



SmartCare *theOne* /

Protection is Simple

redefining / insurance



Caring for our Customers

AXA Insurance will make every effort to provide a high level of service expected by all our policyholders. If on any occasion our service falls below the standard of your expectation, the procedure below explains what you can do:

- Your first point of contact should always be your insurance agent or broker. Alternatively, you may submit your feedback to the AXA Manager in charge of the matter you are raising.
- We will acknowledge receipt of your feedback within 3 working days whilst we look into the matter you raised. We will contact you for further information if required within 7 working days and provide you with a full reply within 14 working days.
- If the outcome of your complaint is not handled to your satisfaction, you can write to:

Chief Executive Officer
AXA Insurance Pte Ltd
8 Shenton Way #24-01 AXA Tower
Singapore 068811

We will respond to your appeal within 14 working days.

- If you are still dissatisfied with the CEO's response, we will refer you to a dispute resolution organisation, Financial Industry Disputes Resolution Centre Ltd (FIDReC) who is an independent organisation. FIDReC's contact details are:

Financial Industry Disputes Resolution Centre Ltd
36 Robinson Road #15-01
City House
Singapore 068877

Telephone : 6327 8878
Fax : 6327 8488
Email : info@fidrec.com.sg
Website : www.fidrec.com.sg

Important - Please remember to quote your Policy reference in your Communication.

CONTENTS

PAGE

Your Smart Care <i>theOne</i> Policy	1
How Your Insurance Operates	1
Eligibility And Scope	2
Definitions	3
Description of Benefits	5
Extensions	7
Policy Exclusions	7
General Conditions	10
Special Conditions	12

YOUR **SmartCare theOne** POLICY

Welcome to your **SmartCare theOne** Policy.

Please read this Policy carefully together with your Schedule to ensure that you understand the terms and conditions and that the cover you require is being provided. Do keep these documents in a safe place as they are legal documents.

If you have any questions after reading these documents, please contact your insurance adviser or AXA Insurance.

If there are any changes that may affect the insurance provided, please notify us immediately.

IMPORTANT NOTICE

1. Before we provide cover, you must fully and faithfully tell us everything you know (or could reasonably be expected to know) that is relevant to our decision to give you the insurance, otherwise you may receive no benefit from your Policy.
2. The insurance cover under this Policy is based on the information submitted to us, as set out in the accompanying documents. Please read these documents carefully. If they contain any information that is incorrect, please notify us immediately, otherwise you may receive no benefit in the event of a valid claim. If the information, which you subsequently provide us, differs materially from the information set out in the form, we may offer cover on different terms or decline it altogether. If we do not hear from you within 14 days from the date of issue of this Policy, we will take it that the information is complete and correct.
3. We give you a period of 14 days to review the policy. If you then decide that this policy does not suit your needs, you may return it to us for cancellation. Provided that no claims have been made during this period, we shall then refund you the premium you paid us.
4. This policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy. This is a short term accident and health policy and the insurer is not required to renew this policy. The insurer may terminate this policy by giving you 30 days notice in writing.

HOW YOUR INSURANCE OPERATES

Your **SmartCare theOne** Policy is a contract between you and AXA Insurance, and consists of:

- * this Policy document,
- * the Schedule, which has details relating to you, the type of cover and Period of Insurance.

The Fact Find Form (if any), application form, declaration and any other information given form the basis of this contract. The Policy, conditions, exclusions, endorsements and memoranda shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part shall bear the same meaning wherever it appears.

This Policy shall become effective on the date specified in the Schedule and continue for the Period of Insurance specified, ending at 23:59 Standard Singapore Time on the last day of the Period of Insurance.

Having received and accepted your first premium, and any subsequent premiums required, we will provide the cover shown in the relevant sections of the Policy, up to the sums insured or limits of indemnity stated in the Schedule.

ELIGIBILITY AND SCOPE

A. PERSONS ELIGIBLE

To be eligible for Cover under this Policy, you must be aged between 21 and 65 years (inclusive). Spouse are also eligible for Cover. We may continue to renew Cover for you and your spouse up to (and including) age 75.

To be eligible for Cover, all Insured Persons must be Residents of Singapore.

“Residents of Singapore” means Singapore Citizens and Permanent Residents (holders of re-entry permits) as well as holders of employment passes.

We may extend Cover to an Insured Person who is not a Resident of Singapore subject to our approval.

B. GEOGRAPHICAL SCOPE

This Policy Covers an Insured Person in his/her Country of Residence.

This Policy also Covers an Insured Person while outside his/her Country of Residence, subject always to the limits specified in the Schedule, for periods not exceeding six (6) consecutive months at a time.

DEFINITIONS

These terms, wherever used in this Policy, are defined as follows:

TERM	MEANING
Accident / Accidental	A sudden and unforeseen event that solely and independently results in Injury, disablement or death and which is not caused by any illness or medical condition.
Age Next Birthday	An Insured Person's age at his/her next birthday.
Cover	Insurance cover in accordance with the terms of this Policy, as applicable to each Insured Person.
Chinese Medical Practitioner	A person qualified as a Traditional Chinese medicine practitioner (other than an Insured Person or a member of the Insured Person's immediate family) engaged in the practice of traditional Chinese medicine (including a herbalist or bonesetter), who is duly licensed and/or registered with the relevant regulatory board or council to practise and render such treatments, within the scope of his licensing and training in the geographical area of his/her practice.
Chiropractor	A person (other than an Insured Person or a member of the Insured Person's immediate family) who is qualified by a duly accredited degree in a chiropractic program and who is duly licensed or registered to practise as a chiropractor or is employed in a Hospital and who is practising within the scope of his/her licensing and training in the geographical area of practice.
Country of Residence	The country in which the Insured Person is residing at the date of commencement of Cover and as declared in the application form.
Endorsement	An authorised amendment to this Policy.
General Practitioner	A Physician whose practice is based on a broad understanding of all illnesses and who does not restrict his practice to any particular field of medicine.
Hospital	<p>An establishment duly constituted and licensed in the geographical area in which it is located as a medical or surgical hospital for the care and treatment of sick and injured persons as bed-paying patients, and which:</p> <ul style="list-style-type: none">(a) provides facilities for diagnosis, treatment and minor or major Surgery;(b) provides twenty-four (24) hours a day nursing services by registered graduate nurses;(c) is supervised by a full-time staff of Physicians at all times; and(d) is not primarily a clinic, a mental hospital or institution, a place for custodial care or facility for alcoholics or drug addicts, a spa, or a hydroclinic or a nursing or rest or convalescent home or a home for the aged, or such similar establishments. <p>A reference to a Hospital in this Policy shall be construed to refer to either a Public Hospital or Private Hospital according to the type of Cover chosen by the Insured Person.</p>
Injury	Injury sustained by an Insured Person caused solely and directly by an Accident.
Insured Person(s)	The person/persons so described in the Schedule.
Loss	Complete severance or permanent functional disablement of any body members.
Loss of Sight	Total and irrecoverable loss of sight of an eye rendering the Insured Person absolutely blind in that eye beyond remedy by surgical or other treatment.

TERM	MEANING
Loss of Limb	Complete severance of a hand at or above the wrist or of a foot above the ankle joint, or the total and permanent functional disablement of an entire hand, arm, foot or leg.
Medical Expenses	Reasonable and customary expenses incurred for medical and/or surgical treatment by a qualified Physician that is necessitated by an Accident.
Permanent Disablement	Injury which: <ul style="list-style-type: none"> (a) falls into one of the categories listed in the Scale of Permanent Disablement Benefits Table or otherwise results in Loss; or (b) having lasted for a continuous period of twelve (12) consecutive months from the date of the Accident, is at the expiry of that period, beyond any hope of improvement.
Permanent Total Disablement	Injury which, having lasted for a continuous period of twelve (12) consecutive months from the date of the Accident, totally disables and prevents the Insured Person from attending to any business, occupation of any and every kind and from which there is no hope of improvement.
Period of Insurance	(a) the period of Cover shown in the Policy Schedule; and (b) for any following period, for which Cover is extended by mutual agreement.
Physician	A person qualified as a medical practitioner (other than an Insured Person or a member of his immediate family or his business partners, employers or employees) by a medical degree in western medicine and duly licensed and registered with the relevant medical board or council to provide medical and surgical treatment and who, in rendering treatment, is practicing within the scope of his licensing and training in the geographical area of practice. A reference to a "Physician" in this Policy shall be construed to mean, wherever appropriate, a General Practitioner and/or a Specialist.
Physiotherapist	A person (other than an Insured Person or a member of the Insured Person's immediate family) who is qualified by a duly accredited degree in physiotherapy and who is duly licensed or registered to practise as a physiotherapist or is employed in a Hospital and who is practicing within the scope of his/her licensing and training in the geographical area of practice.
Prescription Drugs	Drugs prescribed which are medically necessary, provided such drugs are listed in the Singapore Index Medical Supplies (SIMS).
Reasonable and Customary Charges	Charges for medical care which do not exceed the general level of charges being made by others of similar standing in the locality where the charges are incurred, when furnishing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age for a similar illness or injury and which in accordance with accepted medical standards, could not have been omitted without adversely affecting the Insured Person's medical condition. In Singapore, Reasonable and Customary Charges shall be deemed to be those laid down in the Singapore Medical Association's Schedule of Fees.
Specialist	A Physician who is classified by the appropriate health authorities in the geographical area of his practice, as a Physician with special expertise in a selected medical specialty to treat the type of Injury or Illness for which a claim may be made, for treatment provided to the Insured Person.

TERM	MEANING
Spouse	Your husband or wife under a marriage recognized by law and whose Age Next Birthday is between 21 and 65 years (inclusive), provided that the Age Next Birthday of 66 to 75 years old shall be applicable to renewals only.
Surgery	Any invasive surgical intervention.
We/Ours/Us/AXA	AXA Insurance Pte Ltd
You (your)	The party named in the Schedule as the policyholder.

DESCRIPTION OF BENEFITS

IMPORTANT NOTICE: THIS IS AN ACCIDENT POLICY and benefits will only be payable upon death or injury as a result of an Accident occurring during the Period of Insurance. The Benefits described below may be subject to the maximum limits or to a deductible. Please check the Schedule of Benefits for details. Benefits are payable only if the insured event affects an Insured Person while he/she is covered under this Policy.

I. Specified Sum Basis

The Benefits in Section 1, 2 and 4 below are payable on a specified-sum basis. The amount payable may be on a one-time basis as provided in the Schedule of Benefits.

SECTION 1 - ACCIDENTAL DEATH BENEFIT

We will pay if an Insured Person shall sustain injury which results in the Insured Person suffering death during the Period of the Insurance, as shown in the Policy Schedule.

SECTION 2 - PERMANENT DISABLEMENT BENEFIT

We will pay if an Insured Person shall sustain injury which results in the Insured Person suffering Permanent Disablement during the Period of Insurance, as shown in the Policy Schedule.

II. Reimbursement Basis

The benefits in Section 3.1 to 4 below are payable on a reimbursement basis. We will pay the actual charges incurred (including charges for Prescription Drugs) or the Reasonable and Customary Charges whichever is the lower, up to the maximum sum specified in the Schedule of Benefits. If the incident occurs while an Insured Person is Covered but extends to the following year, we will only pay the Benefits up to the sum specified in the Period of Insurance that the Accident occurred.

SECTION 3 - ACCIDENTAL MEDICAL EXPENSES

3.1 Medical Expenses

We will pay for charges incurred for treatment for injury of an Insured Person at a hospital (including all daily room and board expenses, surgical, hospital miscellaneous expenses) or by a Physician including charges for laboratory and X-ray.

3.2 Chinese Physician Expenses

We will pay for charges incurred for treatment for injury of an Insured Person including medication charges prescribed by the attending Physician (including herbalist, bonesetter or acupuncturist) for the same treatment or consultation.

3.3 Chiropractor & Physiotherapist Expenses

We will pay for charges incurred for outpatient treatment for injury of an Insured Person by a Chiropractor or Physiotherapist where such treatment is recommended in writing by the attending Physician.

3.4 Nursing Care Charges

We will pay for charges incurred for nursing care services of a qualified registered nurse, following the hospitalization of the Insured Person due to an accident provided that:

1. It is prescribed by a Physician for medical reasons;
2. It is necessary without which the Insured Person would require confinement in a Hospital as an Inpatient;
3. It is carried out in the Insured Person's own home and
4. It is immediately following the date of discharge of the Insured Person as an Inpatient from hospital.

3.5 Mobility Aid and Local Ambulance Services

We will reimburse actual expenses incurred for mobility aid equipments in the event that an Insured Person suffers an accidental injury which results in Permanent Total Disablement of such a nature that the Insured Person needs and can operate the following on the recommendation of the Physician:

- a self powered, climbing wheelchair and/or
- his/her motor vehicle with the controls suitably adjusted and/or
- a lift, necessary ramps, railings and holds to usual place of residence

We will reimburse actual ground ambulance costs incurred for the transportation of the Insured Person to a hospital following an Accident.

3.6 Dental Treatment (Due to Accident only)

We will reimburse charges incurred by the Insured Person for emergency dental treatment performed by a Dentist to restore or treat the Insured Person's sound natural teeth following an accident.

3.7 Dengue Fever

We will reimburse charges incurred by an Insured Person for the treatment of Dengue Fever by a Physician including charges incurred for medication prescribed.

3.8 Insect/Animal Bites

We will reimburse charges incurred by an Insured Person for medical treatment necessitated by insect or animal bites, including charges incurred for medication prescribed by the attending Physician.

3.9 Food and Drinks Poisoning

We will reimburse charges incurred by an Insured Person for treatment rendered by a Physician should the Insured Person suffers from Food and Drinks poisoning, including charges incurred for prescribed medication.

The total payable under Section 3.1 to 3.9 shall not exceed the amount specified as Accidental Medical Expenses under Section 3 of the Schedule.

SECTION 4 - SPECIAL GRANT

We will pay up to the amount specified in the Schedule for Repatriation Expenses and/or Funeral Expenses in the event of death from an Accident within the Period of Insurance.

• Repatriation Expenses

We will pay reasonable charges in the event of death resulting from an accident outside Singapore to transport the mortal remains of the deceased (or his/her ashes) to Singapore.

• Funeral Expenses

We will pay reasonable charges for the cost of local burial in Singapore in the event of death resulting from an Accident.

SECTION 5 - 24-HOUR AXA ASSISTANCE WORLDWIDE HOTLINE SERVICE

The services provided are on an advisory or referral basis and any Expenses incurred will be wholly borne by the Insured Person. The services are available via the AXA Assistance 24-hour hotline at (65) 6322 2566.

III. Emergency Assistance

The following Emergency Assistance Hotline Service is provided to an Insured Person who sustained Injury resulting from an accident. The emergency advisory or referral services are available as follows:

- (1) Telephone medical advice or Referral appointment
- (2) Evacuation
- (3) Repatriation after treatment/Repatriation of mortal remains
- (4) Compassionate visit/Return of unattended dependent child
- (5) Arranging of hospital admission
- (6) Travel assistance

The Insured Person must provide the following information when contacting AXA Assistance : -

- (i) Insured Person's name and his/her passport or identity card number
- (ii) Policy number and inception date of the Policy
- (iii) The name of the place and the telephone number where AXA Assistance can reach the Insured Person or his/her representative, and
- (vi) A brief description of the Accident and the nature of the assistance required

EXTENSIONS

This Policy extends to cover full terrorism as defined below:

“Nuclear, Chemical, Biological Terrorism” shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

“Chemical” agents shall mean any compound, which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants, or material property.

“Biological” agent shall mean pathogenic (disease producing) micro-organism(s) and/or biological produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

SCALE OF PERMANENT DISABLEMENT BENEFITS

Description	Percentage (%) (applies to the sum insured in the Schedule)
Permanent Total Disablement: a) Loss of two limbs b) Loss of both hands or of all fingers and both thumbs c) Total and permanent loss of sight of both eyes d) Total paralysis e) Injuries resulting in being permanently bedridden f) Loss of hand at wrist g) Loss of arm - at shoulder; between shoulder and elbow; at and below elbow h) Loss of leg - at hip; between knee and hip; below knee	100
Loss of - four fingers and thumbs of one hand	50
- four fingers of one hand	40
Loss of thumb - both phalanges	25
- one phalanx	10
Loss of index finger - three phalanges	15
- two phalanges	10
- one phalanx	5
Loss of middle finger - three phalanges	10
- two phalanges	7
- one phalanx	3
Loss of ring finger - three phalanges	10
- two phalanges	7
- one phalanx	3
Loss of little finger - three phalanges	10
- two phalanges	7
- one phalanx	3
Loss of metacarpals - first and second (additional)	3
- third, fourth or fifth (additional)	2
Loss of toes - All	15
- great, both phalanges	5
- great, one phalanx or any other toes	2
Loss of hearing - Both ears	75
- One ear	20
Loss of speech	50
Loss of - sight of one eye, except perception of light and/or loss of lens of one eye	50
Third Degree Burns	
Area Damage as a % of Total Body Surface Area	
Head Equals to or greater than 2% but less than 5%	50
Equals to or greater than 5% but less than 8%	75
Equals to or greater than 8%	100
Body Equals to or greater than 10% but less than 15%	50
Equals to or greater than 15% but less than 20%	75
Equals to or greater than 20%	100

- In the event of Permanent Disablement by Loss not specified above, the percentage of compensation shall be assessed in proportion to the degree of disability as compared with the cases specified without reference to the profession or occupation of the Insured Person.
- The total aggregate sum payable in respect of any one accident shall not exceed 100% of the Sum Insured.
- Where an Insured Person sustains disablement which falls within more than one category for which a Benefit may be payable, payment will be made under the category with the higher (or highest) Benefit only. In particular, if a Benefit is payable for Loss of a whole member of the body, then no Benefit shall be payable for Loss of parts of that member.

POLICY EXCLUSIONS (these Exclusions are applicable to all Sections of the Policy)

We will not pay for claims directly or indirectly arising from:-

1. Self-inflicted injuries or any attempt thereat while sane or insane.
2. Insurrection declared or undeclared war or any warlike operations, military or naval service in time of declared or undeclared war or while under the orders for warlike operations, radioactive contamination whether direct or indirect or restoration of public order.
3. Participation in a riot, committing an assault or felony, drinking under the influence of alcohol.
4. The Insured Person engaging or participating in any speed contest or racing other than on foot, any professional sports, dangerous activities or sports, including underwater activities necessitating the use of underwater breathing apparatus.
5. Air or ship crew, professional divers and professional sportsmen.

GENERAL CONDITIONS

1. Liability

We will have no liability to pay any benefits under this Policy if you or any Insured Person:

- (a) fail to fully and truthfully disclose to us, all material information known (or which could reasonably be expected to be known), before inception of this Policy and upon each renewal;
- (b) fail to properly observe and fulfil the terms and conditions of this Policy;
- (c) make any untrue statement;
- (d) omit, suppresses or incorrectly states any material information affecting the risk;
- (e) make any claim that is fraudulent or exaggerated, or makes any false declaration or statement in support of a claim.

2. Changes in Circumstances

If there is any change in circumstances affecting the risk, you must give us immediate written notice and pay any additional premium that we may require. In particular, you must notify us of any changes in occupation/business or Country of Residence of any Insured Person.

3. Misstatement of Age

If at the correct age an Insured Person would not have been eligible for Cover under this Policy, no benefit shall be payable, and our liability shall be limited to the refund of the premium paid without interest.

4. Taking Precautions

You and all Insured Persons must at all times take reasonable precautions to prevent accidents.

5. Automatic Termination

- (a) Cover under this Policy for any particular Insured Person shall automatically terminate on the earliest happening of the following events:
 - (i) on the death of such Insured Person; or
 - (ii) upon such Insured Person ceasing to satisfy any of the eligibility requirements set out in the Policy; (provided that if an Insured Person satisfies the age eligibility requirement at the commencement of the Period of Insurance, his/her Cover shall not automatically terminate when he/she attains a higher age during that Period of Insurance).
- (b) Termination of Cover for an Insured Person with his/her Spouse as an Insured Person shall automatically terminate the entire cover under the Policy.

6. Payment of Benefits

Any benefits payable under this Policy shall be paid to the Insured Person or to the Insured Person's Estate or to the Insured Person's legal representative. If, upon your instruction, benefits are to be paid to any other person, and noted in an Endorsement, we shall be at liberty to pay the benefits to such person. Any payment made by us in accordance with this condition shall in all cases finally and completely discharge us of all our liability.

7. Expenses Covered by Other Sources

This condition applies to the payment of benefit on a reimbursement or indemnity basis. If you or any Insured Person becomes entitled to a refund or reimbursement of all part of claimed expenses from any other source, or if there is in place any other insurance against the events covered, we will only be liable for the excess of the amount recoverable from such other source or insurance.

8. Subrogation

We shall at any time be entitled to undertake in the same name and on behalf of an Insured Person the absolute conduct, control, defence and/or settlement of any settlement of any proceedings, and at any time to take proceedings at our expense and own behalf, but in the name of the Insured Person, to recover compensation or secure indemnity from any third party in respect of anything covered under this Policy. The Insured Person shall cooperate fully with us in this respect, and shall not do anything to prejudice our rights.

9. Claim Procedures

- (a) Written notice shall be given to us or our appointed representatives as soon as possible and in any event within thirty (30) days of the occurrence of any event, which may give rise to a claim under this Policy.
- (b) A claim form obtainable from us upon request shall then be submitted to us within 30 days after the expiry of the period for which the claim is made, accompanied by the necessary supporting evidence of the occurrence, character and extent of loss.
- (c) All certificates, receipts, information and evidence required by us shall be supplied free of expense to us, in the form prescribed by us.

- (d) Failure to comply with the time and procedure stipulated for the making of a claim in this clause shall invalidate the claim and no benefit shall be payable under this Policy.
- (e) We shall have the right and the opportunity through our medical representatives to examine any Insured Person whenever and as often as may be reasonably required within the duration of any claim. In addition, we shall have the right to require an autopsy in the case of death, where this is not forbidden by law or religious beliefs. We will bear the expenses incurred in such examinations, unless the claim is proven to be invalid in which case we shall be entitled to recover all the expenses so incurred from you.

10. Legal Proceedings

No legal proceeding may be commenced against us prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirement of this Policy. If the Insured Person shall fail to supply the requisite proof of loss as stipulated by the term of the Policy, the Insured Person may, within a grace period of one (1) calendar year from the time that the written proof of loss should have been furnished, submit the relevant proof of loss to us with cogent reasons for the failure to comply with Policy terms. The acceptance of such proof of loss shall be at our sole and entire discretion. After such grace period has expired, we will not accept for any reason whatsoever, such written proof of loss.

11. Mediation/Arbitration

All disputes arising out of this Policy may be submitted to the Financial Industry Disputes Resolution Centre Ltd for settlement by mediation in accordance with the mediation procedure for the time being in force, if the parties so agree. The parties agree to take part in the mediation in good faith and undertake to honor the terms of any settlement reached. If any dispute is not referred to mediation or if the mediation fails, the dispute has to be referred to arbitration. Arbitration shall be conducted in accordance with the Arbitration Rules of the Singapore International Arbitration Centre.

12. Applicable Law

This Policy shall be governed by and interpreted in accordance with the laws of Singapore.

13. Rights of Third Parties

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

14. Non-Assignment

This Policy is non assignable. We shall not be affected by notice of any trust, charge, lien, assignment or other dealing with this Policy.

15. Alterations

We reserve the right to amend the terms and provisions of this Policy, and such amendment will be applicable from the next renewal of this Policy. No alteration to this Policy shall be valid unless approved in writing by our authorized representative and reflected in an Endorsement. No broker or agent has the authority to amend or to waive any of the terms and conditions of this Policy.

16. Currency Exchange Rates

Payment of all claims and benefits will be made in Singapore currency. Charges incurred in any other currency shall be payable in Singapore Dollars on the basis of the quoted exchange rate in effect on the date such charges were incurred.

17. Clerical Error

A clerical error by us shall not invalidate insurance otherwise validly in force, nor continue insurance otherwise not validly in force.

18. Subsisting Insurance

An Insured Person may be covered under one **SmartCare theOne** Policy. Should an Insured Person try to obtain cover under more than one policy, Cover will only be effective under the **SmartCare theOne** Policy with the earliest issue date and the Insured Person shall not be covered under any other **SmartCare theOne** policies issued subsequently, and any premiums paid under such policies shall be refunded without interest.

19. Sanction Clause

Under no circumstances shall this insurance contract be deemed to provide Cover and no liability be incurred to pay any claim or provide any benefit hereunder to the extent that the provision of such Cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition, or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or Singapore.

20. Illegality Clause

Under no circumstances shall this contract of insurance be deemed to provide cover and no liability be incurred to pay or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would cause Us to be in breach of, or expose Us to any prohibition, or restriction under the laws or regulations of Singapore.

SPECIAL CONDITIONS

A. APPLICABLE TO ANNUAL POLICIES ONLY

1. Policy Renewal

This Policy is renewable at our option, subject to underwriting requirements being fulfilled and at the premium rates determined at that time by us. An application for change of benefits to a different plan can only be made at renewal and is subject to our acceptance at that time.

2. Cancellation/Termination of Cover

- (a) You have the right to cancel this Policy at any time by giving written notice to us. If no claim has been made during the current Period of Insurance, we will grant you a pro-rated refund of the total premium paid corresponding to the unexpired Period of Insurance subject to a minimum premium of S\$107 (inclusive of GST).
- (b) You have the right to terminate Cover for any Insured Person at any time by giving us written notice. If no claim has been made during the current Period of Insurance, you will be granted a pro-rated refund of the premium paid in respect of that Insured Person corresponding to the unexpired Period of Insurance subject to a minimum premium of S\$107 (inclusive of GST).
- (c) We have the right to cancel this Policy or any section or part of it by giving you thirty (30) days' written notice and upon cancellation, you will be granted a pro-rated refund of the total premium paid corresponding to the unexpired Period of Insurance.

B. APPLICABLE ONLY IF THE POLICYHOLDER IS AN INDIVIDUAL

1. Payment Before Cover Warranty

- (a) Notwithstanding anything herein contained but subject to sub-clauses (b) and (c) hereof, it is hereby agreed and declared that the total premium due must be paid and actually received in full by us (or the intermediary through whom this Policy was effected) on or before the inception date ("the inception date") of the coverage under the Policy, Renewal Certificate, Cover Note or Endorsement.
- (b) In the event that the total premium due is not paid and actually received in full by us (or the intermediary through whom this Policy was effected) on or before the inception date referred to above, then the Policy, Renewal Certificate, Cover Note and Endorsement shall be deemed to be cancelled immediately and no benefits whatsoever shall be payable by us. Any payment received thereafter shall be of no effect whatsoever on the cancellation of the Policy, Renewal Certificate, Cover Note and Endorsement.
- (c) In respect of coverage with "Free Look" provision, you may return the original policy document to us (or to the intermediary through whom this Policy was effected) 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.

C. APPLICABLE ONLY IF THE POLICYHOLDER IS A BUSINESS OR COMMERCIAL ESTABLISHMENT

1. Premium Payment Warranty

- (a) Notwithstanding anything herein contained but subject to sub-clause (b) hereof, it is hereby declared and agreed that if the Period of Insurance is 60 days or more, any premium due must be paid and actually received in full by us (or the intermediary through whom this Policy was effected) within 60 days of the:-
- (i) inception date of the coverage under the Policy, Renewal Certificate or Cover Note;
or
 - (ii) effective date of each Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note.
- (b) In the event that any premium due is not paid and actually received in full by us (or the intermediary through whom this Policy was effected) within the 60-day period referred to above, then:-
- (i) the cover under the Policy, Renewal Certificate, Cover Note or Endorsement shall be deemed to be cancelled immediately after the expiry of the said 60-day period;
 - (ii) the deemed cancellation of the cover shall be without prejudice to any liability incurred within the said 60-day period; and
 - (iii) we shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$107 (inclusive of GST).
- (c) If the Period of Insurance is less than 60 days, any premium due must be paid and actually received in full by us (or the intermediary through whom this Policy was effected) within the Period of Insurance.

2. Holding Cover upon Renewal

Where at renewal a request is made to hold cover, the maximum period that cover can be held will be fourteen (14) days. If at the end of this period the Policy is cancelled or lapses for any reason whatsoever, you must pay us a premium for the number of days the Cover was held which will be calculated pro-rata on the renewal premium subject to minimum premium of S\$107 (inclusive of GST).

3. Condition Precedent

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

- (a) for the risk insured, the named insured has never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or
- (b) if the named insured has declared that it has breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months:
 - i) the named insured has fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy; and
 - ii) a copy of the written confirmation from the previous insurer to this effect is first provided by the named insured to us before cover incepts.

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Co. Reg. No.: 199903512M



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 GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).