

Business Traveller Program



Business Traveller

Enhanced Features

1. Cover business trip up to 120 days
2. No excess
3. Full Terrorism Coverage (Including nuclear, chemical & biological terrorism)
4. Personal deviation up to 31 days
5. Age limit up to 75 years old
6. Home leave for expatriates within geographical limits insured
7. Minimum group size ~ one
8. Headcount basis ~ policy can be arranged on an unnamed basis for groups of 5 employees and above.
9. Volume Discount for groups of 20 employees or more.

Optional Features ~ with additional premium

1. Personal Travel
2. War Risk Extension

Enhanced Benefits

1. Common Carrier Accidental Death
2. Comatose
3. Home Rehabilitation Allowance
4. Trip Curtailment ~ Catastrophe Cover Extension
5. Legal Expenses
6. Bail Bond Facility
7. Emergency Travel of Family Members or Friends



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Benefits

Accidental Death and Permanent Disablement

Pays up to SGD500, 000 compensation in the event of accidental death and/or disablement.

Accidental Death due to Common Carrier

Pays up to SGD50,000 compensation in the event of accidental death while riding in any rail, sea or air conveyance as a fare-paying passenger.

Comatose State Lump Sum Benefit

Pays up to SGD50,000 compensation in the event of an accident results profound unconsciousness.

Medical Expenses

Covers the insured person for medical expenses incurred as a result of accident or sickness whilst travelling.

Emergency Medical Evacuation & Repatriation

Pays for the expenses of emergency medical evacuation recommended by a physician.

Repatriation of Mortal Remains

Pays the expenses incurred to return the mortal remains of an insured person to his/her home country or country of residence if he/her suffers loss of life during the trip.

Emergency Travel of Family Members or Friends

Pays for travel expenses incurred by two immediate family members or friends to visit the insured person if he/she is hospitalised for 10 days or more.

Hospital Confinement Benefit

Pays SGD200 for every 24 hrs of confinement in the hospital whilst travelling for up to a maximum of 30 days.

Home Rehabilitation Allowance

Additional cash of up to SGD6, 000 while the insured person is recuperating at home.

Trip Curtailment with Catastrophe Cover Extension

Covers loss of travel and/or accommodation expenses paid in advance after the commencement of the trip due to the injury or sickness of the insured person or anyone of his or her immediate family.



Trip Cancellation

Covers irrecoverable loss of travel and/or accommodation expenses paid in advance for trips cancelled.

Travel Delay

Pays an amount for every 6 hours delay that an insured person experiences on a common carrier that the insured person is due to travel.

Loss or Damage of Personal Baggage and Property

Covers the replacement costs of the lost or damaged personal items.

Loss of Personal Money and Travel Documents

Pays the insured person's additional travel and accommodation expenses incurred including the cost of replacement of passport, travel tickets and other relevant travel documents.

Baggage Delay

Pays SGD200 for emergency purchases of essential items for every 6 consecutive hours.

Legal Expenses

Reimburses the insured person for any legal expenses incurred arising from Insured Person's arrest or is in danger of arrest, following an automobile accident during a trip

Bail Bond Facility

ISOS provides assistance in arranging a bail bond following insured person's arrest after an automobile accident during a business trip, subject to payment being secured through Insured Person's credit card or personal assets.

Hijack

Pays up to SGD5, 000 if the insured person's common carrier is being hijacked.

Personal Liability

Covers the insured person's personal legal liability expenses incurred as a result of accidental injury and loss or damage to property towards third parties.

Territorial Limits

Regional countries include Malaysia, China, Cambodia, Thailand, Brunei, Hong Kong, India, Indonesia, Japan, Korea, Macau, Taiwan, Vietnam, Philippines, Sri Lanka, Laos, Myanmar, Australia, New Zealand and Bangladesh and Pakistan.

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Schedule of Benefits

Benefits	Biz T-1 S\$	Biz T-2 S\$	Biz T-3 S\$
Personal Accident Protection			
Accidental Death	500,000	300,000	200,000
Permanent Disablement	Up to the % as stated in the table of benefits		
Accidental Death due to Common Carrier	50,000	30,000	20,000
Comatose State Lump Sum Benefit	50,000	30,000	20,000
Medical and Relates Expenses			
Medical Expenses (including Return Expenses of up to 10% of the Medical Expenses sum insured)	300,000	200,000	100,000
Emergency Medical Evacuation & Repatriation	Unlimited	Unlimited	Unlimited
Repatriation of Mortal Remains	Unlimited	Unlimited	Unlimited
Emergency Travel of Family Members or Friends	5,000	5,000	5,000
Hospital Confinement Benefit (S\$200 per day up to a maximum of 30 days)	6,000	6,000	6,000
Home Rehabilitation Allowance (S\$200 per day up to a maximum of 30 days)	6,000	6,000	6,000
Travel Inconvenience Cover			
Trip Curtailment with Catastrophe Cover Extension	10,000	10,000	10,000
Trip Cancellation	10,000	10,000	10,000
Travel Delay (SGD200 for each full 6 continuous hours of delay)	1,000	1,000	1,000
Loss or Damage of Personal Baggage and Property (Limit to SGD1,000 per article, pair or set)	5,000	5,000	5,000
Loss of Personal Money and Travel Documents	1,000	1,000	1,000
Baggage Delay (SGD200 for each full 6 continuous hours of delay)	1,000	1,000	1,000
Legal Expenses	15,000	15,000	15,000
Bail Bond	15,000	15,000	15,000
Hijack -(SGD200 for each 24 hours)	5,000	5,000	5,000
Personal Liability – any one occurrence in the aggregate	1,000,000	1,000,000	1,000,000
Annual Premium per Insured Person			
Regional	250	210	190
International	338	283	256



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PROPOSAL FORM

Statement pursuant to Section 25 (5) of the Insurance Act (Cap 142), you are to disclose in the proposal form, fully and faithfully all the facts, which you know or ought to know; otherwise the policy issued hereunder may be void.

Name of Company : _____
 Address : _____
 Telephone No. : _____
 Fax No. : _____
 Nature of Business : _____
 Policy Period : _____ to _____

(Please attaches a separate schedule if the space provided below is insufficient).

Name of Employee	NRIC No.	Country of Residence	Designation	Biz T 1, 2 or 3	Regional/ International	Premium (SGD)
Grand Total						

This brochure is not a contract of insurance. Accordingly this brochure should be read and construed in the light of and is subject to all terms and conditions in the policy.

I / we declare that I / we understand the above statement and the information provided is true to the best of my / our knowledge.

Date Company Stamp & Signature of Authorized Representative

