

**GROUP MEDICAL INSURANCE & PERSONAL ACCIDENT INSURANCE
PROPOSAL AND DECLARATION FORM**

Pursuant to Section 25(5) of the Insurance ACT (CAP. 142) and any replacement thereof, you are to disclose in this Application Form, fully and faithfully, all the facts which you know or ought to know, Otherwise you may received nothing from the policy.

Agent Account Code: _____

A. GENERAL INFORMATION

Name of Company	:			
Address	:			
Nature of Business	:			
Contact Number	:	Office :	Fax :	Email ID :

B. ELIGIBILITY

All Employees below the age of 70 years under the Company's Employment in Singapore

1) How many people does your Company employ? _____

2) Is Cover to be applied to all Employees? Yes No

3) Please define the number of employees and the Plan Type to be insured:- [Please provide names, work permit number and date of birth]

Participation	Number	Type of Plan
Number of S-Pass Holders	: _____ (Compulsory)	_____
Number of Work Permit Holders	: _____ (Compulsory)	_____
Number of Employment Pass Holders	: _____	_____

Participation a) Compulsory for all Work Permit Holders (Foreign Worker) & S-Pass Holders under the Company's Employment.
b) Optional for Employment Pass under the Company's Employment.

C. TABLE OF BENEFITS

	BENEFITS	PLAN A	PLAN B	PLAN C	PLAN D
1	Daily Room & Board/Day	Subject to an overall limit of S\$15,000 per Policy year	Subject to an overall limit of S\$15,000 per Policy year	Subject to an overall limit of S\$15,000 per Policy year	Subject to an Overall limit of S\$15,000 per Policy year
2	Intensive Care Units (ICU)				
3	Hospital Miscellaneous Expenses				
4	Surgical Benefits				
5	In-Hospital Consultation				
6	Pre-Hospitalisation Specialist Consultation				
7	Pre-Hospitalisation Diagnostic X-ray & Lab Test				
8	Post Hospitalisation Treatment				
9	Co-Insurance	Nil	10%	Nil	10%
10	Deductible	Nil	S\$500.00	Nil	S\$500.00
11	Death / Total & Permanent Disability	S\$10,000.00	S\$10,000.00	Nil	Nil
12	Funeral Expenses Benefit	S\$ 3,000.00	S\$ 3,000.00	Nil	Nil
	TOTAL PREMIUM (BEFORE GST)	S\$ 125	S\$ 105	S\$ 90	S\$ 75

Ward access is Restricted to Singapore Government Restructured Hospitals.

Each hospital confinement must be for a minimum of six (6) consecutive hours before any benefits are payable. However no minimum period of hospital is required if the confinement is due to a surgical operation, accidental emergency treatment or if the Hospital makes a charge for Room & Board.

Inpatient Benefits:

1. Daily Room & Board/Day (Based on 6 bedded ward).
2. Intensive Care Units (ICU).
3. Hospital Miscellaneous Expenses.
4. Surgical Benefits.
5. In-Hospital Consultation.

Outpatient Benefits:

1. Pre-Hospitalisation Specialist Consultation (With 90 days prior to Admission)
2. Pre-Hospitalisation Diagnostic X-ray & Lab Test (Within 90 days prior to Admission).
3. Post Hospitalisation Treatment (Within 90 days of Discharge).

10% of Co-Insurance or S\$ 500.00 Deductible, whichever is higher.

Death and/or Permanent Disability (as specified under the Table of Permanent Disability Compensation in the Policy Jacket) sustained by the Member caused solely by and as a direct result of violent, accidental, external and visible means.

D. CLAIMS HISTORY

Please provide full particulars of all losses for the past 3 years.

Insurer	Date of Loss	Description of Loss	Amount claimed (S\$)

E. GENERAL EXCLUSIONS OF MEDICAL INSURANCE SCHEME

1. Congenital abnormalities, birth defects and hereditary conditions including any treatment or surgical operation relating to such conditions.
2. Any dental care, procedures, dental treatment including oral surgery; Any eye test, refractive errors of the eyes, squint eyes, correction of vision, provision of implants, medical appliances and prosthetic devices, including spectacles, lenses, hearing aids, wheel chairs.
3. Treatment arising from pregnancy, childbirth (including diagnostic tests for pregnancy, surgical delivery), abortion, miscarriage any complications; Investigations or treatment relating to varicocele, birth control measures, infertility or impotency, assisted reproduction, or treatment thereof, and charges for sterilization and contraception including any complications relating thereto.
4. Cosmetic or plastic surgery or treatment; Treatment for obesity, weight reduction or weight improvement; Sex reassignment surgery.
5. Emotional, stress, psychiatric or psychological disorders, nervous and mental conditions; Alcoholism, intoxication, drug addiction; Suicide or attempted suicide, self-inflicted injuries or any attempt thereat while sane or insane; Injuries sustained as a result of a criminal act, violation or attempted violation of law and resistance to lawful arrest or any resultant imprisonment.
6. Non-medical services or charges for international calls, television, radio, newspaper, guest's meals, similar facilities and other ineligible non-medical items whilst confined as an inpatient or for day surgery.

7. Charges for special nursing, seeing a general practitioner, hospitalisation primarily for diagnosis, X-ray examinations, general physical or medical check-up. Routine physical examinations, health check-ups, precautionary services including acupuncture, vaccinations, inoculation or any treatment which is not medically necessary; Communication or transportation expenses except local ambulance services.
8. Confinement in convalescent and nursing homes, nature cure clinics, health spa and similar establishments, or for rest cares or sanitarian care; Sleep Apnoea, experimental medical treatment.
9. Injuries or medical condition arising from directly or indirectly caused by, resulting from or in connection with nuclear, chemical or biological agent; directly or indirectly caused by, resulting from or in connection with war, invasion, act of foreign enemy, hostilities or warlike operations (whether declared or undeclared), civil war, rebellion, riot, strike and civil commotion, revolution, insurrection or military or usurped power; Injuries or medical condition arising from directly or indirectly caused by, resulting from or in connection with an act of terrorism. An act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group of persons, whether acting alone or on behalf of or in connection with any organization.
10. Treatment or prescription of drugs by members of the insured worker's immediate family.
11. Injuries arising from participating in any sports such as caving, mountaineering or rock climbing, underwater activities, bungee jumping, sky diving, hang gliding, parachuting including aerial balloon whilst airborne, racing of any kind (except on foot) or any professional sports.
12. Any investigation, test or treatment arising directly or indirectly from venereal disease or other sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS) any its related conditions or syndrome or infection by Human Immune Deficiency Virus (HIV) and its related conditions; Communicable diseases requiring isolation or quarantine by law.
13. Charges which are not actual, necessary or reasonably incurred in the treatment of the disability or any elective surgery or treatment which is not medically necessary; Charges in excess of that which are reasonable and customary.
14. Expenses which are recoverable from Insurance required by law, such as Work Injury Compensation Insurance
15. Any applicable goods and services tax imposition, duty and levy whatsoever which may be imposed or charged by any government, statutory or tax authority on such medical expenses.

F. REMARKS

1. Territorial Limit and Operative Time — Singapore / 24 Hours
2. Pre-existing Condition (No Coverage for the first 12 Months of Employment or Retroactive Date whichever is later)
3. No Waiting Period.
4. Free-Look Period is not applicable.
5. Non-Cancellation Clause.
6. Renewal subject to claims experience.
7. No Refund for Early Cancellation
8. Others Terms and Conditions refer to the Policy

G. PERIOD & PREMIUM

Period of Insurance : _____ To _____

Total Premium Charged : _____ (Subject to 7% GST)

H. OTHER DOCUMENTATION

1. Provide the Latest Internet Foreign Worker Levy Billing printed from or Levy Statement —
M/s Ministry of Manpower.
(Provide Additional Printed Forms or Levy Statements if the Company has more than one Employer
No or CPF Account Number)
2. Provide the Numbers & Categories of the Employees for Employment Pass.
(Only if the Company pick up the Optional Coverage for their Employees other than the Foreign
Workers and S-Pass Holders)

I. DECLARATION

I/We hereby declare that the above statements and particulars are complete and correct and no facts have been suppressed or misstated. I/We agree that this Proposed and Declaration shall form the basis of the contract between the Insurance Company and myself/ourselves and I/We further agreed to accept the Insurance Company's Policy subject to the terms, exclusions and conditions therein.

Signature of Proposer and Company Stamp
Designation:

Date :

**** Note : Switching Medical Policies may result in having to pay different Premium and different policy Terms and Conditions.***