

Complimentary Personal Accident Insurance Master Policy Schedule (HL Bank Debit Card)

Master Policy Number	: PP000001
Policyholder	: HL Bank, Singapore Branch ("HL Bank")
Address of Policyholder	: 1 Wallich Street, #29-01 Guoco Tower, Singapore 078881
For The Benefit Of	: HL Bank Principal Debit Cardholders ("Cardholders")
Insurer	: HL Assurance Pte Ltd
Address of Insurer	: 11 Keppel Road, #11-01 ABI Plaza, Singapore 089057
Period of Insurance	: 17 December 2021 to 16 December 2022

The benefits under this group insurance:

- are free of charge for Cardholders;
- each CardHolder is eligible to be covered under this Policy for one (1) time
- can be changed from time to time or discontinued altogether at HL Bank and HL Assurance Pte Ltd.'s sole discretion; and
- are available in accordance with the terms of our Policy with HL Assurance Pte Ltd, an extract of which is reproduced below.

Cardholders will have the right to make claims on their own behalf with HL Assurance Pte Ltd as Insured Persons of this Policy within the relevant Terms, Conditions and Exclusions as identified therein.

Coverage Outline for Insured Person

The coverage of HL Bank Debit Card Personal Accident Insurance is outlined in the table below for Your easy reference.

Sections	Coverage	Maximum Benefit Payable (\$)
1	Accidental Death & Permanent Disablement	10,000
2	Child Education Grant	1,000
3	COVID-19 Cash Benefit	500

Please refer to the Policy for details of the full coverage, terms and conditions and exclusions of this insurance.

Contact Us

HL Customer Care	(Mondays to Fridays, 9am to 6 pm)	(65) 6702 0202	Fax (65) 6922 6002	service@hlas.com.sg
HL Assurance Claims	(Mondays to Fridays, 9am to 6 pm)	(65) 6922 6003	Fax (65) 6224 1923	claims@hlas.com.sg

POLICY DEFINITIONS

This Policy and the Policy Schedule shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or the Policy Schedule shall bear such meaning whenever it may appear.

“Accident/Accidental” means a specific event which is sudden, unforeseen and unexpected, which occurs during the Insured Period.

“Benefit Limit” means the Maximum Benefit Payable as stated in the Coverage Outline of the Policy Schedule.

“Child(ren)” means the Insured Person’s unemployed and unmarried dependent child(ren), including step or legally adopted child(ren), above three (3) months old but below eighteen (18) years, or between the ages of eighteen (18) years and twenty-five (25) years of age, if the child(ren) is studying full time in a recognized institution of higher learning at the commencement of this insurance. Age is calculated as at last birthday.

“Death” means the cessation of all the Insured Person’s biological functions occurring within twelve (12) calendar months of the date of the Accident.

“Diagnosed” means the diagnosis of Your medical condition from medical testing laboratories that are either recognized by the respective governments Competent Authorities or accredited in the area of molecular microbiology or immunology, excluding any self-testing.

“HL Bank Debit Card” means an active HL Bank Debit Card registered with a Singapore Dollar iSavings Account, Savings Account or Current Account issued by HL Bank.

“Hospital” means an institution lawfully operated for the care and treatment of injured or sick persons with organized facilities for diagnosis and surgery, having twenty-four (24) hours per day nursing services by legally qualified registered nurses and medical supervision under Registered Medical Practitioners, but not including any institution used primarily as a clinic, a nursing or convalescent home, a place of rest, a geriatric care facility, a mental institution, a rehabilitation, community care facilities, community treatment facilities or such extended care facility as maybe designated for treatment by the relevant government authorities from time to time, or a place for the care or treatments of alcoholics or drug addicts.

“Injury” means physical harm to the Insured Person’s body caused solely and directly by an Accident resulting in Accidental Death or Permanent Disablement and not by sickness, disease or gradual physical or mental wear and tear.

“Illness” means a physical condition contracted

marked by pathological deviation from the normal healthy state.

“Insured Person” means the person who has attained the age of eighteen (18) and below sixty-five (65) years old, at the commencement of the coverage and who is a valid Cardholder.

For the purpose of this Policy, any Insured Person whose HL Bank Debit Card account is suspended by You shall not be considered a Cardholder of a valid HL Bank Debit Card with effect from the date of its suspension or closure.

Age is calculated as at last birthday.

“Insured Period” means a continuous period of six (6) months starting from the date the Insured Person is issued with the HL Bank Debit Card.

“Intensive Care Unit (ICU)” means a part within a Hospital to provide critically ill patients who require close supervision from life support equipment and medication as necessary prescribed by a Registered Medical Practitioner, and billed as a specific charge by the Hospital.

High Dependency Unit or Coronary Care Unit is not considered as Intensive Care Unit.

“Loss of Sight” means the complete and irrecoverable and irremediable loss of sight, which must be certified by a Registered Medical Practitioner with medical reports and full diagnosis.

“Loss of Limb” means loss by physical severance of a hand at or above the wrist or of a foot at or above the ankle, or permanent and total loss of use of a hand or foot, which must be certified by a Registered Medical Practitioner with medical reports and full diagnosis.

“Loss of Hearing” means permanent and total loss of hearing, which must be certified by a Registered Medical Practitioner with medical reports and full diagnosis.

“Loss of Speech” means permanent and total loss of the ability to speak, which must be certified by a Registered Medical Practitioner with medical reports and full diagnosis.

“Period of Insurance” means the period of cover shown in the Policy Schedule and for any following period, for which cover is extended by mutual agreement and endorsed under the Policy.

“Permanent Disablement” means a disability falling under one of the items of disablement listed in the scale of compensation in this Policy under Section 1, which was caused by an Accident, as long as the disability lasts for twelve (12) consecutive months from the date of the Accident and at the expiry of that period Our appointed Registered Medical Practitioner confirms that the disability is not going to improve after twelve (12) months.

“Permanent Total Disablement” means a disability caused by an Accident as long as the disability lasts for twelve (12) consecutive months from the date of the Accident, prevents the Insured Person from engaging in any kind of occupation or employment for remuneration or profit and at the expiry of that period Our appointed Registered Medical Practitioner confirms that the disability is not going to improve after twelve (12) months. We will pay the principal sum insured less any other amount paid or payable under this Policy as the result of the same Accident.

“Policy” means this policy, the Declarations, the Policy Schedule and any Endorsements We have issued under this Policy.

“Policyholder” means HL Bank whose registered address is at 1 Wallich Street, #29-01 Guoco Tower, Singapore 078881.

“Pre-Existing Conditions” means an Injury or Illness which existed before the start of the Insured Period:

- i. which the Insured Person knew about before the start of the Insured Period; or
- ii. which the Insured Person have received diagnosis, medical treatment or prescribed drugs before the start of the Insured Period; or
- iii. for which the Insured Person is under investigation and awaiting result before the start of the Insured Period; or
- iv. for which the Insured Person have been advised to get medical treatment by a medical practitioner before the start of the Insured Period

or should reasonably have been aware, based on normal medically accepted pathological development of the Injury, Illness or Disease.

“Registered Medical Practitioner” means a person qualified by degree in western medicine and duly licensed or registered with the relevant medical board or council to practice medicine and surgery in the geographical area of his/her practice, and who in rendering such services is practicing within the scope of his/her licensing and training. The attending Registered Medical Practitioner shall not be the Insured Person, an employee of the Insured Person, the spouse or relative of the Insured Person.

“We, Our, Us or the Company” means HL Assurance Pte. Ltd.

“You or Your” means the Policyholder.

POLICY COVERAGE

Section 1. Accidental Death & Permanent Disablement

If the Insured Person sustains an Injury, which within twelve (12) months of its happening is the sole cause of the Insured Person’s Death or Permanent Disablement, We will pay the relevant percentage as set out in the Scale of Compensation, up to the Benefit Limit.

Scale of Compensation

Covered Event	Percentage of Benefit Limit
1. Accidental Death	100%
2. Permanent Disablement	
(a) Permanent Total Disablement	100%
(b) Loss of sight in both eyes	100%
(c) Loss of:	
(i) one or two Limbs	100%
(ii) one or two hands	100%
(d) Loss by physical severance or Permanent Disablement of one limb and Loss of sight in one eye	100%
(e) Loss of sight in one eye except perception of light	50%
(f) Loss of:	
(i) Hearing and Speech	100%
(ii) Hearing in two ears	75%
(iii) Hearing in one ear	25%
(iv) Speech	50%

We will not pay for any Permanent Disablement that is not listed in the scale of compensation above.

COMPENSATION LIMITS

We shall not pay for:

- a. any specific item of Permanent Disablement where that item is also comprised in any other item of Permanent Disablement for which a greater amount of compensation is payable in the circumstances. If benefit is payable for loss of use of a whole member of the body, the benefit for parts of the member cannot also be claimed.
- b. Death in addition to any Permanent Disablement if caused by the same Accident, except that if a payment has been made under any part of Permanent Disablement and Death occurs subsequently solely caused by and twelve (12) months of the Accident, then We will pay any difference if the Compensation payable for Death is greater than that already paid for Permanent Disablement.
- c. more than 100% of the Benefit Limit in aggregate of all percentages payable under Permanent Disablement in any one Period of Insurance.

Section 2. Child’s Education Grant

We will pay the Benefit Limit as specified in the Policy Schedule to the Insured Person’s surviving Child(ren) if the Insured Person suffers Death as a result of an Injury.

Section 3. COVID-19 CASH BENEFIT

We will pay the Benefit Limit as specified in the Policy Schedule to the Insured Person if the Insured Person is hospitalized to receive in-patient treatment for a

consecutive period of at least three (3) days after being Diagnosed with COVID-19 during the Insured Period.

Exclusions Applicable to Section 3

No benefit will be payable under Section 3:

1. If You have been Diagnosed with COVID-19 with or without displaying any symptoms but may not have required treatment.
2. Any breach or non-adherence to safety measures or guidelines.
3. The Insured Person and/or Immediate Family Member being diagnosed or suspected to be infected with COVID-19 at the time of application for this insurance.
4. Any elective treatment, aromatherapy, tonic medication, services provided by a health spa, massage parlour, convalescent or nursing home or any rehabilitation centre.
5. Surgery or medical treatment for a Pre-Existing Medical Condition, which is not directly related to or arising from the COVID-19.
6. Any positive diagnosis of COVID-19 within 14 days of the Insured Period.
7. If the Insured Person is admitted to a community care facilities or community treatment facilities or such extended care facility as maybe designated for treatment by the relevant government authorities from time to time.

POLICY EXTENSION

1. Disappearance

Notwithstanding anything contained in this Policy to the contrary, if the Insured Person's body is not found within twelve (12) months after the date of the disappearance following sinking or wrecking or destruction of that aircraft or conveyance in which the Insured Person was travelling during the Insured Period, We will consider the Insured Person to be dead and this shall be considered as constituting a valid claim under this Policy payable under Section 1 of this Policy.

Any payment under this Policy Extension is made subject to the requirement that the Insured Person and/or the Insured Person's legal personal representatives must provide a signed undertaking to Us to guarantee that if it is subsequently found that the Insured Person is alive, they undertake to and shall on demand, return to Us any sums We have paid under this Policy.

2. Exposure

If following an Accident, the Insured Person is unavoidably exposed to the natural elements and as a direct result of such exposure suffers a Death or

Permanent Disablement, We will consider such Death or Permanent Disablement as having been caused by an Injury.

3. Geographical Limits

The coverage under this Policy is twenty-four (24) hours a day, worldwide unless otherwise endorsed or amended.

4. Terrorism Cover

This Policy covers losses which may be sustained through acts of terrorism provided that there is no liability when such acts of terrorism involve the use of biological, chemical agents or nuclear devices, provided that the Insured Person did not participate in or provoke such acts of terrorism.

Where the Insured Person is insured under more than one Policy with Us covering act of terrorism, Our maximum liability for any and all claims arising directly or indirectly from any act of terrorism will be limited to one Policy only (with the highest limit on act of terrorism where applicable).

5. Suffocation by Smoke, Poisonous Fumes, Gas or Drowning

In the event that the Insured Person sustains Injury caused by suffocation by smoke, poisonous fumes, gas or drowning, We will pay the appropriate amount of Benefit Limit under the Policy.

GENERAL EXCLUSIONS

(Applicable to the whole Policy)

Unless otherwise expressly stated or extended in the Policy, this Policy does not insure any consequential loss or any legal liability or any Injury, Illness or disease and Death to the Insured Person directly or indirectly caused by, or contributed to, or arising from:

1. Suicide or attempted suicide, self-injury or wilful exposure to peril (other than in an attempt to save human life).
2. Pregnancy, miscarriage, abortion or childbirth.
3. Infectious Disease (except for COVID-19 cover under Section 3), venereal disease, HIV (Human Immuno Deficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivatives or variations of this however caused.
4. Mental and nervous or sleep disorders, including but not limited to insanity or any diagnosed psychological or psychiatric disorder, anxiety or depression.
5. Any Pre-Existing Conditions.
6. The Insured Person being under the influence of drugs (other than those prescribed by a Registered

Medical Practitioner but not when prescribed for the treatment of drug addiction).

7. The Insured Person being under the influence of alcohol, unless it can be established to Our reasonable satisfaction by any claimant that alcohol was not a factor contributing to the happening of the Injury.
8. Any willful, malicious, criminal or unlawful acts committed by the Insured Person and/or any person acting on the Insured Person's behalf.
9. Congenital anomalies and conditions arising out of or resulting therefrom or physical impairment.
10. Air travel, flying or other aerial activities except travelling as a fare paying passenger in a properly licensed, regular scheduled commercial airline operating between established and licensed commercial airports.
11. Any trade, technical or sporting activity in connection with an aircraft and/or vessel.
12. Rafting or canoeing involving white water rapids, bungee jumping, jet skiing, underwater activities involving artificial breathing apparatus such as compressed air or gas, ski racing, backcountry skiing or off-piste skiing, ski jumping, hang gliding, parasailing, parachuting, the use of bobsleigh or skeleton, hunting, pot-holing, mountaineering or rock climbing (except on man-made walls) that ordinarily requires the use of ropes or guides.
13. Motorcycling (as rider or pillion).
14. The Insured Person participating in any terrorism activities.
15. The Insured Person employed as:
 - (a) professional sportspersons or racer, where the Insured Person would or could earn any remuneration, donation, sponsorship, award or certificate of any kind from engaging in such kind of sport, racing other than on foot or trial of speed or reliability.
 - (b) full time military personnel, law enforcement officer, civil defence officer, navy or fire fighters.
 - (c) air crew or pilot.
 - (d) off-shore occupation such as diver, rig worker fisherman, ship crew.
 - (e) workers engaged in maintenance, cleaning, roofing or repair activities involving scaffolding or gondola
 - (f) construction worker at heights above 30 feet or work underground, in tunnels, demolition

and quarry worker

- (g) in any occupation that requires handling of explosives, ammunitions, firearms, poisonous or hazardous gases or substances.
16. Nuclear weapons material or ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this Exclusions, combustion shall include any self-sustaining process of nuclear fission.
 - (a) War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, conspiracy, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.
 - (b) any Nuclear, Chemical, Biological Terrorism. "Nuclear, Chemical, Biological Terrorism" shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release, or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- This endorsement also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to 16 (a) and/or 16 (b) above.
17. If We allege that by reason of these Exclusions any claim is not covered by this insurance, then the burden of proving that the claim is covered shall be upon the Insured Person.

GENERAL CONDITIONS

(Applicable to the whole Policy)

1. Arbitration

If there is any dispute as to the amount to be paid under this Policy (liability being otherwise admitted), the validity of the claim and/or the extent of cover, such dispute shall be first referred for mediation by Financial Industry Disputes Resolution Centre Ltd.

If the parties are unable to reach a settlement, the dispute shall be referred to and finally resolved by arbitration administered by the Singapore International Arbitration Centre ("SIAC") in accordance with the Arbitration Rules of the SIAC

for the time being in force, which rules are deemed to be incorporated by reference in this Clause.

The seat of the arbitration shall be Singapore and the tribunal shall consist of one arbitrator.

The language of the arbitration shall be English.

2. Automatic Termination of Coverage

The Insured Person's coverage under this Policy will automatically terminate on the earliest of the following events:

- i. On the date the Insured Person attain sixty-six (66) years of age;
- ii. Upon the Insured Person's Death;
- iii. We have paid 100% of the Benefit Limit for Accidental Death or Permanent Disablement;
- iv. The Insured Person ceased to be a Singapore Citizen, Singapore Permanent Resident, or expatriate or foreigner who is holding a valid employment pass, work permit, dependent pass, student pass or long term visit pass and who is ordinarily residing in Singapore.
- v. If Insured Person is away from Singapore for more than one hundred and eighty-three (183) days at any one time.

3. Cancellation of the Policy

- (a) This Policy may be cancelled at any time by Us giving fourteen (14) days' notice by registered mail to Your last known address, such cancellation shall become effective from the first day of the month following the date of such notice issued and in such event We will return a pro rata portion of the premium for the unexpired part of the Period of Insurance, provided no claim has been made under the Policy.
- (b) You may cancel the Policy at any time by giving thirty (30) working days notification in writing to Us. The Policy shall be deemed to be cancelled upon the expiry of thirty (30) days from the date of receipt of the notice in writing by Us from You. In the event of such cancellation, there will be no refund of premium to You.

Such cancellation shall be without prejudice to any event giving rise to a claims under this Policy prior to the effective date of such cancellation.

4. Contract (Rights of Third Parties) Act 2001

A person 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.

5. Currency

All amount shown are in Singapore dollars. All claims will be paid in Singapore dollars.

6. Data Privacy

It is hereby declared that as a condition precedent to the liability of Us, You and the Insured Person have agreed that any personal information in relation to You and/or the Insured Person provided by or on behalf of You and/or the Insured Person to Us may be held, used and disclosed to enable Us or individuals / organisations associated with Us or any independent third party (within or outside of Singapore) to:

- (a) process and assess the Insurer's application or any matter arising from the Master Policy Schedule and/or Insured Person and any other application for insurance cover and/or;
- (b) provide all services related to this Policy.

7. Declaration

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

- a. for the risk insured, You have 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 You have declared that You have breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months:
- c. You have 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
 - i. a copy of the written confirmation from the previous insurer to this effect is first provided by You to Us before cover incepts.

8. Due Observance

The conditions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. The due observance and compliance of these conditions by You, the Insured Person or the claimant and the truth of the statements and answers in the proposal shall be conditions precedent to any liability of Us to make any payment under this Policy.

9. Duplication of Cover

We shall not cover the Insured Person under more than one HL Bank Debit Card Personal Accident Insurance policy. In the event that Insured Person are covered under more than one such policy, We will consider Insured Person to be insured under the policy first issued and We will refund any duplicate insurance premium payment, which may have been made by or on behalf of Insured Person.

10. Eligibility

The Insured Person is eligible for cover under this Policy if:

- (a) The Insured Person is between the age of

eighteen (18) to sixty-five (65) years old.

- (b) The Insured Person must be a Singapore Citizen, Singapore Permanent Resident, or expatriate or foreigner who is holding a valid employment pass, work permit, dependent pass, student pass or long term visit pass and who is ordinarily residing in Singapore, if the Insured Person is away from Singapore for no more than 183 days during the Period of Insurance.

11. Fraud, Misstatement or Concealment

Any fraud, misstatement or concealment in respect of this insurance or of any claim hereunder shall render this Policy null and void and any benefit due hereunder shall be or become forfeited.

12. Governing Law

Any interpretation of this Policy relating to its construction, validity or operation shall be made in accordance with the Laws of Singapore.

13. Jurisdiction

Notwithstanding anything stated herein to the contrary, the indemnity provided by this Policy shall not apply in respect of judgments which are not in the first instance delivered by or obtained from a court of competent jurisdiction within the Republic of Singapore nor to orders obtained in the said court for the enforcement of judgments made outside the Republic of Singapore whether by way of reciprocal agreements or otherwise.

14. Legal Personal Representative

The terms exceptions and conditions of this Policy, so far as applicable and with any necessary modifications, shall apply to the Insured Person's and/or the legal personal representative of the Insured Person.

15. Non-Assignment and Discharge

We will not recognize or be affected by any notice of trust, charge or assignment relating to this Policy. The receipt of the Insured Person, or his legal personal representatives or of any person(s) to whom any benefit is expressed to be payable shall in all cases effectively discharge Our liability.

16. Payment of Benefits

All benefits payable under this Policy shall be paid to the Insured Person or the Insured Person's legal representative or the Insured Person's beneficiary (if any), or otherwise to the Insured Person's estate in the event of Death. Any payment made by Us in accordance with this condition shall in all cases be deemed final and a complete discharge of all Our liability.

17. Premium Before Cover Warranty

- (a) Notwithstanding anything herein contained but subject to sub-clause (b) below, it is hereby agreed and declared that if the Period of

Insurance is sixty (60) days or more, any premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within sixty (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 Us (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) We shall be entitled to a pro-rata time on risk premium subject to a minimum of \$25.00.

- (c) If the Period of Insurance is less than sixty (60) days, any premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within the Period of Insurance.

- (d) The premium due must be paid to the Us (or the intermediary through whom this Policy or Bond was effected) on or before the effective date ("the effective date") or the renewal date of the coverage. Payment shall be deemed to have been effected to Us or the intermediary when one of the following acts takes place:

- i. Cash or honoured cheque for the premium is handed over to Us or the intermediary;

- ii. A credit or debit card transaction for the premium is approved by the issuing bank;

- iii. A payment through an electronic medium including the internet is approved by the relevant party;

- iv. A credit in favour of Us or the intermediary is made through an electronic medium including the internet.

- (e) In the event that the total premium due is not paid to the Us (or the intermediary through whom this Policy or Bond was effected) 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.

- (f) Premium Payment

- i. The payment of the premium when it is due will ensure the continuance of the Policy in force until the next premium is due;
- ii. This Policy will be renewed upon the payment of the premium when it is due either on a monthly or annual basis as applicable and stated in the Policy Schedule unless prior written notice of cancellation has been given in accordance with General Condition 3 or the Policy has otherwise been terminated.

18. Sanction Limitation and Exclusion Clause

Notwithstanding any provision to the contrary within this Policy or any endorsement thereto, this insurance shall, in no case, be deemed to provide cover and be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

19. Subrogation

The Insured Person shall at Our expense do and concur in doing and permit to be done all such acts and things as may be necessary or reasonably required by Us for the purpose of enforcing any rights and remedies or of obtaining relief or indemnity from other parties to which We shall be or would become entitled to or subrogated upon its paying for or making good any loss destruction or damage under this Policy whether such acts and things shall be or become necessary or required before or after their indemnification by Us.

CLAIMS PROCEDURE

- (a) Notice shall be given to Us as soon as possible but in any case within fourteen (14) days of the happening of any Injury in respect of which a claim is to be made.
- (b) The Insured Person or other claimant shall at their or other claimant's own expense furnish to Us such certificates information, blood tests, medical reports and evidence as We may reasonably require.
- (c) The Insured Person shall as soon as possible after the happening of any Injury in respect of which a claim is to be made procure and follow medical advice from a duly Registered Medical Practitioner.
- (d) The Insured Person or other claimant shall at their or other claimant's own expense furnish to Us such certificates information, blood tests, medical reports and evidence as We may reasonably require.
- (e) The Insured Person as often as required shall submit to medical examination on behalf of Us at Our own

expense.

- (f) We shall in the case of the Insured Person's Death be entitled to have a post mortem examination at Our own expense.

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 this Policy is automatic and no further action is required from You or the Insured Person. 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 HL Assurance Pte. Ltd. or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

CARING FOR OUR CUSTOMERS

HL Assurance Pte. Ltd. will make every effort to provide a high level of service expected by all Our policyholders. If on any occasion Our service falls below the standard of Your expectation, the procedure below explains what You can do:

Your first point of contact should always be Your insurance agent or broker. Alternatively, You may submit Your feedback to the manager in charge of the matter You are raising.

We will acknowledge receipt of Your feedback within seven (7) working days whilst We look into the matter You have raised. We will contact You for further information if required within seven (7) working days and provide You with a full reply within fourteen (14) working days.

If the outcome of Your complaint is not handled to Your satisfaction, You can write to:

Chief Executive Officer
 HL Assurance Pte. Ltd.
 11 Keppel Road #11-01
 ABI Plaza
 Singapore 089057

We will respond to Your appeal within fourteen (14) working days. If you are dissatisfied with the CEO 's respond, We will refer You to a dispute resolution organization, Financial Industry Disputes Resolution Centre Ltd (FIDReC) which is an independent organization. FIDReC's contact details are:
 Financial Industry Disputes Resolution Centre Ltd
 36 Robinson Road #15-01
 City House
 Singapore 068877

Telephone : (65) 6327 8878
 Fax : (65) 6327 8488

Email : info@fidrec.com.sg
Website : www.fidrec.com.sg

Important – Please remember to quote Your Policy number / reference in Your communication.