

3 Plus Critical Illness

POLICY CONTRACT

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1. Our Agreement

1.1 The Agreement

Your policy is regulated using the laws of Singapore. It forms the entire legal agreement between You and Us. It is made up of:

- Policy Contract for 3 Plus Critical Illness
- Cover Page
- Your Policy Information Page
- Your Proposal form
- Your Policy Illustration
- Your Product Summary
- Your Financial Needs Analysis (if applicable)
- Our offer of conditional acceptance (if any)
- Any Endorsements We may issue to You on this policy
- Any supplementary questionnaires that You have given to Us for Our risk assessment purpose, including information in medical reports

We took the information You have provided in the Proposal form, supplementary questionnaires, medical reports and medical examination to decide whether or not to insure You. The information obtained will form the basis of the contract of insurance between You and Us.

You must disclose all material facts required under this policy. We reserve the rights to void Your policy if You have provided incomplete or inaccurate information. When this happens, We will refund all Premiums paid (less any amounts previously paid to You under this policy) without interest and less any expenses incurred in providing You the policy.

In exchange for the Premiums You pay, We agree to give You the Benefits written on Your Policy Information Page and which are explained in this Policy Contract.

Anyone not directly a party to this contract has no right to enforce the Contracts (Rights of Third Parties) Act 2001 of Singapore or any statutory modification or re-enactment of the said Act.

1.2 No Restriction on Residence, Travel and Occupation

There is no restriction as to the Life insured's residence, travel and occupation, unless We state differently in the Endorsements.

1.3 Policy Currency

All Premiums and Benefits of this policy are in Singapore dollars, unless We state differently on the Policy Information Page.

2. 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 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 us or visit the Life Insurance Association (LIA) or SDIC web-sites (www.lia.org.sg or www.sdic.org.sg).

3. Our Responsibilities

This is a yearly renewable, Non-participating term policy that provides protection against death of the Life insured and also provides coverage upon diagnosis of Cancer (all stages), Stroke with Permanent

Neurological Deficit or Heart Attack of Specified Severity while the policy is in force. This policy also provides additional coverage for Special Conditions such as Diabetic Complications and Severe Rheumatoid Arthritis (SRA) and provides complimentary child death cover while the policy is in force. At the policy Expiry date, if We have not paid out any claims, this policy will end and no Benefits will be payable.

Your policy covers the Benefits described below.

3.1 Death Benefit

Upon death of the Life insured during the policy term, We will pay S\$20,000 in one lump sum less any amounts owing to Us. When We make this payment, the policy ends.

We will provide a complimentary cover of S\$20,000 per child for up to four (4) children in the event of the child's death. This benefit will be paid in one lump sum less any amounts owing to Us and is capped at S\$20,000 per child, regardless of the number of policies the Life insured has with Us.

Conditions for Complimentary Cover for Children:

- i. Child is defined as the biological child or legally adopted child of the Life Insured and is between the ages of 14 days and 16 years old.
- ii. We will only cover a maximum of 4 children under the policy and this shall include any child whose benefit subsequently ends due to exceeding the eligibility age.
- iii. If the Life insured has more than four children at the time of policy inception, we will cover the four youngest children who are between the ages of 14 days and 16 years old. Otherwise, the Life insured can add new child, subject to maximum 4 children for this benefit.
- iv. Your children will only be covered if You provide each of the child's personal details, including proof of relation and We confirms receipt of the information provided.
- v. The child(ren) must be either Singaporean, Singapore permanent resident or foreigner who holds Foreign Identification Number (FIN) and is residing in Singapore.

3.2 Critical Illness (CI) Benefit

While the policy is in force, upon diagnosis of Cancer (all stages), Stroke with Permanent Neurological Deficit or Heart Attack of Specified Severity of the Life insured by a Doctor, We will pay the Sum insured less any amounts owing to Us. When We make payment for the full Sum insured, the policy ends.

Critical Illness	Early and Intermediate stages	Severe Stage*
Cancer	Carcinoma in-situ (CIS) and Early Cancers (a) Carcinoma in-situ (CIS) CIS of the following organs: breast, uterus, ovary, fallopian tube, vulva, vagina, cervix uteri, colon, rectum, penis, testis, lung, liver, stomach, nasopharynx or bladder. CIS means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. (b) Early Cancers	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.

	• Early Prostate Cancer: Prostate Cancer that is histologically described using the TNM Classification as T1a or T1b or Prostate cancers described using another equivalent classification. • Early Thyroid Cancer: Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of thyroid that is less than (one) 1 cm in diameter. • Early Bladder Cancer: Papillary microcarcinoma of Bladder. • Early Chronic Lymphocytic Leukaemia: Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. • Early Melanoma: Invasive melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3. • Gastro-Intestinal Stromal tumours: All Gastro-Intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) with tumour diameter less than two (2) cm and with mitotic count of more than 5/50 HPFs. The diagnosis of Cancer or Carcinoma in-situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard. The following conditions are specifically excluded from coverage: • All tumours which are histologically classified as any of the following: - Pre-malignant; - Having borderline malignancy; - Having any degree of malignant potential; - Having suspicious malignancy; - Neoplasm of uncertain or unknown behaviour; or - Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II, and CIN III (severe	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; and all pituitary neuroendocrine tumours (PitNET) except Metastatic PitNET and Pituitary Carcinoma; • 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
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	dysplasia without carcinoma in-situ). • All tumours in the presence of Human Immunodeficiency Virus (HIV) infection; • All Gastro-Intestinal Stromal tumours histologically classified below T1N0M0 (TNM Classification) and with mitotic count of less than or equal to 5/50 HPFs; • Carcinoma in-situ of the biliary system is also specifically excluded; • CLL RAI stage 0 or lower is excluded; and • Non-invasive melanoma histologically described as “in-situ” is excluded.	therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and • All tumours in the presence of HIV infection.
Heart Attack of Specified Severity	Not Applicable	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
Stroke with Permanent Neurological Deficit	Not Applicable	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.

*The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2024). These Critical Illnesses fall under Version 2024. You may refer to www.lia.org.sg for the standard Definitions (Version 2024).

Benefit Limitation

We will only provide a maximum aggregate amount of S\$2,000,000 per Life insured for early, intermediate or severe stages of CI, subject to a cap of S\$350,000 per Life insured for early or intermediate stages of CI, for all policies and riders issued by Us with CI Benefits.

Upon payment of the critical illness Benefit for an early or intermediate stages of cancer, the policy will continue with the remaining critical illness Benefit (if any) to be payable upon the diagnosis of a severe stage critical illness.

3.3 Special Conditions Benefit

While the policy is in force, upon diagnosis of a covered special condition of the Life insured by a Doctor, We will pay 20% of the Sum insured in one lump sum, less any amounts owing to Us.

Each special condition can only be claimed once under this Benefit regardless of the number of times this policy is being renewed, subject to a maximum aggregate amount of S\$25,000 per Life insured per special condition. Payout made under special conditions will not reduce the Sum insured of the policy.

No	Special Condition	Definition
1	Diabetic Complications	Diabetic Complications cover the following conditions only: - Diabetic Retinopathy with the need to undergo laser treatment certified to be absolutely necessary by an ophthalmologist with support of a Fluorescent Fundus Angiography report and vision is measured at 6/18 or worse in the better eye using a Snellen eye chart. - Diabetic Nephropathy with a definite diagnosis of diabetic nephropathy by a specialist and is evident by eGFR less than 30 ml/min/1.73 m² with ongoing proteinuria greater than 300mg/24 hours. - Amputation of Part of Limb due to Gangrene with the actual undergoing of amputation of a foot/toe/hand/finger to treat gangrene that has occurred because of a complication of diabetes.
2	Severe Rheumatoid Arthritis (SRA)	Widespread joint destruction as a result of severe Rheumatoid Arthritis with major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, spine, knees, ankles, feet. The diagnosis must be supported by all of the following: - Morning stiffness - Symmetric arthritis - Presence of rheumatoid nodules - Elevated titres of rheumatoid factors - Radiographic evidence of severe involvement The diagnosis must be confirmed by a consultant rheumatologist. The Severe Rheumatoid Arthritis must directly cause the Life insured's inability to perform (unaided) at least three (3) of the six (6) "Activities of Daily Living" for a continuous period of at least six (6) months, which the Doctor considers permanent and expects it to last throughout the lifetime of the Life insured, with no possibility of improvement in the foreseeable future.

3.4 Yearly Renewability

This is a yearly renewable plan and the policy term is 1 year. At the end of 1 year policy term, this policy will be renewed automatically from the renewal date for another 1 year at the same conditions on the Expiry date before renewal, so long as the following conditions are met:

- this policy is in force on the Expiry date before the renewal;
- the Life insured has not reached Age 85 at the renewal date;
- there are no previously admitted or submitted claims on this policy; and
- the Life insured is insured for the same Sum insured or less.

If this policy is issued on non-standard terms, the same terms and conditions and exclusions shall continue to be applicable on the renewed term.

4. Your Responsibilities

4.1 Premium

You will pay the first Premium at the time You apply for this policy. Thereafter, You will pay all future Premiums within thirty (30) days from the due date so as to continue the policy. If You fail to pay Premiums on time, this policy will end. We will deduct any outstanding Premium from any amount We may be due to pay under this policy.

The Premium that You pay for this policy is guaranteed during the first 1 year policy term. The renewal Premium will be calculated based on Your attained age using prevailing Premium rates at the time of renewal.

We reserve the rights to adjust the renewal Premium at any time by giving You thirty (30) days' written notice in advance.

5. What is Not Covered?

There are certain conditions under which no Benefits will be payable.

5.1 Death Benefit

We do not pay the death Benefit if the death is directly or indirectly, wholly or partly caused by:

- i. intentional acts (sane or insane) such as self-inflicted injuries, suicide or attempted suicide within the first twelve (12) months from the Policy Issue date.
- ii. Pre-existing condition within the first twelve (12) months from the Policy issue date.

5.2 Complimentary Cover for Children

We do not pay the complimentary child death cover if the death of the child of the Life insured is directly or indirectly, wholly or partly caused by:

- i. intentional acts (sane or insane) such as self-inflicted injuries, suicide or attempted suicide within the first twelve (12) months from the start of the Complimentary cover for children.
- ii. Pre-existing condition within the first twelve (12) months from the start of the Complimentary cover for children.

5.3 Critical Illness Benefit / Special Conditions Benefit

We do not pay the Benefits if the early, intermediate or severe stages critical illness or special conditions is directly or indirectly, wholly or partly caused by:

- A Pre-existing condition;
- Intentional acts (sane or insane) such as self-harm or attempted suicide;
- Effects of drug or alcohol addiction; or
- Acquired Immune Deficiency Syndrome (AIDS), AIDS-related conditions or infection in the presence of Human Immunodeficiency Virus (HIV) except HIV due to blood transfusion and occupationally acquired HIV.

5.4 Waiting Period

We do not pay the covered critical illness Benefit if:

- Cancer or Heart Attack of Specified Severity is diagnosed; or
- The date of diagnosis of the condition leading to the performance of the following surgeries: Mastectomy or Hysterectomy due to Cancer is;

within ninety (90) days from the Policy issue date or effective date of the last increase in Sum insured, whichever is later.

5.5 Survival Period

We do not pay any Benefits if the Life insured did not survive for 7 days after the date of diagnosis of the critical illness or special conditions.

When there is condition(s) specific to the Life insured which We will not cover, We will state them on Our Letter of Conditional Acceptance. When any of the exclusion happens, We will return the total Premiums paid (less any amounts previously paid to You under this policy) without interest, less any outstanding amounts owing to Us.

6. Making Claims From The Policy

6.1 How to make a Claim

We must be informed in writing within three (3) months of the event giving rise to the claim. At the Proper claimant's own expense, he/she must give Us all documents and evidence We ask for to assess the claim. We reserve the right to require the Life insured to be examined by Our panel Doctor.

We reserve the rights to reject Your claim if the terms and conditions stated in this Policy Contract are not met.

6.2 Who do We pay Benefits to

If the policy has been assigned, the Benefit amount will be paid to the Assignee. If the policy has not been assigned, the Benefit amount will be paid to either You or Your executors, administrators, Nominees or any other Proper claimant if We have proof of the relationship of the person claiming the Benefit.

Before We pay any Benefit, We will deduct any amount You owe on this policy from the Benefit. By paying out the Benefit, it will end Our legal responsibility on this policy.

7. Our Rights

7.1 Incontestability

Claims will not be rejected and this policy will not be voided or have its terms revised after this policy has been in-force for two (2) years from the policy commencement date, except for:

- a) fraud;
- b) material non-disclosure and/or misrepresentation of a material fact that would have impacted acceptance of coverage;
- c) non-payment of Premium; or
- d) policy exclusions

However, if the above mentioned event occurs, We reserve the rights to void the policy, revise the terms of the policy or reject any claims even after two (2) years have passed. We will refund all Premiums paid (less any amounts previously paid to You under this policy) without interest and less any amounts owing to Us as well as any expenses incurred by Us in providing You the policy.

7.2 Correction of Mistakes and Errors

When We find any mistake or error made in this policy, We will make the correction and inform You by way of an Endorsement.

7.3 Fraud and Misrepresentation

If You or Your executors, administrators, Nominees or any other Proper claimant obtains any sum payable under this policy through fraudulent means or devices, all Benefits paid under this policy shall be forfeited and must be immediately repaid. This policy will be terminated immediately and there will be no refund of Premiums. We shall have no liability in respect of such claims and shall be entitled to recover any payment made prior to the discovery of the fraud or misrepresentation.

7.4 Change of Address, Country of Residence or Citizenship

You must, as soon as practicable within three (3) months of the changes, notify Us in writing if there is a change in Your citizenship and / or usual country of residence. A change in the usual country of residence will be deemed to mean Your living or intending to live in another country other than Singapore in excess of twelve (12) consecutive calendar months.

You must also, as soon as practicable within three (3) months of the change, notify Us in writing if there is a change of address for the Life insured (if any).

We reserve the right and sole discretion to terminate or decline to renew the policy or continue cover on prevailing or varied terms and conditions.

7.5 Changes in Taxation, Regulations and Legislation

At any time when there are changes in taxation, regulations or legislation that will affect this policy, We may vary the terms of the policy accordingly. If We do so, We shall notify You by giving You thirty (30) days' notice prior to such change.

7.6 Errors in Age / Gender / Smoker Status / Country of Residence

If the Age, gender, smoker status and/or country of residence of the Life insured is not correctly stated such that the Premium paid is wrong, We reserve the rights to adjust the Benefits. For underpayment of Premium, the claims will be pro-rated as if You have purchased a lower cover. For overpayment of Premium, We will refund the excess Premium paid without interest.

Based on the correct Age, gender, smoker status and/or country of residence, if the Life insured is not eligible to apply for this policy, We will not pay any Benefits and the policy will be terminated. When this happens, We will refund all Premiums paid (less any amounts previously paid to You under this policy) without interest and less any amounts owing to Us as well as any expenses incurred by Us in providing You the policy.

7.7 Prohibited Person Limitation and Exclusion

If You are or any relevant person is found to be a Prohibited Person:

- a) We are entitled not to accept the application; and
- b) if any policy is issued, We are entitled to end/terminate the policy, not pay any Benefits or not allow any transaction to be carried out under the policy. We will not refund any unutilised Premium when the policy is ended/terminated.

You will need to inform Us immediately if there is any change in Your or any relevant person's identity, status or identity documents.

Our decision in respect of this exclusion will be final.

8. Your Rights

8.1 Free Look

You may return this policy for cancellation within fourteen (14) days after You receive the policy document, for any reason. We will deduct any costs incurred by the Company in assessing the risk under the policy, such as payments for medical check-up and other expenses, from the Premium You paid and the balance will be refunded back to You.

If Your policy document is sent by email, We consider this policy is delivered to You 1 day after the date of emailing.

8.2 Transferring the Legal Right of the Policy

If You write to Us and We agree to the transfer, You can transfer (assign) this policy to another person. When We do so, You may not make any further transfer until the previous transfer has been properly cancelled by the Assignee.

We will not be responsible for the validity of any transfer of policy.

8.3 Nominees

Subject to the current laws and regulations, You may add, change or remove a Nominee(s) to receive the share of the Benefit by giving Us written notice in the prescribed form. However, if there is a trustee(s) appointed or created under the policy, the trustee(s) must consent before any change can be effected.

9. When Will Your Policy End?

This policy will end when any of the following events happens first:

- a) Death of the Life insured or We paid out the death Benefit;
- b) Premium is not paid on time;
- c) After We give You notice that the policy cannot be renewed;
- d) We paid out 100% of the critical illness Benefit for the covered events;
- e) Upon expiry of this policy; or
- f) Your written request and Our acceptance of the application to terminate the policy. If You write to Us to terminate Your policy, there will not be any prorated refund of Premium and Your policy will terminate from the Premium due date immediately following the date We accept Your written request for termination.

10. What Do We Mean With These Words?

Activities of Daily Living refers to Washing, Dressing, Feeding, Toileting, Mobility and Transferring.

- a) Washing - The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash by other means.
- b) Dressing - The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical or medical appliances.
- c) Feeding - The ability to feed oneself food after it has been prepared and made available.
- d) Toileting - The ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate.
- e) Mobility - The ability to move indoors from room to room on level surfaces.
- f) Transferring - The ability to move from a bed to an upright chair or wheelchair, and vice versa.

Age means the Age at next birthday.

Assignee means any person to whom You have transferred Your rights as the Policy owner and the assignment is registered with Us.

Basic policy means the policy as it exists, including the supplementary terms and any Endorsement made to it, without any optional supplementary Benefit / rider.

Benefit(s) means any payments that We will pay and/or the amount of Premium that We will waive when certain events defined in this policy occur.

Doctor means a licensed person who is qualified by degree in western medicine to practice medicine. The license is given by the appropriate medical authority of his country of residence to practice medicine within his scope of licensing and training. This cannot be the Life insured, a family member or a relative.

Endorsement means any written change to the policy which is issued and properly authorised by Us.

Expiry date means the date the policy ends and where no Benefit is payable.

Life insured means the person whom We provide the cover for. The Life insured does not have any right to the policy, unless he/she is also the Policy owner.

Nominee(s) is a person that You have nominated (under the **Insurance Act 1966** and **Insurance (Nomination of Beneficiaries) Regulations 2009**) to receive the policy monies payable under the policy upon Your death. The nomination must be registered with Us.

Non-participating means it does not share in any surplus or profits of the Company's fund.

Policy commencement date means the date the policy commences, as shown in the Policy Information Page.

Policy issue date means the date We issue the policy. This is shown in the Policy Information Page.

Policy owner is the person named as the owner in the Policy Information Page or any Endorsement issued by Us. The Policy owner has full rights on the policy, unless the policy has been transferred to another party.

Premium(s) is the amount of money that You pay to Us to keep this policy in force.

Pre-existing condition means the existence of any signs or symptoms before the Policy issue date, the last increase in policy's Sum insured made, whichever is later, for which treatment, medication, consultation, advice, or diagnosis has been sought or received by the Life insured or would have caused any reasonable and sensible person to get medical advice or treatment.

Prohibited Person means a person or entity who is, or who is related to a person or entity:

- a) subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict Us from providing insurance or carrying out any transaction under this policy; or
- b) who is involved in any terrorist or illegal activities or placed on sanction listing or issued with freezing order.

Proper claimant(s) has the meaning in the **Insurance Act 1966**. It means a person who claims to be entitled to the sums in question as executor of the deceased, or who claims to be entitled to that sum (whether for his own Benefit or not) and is the widower, widow, parent, child, brother, sister, nephew or niece of the deceased.

Proposal form means the form You signed to buy this policy from Us. It includes anything written, said (and recorded) and/or any document given to Us which has information for Us to rely on before We decide to issue this policy.

Sum insured is the amount of insurance coverage provided by the Basic policy or optional rider (where applicable).

We, Our, Us, the Company means Etiqa Insurance Pte. Ltd. (Company Registration No. 201331905K).

You, Your means the Policy owner.