



ace insurance

CREDITACE PLUS

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1 IMPORTANT INFORMATION REGARDING YOUR POLICY

1.1 Your Policy

- 1.1.1 Your Policy Wording and Policy Schedule describe the insurance contract between You and Us.
- 1.1.2 In return for You paying Us the premium, We insure You for the Events subject to the terms, conditions and exclusions in Your Policy Wording and Policy Schedule.

1.2 Please read Your Policy

- 1.2.1 It is important that You carefully read and understand Your Policy Wording and Policy Schedule because they describe the terms, conditions and exclusions that apply to Your insurance under Your Policy.

1.3 Checking Your Policy

- 1.3.1 Please check Your Policy Wording and Policy Schedule to make sure all the information on them is correct. Please let Us know straight away if any alterations are needed. Please contact Us if You change Your address or account details.

1.4 Contacting Us

- 1.4.1 If You have any queries or need to contact Us, please write to Us at ACE Insurance Limited, 600 North Bridge Road, #08-01 Parkview Square, Singapore 188778.
- 1.4.2 You may contact Our Customer Service Hotline: 63988797, Mondays to Fridays, 9am- 5pm.

1.5 Keeping Your documents safe

- 1.5.1 You should keep Your Policy Wording and Policy Schedule in a safe place in case You need to refer to them in the future.
- 1.5.2 Certain types of cover under Your Policy require You to provide receipts and other documentary evidence to Us. You should keep those documents in a safe place in case We need them to settle a claim.

2 COVER UNDER YOUR INSURANCE POLICY

2.1 Who and What is insured?

- 2.1.1 You are insured for the Events subject to the terms, conditions and exclusions in Your Policy.

2.2 What are the Eligibility Requirements?

- 2.2.1 To be eligible for cover, You must be a Singaporean Resident and You must be between the age of eighteen (18) and sixty (60) years on the Commencement Date.
- 2.2.2 We will insure to a maximum of four (4) Dependent Child(ren).

3 THE MEANING OF CERTAIN WORDS

- 3.1. The following words when used with capital letters in Your Policy Wording or the Policy Schedule have the meaning given below.
- 3.2. **Accidental Death** means death occurring:
 - (a) as a result of an Accidental Injury; and
 - (b) within one hundred and eighty (180) days of the accident causing the injury and includes Disappearance.
- 3.3. **Accidental Injury** means a bodily injury resulting from an accident and which is not an illness and which:

- (a) is caused by violent external and visible means; and
- (b) occurs during the Period of Insurance; and
- (c) results within one hundred and eighty (180) days of the accident; and
- (d) results solely and independently of any causes other than:
 - i) the accident; and/or
 - ii) sickness directly resulting from medical or surgical treatment rendered necessary by the accident; and
- (e) include a bodily injury suffered by You being directly and unavoidably exposed to the elements as a result of an accident.

3.4. **Commencement Date** means 12.01 am Singapore Time on the date We agree to provide insurance under the Policy and which is shown on Your Policy Schedule.

3.5. **Confined or Confinement** means Confinement for a continuous uninterrupted period of at least twenty-four (24) hours in a Hospital as a resident bed patient upon the advice of and under the regular care and attendance of a Doctor.

3.6. **Dependent Child(ren)** the unmarried child or children of the policyholder (including step or legally adopted children) who are between the age of one (1) and twenty-one (21) years and primarily dependent upon the policyholder for maintenance and support.

3.7. **Disappearance** means if Your body has not been found within twelve (12) months from the date of the disappearance, sinking or wrecking of a conveyance in which You were travelling on that date, We will presume You have died as a result of an Accidental Injury.

3.8. **Doctor** means a legally registered medical practitioner who is not You or Your relative.

3.9. **Event(s)** means the Event(s) shown on Your Policy Schedule.

3.10. **Hospital** means a legally constituted establishment operated pursuant to the laws of the country in which it is based, which holds a licence as a Hospital (if licensing is required in the state or government jurisdiction) and meets the following requirements:

- (a) operates primarily for the reception, care and medical treatment of sick, ailing or injured persons as in-patients;
- (b) provides full-time nursing service by and under the supervision of a staff of nurses;
- (c) has a staff of one (1) or more Doctors available at all times;
- (d) maintains organised facilities for the medical diagnosis and treatment and provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the establishment;
- (e) is not primarily a clinic, nursing, rest or convalescent home or home for the aged or place for alcoholics or drug addicts or similar establishment or a special unit of a Hospital used primarily for such purposes;
- (f) is not a mental institution or an institution confined primarily to the treatment of psychiatric disease including sub-normality or the psychiatric department of a Hospital; and
- (g) is not a health hydro or nature cure clinic.

3.11. **Limb** includes a hand at or above the wrist or foot at or above the ankle.

3.12. Loss:

- (a) in connection with a Limb, means permanent physical severance or permanent total loss of the use of the Limb;
- (b) in connection with the eye, means irrecoverable loss of all sight in the eye;
- (c) in connection with hearing, means entire and irrecoverable loss of hearing in both ears;
- (d) in connection with speech, means entire and irrecoverable loss of the ability to speak;

and in each case is caused by Accidental Injury and occurs within one hundred and eighty (180) days of the accident causing the injury.

3.13. Medical Expenses means usual, reasonable and customary Doctors' fees, hospitalisation fees, medical supplies and medications all of which must have been necessary and reasonably incurred in the medical or surgical treatment of Accidental Injury. The medical or surgical treatment must be administered by a Doctor within one (1) year after the date of the accident, and the first expense must have been incurred within four (4) weeks of the date of the accident.

3.14. Nominated Account means the account to which premiums for this Policy are to be debited or charged.

3.15. Period of Insurance means one (1) month from the Commencement Date or the latest Renewal Date whichever is the later.

3.16. Permanent means having lasted twelve (12) consecutive months and at the expiry of that period, being beyond hope of improvement.

3.17. Policy means Your Policy Wording and Policy Schedule describing the insurance contract between You and Us.

3.18. Policy Schedule means the schedule which We send You with Your Policy Wording.

3.19. Policy Wording means this document.

3.20. Pre-Existing Medical Condition means:

- (a) any condition for which a Doctor was consulted or for which treatment or medication was prescribed prior to the Commencement Date; or
- (b) a condition, the manifestation or symptoms of which a reasonable person in the circumstances would be expected to be aware of at the Commencement Date.

3.21. Private Conveyance means any four-wheeled type motor vehicle excluding any such vehicle licensed to transport fare-paying passengers or licensed to transport merchandise for sale or delivery.

3.22. Public Conveyance means any land, sea or air conveyance operated under a license for the transportation of fare paying passengers, and which has fixed and established routes only.

3.23. Renewal Date means one (1) month from the Commencement Date and subsequently, the same day of each successive month.

3.24. Singaporean Resident means Singapore Citizen or Singapore Permanent Resident or holder of a valid Work Permit or Employment Pass or Dependant's Pass or S Pass issued by the authorities in Singapore.

3.25. Spouse means the person named as the Spouse on the Policy Schedule and who must be the legal husband or wife of the policyholder.

3.26. Total Disablement means disablement occurring:

- (a) as a result of an Accidental Injury; and
- (b) within one hundred and eighty (180) days of the accident causing the injury, and which, having lasted for a continuous and uninterrupted period of at least three hundred and sixty-five (365) days, will, in all probability, entirely prevent a person from engaging in gainful employment of any and every kind for the remainder of that person's life.

3.27. We/Us/Our means ACE Insurance Limited.

3.28. You/Your means the person who is named as the policyholder on the Policy Schedule and/or the Spouse and/or the Dependent Child(ren) of the policyholder, as the context may require.

4. BENEFITS

4.1 Accidental Death Benefit

4.1.1 In the event of Your Accidental Death, We will pay Your estate the Accidental Death Benefit shown on Your Policy Schedule current at the time of the accident causing Your Accidental Death.

4.1.2 If the Accidental Death Benefit is payable because of a Disappearance,

We will only pay if the legal representatives of Your estate give Us a signed undertaking that these amounts will be repaid to Us, if it is later found that You did not die or did not die as a result of an Accidental Injury.

4.1.3 For the avoidance of doubt, if We pay the Accidental Death Benefit, We will not pay the Accidental Death & Permanent Disability due to Conveyance.

4.2 Accidental Total & Permanent Disability Benefit

4.2.1 If You suffer a Permanent Loss or Permanent Total Disablement as a result of an Accidental Injury and a Doctor certifies this, We will pay You the corresponding Accidental Total & Permanent Disability Benefit shown on Your Policy Schedule current at the time of the accident causing the Accidental Injury.

4.2.2 We will only pay You the Accidental Total & Permanent Disability Benefit up to the percentage limit described on Your Policy Schedule.

4.2.3 The maximum total amount We will pay under Accidental Total & Permanent Disability Benefit is the sum specified on Your Policy Schedule.

4.2.4 Any existing disability will be taken into account in assessing the amount of benefit payable.

4.2.5 For the avoidance of doubt, if We pay the Accidental Total & Permanent Disability Benefit, We will not pay the Accidental Death & Permanent Disability due to Conveyance.

4.3 Recuperation Benefit

4.3.1 If You have been Confined in a Hospital as a result of an Accidental Injury, such that the Confinement is at least three (3) days, We will pay You the Recuperation Benefit shown on Your Policy Schedule current at the time of the accident causing the Accidental Injury.

4.3.2 Successive periods of Confinement due to the same or a related cause shall be considered as arising from one Accidental Injury unless their occurrences are separated by at least twelve (12) consecutive months of non-Confinement.

4.4 Accidental Death & Permanent Disability due to Conveyance

4.4.1 In the event of Your Accidental Death or if You suffer an Accidental Injury which results in a Permanent Loss or Permanent Total Disablement while occupying a Public Conveyance or a Private Conveyance, We will pay the Accidental Death & Permanent Disability due to Conveyance up to the maximum total amount shown on Your Policy Schedule, current at the time of the accident causing the Accidental Injury.

4.4.2 The percentage limit payable for Permanent Loss or Permanent Total Disablement under Section 4.4.1 will be as described in the Benefit Schedule of Your Policy Schedule.

4.4.3 For the avoidance of doubt, if We pay the Accidental Death & Permanent Disability due to Conveyance, We will not pay the Accidental Death Benefit or the Accidental Total & Permanent Disability Benefit.

4.5 Accidental Medical Expenses Reimbursement

4.5.1 If You incur Medical Expenses as a result of an Accidental Injury, We will reimburse You, upon production of original invoices and/or receipts, up to the limit specified in Your Policy Schedule at the time of the Accidental Injury.

4.5.2 We will not be liable for any claim if the total Medical Expenses incurred by You if any one (1) Accidental Injury does not exceed S\$50. If the total Medical Expenses incurred for any one (1) Accidental Injury exceeds S\$50, We will pay the entire claim amount.

4.5.3 In the event that You become entitled to a refund of all or part of such expenses from any other sources, We will only be liable for the amount in excess of the amount recovered or recoverable from such other source.

4.6 Benefit Limitations

4.6.1 Once We have paid a benefit under clause 4.1 or clause 4.2 or clause 4.4, no further benefits are payable under Your Policy or any renewal or replacement policy.

5 GENERAL EXCLUSIONS

5.1 Your Policy will not apply to any Event arising directly or indirectly out of:

- (a) deliberately self-inflicted injury, suicide or, criminal or illegal act; or
- (b) You being under the influence of intoxicating liquor, including having a blood alcohol content over the prescribed legal limit

whilst driving, or being under the influence of any other drug unless it was prescribed by a Doctor and taken in accordance with the Doctor's advice; or

- (c) You engaging in any professional sport meaning Your livelihood is substantially dependent on income received as a result of Your playing sport; or
- (d) You engaging in any motor sports as a rider, driver and/or a passenger; or
- (e) any consequences of, or You taking part in, any war (whether declared or not), invasion, civil war, riot or civil commotion; or
- (f) You being a pilot or crew member (on active duty) of any aircraft, or engaging in any aerial activity, including parachuting and hang-gliding, except as a passenger in any properly licensed aircraft; or
- (g) Pre-Existing Medical Conditions; or
- (h) illness, disease, bacterial or viral infection, even if contracted by accident, other than bacterial infection that is the direct result of an accidental cut or wound or accidental food poisoning; or
- (i) any condition which is, results from or is a complication of infection with a venereal disease; or
- (j) any condition which is, results from or is a complication of congenital conditions or deformities; or
- (k) any condition which is, results from or is a complication of geriatric or psycho-geriatric or psychiatric condition, stress, anxiety and depression; or
- (l) any condition which is, results from or is a complication of pregnancy, childbirth, miscarriage or abortion; or
- (m) any dental work or treatment, extraction of impacted teeth or wisdom teeth, eye examinations or anomalies and cosmetics or plastic surgery; or
- (n) any treatment for obesity, weight reduction or weight improvement; or
- (o) any nervous and mental conditions or disorder, alcoholism or intoxication, rest cures, sanatoria care or special care of special nursing care; or
- (p) acupuncture treatment.

6. GENERAL CONDITIONS

6.1 Where does Your Policy apply?

- 6.1.1 Your Policy insures You twenty-four (24) hours a day anywhere in the world.

6.2 Arbitration

- 6.2.1 If any dispute or disagreement arises regarding any matter pertaining to or concerning this Policy, the dispute or disagreement must be referred to arbitration in accordance with the provisions of the Arbitration Act, Chapter 10 and any statutory modification or re-enactment thereof then in force, such arbitration to be commenced within three (3) months from the day such parties are unable to settle the dispute or difference. If You fail to commence arbitration in accordance with this clause, it is agreed that any cause of action and any right to make a claim that You have or may have against Us shall be extinguished completely. Where there is a dispute or disagreement, the issuance of a valid arbitration award shall also be a condition precedent to our liability under this Policy. In no case shall You seek to recover on this Policy before the expiration of sixty (60) days after written proof of claim has been submitted to Us in accordance with the provisions of this Policy.

6.3 Laws of Singapore

- 6.3.1 Your Policy is governed by the laws of Singapore.

6.4 Singapore Currency

- 6.4.1 All payments by You to Us and by Us to You or someone else under Your Policy must be in Singapore currency.

6.5 Premium

- 6.5.1 Premiums payable on Your Policy are not guaranteed and We reserve the right to amend the premium by giving You thirty (30) days' written notice of any change to Your address on file.

6.6 30 Day Review Period

- 6.6.1 You have thirty (30) days after You receive Your Policy Wording and Policy Schedule to decide if the Policy meets Your needs. You may cancel Your Policy simply by advising Us within those thirty (30) days

to cancel it. If You do this We will refund any premiums You have paid during this period.

- 6.6.2 You will not receive a full refund if You have made a claim during this review period.

6.7 Benefit Limits

- 6.7.1 The maximum total amount We will pay under Your Policy for each Event is the sum specified on Your Policy Schedule for that Event.
- 6.7.2 If an Accidental Injury causes one (1) or more of Accidental Death or Permanent Total Disablement or Permanent Loss, We will only pay for one (1) of them. We will pay for the one (1) that gives the highest benefit and no further benefits are payable under Your Policy or any renewal or replacement policy.

6.8 Commencement and Period of Your Policy

- 6.8.1 Your Policy begins from the Commencement Date or the latest Renewal Date whichever is the later and continues for the Period of Insurance.

6.9 Reinstatement of Your Policy

- 6.9.1 If Your Policy is cancelled for any reason, You may apply for reinstatement within sixty (60) days from date of cancellation.
- 6.9.2 If We approve and accept your application for reinstatement the terms, conditions and exclusions of the Policy shall remain the same as before the cancellation of the Policy, unless otherwise specified in the reinstatement endorsement. However, there will be no cover under the Policy during the period between cancellation and reinstatement of the Policy. The date of reinstatement will be as stated in the reinstatement endorsement.
- 6.9.3 An application for reinstatement of Your Policy will not be accepted after sixty (60) days from the date of cancellation.

6.10 Nomination of Beneficiary Exclusion

- 6.10.1 The nomination of beneficiary/ beneficiaries under Section 49L and 49M of the Insurance Act (Cap.142) for the purpose of disposition or payment of policy moneys under this Policy shall not be permitted.
- 6.10.2 Policy moneys shall be paid out in accordance with the Policy terms and conditions, subject to exclusions.

7. CANCELLING YOUR POLICY

7.1 When You can cancel

- 7.1.1 You can cancel Your Policy at the end of any Period of Insurance by giving Us at least one month's prior notice.

7.2 When We can cancel

- 7.2.1 We may cancel Your Policy at the end of any Period of Insurance by giving You at least one month's prior notice in writing to Your address on file.

7.3 Automatic cancellation

- 7.3.1 Cover under Your Policy will cancel automatically:
 - (a) upon the date when the benefit under Clause 4.1 or 4.2 or 4.4 has been paid; or
 - (b) if You cease to be a Singaporean Resident; or
 - (c) when You reach the maximum age of seventy-one (71) years; or
 - (d) when Your Dependent Child(ren) reach the maximum age of twenty-two (22) years; or
 - (e) upon Your death.

This will be confirmed in writing. Thereafter, the Policy will not be renewed.

8. CLAIMS

8.1 Procedure for making a claim

- 8.1.1 If You, or Your legal representative wishes to make a claim You or they must:
 - (a) complete a claim form (claim forms are available from Us);
 - (b) attach to the claim form:
 - i. original receipts for any expenses that are being claimed;
 - ii. any reports that have been obtained from the police, a carrier or other authorities about an accident, loss or damage;
 - iii. any other documentary evidence required by Us under Your Policy.

- (c) provide Us with the completed claim form and accompanying documents within thirty (30) days of the Event taking place which gives rise to a claim; and
- (d) give Us at Your, or Your legal representative's expense all medical and other certificates and evidence required by Us that is reasonably required to assess the claim.

8.1.2 We may have You medically examined at Our expense when and as often as We may reasonably require after a claim has been made. We may also arrange an autopsy if We reasonably require one.

8.2 Processing and payment of claims

- 8.2.1 We must take all reasonable steps to pay a valid claim promptly.
- 8.2.2 We will pay all benefits amount under Your Policy to You. In the event of Your death, We will pay the amount to Your estate.

8.3 Making claims after Your Policy is cancelled

- 8.3.1 If Your Policy is cancelled this does not affect Your rights to make a claim under Your Policy if the Event occurred before the date of cancellation.

9 YOUR DUTIES TO US

9.1 Duty of Utmost Good Faith

- 9.1.1 You must fully and faithfully tell us everything You know (or could reasonably be expected to know) that is relevant to Our decision to insure You.

9.2 Consequences of breach of duty, fraud or misrepresentation

- 9.2.1 We may refuse to pay a claim either in whole or in part, if You:
 - (a) breach the duty of utmost good faith;
 - (b) make a misrepresentation to Us before or at the time Your Policy was entered into;
 - (c) breach a provision of Your Policy;
 - (d) make a fraudulent claim under any policy of insurance;
 - (e) engage in any act or omission which under Your Policy You are required to notify Us of, but You do not notify Us.

10 THIRD PARTIES

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

11. PAYMENT BEFORE COVER WARRANTY

- 11.1 Notwithstanding anything therein contained but subject to Clause 11.3, it is hereby agreed and declared that the total premium due must be paid and actually received in full by Us on or before the Commencement Date or the Renewal Date.
- 11.2 In the event that the total premium due is not paid and actually received in full by Us on or before the Commencement Date or Renewal Date, no benefits whatsoever shall be payable by Us.
- 11.3 In respect of insurance coverage with "Free Look" provision, You may return the original Policy document to Us 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 made under the insurance.
- 11.4 For policy where payment of full monthly premium is to be made by credit card or bank GIRO, the submission of a complete and properly signed Direct Debit Authorisation form (or such other forms as may be required by the card centre, bank or Us) to Us on or before the Commencement Date shall be deemed to be payment received by Us, subject to Clause 11.5.
- 11.5 In the event of any rejection by the card centre or the bank of the Direct Debit Authorisation form (or any such form referred to in Clause 11.4) or any inability by Us to obtain payment of the premium by credit card or GIRO deduction due to any reason, We shall allow a second attempt for the charge and deduction of the outstanding premiums from the relevant card centre of bank. Should the second attempt fail for any reason, shall be deemed to be cancelled immediately effective from the day of the month when premium was due and unpaid and no benefits shall be payable by Us. Any payment received thereafter shall be of no effect whatsoever on the cancellation of the Policy.

12 SPECIAL CONDITIONS

12.1 Payment of Benefits

- 12.1.1 You may not be covered under more than one (1) **CreditACE Plus** Policy. If You are covered under more than one (1) such Policy, We will consider that person to be covered under the Policy which provides the highest benefits. Where the benefits under any additional Policy are identical, We will consider that person to be insured under the Policy first issued. All policies not recognised by Us shall be cancelled. We will refund, without interest, any duplicated premium.
- 12.1.2 Except as specifically stated in Your Policy, benefit amounts are payable in addition to any other insurance benefits to which You may be entitled.

13 SPECIAL CONDITIONS APPLICABLE IF PREMIUMS ARE PAID ON A ONE-MONTH ADVANCE BASIS (IF THIS CLAUSE APPLIES, CLAUSE 14 DOES NOT APPLY)

13.1 Renewal of Your Policy

- 13.1.1 If either party wishes not to renew the Policy at the end of any Period of Insurance, notice of cancellation must be given in accordance with Clause 7. If no such notice has been given by either party, Your payment of the premium on each Renewal Date will result in a policy with the same terms and conditions automatically coming into existence for one (1) month from that Renewal Date.

14 SPECIAL CONDITIONS APPLICABLE IF PREMIUMS ARE PAID ON A 12-MONTH ADVANCE BASIS (IF THIS CLAUSE APPLIES, CLAUSE 13 DOES NOT APPLY)

14.1 Renewal of Your Policy

- 14.1.1 If either party wishes not to renew the Policy at the end of any Period of Insurance, notice of cancellation must be given in accordance with Clause 7. If no such notice has been given by either party:
 - (a) a policy with the same terms and conditions will automatically come into existence for one (1) month from each Renewal Date, until the expiry of twelve (12) months from the Commencement Date.
 - (b) Your payment of a subsequent twelve (12) months' advance premium on each anniversary of the Commencement Date will result in clause 13.1.1(a) applying for subsequent periods of twelve (12) months from the relevant anniversary date.

14.2 Refund of Premiums

- 14.2.1 Upon cancellation of the Policy in accordance with clause 7, We will refund to the Nominated Account any unused premium paid.
- 14.2.2 In the event of a cancellation within the first 12 months from the Commencement Date, We will keep the premium for the period that Your Policy was in force at the customary short period rate for the time in force and refund the premium for the remaining period less 25% of the total premium provided that no claims have been made. The refund premium shall be calculated as follows:

$$\text{Premium} \times \frac{\text{Unused Period of Insurance}}{\text{Original Period of Insurance}} \text{ less Premium} \times 25\%$$

We will not refund any premium for cancellation of Policy if You have been paying Your premium on a month to month basis (monthly Policy) or there is a total loss claim or when You request for Your Policy to be cancelled after 9 months from the Commencement Date.