

FEDERAL INSURANCE COMPANY
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GROUP PERSONAL ACCIDENT INSURANCE POLICY

INSURING AGREEMENT

In consideration of the payment of a premium stated in the **Declarations**, Federal Insurance Company (herein called "the **Company**") agrees with the **Policyholder** to insure eligible **Insured Persons** to the extent hereto provided and subject to the exclusions and all other limitations and provisions of this **Policy**.

*THIS **POLICY** WILL NOT BE VALID UNLESS THE **DECLARATIONS** PAGE SIGNED BY AN AUTHORISED REPRESENTATIVE OF FEDERAL INSURANCE COMPANY ARE ATTACHED HERETO.*

*CERTAIN WORDS AND PHRASES THAT APPEAR IN BOLD PRINT HAVE SPECIAL MEANINGS. DEFINITIONS APPEAR IN PART I: DEFINITIONS OF THIS **POLICY**. PLEASE READ THIS **POLICY** CAREFULLY.*

PART I: DEFINITIONS

Accident or **Accidental** means a sudden, unforeseen and unexpected event happening by chance that results in the **Insured Person** suffering death, disablement or bodily injury.

Accidental Bodily Injury means bodily injury sustained by the **Insured Person** during the **Policy** period caused solely and directly by **Accidental** means (excluding any sickness or medical disorder) and within twelve calendar months from the date of the **Accident** results in the **Insured Person's** death or disablement.

Benefit / Benefits means the respective capital sum insured, as stated in the **Policy Declarations**, payable by the **Company** under the terms and conditions of this **Policy** in respect of each event or loss covered by this **Policy**.

Benefit Amount means the **Benefit Amount** shown in the **Declarations** against the relevant category of loss.

Company means Federal Insurance Company.

Commencement of Insurance means the **Policy** period stated in the declarations from which the insurance plan under this **Policy** is operative.

Declarations mean the declarations which is incorporated in and forms part of this **Policy**.

Effective Date means the date from which the insurance coverage under this **Policy** in respect of any **Insured Person** becomes effective.

Insured Person means person(s) named or described in the **Declarations**, or any amendment or endorsement to this **Policy**, to be the **Insured Person** and who is aged between sixteen (16) and seventy (70) years on the first day of the **Policy** period.

Permanent as used in respect to disablement means disability that lasts more than three hundred and sixty-five (365) days following which there is no hope of improvement.

Permanent Total Disablement means disablement lasting at least three hundred and sixty-five (365) consecutive days and which will, in all probability, entirely prevent the **Insured Person** from engaging in any occupation for which he is capable by reason of education, training or experience (or if he has no occupation from engaging in gainful employment) for the remainder of his life, and which is beyond hope of improvement.

Policyholder means the employer identified as the **Named Insured** on the **Policy Declarations**.

Policy means this agreement, any endorsements, attachments or amendments hereto signed by the **Company**, which together constitute the entire **Policy** between the parties.

Reference Benefit Amount means the **Benefits** stated in the **Declarations**, (in the event that the **Benefits** are at any time reduced below the **Benefits** stated in the **Declarations**) the **Benefits** stated on the **Policy** schedule less the amount of such reduction in **Benefits** or (in the event that the **Benefits** are increased above the **Benefits** stated in **Declarations** prior to the commencement of the immediately preceding **Policy** period) the sum of the **Benefits** stated on the **Declarations** and the amount of such increase in **Benefits**. For the avoidance of doubt, in the event that the **Benefits** are increased above the **Benefits** stated in the **Declarations** during the immediately preceding **Policy** period or at the time of renewal, the **Reference Benefit Amount** shall mean the **Benefits** stated in **Declarations**.

PART II: COMMENCEMENT AND TERMINATION OF COVERAGE

1. Termination of Coverage

The insurance coverage in respect of an **Insured Person** will terminate on the occurrence of the following event, whichever is the earliest of:

- a. When this **Policy** is terminated in accordance with Part VI, Clause 5 of this **Policy**.
- b. End of the **Policy** period during which the **Insured Person** attains age 70.
- c. Date on which the **Insured Person** ceases to be an employee of the **Insured**.

2. Automatic Inclusion and Deletion

This **Policy** shall automatically cover all present and new **Insured Persons** upon their date of employment subject to notification by the **Insured** to the **Company** at year end adjustment. Coverage ceases upon the date of termination of employment. The **Insured** shall provide written proof of employment to the **Company** in the event of a claim.

PART III: BENEFITS

1. Coverage

If whilst this **Policy** is in force, an **Insured Person** sustains **Accidental Bodily Injury** and suffers from any of the loss events described in the table of benefits, the **Company** shall, upon receipt and approval of proof, pay up to **Benefit Amount** stated in the **Declarations**.

2. Extended Benefits

Assault, Hijack and Murder

If whilst this **Policy** is in force, in the event the **Insured Person** suffers death or **Permanent Total Disablement** as a result of being a victim of assault, hijack or murder, the relevant **Benefit Amount** stated in the table of benefits shall be payable, provided that such injury does not arise out of the **Insured Person's** own participation or provocation of any such act.

Disappearance

If whilst this **Policy** is in force, in the event the **Insured Person** disappears and after 365 days, it is reasonable to believe that such **Insured Person** has died as a result of **Accidental Bodily Injury**, the death **Benefit Amount** stated in the table of benefits shall be payable subject to a signed undertaking by the beneficiary that if the **Insured Person** is subsequently found alive, such death **Benefit Amount** shall be refunded to the **Company**.

Drowning and Suffocation by Gas, Poisonous Fumes or Smoke

If whilst this **Policy** is in force, in the event the **Insured Person** suffers death or **Permanent Total Disablement** as a result of drowning or suffocation by gas, poisonous fumes or smoke, the relevant **Benefit Amount** stated in the table of benefits shall be payable, provided that such injury does not arise out of the **Insured Person's** wilful and intentional act.

Exposure

If whilst this **Policy** is in force, in the event the **Insured Person** is unavoidably exposed to the elements due to an **Accident** and, as a result of such exposure, suffers death, the death **Benefit Amount** stated in the table of benefits shall be payable.

Strike, Riot, Civil Commotion and Terrorism

If whilst this **Policy** is in force, in the event the **Insured Person** suffers death or **Permanent Total Disablement** as a result of strike, riot, civil commotion or terrorism, the relevant **Benefit Amount** stated in the table of benefits shall be payable, provided that such injury does not arise out of the **Insured Person's** own participation or provocation of any such act or if such act could reasonably have been avoided by the **Insured Person**.

3. **Automatic Increase in Benefit**

The **Benefits** (A) and (B) in the table of benefits shall increase by five percent (5%) of the **Reference Benefit Amount** upon each annual renewal of this **Policy** provided that:

- a. no claim had been made under this **Policy** in the previous **Policy** period;
- b. this **Policy** was not terminated or cancelled at any time in the previous **Policy** period;
- c. this **Policy** was renewed by the **Policyholder** before the end of the previous **Policy** period or as provided in the premium warranty clause;
- d. the total increase in the **Benefit** shall not exceed twenty-five percent (25%) of the **Reference Benefit Amount**; and
- e. the total automatic increase in **Benefit** in respect of any one **Insured Person** shall not exceed SGD500,000.

4. **Mobility Extension**

If whilst this **Policy** is in force, an **Insured Person** sustains **Accidental Bodily Injury** which directly and independently of all other causes results in **Permanent Total Disablement** of such a nature that such **Insured Person** need and can operate:

- a. a self-powered, climbing wheelchair; and/or
 - b. his/her motor vehicle with the controls suitably adjusted; and/or
 - c. a lift, necessary ramps, railings and holds to usual place of residence
- the **Company** agrees to reimburse up to one thousand dollars (SGD1,000) or 95% of the costs of such equipment and the installation thereof whichever is lesser.

5. **Ambulance Costs**

If whilst this **Policy** is in force, an **Insured Person** sustains **Accidental Bodily Injury** which necessitates the use of an ambulance, the **Company** agrees to reimburse the actual ground ambulance costs incurred by the **Insured Person** up to five hundred dollars (SGD500), for transportation to the hospital.

6. **Funeral Expenses**

If whilst this **Policy** is in force, the **Company** agrees to reimburse up to two thousand dollars (SGD2,000) for costs of funeral expenses following **Accidental death** due to **Accidental Bodily Injury**.

PART IV: EXCLUSIONS

The **Company** shall not be liable to pay for any loss directly or indirectly consequent upon the following causes:

1. War, declared or undeclared, revolution or warlike operations;
2. **Insured Person** engaging in naval, military or airforce service or operations except peacetime reservist training under Section 14 of the Enlistment Act, Cap.93 of the Republic of Singapore;
3. Self-inflicted injury, suicide or any attempts thereat, suicide pacts or agreement while sane or insane;
4. **Insured Person** engaging in racing on wheels.

PART V: CLAIMS PROCEDURE

1. **Notice of Claim**

Any occurrence or loss, which may give rise to a claim under this **Policy**, should be reported to the **Company** in writing within thirty (30) days after the occurrence or loss.

Failure to furnish notice within the time provided in the **Policy** shall not invalidate any claim if it shall be shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as was reasonably possible.

2. **Proof of Loss**

Written Proof of Loss must be given to the **Company** as soon as possible and, in any event, within 30 days of Notice of Claim together with original copies of all relevant documentation.

The **Insured Person** or the **Policyholder** shall, at their own expense, furnish the **Company** such certificates, information and evidence as the **Company** may from time to time require in the form prescribed by the **Company**.

The **Company** shall have the right but not the obligation, at its own expense, to require the **Insured Person** to submit to medical examinations as often as may be necessary during the pendency of a claim hereunder and to have an autopsy performed in case of death, unless prohibited by law.

3. **Payment of Claim**

The **Company** shall treat the **Insured**, the employer, as the absolute legal and beneficial owner of this **Policy** and shall not be bound to recognise any equitable or other claim to or interest in this **Policy**. Any amount payable under this **Policy** shall be paid by cheque to the order of the **Insured** and such payment shall effectively discharge the **Company** from any further liability in respect thereof.

4. **Fraudulent Claims**

If any claim under this **Policy** shall be fraudulent in any respect, or if any fraudulent means or devices shall be used by the **Insured**, the **Insured Person**, or anyone acting on their behalf to obtain benefits under this **Policy**, the **Company** shall be under no liability in respect of such claim.

PART VI: OTHER POLICY PROVISIONS

1. **Geographical Limits**

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

2. **Compliance with Policy Provisions**

Failure to comply with any of the provisions contained in this **Policy** shall invalidate all claims hereunder.

3. **Conditions Precedent to the Validity of Policy**

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

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

4. **Premium Payment Warranty**

- a. Notwithstanding anything herein contained but subject to clause b hereof, it is hereby agreed and declared that if the period of insurance is 60 days or more, any premium due must be paid and actually received in full by the **Company** (or the intermediary through whom this **Policy** was effected) within 60 days of the inception date of the coverage under the **Policy**, **Renewal Certificate** or **Cover Note**.
- b. In the event that any premium due is not paid and actually received in full by the **Company** (or the intermediary through whom this **Policy** was effected) within the 60-day period referred to above, then:-
 - i. the cover under the **Policy**, **Renewal Certificate** or **Cover Note** is automatically terminated immediately after the expiry of the said 60-day period;
 - ii. the automatic termination of the cover shall be without prejudice to any liability incurred within the said 60-day period; and

- iii. the Company shall be entitled to a pro-rata time on risk premium subject to a minimum of SGD25.00.
- c. If the period of insurance is less than 60 days, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the period of insurance.

5. **Termination of Policy**

The **Insured** or the **Company** may terminate this **Policy** as of any **Policy** anniversary by giving written notice of at least 30 days prior to such **Policy** anniversary. The **Policy** shall be deemed as cancelled upon expiry of 30 days from the date of receipt of such written notice.

Upon earlier termination of the **Policy** by the **Insured** prior to the renewal date, the **Company** will charge premiums based on the following short period rates:

<u>Period Covered</u>	<u>Short Period Rates</u>
Not exceeding:	
1 week	1 month
1 month	3 months
2 months	4 months
3 months	6 months
4 months	7 months
6 months	9 months
8 months	10 months
Above 8 months	Full Annual Premium

6. **Legal Action**

No legal action may be brought to recover on the **Policy** until sixty (60) days after the **Company** has been given written proof of loss. No such action may be brought after two (2) years from the date of loss.

7. **Contracts (Rights of Third Parties) Act 2001**

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

8. **Jurisdiction**

The **Company** will in all competent judicial proceedings in connection with matters arising out of this insurance acknowledge the jurisdiction of the Courts in Singapore only.

9. **Operation of Law**

This **Policy** shall be construed according to and governed by the laws of the Republic of Singapore.

ACCIDENTAL DEATH & PERMANENT DISABLEMENT

If whilst this **Policy** is in force, the **Insured Person** sustains **Accidental Bodily Injury** which directly and independently of all other causes results in death or **Permanent Disablement** within 365 days of the date of loss, the **Company** will pay the **Insured Person** the compensation stated in the table of benefits.

TABLE OF BENEFITS

Loss Events	Compensation Payable % of Capital Sum Insured stated in Section A & B of the table of benefits
A Death	100%
B Permanent Disablement	
1 Permanent total disablement	150%
2 Loss of or the permanent total loss of use of two limbs	150%
3 Loss of or the permanent total loss of use of one limb	125%
4 Permanent total loss of sight of both eyes	150%
5 Permanent total loss of sight of one eye	100%
6 Loss of or the permanent total loss of use of one limb and loss of sight of one eye	150%
7 Loss of speech and hearing	150%
8 Permanent and incurable insanity	100%
9 Permanent total loss of hearing	
a) Both ears	100%
b) One ear	30%
10 Loss of speech	75%
11 Permanent total loss of the lens of one eye	75%
12 Loss of or the permanent total loss of use of four fingers and thumb of	
a) Right hand	85%
b) Left hand	65%
13 Loss of or the permanent total loss of use of four fingers of	
a) Right hand	55%
b) Left hand	45%
14 Loss of or the permanent total loss of use of one thumb	
a) Both right phalanges	40%
b) One right phalanx	25%
c) Both left phalanges	30%
d) One left phalanx	20%
15 Loss of or the permanent total loss of use of fingers	
a) Three right phalanges	20%
b) Two right phalanges	15%
c) One right phalanx	10%
d) Three left phalanges	15%
e) Two left phalanges	10%
f) One left phalanx	5%
16 Loss of or the permanent total loss of use of toes	
a) All-one foot	25%
b) Great toe-two phalanges	10%
c) Great toe-one phalanx	10%
d) Other than great toe, each toe	2%
17 Fractured leg or patella with established non-union	20%
18 Shortening of leg by at least 5 cm	10%
19 Third Degree Burns	
Area Damage as a Percentage of Total Body Surface Area	
- head Equals to or greater than 2% but less than 5%	50%
Equals to or greater than 5% but less than 8%	75%
Equals to or greater than 8%	100%
- body Equals to or greater than 10% but less than 15%	50%
Equals to or greater than 15% but less than 20%	75%
Equals to or greater than 20%	100%

SPECIAL CONDITIONS:-

- a. The total compensation payable in respect of any disabilities due to the same injury is arrived at by adding together the various percentages but shall not exceed 150% of the capital sum insured and there shall be no further liability under the **Policy** in respect of the same **Insured Person** for **Accidental Bodily Injury** sustained thereafter;
- b. The **Company** shall in its absolute discretion determine the percentage payable for any **Permanent Disablement** not otherwise provided for under Items 1 to 18 inclusive;
- c. The **Company** shall in its absolute discretion determine the percentage payable not otherwise provided for under Item 19;
- d. In case where the **Insured Person** is left-handed, the compensation percentage in items 12 to 15 shall be reversed whereby the greater compensation percentage shall apply to the left hand and parts thereof.