



SNACK - Critical Illness Product Summary

Product Information

This SNACK-Critical Illness (SNACK-CI) policy is a health insurance plan that provide financial protection if you are diagnosed for the first time by a registered medical practitioner with any one of the critical illness during the policy term. This policy will pay the sum assured in a lump sum of the policies inforce as at the date of diagnosis or the date of the event giving rise to the claim (whichever is applicable) when you are diagnosed as suffering from one of the 37 covered severe-stage critical illnesses (except angioplasty and other invasive treatment for coronary artery) listed below, during the 360 day cover period as set out in the policy schedule. If you are covered under one or more policies, the accumulated sum assured of all policies in force (not exceeding S\$200,000) will be paid out. These policies will end after we make this payment.

If you are covered under one or more policy and you undergo angioplasty and other invasive treatment for coronary artery during the policy term, we will pay 10% of the sum assured for each of your policy that is valid and in force as at the date you are diagnosed by a registered medical practitioner with the medical condition that led to the angioplasty and other invasive treatment for coronary artery, provided that the aggregate sum assured that we will pay under all the policies cumulatively will not exceed S\$25,000 for the same claim event. After this payment, we will reduce the sum assured for each policy accordingly.

This policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy. Please refer to Appendix 1 for the table of cover and premiums.

The list of critical illnesses[^] covered under this plan are:

1. Major cancer
2. Heart attack of specified severity
3. Stroke with permanent neurological deficit
4. Coronary artery by-pass surgery
5. End stage kidney failure
6. Irreversible aplastic anaemia
7. End stage lung disease
8. End stage liver failure
9. Coma
10. Deafness (Irreversible loss of hearing)
11. Open chest heart valve surgery
12. Irreversible loss of speech
13. Major burns
14. Major organ / bone marrow transplantation
15. Multiple sclerosis
16. Muscular dystrophy
17. Idiopathic parkinson's disease
18. Open chest surgery to aorta
19. Alzheimer's disease / severe dementia
20. Fulminant hepatitis
21. Motor neurone disease
22. Primary pulmonary hypertension
23. HIV due to blood transfusion and occupationally acquired HIV
24. Benign brain tumour
25. Severe encephalitis
26. Severe bacterial meningitis
27. Angioplasty & other invasive treatment for coronary artery



28. Blindness (Irreversible loss of sight)
29. Major head trauma
30. Paralysis (Irreversible loss of use of limbs)
31. Terminal illness
32. Progressive scleroderma
33. Persistent vegetative state (Apallic syndrome)
34. Systemic lupus erythematosus with lupus nephritis
35. Other serious coronary artery disease
36. Poliomyelitis
37. Loss of independent existence

Please refer to the policy contract for the full definitions of the critical illnesses and the circumstances in which a claim can be made.

^The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2019). These Critical Illnesses fall under Version 2019. You may refer to www.lia.org.sg for the standard Definitions (Version 2019).

Key Product Provisions

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the contract.

1. Eligibility

This policy is only available to you if you:

- are a Singapore Citizen or Singapore Permanent Resident;
- are age between 18 years old and 61 years old;
- have fully paid your premium; and
- have selected at least one trigger applicable to your policy

2. Sum Assured

If you are covered under one or more policies, the accumulated sum assured of all policies in force shall not exceed S\$200,000. You must pay the premium before the cover is effective.

3. Premium

The premium that you pay for this policy is not guaranteed and can change. If we change the premium for this policy, we will write to you at your last email address registered in the SNACK by Income online application, at least 30 days before the change is to take place, to tell you what the new premium is.

4. Waiting Period

No benefits will be payable if you have been diagnosed as suffering from major cancer, heart attack of specified severity, coronary artery bypass surgery, angioplasty and other invasive treatment for coronary artery or other serious coronary artery disease within 90 days after the cover start date of the first policy issued by us to you, or the first policy issued by us to you after all your policy has ended and you apply for a



new policy (as the case may be). For coronary artery bypass surgery and angioplasty and other invasive treatment for coronary artery, the date of diagnosis will be the date the medical condition that leads to the surgical procedure is diagnosed, and not the date of the surgical procedure.

5. Terms of Renewal

This policy shall not be renewed.

6. Free-Look Period

There will not be a free-look period as this is a micro-insurance policy that accumulates over time.

7. Conditions for Trigger

By selecting the relevant trigger at the time of application of this policy, you have authorised the premium to be charged to you through the payment mode you have selected for this policy upon our receipt of the confirmation by the trigger source of your completion of the trigger activity. Upon confirmation of such premium payment we shall issue you the policy.

Your completion of the trigger activity shall be subjected to authentication and verification processes by the trigger source and we reserve the right to reject your application for this policy if we have any reason to believe that you have not fully completed the prescribed trigger activity.

We may add, delete, or revise any of the trigger and the trigger activity including the type of trigger, number of trigger and trigger source from time to time and we will notify you of such addition, deletion, revision by way of an email sent to your last email address registered with us in the SNACK by Income online application, prior to your application for any subsequent new SNACK-CI policy.

8. Cancellation Clause

Your cover for your policy ends immediately and we will not refund the premiums paid under the policy if any of the following events happens:

- if you reach the age of 62;
- if you are no longer a Singapore Citizen or Singapore Permanent Resident;
- the policy term ends;
- the claim that is made under your policy is fraudulent;
- if we cancel this policy under section 4(i) - Prohibited Persons of the policy contract
- you die as certified by a registered medical practitioner; or
- unless we are due to pay only part of the benefit for any of the critical illness, your policy will end immediately on the date you are diagnosed by a registered medical practitioner as suffering from any of the critical illnesses in Appendix 2.

This will apply when the earliest of these events happens.

At the end of your cover, we will not refund the premiums paid under this policy.

There is no cash-in value available when your cover ends.



If you have no SNACK-CI policy that is valid and in force at any time, and you intend to be covered under the SNACK-CI policy, you will have to apply for a new SNACK-CI policy and undergo the relevant application processes (including health declarations) as if you are applying for the SNACK-CI policy for the first time.

If we are due to pay the benefit, any of the SNACK-CI policy issued by us to you after the date of diagnosis giving rise to the claim will be void and we will refund the premiums paid.

9. Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the policy conditions. You are advised to read the policy contract for the full list of exclusions. The following is a list of some of the exclusions for this plan. The exclusions for this plan include, but are not limited to, the following conditions:

- it is a case of fraud;
- you fail to pay a premium;
- you have a material pre-existing condition; or
- the claim is excluded or not covered under the terms of the policy.

We will also not pay the benefit if your claim arises from:

- deliberate acts such as self-inflicted injuries, illnesses or attempted suicide;
- deliberate misuse of drugs or alcohol; or
- acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV), except as stated under HIV due to blood transfusion and occupationally acquired HIV.

10. Claims

We must be told within six (6) months after the diagnosis or the event giving rise to the claim. You (or your legal representative) must tell us in writing, giving full details and providing the proof we need. You must give us the documents we need with the claim form. Please refer to our webpage for the claim procedures: <https://snackbyincome.sg/claims>.

You must provide adequate medical evidence and we may ask you to be examined by a registered medical practitioner that we have appointed at your cost. Diagnosis of any critical illness must be supported by acceptable clinical, radiological, histological and laboratory evidence and confirmed by a registered medical practitioner.

The claim benefit is payable to you or your legal personal representative, as the case may be, if we receive satisfactory proof of the event we will pay the benefit for.

If the sum assured under this policy is paid due to a claim, any of the SNACK-CI policy issued after the date of diagnosis of the critical illness giving rise to the claim, will be void and premiums paid will be refunded.

If a claim or any part of a claim is false or fraudulent, or if you use fraudulent methods to claim any benefit, we can do any or all of the following:

- we will not pay, and you will lose all benefits;
- we will end the policy;
- we will add extra terms and conditions; and/or
- we will take any action we consider is necessary.



11. Survival Period

No benefits under this policy shall be payable if you die within seven (7) days of being diagnosed as suffering from a critical illness.

12. Changes Made on Future SNACK-CI Policies

The cover, benefit, premiums, terms and conditions of any subsequent SNACK-CI policy that you may apply for in the future may change from time to time and we may also discontinue the sale of any SNACK-CI policy at any time in the future. We will write to you at your last email address registered with us in the SNACK by Income online application, at least 30 days before the above change or discontinuance is to take place, to inform you of the same.

If you need clarification, please do not hesitate to contact us via hello.snack@income.com.sg.

Disclaimer

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by you and us.

It is usually detrimental to replace an existing policy with a new one. A penalty may be imposed for early termination and the new policy may cost more or have less benefit at the same cost.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. 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 Income or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Information is correct as of 31 March 2020.

Appendix 1

Tables of cover and premiums (i) Male Non-Smoker

Age Last Birthday (Years Old)	Male Non-Smoker Sum Assured Amount (S\$) per S\$0.30 for 360 days	Male Non-Smoker Sum Assured Amount (S\$) per S\$0.50 for 360 days	Male Non-Smoker Sum Assured Amount (S\$) per S\$0.70 for 360 days
18	375	625	875
19	360	600	840
20	345	575	805
21	333	555	777
22	321	535	749
23	321	535	749
24	321	535	749
25	321	535	749
26	321	535	749
27	300	500	700
28	282	470	658
29	261	435	609
30	240	400	560
31	222	370	518
32	207	345	483
33	186	310	434
34	171	285	399
35	156	260	364
36	141	235	329
37	126	210	294
38	111	185	259
39	96	160	224
40	84	140	196
41	72	120	168
42	66	110	154
43	60	100	140
44	54	90	126
45	48	80	112
46	45	75	105
47	42	70	98
48	39	65	91
49	36	60	84
50	33	55	77
51	30	50	70
52	27	45	63
53	24	40	56
54	21	35	49
55	21	35	49
56	18	30	42
57	18	30	42
58	15	25	35
59	15	25	35
60	12	20	28
61	12	20	28

(ii) Male Smoker

Age Last Birthday (Years Old)	Male Smoker Sum Assured Amount (S\$) per S\$0.30 for 360 days	Male Smoker Sum Assured Amount (S\$) per S\$0.50 for 360 days	Male Smoker Sum Assured Amount (S\$) per S\$0.70 for 360 days
18	291	485	679
19	261	435	609
20	234	390	546
21	207	345	483
22	192	320	448
23	180	300	420
24	171	285	399
25	165	275	385
26	162	270	378
27	153	255	357
28	141	235	329
29	132	220	308
30	120	200	280
31	114	190	266
32	102	170	238
33	93	155	217
34	87	145	203
35	78	130	182
36	72	120	168
37	63	105	147
38	54	90	126
39	48	80	112
40	42	70	98
41	36	60	84
42	33	55	77
43	30	50	70
44	27	45	63
45	24	40	56
46	24	40	56
47	21	35	49
48	18	30	42
49	18	30	42
50	15	25	35
51	15	25	35
52	12	20	28
53	12	20	28
54	12	20	28
55	9	15	21
56	9	15	21
57	9	15	21
58	6	10	14
59	6	10	14
60	6	10	14
61	6	10	14



(iii) Female Non-Smoker

Age Last Birthday (Years Old)	Female Non-Smoker Sum Assured Amount (S\$) per S\$0.30 for 360 days	Female Non-Smoker Sum Assured Amount (S\$) per S\$0.50 for 360 days	Female Non-Smoker Sum Assured Amount (S\$) per S\$0.70 for 360 days
18	333	555	777
19	312	520	728
20	300	500	700
21	291	485	679
22	282	470	658
23	282	470	658
24	282	470	658
25	282	470	658
26	276	460	644
27	261	435	609
28	234	390	546
29	213	355	497
30	192	320	448
31	171	285	399
32	153	255	357
33	141	235	329
34	129	215	301
35	117	195	273
36	108	180	252
37	96	160	224
38	87	145	203
39	78	130	182
40	69	115	161
41	63	105	147
42	57	95	133
43	51	85	119
44	48	80	112
45	45	75	105
46	39	65	91
47	39	65	91
48	36	60	84
49	33	55	77
50	33	55	77
51	30	50	70
52	27	45	63
53	27	45	63
54	24	40	56
55	24	40	56
56	21	35	49
57	21	35	49
58	21	35	49
59	18	30	42
60	18	30	42
61	18	30	42



(iv) Female Smoker

Age Last Birthday (Years Old)	Female Smoker Sum Assured Amount (S\$) per S\$0.30 for 360 days	Female Smoker Sum Assured Amount (S\$) per S\$0.50 for 360 days	Female Smoker Sum Assured Amount (S\$) per S\$0.70 for 360 days
18	261	435	609
19	228	380	532
20	204	340	476
21	180	300	420
22	168	280	392
23	156	260	364
24	147	245	343
25	138	230	322
26	138	230	322
27	129	215	301
28	117	195	273
29	105	175	245
30	93	155	217
31	84	140	196
32	78	130	182
33	69	115	161
34	63	105	147
35	60	100	140
36	54	90	126
37	48	80	112
38	42	70	98
39	39	65	91
40	36	60	84
41	30	50	70
42	27	45	63
43	27	45	63
44	24	40	56
45	21	35	49
46	21	35	49
47	18	30	42
48	18	30	42
49	18	30	42
50	15	25	35
51	15	25	35
52	15	25	35
53	12	20	28
54	12	20	28
55	12	20	28
56	12	20	28
57	12	20	28
58	9	15	21
59	9	15	21
60	9	15	21
61	9	15	21

Appendix 2

List of Critical Illnesses

The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2019). These Critical Illnesses fall under Version 2019. You may refer to www.lia.org.sg for the standard Definitions (Version 2019).

Any one of the following is a critical illness:

1. Major Cancer

A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.

Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
 - Pre-malignant;
 - Non-invasive;
 - Carcinoma-in-situ (Tis) or Ta;
 - Having borderline malignancy;
 - Having any degree of malignant potential;
 - Having suspicious malignancy;
 - Neoplasm of uncertain or unknown behaviour; or
 - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;
- Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- Chronic Lymphocytic Leukaemia less than Rai Stage 3;
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of HIV infection.

2. Heart Attack of Specified Severity

Death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;
- New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company.

For the above definition, the following are excluded:

- Angina;
- Heart attack of indeterminate age; and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

3. Stroke with Permanent Neurological Deficit

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit. This diagnosis must be supported by all of the following conditions:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve;
- Ischaemic disorders of the vestibular system; and
- Secondary haemorrhage within a pre-existing cerebral lesion.

4. Coronary Artery By-pass Surgery

The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty and all other intra-arterial, catheter-based techniques, 'keyhole' or laser procedures are excluded.

5. End Stage Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

6. Irreversible Aplastic Anaemia

Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion;
- Bone marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow or haematopoietic stem cell transplantation.

The diagnosis must be confirmed by a haematologist.

7. End Stage Lung Disease

End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:

- FEV 1 test results which are consistently less than 1 litre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($\text{PaO}_2 \leq 55\text{mmHg}$); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

8. End Stage Liver Failure

End stage liver failure as evidenced by all of the following:

- Permanent jaundice;
- Ascites; and
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

9. Coma

A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.

10. Deafness (Irreversible Loss of Hearing)

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.

Total means "the loss of at least 80 decibels in all frequencies of hearing".

Irreversible means "cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention."

11. Open Chest Heart Valve Surgery

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

12. Irreversible Loss of Speech

Total and irreversible loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric related causes are excluded.

13. Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assured's body.

14. Major Organ / Bone Marrow Transplantation

The receipt of a transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation;
or
- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

15. Multiple Sclerosis

The definite diagnosis of Multiple Sclerosis, and must be supported by all of the following:

- Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and
- Multiple neurological deficits which occurred over a continuous period of at least 6 months.

Other causes of neurological damage such as SLE and HIV are excluded.

16. Muscular Dystrophy

The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

17. Idiopathic Parkinson's Disease

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

18. Open Chest Surgery to Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

19. Alzheimer’s Disease / Severe Dementia

Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer’s disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the life assured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company’s appointed doctor.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol related brain damage.

20. Fulminant Hepatitis

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

21. Motor Neurone Disease

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

22. Primary Pulmonary Hypertension

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

The NYHA Classification of Cardiac Impairment:

- Class I No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.
- Class II Slight limitation of physical activity. Ordinary physical activity results in symptoms.
- Class III Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

23. HIV Due to Blood Transfusion and Occupationally Acquired HIV

A. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later; and
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.

B. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or date of reinstatement of this Supplementary Contract, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:

- Proof that the accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit is only payable when the occupation of the insured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore).

This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

24. Benign Brain Tumour

Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:

- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- Cysts;
- Abscess;
- Angioma;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland, spinal cord and skull base.

25. Severe Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in permanent neurological deficit which must be documented for at least 6 weeks. This diagnosis must be certified by a consultant neurologist, and supported by any confirmatory diagnostic tests.

Encephalitis caused by HIV infection is excluded.

26. Severe Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks.

This diagnosis must be confirmed by:

- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- A consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

27. Angioplasty & Other Invasive Treatment for Coronary Artery

The actual undergoing of balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Payment under this condition is limited to 10% of the Sum Assured under this policy subject to a S\$25,000 maximum sum payable. This benefit is payable once only and shall be deducted from the amount of this Contract, thereby reducing the amount of the Sum Assured which may be payable herein.

Diagnostic angiography is excluded.

28. Blindness (Irreversible Loss of Sight)

Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

The blindness must not be correctable by surgical procedures, implants or any other means.

29. Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head injury.

The following are excluded:

- Spinal cord injury; and
- Head injury due to any other causes.

30. Paralysis (Irreversible Loss of Use of Limbs)

Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

31. Terminal Illness

The conclusive diagnosis of an illness that is expected to result in the death of the Life Assured within 12 months. This diagnosis must be supported by a specialist and confirmed by the Company's appointed doctor.

Terminal illness in the presence of HIV infection is excluded.

32. Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs.

This diagnosis must be unequivocally confirmed by a consultant rheumatologist and supported by biopsy or equivalent confirmatory test, and serological evidence, and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

33. Persistent Vegetative State (Apallic Syndrome)

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one month.

34. Systemic Lupus Erythematosus with Lupus Nephritis

The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

The RPS/ISN classification of lupus nephritis:

Class I	Minimal mesangial lupus nephritis
Class II	Mesangial proliferative lupus nephritis
Class III	Focal lupus nephritis (active and chronic; proliferative and sclerosing)
Class IV	Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global)
Class V	Membranous lupus nephritis
Class VI	Advanced sclerosis lupus nephritis

35. Other Serious Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by invasive coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed.

Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.

36. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.

37. Loss of Independent Existence

A condition as a result of a disease, illness or injury whereby the Life Assured is unable to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living", for a continuous period of 6 months. This condition must be confirmed by the company's approved doctor.

Non-organic diseases such as neurosis and psychiatric illnesses are excluded.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

Others

The following two terms can be found in some of the above definitions, and their meanings are as follows:

1. Permanent Neurological Deficit

Permanent means expected to last throughout the lifetime of the Life Assured.

Permanent neurological deficit means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Assured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

2. Activities of Daily Living (ADLs)

- (i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower or wash satisfactorily by other means;
- (ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- (iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- (iv) Mobility - the ability to move indoors from room to room on level surfaces;
- (v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (vi) Feeding - the ability to feed oneself once food has been prepared and made available.