sum Insured;
- (c) there has been no interruption of cover in or between the first 5 years of the Policy period; and
- (d) if any claim has been paid during any time of the 5 year period, the sum insured for the next renewal would be considered at the preceding year's sum insured.

Original Sum Insured means the sum insured for Accidental Disability provided in the first year that You are insured under this Policy. In the event there is a change in the Selected Plan, the Original Sum Insured shall mean the sum insured, before any bonus is applied:

- A. on the first day of cover in the year in which the change was effected mid-term; or
- B. on the first day of cover in the year in which the change was effected at renewal.

7. Renewal Bonus for Critical Illness Benefit (where applicable)

The sum insured in respect of Critical illness Benefit as stated in the policy schedule will, upon each annual renewal, increase by 5% of the Original Sum Insured provided that:

- (a) no claim had been made during the period of insurance immediately preceding the renewal;
- (b) the increase will only be applicable during the first 5 years from the first issuance of the Policy and up to a maximum of 25% of the Original Sum Insured;
- (c) there has been no interruption of cover in or between the first 5 years of the Policy period; and



(d) if any claim has been paid during any time of the 5 year period, the sum insured for the next renewal would be considered as the preceding year's sum insured.

Original Sum Insured means the sum insured for Critical Illness provided in the first year that You are insured under this Policy. In the event there is a change in the Selected Plan, the Original Sum Insured shall mean the sum insured, before any bonus is applied:

- 1. on the first day of cover in the year in which the change was effected mid-term; or
- 2. on the first day of cover in the year in which the change was effected at renewal.

IMPORTANT NOTICE

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 AIG Asia Pacific Insurance Pte. Ltd. or visit the AIG, GIA or SDIC web-sites (www.aig.sg or www.gia.org.sg or www.sdic.org.sg).