



# MYANMA INSURANCE

627/635, Merchant Street,  
Yangon, Myanmar.  
POLICY NO. 3057698

Phone No. : 379088,384880,379696,250152  
Fax No : 095-1-387247  
Email : md-mi@mminsurace.gov.mm  
: myanmarins@mptmail.net.mm

ITALIAN AGENCY FOR DEVELOPMENT COOPERATION  
MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

## BENEFIT SCHEDULE

ELIGIBLE EXPENSES	Plan S4			
<b>CORE BENEFITS</b> (All figures are is USD)				
<b>HOSPITAL &amp; RELATED SERVICES</b> (Annual Limit per Insured Person)	20,000			
(1) <b>Hospital Treatment &amp; Services</b>				
In-hospital accommodation per day (Room & Board)	50			
In-hospital accommodation per day (Intensive Care Unit)	75			
Hospital Miscellaneous Services (per disability)	600			
Surgery Treatment } Cancer treatment (in-patient and out-patient) }				
Kidney dialysis (in-patient and out-patient) }				
Casualty ward accident and emergency services }	In Full			
Specialist and diagnostic services (within 60 days of hospital admission) }				
Post-hospital follow-up treatment (up to 90 days after discharge) }				
Local ambulance services }				
Accident dental treatment }				
(2) <b>OUTPATIENT BENEFITS</b> (Annual Limit per member)	500			
General Practitioner (GP) services (Maximum per visit) (including prescribed drugs)	20			
Specialist Practitioner (SP) services (Maximum per visit) (including prescribed drugs)	35			
Outpatient laboratory, x-ray and diagnostic services (including CT, PET & MRI scans)(Maximum per visit)	125			
Area of Cover	Myanmar & Thailand			
<b>ANNUAL PREMIUM RATE</b>	Plan S4			
Below 18	425.00			
18 - 24	359.00			
25 - 29	442.00			
30 - 34	457.00			
35 - 39	469.00			


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BENEFIT SCHEDULE

ANNUAL PREMIUM RATE	Plan S4			
40 - 44	483.00			
45 - 49	552.00			
50 - 54	621.00			
55 - 59	713.00			
60 - 64	807.00			
ANNUAL PREMIUM RATE (VOLUNTARY)	Plan S4			
N.A.	N.A.			

All other terms and conditions of this Policy remain the same.

For & on behalf of  
 Myanma Insurance

  
 Khin Mar Cho  
 Deputy General Manager





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ENDORSEMENT NO. (E2)

POLICY NO. 3057698

ITALIAN AGENCY FOR DEVELOPMENT COOPERATION

MYGLOBAL BENEFITS GROUP PERSONAL ACCIDENT INSURANCE POLICY

Notwithstanding anything contained in this Policy to the contrary, it is hereby declared and agreed that with effect from 13 Sep 2019, the following shall apply:

A) ELIGIBILITY

All Active Full-Time Employees Below Age 65 and based in Myanmar.

B) BASIS OF SUM ASSURED

All Employees - USD10,000 each

All other terms and conditions of this Policy remain the same.

For & on behalf of  
Myanma Insurance

Khin Mar Cho  
Deputy General Manager





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ENDORSEMENT NO. (E2)

POLICY NO. 3057698

ITALIAN AGENCY FOR DEVELOPMENT COOPERATION

MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

Notwithstanding anything contained in this Policy to the contrary, it is hereby declared and agreed that with effect from 13 Sep 2019, the following shall apply:

A) ELIGIBILITY

All Employees Below Age 65 at the time of enrolment and residing in Myanmar.

B) BASIS OF COVERAGE

Plan S4 - All Employees

All other terms and conditions of this Policy remain the same.

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Myanma Insurance

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Deputy General Manager





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ENDORSEMENT NO. (E3)

POLICY NO. 3057698

ITALIAN AGENCY FOR DEVELOPMENT COOPERATION

MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY


Notwithstanding anything contained in this Policy to the contrary, it is hereby declared and agreed that with effect from 13 Sep 2019, the following shall be incorporated under DEFINITIONS:

**Per Disability**

means all complications and conditions arising from the same Illness or bodily injury caused by an Accident provided that if a recurrence or relapse of such complications or conditions occur after 30 days following the latest discharge from Hospital, it shall be considered as a new disability.

All other terms and conditions of this Policy remain the same.

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ENDORSEMENT NO. (E3)

POLICY NO. 3057698

ITALIAN AGENCY FOR DEVELOPMENT COOPERATION

MYGLOBAL BENEFITS GROUP PERSONAL ACCIDENT INSURANCE POLICY

Notwithstanding anything contained in this Policy to the contrary, it is hereby declared and agreed that with effect from 13 Sep 2019, the annual premium rate per USD1,000 Sum Assured shall be USD2.00.

All other terms and conditions of this Policy remain the same.

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ENDORSEMENT NO. (E4)

POLICY NO. 3057698

ITALIAN AGENCY FOR DEVELOPMENT COOPERATION

MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

Notwithstanding anything contained in the Policy to the contrary, it is declared and agreed that with effect from 13 Sep 2019, COVERED BENEFITS, Item 1(i) Hospital & Related Services is hereby deleted and replaced by the following:

## COVERED BENEFITS

### 1. HOSPITAL & RELATED SERVICES

#### (i) Hospital Treatment Services

##### **In-Hospital Accommodation (Room and Board)**

In the event that an Insured Person is confined in the Hospital, the Company will pay the Daily Room and Board charges up to the maximum amount specified in the Benefit Schedule.

##### **In-Hospital Accommodation (Intensive Care Unit)**

In the event that an Insured Person is confined in the Intensive Care Unit of the Hospital, the Company will pay the Daily Room and Board charges up to the maximum amount specified in the Benefit Schedule.

##### **Hospital Miscellaneous Services**

If an Insured Person is in Hospital Confinement, the Company shall also pay for any of the following services rendered or materials supplied by the Hospital, provided they are rendered or supplied at Reasonable and Customary charges. The amount payable shall not exceed, in aggregate, the limit shown in the Benefit Schedule.

1. Use of Operating room;
2. Drugs and Medicines consumed whilst in Hospital Confinement;
3. Dressings, Ordinary Splints and Plaster Casts;
4. Laboratory Examinations;
5. Electrocardiograms;
6. Basal Metabolism Tests;
7. Physical Therapy;
8. Anaesthesia and Oxygen and their administration
9. X-ray Therapy, Radium Therapy, Radium and Isotopes;
10. X-ray Examinations;
11. Intravenous Infusions;
12. Administration and the cost of Blood or Blood Plasma;
13. In-Hospital Doctor Consultation



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## Surgery Treatment

A surgical benefit equal to the sum actually charged for any operation performed by one or more Physician shall be payable, provided that the maximum benefit for all surgical operations performed shall not exceed the maximum Surgical Benefit shown in the Benefit Schedule.

All other terms and conditions of this Policy remain the same.

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## MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

GROUP NO. : 3057698  
NAME OF ASSURED : ITALIAN AGENCY FOR DEVELOPMENT COOPERATION  
Policy Commencement Date : 13 Sep 2019

You, the Assured, have requested **MYANMA INSURANCE**, whose business address is at 627/635, Merchant Street, Yangon, Myanmar, to pay the benefits as provided by this Policy to the person(s) entitled under the terms and conditions of this Policy.

We have signed this Policy on the Date of Issue in consideration of Your payment of the necessary premiums and this Policy will take effect on the Policy Commencement Date.

For & on behalf of  
Myanma Insurance

Khin Mar Cho  
Deputy General Manager



## MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

GROUP NO. : 3057698  
NAME OF ASSURED : ITALIAN AGENCY FOR DEVELOPMENT COOPERATION  
Policy Commencement Date : 13 Sep 2019

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We have signed this Policy on the Date of Issue in consideration of Your payment of the necessary premiums and this Policy will take effect on the Policy Commencement Date.

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# MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

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## MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

### DEFINITIONS

When used in this Policy, the following terms will have the meanings shown below:

**The Company, We, Our, Us**

means Myanmar Insurance

**Assured, You, Your**

means the entity named as the policyholder in the Policy Schedule.

**Accident**

means bodily injury caused solely by violent, accidental, external and visible means and not by sickness, disease or gradual physical or mental process.

**Actively at Work**

means reporting at the assigned place of work and performing all the regular duties of his employment or being on approved annual leave for reasons other than on medical grounds.

**Annual Deductible**

means the accumulative total amount of medical expenses incurred by an Insured Person during any one Policy Year in excess of which the Policy will indemnify or compensate the Insured Person for medical expenses covered by the Policy.

**Application Form**

means the forms You signed to apply for this Policy from Us, including any written statement, representation or document given to the Company which contains information We relied on in issuing this Policy.

**Approved Hospital**

means a Hospital approved by the Company to provide treatment for which a benefit may be payable under the Policy.

**Area of Cover**

means the countries in which the Insured Person will be covered. Subject to the terms of this Policy, Zone 1 under this Policy offers world-wide coverage including the United States of America while all other Zones under this Policy offer world-wide coverage excluding the United States of America.

**Dependant**

means the Eligible Person's :

- (a) legal spouse below sixty-five (65) years of age who is not divorced or legally separated from the Eligible Person at the Policy Commencement Date and at any Renewal Date; or
- (b) co-habitant below sixty-five (65) years of age at the Policy Commencement Date and at any Renewal Date; and/or
- (c) unmarried and unemployed child between a day old and twenty-four (24) years of age at the Policy Commencement Date or at any Renewal Date,

whom We have agreed in writing to be eligible to participate in this insurance coverage under this Policy.

**Due Date**

means the date of commencement or renewal of cover as shown on the Schedule or the date on which any subsequent, annual payment of premium falls due.

**Effective Date**

means:

- (a) the date on which We accept the Insured Person's insurance coverage under this Policy after We have underwritten and accepted the Insured Person's application; or
- (b) the date the Insured Person is first deemed to be Actively at Work after We have underwritten and accepted the Insured Person's application,

whichever is later.



## MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

### **Eligible Person**

means:

- (a) Your full-time and permanent employee at the Policy Commencement Date or at any Renewal Date below age 65 who is a citizen of Myanmar or a foreign national living outside his or her Home country; and
- (b) whose relevant information You have provided Us and whom We have agreed in writing to be eligible to participate in the insurance plan under this Policy.

### **Emergency Medical Complaint**

means a medical condition resulting from an Accident, or any sudden beginning or worsening of a severe illness that :

- (a) presents an immediate and serious threat to the Insured Person's health and
- (b) requires immediate medical attention by a Physician

### **Home Country**

means the country declared on the Application Form under the heading "Nationality". This is the country to which the Insured Person will return to if he or she wishes to make a claim for repatriation. The Home Country of the Eligible Person's Dependant(s) will be deemed to be the same Home Country as declared for that Eligible Person in the Application Form.

### **Home Country Cover**

means insurance cover provided by the Policy in the Insured Person's Home Country

### **Hospital**

means an institution which is legally licensed as a medical or surgical hospital in the country in which it is located. It must be under the constant supervision of a Physician. This does not include any entity which is primarily a place for alcoholics or drug addicts, a nursing, rest or convalescent home or a home for the aged or any other similar establishment.

### **Illness**

means a physical condition marked by pathological deviation from the normal healthy state.

### **Injury**

means bodily injury caused solely and directly by an Accident.

### **Inpatient**

means a person admitted to a Hospital for treatment and for which the Hospital makes a daily room and board charge. It also includes admission of any duration for the purpose of surgery and any preparation and procedure in connection with the surgery without incurring any room and board charge.

### **Insured Person**

means any Eligible Person or Dependant , as applicable, who is covered under this Policy.

### **Medically Necessary**

means those services and supplies provided by a Physician to identify or treat an Injury or Illness which has been diagnosed or is reasonably suspected to be, and are:

- (a) consistent with the diagnosis and treatment of the Insured Person's condition;
- (b) according to standards of good medical practice;
- (c) required for reasons other than for the convenience of the Insured Person or Physician; and
- (d) the most appropriate supply or level of service which can be safely provided to the Insured Person.

### **Physician**

means a person who is legally qualified in medical practice following attendance at a recognised medical school, to provide medical treatment and licensed by the competent medical authorities of the country in which treatment is provided but who should not be the Insured Person or the relative, sibling, spouse, child , parent of the Insured Person.



## MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

### **Policy Commencement Date**

means the date from which this Policy becomes effective.

### **Policy Period**

means a period of one (1) year starting from:

- (a) Policy Commencement Date for the first Policy Period; or
- (b) the RenewalDate

unless otherwise agreed in writing between Us.

### **Policy Year**

means a period of 12 months starting from original inception (start) date for this Policy and each consecutive 12-month period for which this Policy is renewed.

### **Pre-Existing Conditions**

means any injury, illness, condition or symptom:

- (a) for which treatment, or medication, or advice, or diagnosis has been sought or received or was foreseeable by You or the Insured Person prior to the commencement of the Policy for the Insured Person concerned, or
- (b) which originated or was known to exist by You or the Insured Person prior to the commencement of the Policy whether or not treatment, or medication, or advice, or diagnosis was sought or received.

### **Renewal Date**

means the anniversary date of the Policy Commencement Date or such other dates as may be agreed in writing between Us.

### **Reasonable and Customary Charges**

means charges for medical care which We or Our medical advisers consider to be reasonable and customary if they are within general level of charges being made by other care providers of similar standing in the locality where the charges are incurred when giving like or comparable treatment, services or supplies to individuals of the same gender and of comparable age for a similar disease or injury.

### **Schedule**

means the Schedule to this Policy headed "Policy Schedule" which sets out key terms like the name of the Assured, the Insured Persons, the Benefits and the Policy Limits.

### **Serious Medical Condition**

means, for the purpose of interpreting Emergency Medical Evacuation cover, a condition which in the opinion of the Company or its authorised representatives constitutes a serious or life threatening medical emergency requiring immediate evacuation to obtain urgent remedial treatment in order to avoid death or serious impairment to an Insured Person's immediate or long-term health prospects. Unless agreed otherwise by the Company it does not mean any circumstances in which the Insured Person is capable of travelling without a medical escort. The seriousness of the medical condition will be judged within the context of the Insured Person's geographical location and the local availability of appropriate medical care or facilities.

### **Specialist**

means a qualified and licensed Physician, possessing the necessary additional qualifications and expertise to practice as a recognised specialist of diagnostic techniques, treatment and prevention, in a particular field of medicine like psychiatry, neurology, pediatrics, endocrinology, obstetrics, gynaecology and dermatology.

### **Usual Country of Residence**

means the country in which the Insured Person usually lives as stated in the Application Form or any other country which We are asked to substitute as the Insured Person's new Usual Country of Residence so long as :

- (a) We are informed in writing of any such permanent change\* in the country where the Insured Person usually lives and
- (b) We confirm Our agreement to continue insuring the Insured Person under this Policy on such terms as We think are appropriate subject to the laws of the new Usual Country of Residence.



## MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

\* The **Insured Person** is deemed to make a permanent change in his or her Usual Country of Residence if that Insured Person lives or intends to live in the other country for more than three (3) consecutive months.

**Waiting Period(s)**

means the period(s) of time (specified in the Schedule) from the Effective Date of the Insured Person's insurance coverage under this Policy during which this Policy does not cover any treatment made necessary by any cause.



## MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

### GENERAL CONDITIONS

It is an important part of Our contract that You observe the following General Conditions:

**1. Eligibility**

All Eligible Persons and Dependants are eligible for insurance coverage under this Policy subject to Our approval.

**2. Geographical Scope**

This Policy covers the Insured Persons in the Area of Cover as stated in the Policy Schedule on a twenty-four (24) hour basis.

The Insured Person shall, wherever possible, seek treatment in the specified Area of Cover except for any treatment for an Emergency Medical Complaint as stated under the **Emergency Treatment in the United States of America** benefit of this Policy.

**3. Co-ordination of Benefits**

The Policy will only provide compensation on a proportionate basis if the Insured Person has any other insurance in force or is entitled to indemnity from any other source in respect of the same Accident, Illness, death or expense. We have full rights where permitted by law to take proceedings in Your or the Insured Person's name, but at Our expense, to recover for Our benefit, the amount of any payment We have made under the Policy.

**4. Co-operation**

We will have no liability under this Policy unless You and/or the Insured Person do all of the following:

- (a) co-operate fully with Us and Our medical advisers;
- (b) fully and faithfully disclose all material facts and matters which the Insured Person knows or ought to know; and
- (c) upon Our request sign any document to empower the Company to obtain relevant information, at the Insured Person's expense, from any doctor or Hospital or other sources.

**5. Material Changes**

We must be informed immediately in writing of any material change in information or circumstances whether relating to occupation, business, sporting activity or Usual Country of Residence (including if this is the Insured Person's Home Country) affecting You or any Insured Person. Provided the laws of the new Usual Country of Residence (including if this is the Insured Person's Home Country) allow, We will continue cover for the Insured Person on terms and conditions, including premium rates, We consider appropriate because of the material change in circumstances.

**6. Commencement of Coverage**

All Eligible Persons and Dependants will be covered under the Policy on the Effective Date of insurance coverage under the Policy for that respective Eligible Person or Dependant.

If an Eligible Person or Dependant is in hospital confinement on the date which insurance coverage is to be effective, coverage will not become effective until the respective Eligible Person or the Dependant, is discharged.

**7. Data Required**

If this Policy is administered on the named basis, You are required to furnish Us full particulars showing the Insured Person's name, sex, occupation, identity card number or Passport number, date of birth, medical plan, Home Country, Usual Country of Residence, Effective Date, the date of termination of insurance coverage and change in benefits. You are required to notify Us in writing within three (3) months of any addition of new or deletion of Insured Persons under this Policy. We shall charge or refund proportionate premium as may be appropriate.

You are required to furnish Us all information and documents which We may reasonably require with regards to any matters pertaining to this Policy. We will not be liable for any errors or omissions arising directly or indirectly from any errors or omissions in any information or documents so furnished by You or the Insured Person(s). Your records, as may in Our opinion have a bearing on the insurance coverage provided under this Policy, must be made available for inspection by Us at any reasonable time at Your cost. You are required to give Us immediate notice of any change in the nature of Your business and pay any additional premium that may be required by Us.





## MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

### 8 Renewal

The Policy can be renewed for a further term of one (1) Policy Period on each Renewal Date subject to the terms and conditions of the Policy. At each yearly renewal of the Policy, We have the right to vary the terms, conditions and exclusions of the Policy and the applicable premium rates by giving You thirty (30) days' advance written notice.

### 9 Termination of Policy

The Policy may be terminated with effect from any Renewal Date by either party by giving the other thirty (30) days' notice in writing of its intention not to renew the Policy, subject to Clause 11 of this Section.

We reserve the right to terminate this group Policy and offer individual coverage if there are two (2) or less employees insured as the Insured Persons under this Policy on any Renewal Date.

In the event of war (declared or undeclared) or any act of war (whether or not there has been a declaration of war), We reserve the right to terminate this Policy by notifying You and the date of termination shall be determined at Our sole discretion.

### 10 Termination of Insured Person's Coverage

An Insured Person's cover under this Policy shall terminate automatically on the date any one of the following events first occurs:

- (a) the entire Policy is terminated as provided in Clause 9 of this Section;
- (b) when the Insured Person is an Eligible Person and when he or she resigns, retires or terminates his or her employment with You. For the avoidance of doubt, any Dependant's insurance coverage under this Policy will terminate upon the respective Eligible Person's resignation, retirement or termination of employment with You;
- (c) When the Dependant who is a spouse reaches age 70 or when the Dependant is divorced or legally separated from the Eligible Person, whichever is earlier;
- (d) When the Dependant who is a child reaches twenty-four (24) years of age or when the child gets married or becomes employed at the end of the Policy Period, whichever is earlier;
- (e) Upon request of cancellation of an Insured Person's coverage under this Policy by You;
- (f) Non-payment of premium after the Premium Due Date as provided in Clause 12 if this Section; or
- (g) The Insured Person, who is a citizen or permanent resident (or equivalent) of the USA, returns to the USA for three (3) consecutive months or more.

### 11 Cancellation

You may cancel the Policy with effect from any Renewal Date by giving Us thirty (30) days' notice in writing of the intention not to renew the Policy. The cover on all Insured Persons will cease on that Renewal Date.

If You cancel this Policy during any Policy Period, We will charge premiums for the period of insurance coverage based on the following Short Period Premiums :

Period of Insurance	Short Period Premium
Up to 1 week	1 month
More than 1 week and up to 1 month	3 months
More than 1 month and up to 2 months	4 months
More than 2 months and up to 3 months	6 months
More than 3 months and up to 4 months	7 months
More than 4 months and up to 6 months	9 months
More than 6 months and up to 8 months	10 months
More than 8 months	Full Premium

### 12 Subrogation

If You receive reimbursement of any medical costs from a third-party in relation to the transmission of the Human Immuno Deficiency Virus (HIV) to the Insured Person through blood transfusion, You shall reimburse Us any benefit paid by Us under this Policy in relation to the transmission of HIV to the respective Insured Person through blood transfusion up to the total amount of benefits paid by Us or the total amount of reimbursement received from the third party, whichever is lower.



## MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

### 13 Premium Warranty

Any premium due must be paid by You and actually received in full by Us within the time frame stipulated below :

- (a) Where the premium is payable on an annual basis, either thirty (30) days from the Policy Commencement Date or Renewal Date; or thirty (30) days from the date of the premium tax invoice issued by Us, whichever is later; or
- (b) Where the premium is payable other than on annual basis,
  - (i) either thirty (30) days from the Policy Commencement Date or Renewal Date; or thirty (30) days from the date of the premium tax invoice issued by Us, whichever is later, for the first premium of each Policy Period; or
  - (ii) On the agreed premium payment due dates for subsequent premiums.

Where You have confirmed to renew this Policy but has not provided Us with the complete data necessary for the renewal of this Policy by the Renewal Date, We shall issue a premium tax invoice stating the estimated renewal premium payable by You for the next Policy Period. The payment of such estimated renewal premium shall be made with the period stated above.

In the event any premium due is not paid to Us within the Premium Warranty Period stated above, We reserve the right to terminate this Policy from the expiry of the Premium Warranty Period and We will be discharged from all liabilities except for any liability incurred before that date. We will be entitled to charge premium for the time the insurance coverage was provided based on the Short Period Premium rates provided in Clause 11 of this Section.

### 14 Misstatement of Age

If the age of any Insured Person has been misstated and the premium paid as a result is insufficient, any claim payable under this Policy shall be pro-rated based on the ratio of the actual premium paid to the correct premium which should have been charged for the entire period of Insurance. Any excess premium that may have been paid as a result of any misstatement of age shall be refunded without interest. 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 total premium paid without interest.

### 15 Age

For the purpose of determining premiums payable, an Insured Person's age shall be based on his/her age as at his or her last birthday.

### 16 Fraud

If any claim shall in any respect be false or fraudulent or if fraudulent means or devices are used by the Insured Person or anyone acting on his or her behalf to obtain benefit under this Policy, the Policy will be cancelled immediately and all benefits and premiums under the Policy shall be forfeited.

### 17 Assignment

You or the Insured Person have no rights to assign this Policy or any Insurance coverage effected under this Policy.

### 18 Applicable Law

The terms and conditions of this Policy shall be governed by and construed, determined and enforced in accordance with the laws of the Singapore.

### 19 Currency

Payment of all claims and benefits will be made in the currency in which this Policy is effected based on the prevailing exchange rate used by Us on the date the claim(s) is processed.

### 20 Exclusion of Rights Under the Contracts (Rights of Third Parties) Act

A person who is not a party to this Policy shall have no right under the Contracts (Right of Third Parties) Act (and any subsequent amendments or replacement of this Act) to enforce any of its terms.



## MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

### EXTENT OF COVER

The Policy will pay up to the Annual Limits and sub-limits stated in the Schedule for medical or other covered expenses as defined and required as a direct result of the Insured Person suffering an Accident, illness, death or any other covered event.

We will pay any benefits due under this Policy either to the Insured Person or the providers of covered medical, transportation or other services whose official receipt to pay that benefit will discharge Us from the liability We have under the Policy. Only the usual Reasonable and Customary Charges in the geographical area where covered treatment or services are provided will be paid.

Satisfactory Proof of Claim must be submitted in all cases, and We may appoint independent administrators to settle claims on Our behalf.

### LIMITS OF LIABILITY

The Company's liability is limited in amount to the sub-limits which the Schedule says applies to each item or type of cover provided.

The Annual Limit per Insured Person stated in the Schedule is the maximum amount recoverable under the Policy as a whole in respect of any one Insured Person during any one Policy Year.

If benefits are properly claimable after the date of termination or non-renewal of the Policy, the amounts payable shall be calculated as if the expenses had been incurred wholly during the preceding Policy Year.

### DEDUCTIBLE

A Deductible is the amount of a claim which has to be borne by the Insured Person before the relevant benefits are payable under this Policy.

An Annual Aggregate Deductible is the accumulative total amount of medical expenses incurred by an Insured Person during any one Policy Year in excess of which the Policy will indemnify or compensate the Insured Person for medical expenses covered by the Policy. The Annual Aggregate Deductible is calculated on a Policy Year basis. The Annual Aggregate Deductible applicable for each Policy Year is aggregated from the start of that Policy Year and shall apply to all medical claims in that Policy Year. Should the Policy be renewed, the Annual Aggregate Deductible for that Policy Year shall apply.

In order to claim for any expense in excess of the Deductible, the Insured Person must be able to substantiate that incurred expense said to fall within the Deductible would have been covered by the Policy if the Deductible were not applied.

The deductible amount and the items of cover to which it applies are stated on the Schedule.



## MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

### COVERED BENEFITS

The following Benefits are available. Not all of them may apply in respect of Your Policy.

Please refer to the Schedule to determine the cover actually provided to the Insured Person concerned.

#### 1. HOSPITAL & RELATED SERVICES

(i) **Hospital Treatment & Services**

All Medically Necessary treatment and services provided by or on the order of a Physician to the Insured Person when admitted as a registered in-patient to a Hospital.

Cover includes Hospital accommodation up to the cost of a standard private class single-bed air conditioned room categorised as a standard private in that Hospital, meal charges, general nursing services, diagnostic, laboratory or other Medically Necessary facilities and services, physician's / surgeon's / anaesthetist's or physiotherapist's fees, operating theatre charges, intensive care unit charges, specialist consultations or visits and all drugs, dressings or medications prescribed by the treating Physician for in-hospital use. We do not pay for the costs of non-Medically Necessary goods or services including such items as telephone, television and newspapers.

For the avoidance of doubt, if the Insured Person was admitted to any luxury suite or special room that may be available at that Hospital, cover under this Policy shall be up to the cost of a standard private class single-bed air conditioned room categorised as a standard private in that Hospital.

(ii) **Cancer Treatment**

Charges for treatment of an Insured Person for cancer irrespective of whether such treatment is received as a registered in-patient or as an outpatient at a registered cancer treatment centre.

(iii) **Kidney Dialysis Treatment**

Charges for treatment of an Insured Person for kidney dialysis irrespective of whether such treatment is received as a registered in-patient or as an outpatient at a legally registered dialysis centre.

(iv) **Physiotherapy Treatment**

Charges for physiotherapy treatment of an Insured Person which is received as a registered in-patient at a Hospital.

(v) **In-Patient Psychiatric Treatment**

We will pay for the costs of psychiatric treatment received as in-patient in a psychiatric unit of a Hospital after the Insured Person has been insured under this Policy for a continuous period of 10 months. All treatment must be administered under the direct control of a registered psychiatrist.

(vi) **Day Surgery**

The cover provided by the Hospital Treatment & Services benefit extends to include Day Surgery. Day Surgery means all Medically Necessary surgical procedures and related treatments provided by or order of a Physician to the Insured Person at a hospital.

We do not pay for non surgical procedures and related treatment.

(vii) **Casualty Ward Accident & Emergency Services**

Services provided to the Insured Person as an outpatient in a Hospital Casualty Ward immediately following an Emergency Medical Complain or Accident.

(viii) **Specialist and Diagnostic Services**

Charges by Specialist and Laboratory, X-ray or other Medically Necessary diagnostic procedures ordered by a Physician and which within sixty (60) days of being carried out, result in the Insured Person being admitted as a registered in-patient to a Hospital for the treatment of the specific medical condition diagnosed, provided that such medical condition is covered by the Policy.

(ix) **Post-Hospital Follow-up Treatment**

The Medically Necessary follow-up treatment ordered by a Physician to be rendered for up to ninety (90) days from the Insured Person's discharge from Hospital and in total for any one claim



## MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

or disability. Cover is restricted to follow-up treatment of the specific medical condition for which the Insured Person received in-hospital treatment covered by the Policy.

- (x) **Hospital Accommodation for accompanying parent of Insured child**  
Accommodation charges incurred by one parent sharing the Hospital room of an Insured child under eighteen (18) years old, where the latter is treated for Illness or Injury at a Hospital, as an in-patient for a period.
- (xi) **Local Ambulance Services**  
The Medically Necessary transportation of the Insured Person by road ambulance to a local Hospital. Cover extends to include local transportation of the Insured Person between airports and/or home and/or Hospitals by taxi or other suitable modes of transport for the purpose of receiving in-patient Hospital treatment covered by the Policy.
- For the purpose of this clause, "local" means within the country in which the Insured Person is in when he requires the service.
- (xii) **Emergency Treatment in the United States of America**  
Charges for an Emergency Medical Complaint occurring during short period business or holiday travel (not exceeding three (3) consecutive months per trip) in the USA will be covered for Insured Persons, including those who are citizens of the USA, whose Area of Cover under this Policy excludes the USA. This benefit is available to those whose Area of Cover under this Policy includes the USA whereby the three (3) month requirement set out above will not apply. We will not cover any costs for treatment provided in a Hospital unless the hospitalization begins within twenty-four (24) hours after the Emergency Medical Complaint arose.
- (xiii) **Accident Dental Treatment**  
Dental treatment required to restore or replace sound natural teeth lost or damaged in an Accident and for which treatment was received within fourteen (14) days following the Accident.
- (xiv) **Home Nursing following Hospitalisation**  
Following discharge from Hospital, cost of a full-time or part-time services of a State registered or Government-licensed nurse in the Insured Person's home so long as all of the following apply:
- it is prescribed by a Physician for the continued treatment of the specific medical condition for which the Insured Person was hospitalised, and
  - is essential for medical as distinct from domestic reasons.
- Cover is limited to a maximum period of twenty-six (26) weeks in any one Policy Year and in total for any one claim or event.
- (xv) **Daily Hospital Cash**  
If an Insured Person is admitted to Hospital as a non-paying in patient, where the treatment received is free of charged and covered within the terms under this Policy, We will pay the Insured Person a daily hospital cash benefit up to the sub-limits stated in the Benefit Schedule and for a maximum of thirty (30) days Per Disability.

### 2. ORGAN TRANSPLANTATION

The cost of operations for the transplantation of the kidneys, heart, liver, lung or bone marrow where the Insured Person is the recipient.

We do not pay for the costs of acquiring the organ or expenses incurred by the donor. No other type of benefit insured by the Policy provides cover in connection with Organ Transplantation.

### 3. EMERGENCY MEDICAL EVACUATION AND REPATRIATION

This benefit applies while You are travelling:

- a) outside the Home Country or Usual Country of Residence on holiday or business not exceeding three (3) consecutive months per trip, and
- b) within the Home Country or Usual Country of Residence

but excluding war zones and countries where the prevailing conditions render evacuation impracticable.

The Company and its medical advisers reserve the absolute right to decide if the Insured Person's medical condition is sufficiently serious to warrant Emergency Medical Evacuation and/or Repatriation. The Company or its medical advisers shall also decide the place to which the Insured Person shall be



## MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

evacuated and the means by which the evacuation should be carried out, having regard to all the assessed facts and circumstances of which the Company is aware at the relevant time.

### (A) Emergency Medical Evacuation and Assistance

The cover under this Benefit Clause 3A is defined as:

#### (i) Emergency Medical Evacuation

We will only pay for evacuation or repatriation arrangements if it is prior approved and authorised by Our 24-hour Emergency Assistance Centre.

We will pay in full the Insured Person's reasonable transportation costs for him or her to be evacuated for in-patient treatment if the treatment he or she needs is covered under the Policy and is recommended by his or her doctor for medical reasons and is not available locally. This must be approved in advance by the 24-hour Emergency Assistance Centre. The Insured must provide Us with any information or proof that We may reasonably ask him or her to support his or her request.

We will only pay for the evacuation of the person requiring the treatment to the nearest place where the treatment is available. This could be another part of the country which he or she is in if this is appropriate. Please note that the nearest country may not be the Insured Person's Home Country.

#### (ii) Compassionate Travel

We will pay the expense, up to the cost of one economy class return airfare and all ancillary charges including accommodation, for one (1) person to join an Insured Person who becomes seriously ill while travelling alone outside the Home Country or Usual Country of Residence and so long as:

- The Insured Person has been or will be hospitalised in a Hospital for a period that is more than (seven(7) days and with Our prior approval
- We or Our medical advisers consider it necessary on medical grounds and/or to avoid the need for medical evacuation.

#### (iii) Return of Minor Children

The expense, up to the cost of economy class one way fares and usual ancillary charges, to return children who are left unattended to the Home Country or Usual Country of Residence as a result of the accompanying adult Insured Person's Accident, Illness, death, hospitalisation or medical evacuation covered by the Policy.

#### (iv) Dispatch of Medicines

The expense incurred by or on the order of the Company or its medical advisers to replace essential medical commodities for an Insured Person travelling outside the Home Country or Usual Country of Residence in circumstances where such commodities have been lost or stolen and no suitable replacements or substitutes are available locally.

### (B) Repatriation

The cover under this Benefit Clause 3B is defined as :

#### (i) Repatriation, Travel or Accommodation Expenses

We will pay the expense necessarily and unavoidably incurred in returning the Insured Person to the nearer of the Home Country or Usual Country of Residence following Emergency Medical Evacuation provided that such additional costs are Medically Necessary and approved in advance by Us or Our medical advisers. We will also pay reasonable transportation costs for one other person to travel or remain with the Insured Person during evacuation when this is considered necessary for medical reasons. We only pay for one repatriation per illness or injury.



## MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

### (ii) Repatriation or Local Burial of Mortal Remains

We will pay the expense of preparation and air transportation of the mortal remains of an Insured Person from the place of death to the Home Country or Usual Country of Residence, or the preparation and local burial of the mortal remains of an Insured Person who dies outside the Home Country or Usual Country of Residence. Within the stipulated Policy limit for this benefit, cover includes the cost of a single, economy class airfare for one (1) person accompanying the body back to the Home Country or Usual Country of Residence .

For the purpose of this clause "local" means within the country where the Insured Person died.

### (C) Emergency Medical Advice and Assistance

In emergencies, the Insured Person may call Our 24-hour Emergency Assistance Centre at (65) 6322 2567 any time for medical advice, and evaluation from the attending co-ordinator doctor in order to locate suitable medical services anywhere in the world or to provide referral to Physicians or Hospitals for personal assessment and/or treatment as medically appropriate,

You understand and agree for yourself and for each Insured Person that such telephone conversations cannot establish a diagnosis and must be considered as advice only.

The Emergency Assistance Centre will as far as its reasonably possible facilitate necessary Hospital admissions by confirming the extent of insurance cover, monitoring claims procedures and issuing appropriate guarantees in accordance with the Payment Guarantee condition of this Policy.

### (D) International Travel Assistance Services

While the Insured Person is travelling, the 24-hour Emergency Assistance Centre can provide the following administrative assistance and services:

- i) visa, immunisation, vaccination, special medication and weather information services prior to departure;
- ii) retrieval and redirection of lost luggage;
- iii) replacement and delivery of essential lost travel documents such as passport, travel tickets and credit cards; and/or
- iv) emergency message transmission and interpreting service.

You and the Insured Person understand and agree that any third-party fees or charges reasonably and properly incurred by the Company in the delivery of these services must be borne entirely by the Insured Person or You.

## 4. OUTPATIENT BENEFITS

Medically Necessary treatment provided to an Insured Person who is not a registered in-patient at a Hospital and defined as:

### (i) General Practitioner Services

If this benefit is stated on the Policy Schedule, We will pay for outpatient services provided by a Physician in his or her capacity as a general practitioner including the cost of prescribed drugs.

### (ii) Specialist Services

Outpatient services provided by or on the order of a Physician who is licenced and practices as a Specialist or Consultant in respect of the services rendered including the cost of prescribed drugs

### (iii) Outpatient Psychiatric Treatment

We pay for outpatient psychiatric treatment with a registered psychiatrist up to the sub-limits stated in the Schedule. This benefit is available after the Insured Person has been insured under this Policy for a continuous period of ten (10) months.

### (iv) Outpatient Laboratory, X-ray and Diagnostic Services

Laboratory, testing, radiographic and medical procedures including CT, PET and MRI scans used to diagnose or treat medical conditions. Such services must be provided by or ordered by a Physician.



## MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

- (v) **Prescribed Drugs**  
Drugs and medications which are Medically Necessary and legally restricted to the order of a Physician and prescribed for use by the Insured Person as an outpatient.
- (vi) **Prescribed Outpatient Therapies**  
We pay for treatment by a legally qualified physiotherapist, speech therapist or oculomotor therapist and provided the Insured Person has been referred for such treatment by a Physician.
- (vii) **Prescribed Medical Aids**  
Medical aids which are ordered by a Physician and Medically Necessary such as artificial limbs, hearing aids, rental or purchase of wheel chair.
- (viii) **Alternative Medicine**  
We pay for treatment by a qualified chiropractor, homeopath, osteopath, acupuncturist or Chinese medicine physician.

For the purpose of this clause, "qualified" means the person is fully trained, legally qualified, registered and licensed to practice in the country in which the treatment is provided but who should not be the Insured Person or the relative, sibling, spouse, child, parent of the Insured Person.

### 5. FLEXIBLE WELLNESS BENEFIT

We will reimburse the cost of health-related wellness claims subject to Our discretion and restricted to one invoice per Policy Period, including but not limited to, the costs of health screens, health spas, massages, reflexology, prescribed optical treatment (excluding refractive laser eye surgery including but not limited to LASIK procedures or related treatments), podiatry, dietician consultations, vaccinations, inoculations and health fitness programmes, including gym membership.

The above claims are subject to the Annual Limits applicable to the Insured Person as set out in Schedule.

### 6. MATERNITY BENEFIT (OPTIONAL COVER)

If You had opted for this benefit, as stated on the Policy Schedule, We will pay for medical expenses up to the Sub-Limit stated in the Schedule that the Insured Person incurs after having been covered under the Plan for ten (10) consecutive months before incurring the medical expenses.

Medical expenses include ante-natal care such as ultrasound scans, hospital charges, obstetricians' and midwives' fees for childbirth, post-natal care required by the Insured Person immediately following childbirth, secondary conditions brought about by pregnancy such as backache, high blood pressure, vaginal bleeding, nausea, and vomiting.

Standard nursery expenses for newborn children up to seven (7) days of age are covered under this Benefit.

No other type of Benefit under the Policy (except for Emergency Medical Evacuation services) provides any cover for expenses incurred in connection with maternity or childbirth.

### 7. DENTAL BENEFIT (OPTIONAL COVER)

If You had opted for this benefit, We will pay for dental expenses up to the Sub-Limit stated in the Schedule for routine and restorative dental treatment that the Insured Person incurs as follows:

- (a) Routine dental treatments including scaling, polishing, x-rays, compound fillings, tooth extractions, gum treatments, surgery for wisdom tooth extractions but only up to the Sub-limit per person per Policy Year as stated in the Schedule; and
- (b) Restorative dental treatments and prosthesis including surgery for removal of impacted tooth, removal of roots, crowning, root canal treatment, bridging new or repair of upper or lower dentures, implants but only up to the Sub-limit per person per Policy Year as stated in the Schedule, provided the Insured Person has been covered under this benefit for six (6) consecutive months before incurring the claimable dental expense.





## MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

### CLAIMS CONDITIONS

We will act in good faith in all Our dealings with You and the Insured Persons. You and the Insured Persons, in turn, must ensure that the following are observed:

**1. Notification of Circumstances that may give rise to a Claim**

If there are circumstances which will or may give rise to a claim on this Policy, You or the Insured Person must ensure that the following are adhered:

- The 24-hour Emergency Medical Assistance Centre We have appointed must be informed immediately if the Insured Person may require emergency medical evacuation or repatriation of mortal remains

**Telephone Number: (65) 6322 2567** or any other centre which We notify You of in writing

- Before an Insured Person begins treatment as a Hospital in-patient (except in cases of Accident or acute medical emergency), the Insured Person must notify the 24-hour Emergency Medical Assistance Centre immediately in writing of the intention to seek such treatment, with full details of the proposed treatment and the names and addresses of the Physician and Hospital concerned.
- In cases of Accident or acute medical emergency, written notification together with reasonably available supporting medical information must be submitted to Us within 48 hours of the event.

**2. Making a Claim**

If the Insured Person intends to make a claim, You and the Insured Person must in addition:

- complete Our Claim Form and submit them to Us before or as soon as possible after an Insured Person seeks covered Hospital in-patient treatment.

In respect of Our Claim Form:

- the Insured Person or the Insured Person's legal personal representative must complete all the questions in Section A and sign it;
- the treating Physician must complete all questions in Section B, affix his rubber stamp on the Claim Form and sign it;
- give Us all supporting medical information (including originals of all relevant documents and bills) within 90 days after the Hospital treatment begins or as soon as possible after such information is reasonably available, whichever is earlier. We will not accept photocopies of the relevant documents; and
- use a new Claim Form for each separate claim or course of treatment.

Failure to observe these Claim conditions, without any reasonable explanation, may invalidate a claim.

**3. Payment Guarantees & Direct Settlements**

When We are given adequate advance notice of a claim as provided in Claims Condition 1 above, We or the 24-hour Emergency Medical Assistance Centre will give You a confirmation of the extent of insurance benefits, monitor claims procedures, issue (wherever reasonably possible) appropriate Payment Guarantees and/or arrange direct settlement of the bills rendered by Hospitals, Physicians or other service providers.

We will not provide Payment Guarantees or direct settlements if neither We nor the 24-hour Emergency Medical Assistance Centre is contacted reasonably in advance with all relevant details as stated in Claim Condition 1 above.

Covered Outpatient Services are not subject to Payment Guarantees or direct settlement and must be paid by the Insured Person and reimbursed subsequently under the Policy.

If We make any payment under the Payment Guarantee or direct settlement which payment should have been made by the Insured Person, You shall reimburse the amount(s) paid by Us within thirty (30) days of being notified.



## MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

### 4. **Approved Hospitals**

The Company has made direct billing arrangements with many leading Hospitals and Physicians. Use of other Hospitals and Physicians will not invalidate a covered claim provided the Notification of Claim conditions of the Policy have been met and furthermore, that the Company's liability shall not exceed the level of charges that would have been made at such Approved Hospitals for providing similar treatment or services. The Company reserves the right to make appropriate reductions to the benefits payable in respect of treatment obtained from a Physician or Hospital which is not an Approved Hospital if the charges incurred are not considered to be Reasonable and Customary.

### 5. **Proof of Claim**

Original documentation and receipts together with a fully completed Claim Form signed by the treating Physician must be submitted to the Company within the time limits defined above and before Payment Guarantees for in-patient treatment can be made. Photocopies are not acceptable. If on the balance of medical fact or probability it is appropriate for the Company to decline a claim by virtue of the Pre-Existing Conditions Exclusion, the Insured Person shall have the right and obligation to produce such medical evidence as the Company may reasonably require to enable it to reconsider a claim under the Policy.

### 6. **Examinations**

The Company shall have the right and opportunity through its medical representatives to examine the Insured Person whenever and as often as it may reasonably require within the duration of any claim. In addition, the Company shall have the right to require a post mortem examination, where this is not forbidden by law.

### 7. **Legal Proceedings**

No action in law or equity shall be brought to recover under the Policy until after the expiration of sixty (60) days from the date Proof of Claim has been furnished in accordance with the Policy conditions. The parties have agreed that the Law of the country in which the Policy has been issued by the Company shall govern and control in the event of any conflict or dispute between the parties with regard to the Policy, and that the parties submit themselves to that exclusive venue and jurisdiction for the resolution of any such conflict or dispute.

### 8. **Arbitration**

Any difference of medical opinion in connection with the results of any Accident, Illness, death or expense will be settled between two medical experts appointed respectively in writing by the two parties to the dispute. Any difference of opinion between the two medical experts shall be referred to an umpire, who shall have been appointed in writing by the two medical experts at the outset.



## MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

### GENERAL EXCLUSIONS

The following treatment items, conditions, activities and their related or consequential expenses are excluded from the Policy and the Company will not be liable for them:

1. Pre-Existing Conditions as defined unless otherwise declared on the application form and expressly accepted by Us.
2. Routine medical examinations or check-ups, routine eye or ear examinations, vitamins and health supplements, vaccinations except as provided for under any benefit of this Policy, medical certificates, examinations for employment or travel, spectacles, contact lenses, cosmetic treatments and cosmetic surgery, all dental treatment or oral surgery related to teeth (except when such dental benefits are being covered under the policy), rest cures and services or treatment in any home, spa, hydro-clinic, sanatorium or long term care facility that is not a Hospital as defined.
3. Tests or treatment related to infertility, contraception, sterilisation, impotence, sexual dysfunction, birth defects, congenital illnesses, hereditary conditions or any abortion performed due to psychological or social reasons and consequences thereof.
4. Pregnancy or childbirth, including standard nursery expenses for newborn children except as provided for under any benefit under this Policy and/or when such benefits are shown in the policy Schedule.
5. Any Emergency Medical Evacuation expense :
  - related to pregnancy or childbirth except abnormal pregnancy or vital complication of pregnancy occurring within the first six (6) months of pregnancy which endangers the life of the Insured Person and/or any of her unborn children; and/or
  - any evacuation expense related to pregnancy or childbirth or miscarriage after the first six (6) months of pregnancy.
6. Prosthesis, corrective devices and medical appliances which are not surgically required; treatment by a family member; and all treatment that is not scientifically recognised by western European or North American standards except as defined and covered under Alternative Medicine.
7. All costs relating to cornea, muscular, skeletal or human organ or tissue transplant from a donor to a recipient and all expenses directly or indirectly related to organ transplantation (except as defined under the Organ Transplantation Benefit).
8. Treatment of self-inflicted injury, suicide, abuse of alcohol, drug addiction or abuse, psychological, emotional or mental problems or conditions (unless specifically covered by any benefit under this Policy), sexually transmitted diseases, and any treatment or test in connection with Human Immuno Deficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) or any HIV or AIDS related conditions or diseases excluding HIV due to blood transfusion .
9. Subject to Covered Benefits ,Clause (1)(xii) of this Agreement, treatment which the Insured Person has elected to receive in the USA except when the Insured Person's Area of Cover includes the USA.
10. Experimental or pioneering medical and surgical techniques not commonly available which the Insured Person chooses to receive elsewhere in the world even though treatment usually and customarily provided for the medical condition concerned is available within the Area of Cover of the Policy.
11. Additional Fees billed by a referring Physician for treatment given after the date on which an Insured Person has been referred to another Physician or Specialist.
12. Injury or illness while serving as a full-time member of a police or military unit and treatment resulting from participation in war, riot, civil commotion or any illegal act including resultant imprisonment.
13. Injury or illness sustained while the Insured Person has resided outside the pre-defined Area of Cover for more than three (3) consecutive months during the Policy Year;
14. Outpatient services except as defined under the Outpatient Benefits.
15. Hospital in-patient treatment if the Insured Person could have been properly treated for the condition as an outpatient.
16. Travel costs in respect of trips made specifically for the purpose of obtaining medical treatment unless in the course of an approved Emergency Medical Evacuation, and all Emergency Medical Evacuation costs which are not approved in advance by Us or Our appointed 24-hour Emergency Assistance Centre.
17. Hotel or non-Hospital accommodation costs except as provided for in the Policy.



## MYGLOBAL BENEFITS GROUP GLOBAL HEALTH POLICY

18. Rock climbing, mountaineering, pot-holing, skydiving, parachuting, hang-gliding, para-sailing, ballooning, all diving unless the person concerned has been duly qualified and certified as a diver by an internationally recognised diving organisation or unless such person is at the time of the happening of the event giving rise to a claim actually receiving diving instruction from a duly qualified and certified diving instructor, racing of any kind other than on foot and all professional or inherently dangerous sports unless declared to and accepted by Us in writing prior to the event giving rise to a claim.
19. Costs or treatment after a renewal date (Due Date) arising from Accident, Illness or death occurring during the previous Policy Year unless stated otherwise in this Policy or in any written communication from Us to You.
20. Costs or benefits payable under any legislation or corresponding insurance cover relating to occupational death, injury, illness or disease.
21. Costs arising under any legislation which increases the cost of medical treatment and services received by the Insured Person above charge levels which would be considered Reasonable and Customary in the absence of such legislation.
22. Any treatment or expense in respect of persons above seventy (70) years of age at the date of the onset of the event giving rise to a claim, unless We have prior to the start of cover for that Insured Person, agreed to cover such treatment.
23. The cost of transporting an Insured Person by means of Your own or leased watercraft or aircraft or the cost of medical treatment given by the following parties unless We agree in writing to meet such costs:
  - Your personnel or at Your medical facilities
  - by a third party under a contract between that third party and You
24. Costs arising out of any litigation or dispute between the Insured Person and any medical person or establishment from whom treatment has been sought or given, or any other costs not directly and specifically related to the payment of the medical expenses covered by the Policy.
25. Any loss or damage, cost or expense of whatever nature directly or indirectly caused by, resulting from or in connection with any of the following even though some other cause or event may contribute at same time or in any other sequence to the loss:
  - (a) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel ;
  - (b) the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component ; and/or
  - (c) any weapon of war employing atomic or nuclear fission and/or fusion or other like reaction of radioactive force or matter.
26. Treatment for any disease, Illness or injury resulting from war, invasion, acts of foreign enemies, hostilities, warlike operations (whether war is declared or nor), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military, usurped power, riot, acts of terrorism or any similar event, if one or more of the following apply:
  - (a) You have put yourself in danger by entering a known area of conflict where active fighting or insurrections are taking place;
  - (b) You were an active participant; and/or
  - (c) You have displayed a blatant disregard for personal safety.

If We say that because of this Exclusion, any loss, damage, cost or expense is not covered by this Policy the burden is on You to prove otherwise.

### **IMPORTANT**

**You are requested to read this Policy. If any error or mis-description is found, the Policy should be returned to the issuing office for correction.**



# MYANMA INSURANCE

627/635, Merchant Street,  
Yangon, Myanmar.

Phone No. : 379088,384880,379696,250152  
Fax No : 095-1-387247  
Email : md-mi@mminsurace.gov.mm  
: myanmarins@mptmail.net.mm

## MYGLOBAL BENEFITS GROUP PERSONAL ACCIDENT INSURANCE POLICY

GROUP NO. : 3057698  
NAME OF ASSURED : ITALIAN AGENCY FOR DEVELOPMENT COOPERATION  
Policy Commencement Date : 13 Sep 2019

Whereas the Assured has requested **MYANMA INSURANCE** whose business address is at 627/635, Merchant Street, Yangon, Myanmar ("the Company"), in accordance with and subject to the provisions of this Policy, to pay the benefits as provided by this Policy to the person or persons entitled hereto.

NOW THIS POLICY WITNESSETH AS FOLLOWS:

1. This Policy is issued by the Company in consideration of payment of the necessary premiums by the Assured and shall take effect on the Policy Commencement Date.
2. The Company shall pay the benefits as provided by this Policy to the person or persons entitled hereto in accordance with and subject to the attached provisions of this Policy PROVIDED all Supplementary Contracts, endorsements, schedules, or any amendments included at issue or thereafter shall form part of this Policy and both parties shall be bound by all such provisions.
3. For the avoidance of doubt, all currencies mentioned in this Policy shall refer to US Dollars unless otherwise stipulated.

IN WITNESS WHEREOF, the Company has caused this Policy to be executed as at its Date of Issue to take effect on the Policy Commencement Date.

For & on behalf of  
Myanma Insurance

Khin Mar Cho  
Deputy General Manager





## **MYGLOBAL BENEFITS GROUP PERSONAL ACCIDENT INSURANCE POLICY**

### **PART I - DEFINITIONS**

In this Policy where the context so admits, reference to the masculine gender shall include the feminine and neuter genders and vice versa and the following words and expressions shall have the following meanings: -

1. "Policy Commencement Date" shall mean the date from which the insurance coverage under this Policy becomes effective.
2. "Policy Period" shall mean a period of 1 year or such other periods as may be agreed in writing between the Assured and the Company, commencing from the Policy Commencement Date for the first Policy Period and from the respective Renewal Dates for subsequent Policy Periods.
3. "Renewal Date" shall mean the anniversary of the Policy Commencement Date or such other dates as may be agreed in writing between the Assured and the Company.
4. "Eligible Person" shall mean a full-time and permanent employee of the Assured who has not attained the age of 65 at the Policy Commencement Date or any Renewal Date and whose eligibility to participate in the insurance plan under this Policy has been agreed in writing between the Assured and the Company.
5. "Insured Person" shall mean any Eligible Person in respect of whom insurance coverage under this Policy has been effected.
6. "Effective Date" shall mean the date from which the insurance coverage under this Policy in respect of any Insured Person becomes effective.
7. "Insurance Period" shall mean the period for which the Insured Person is covered by insurance under this Policy.
8. "Sum Assured" shall mean the amount of insurance coverage effected under this Policy in respect of the Insured Person.
9. "Actively at Work" shall mean reporting for work at the place assigned by the Assured and performing, in the customary manner, all the regular duties of his employment with the Assured or being on entitled annual leave for reasons other than on medical grounds.
10. "Registered Medical Practitioner" shall mean a doctor, qualified by a degree in western medicine, who is legally and duly authorized to practice medicine and surgery in the geographical area of his country but does not include a medical practitioner who is the Insured Person himself, his relations, siblings, spouse, child or parent.
11. "Accident" shall mean an incident caused by accidental, violent, external and visible means. This includes suffocation by smoke, poisonous fumes, gas and drowning, provided that such event does not arise as a result of an Insured Person's willful and intentional act.
12. "Accidental Injury" shall mean any bodily injury caused solely and directly by Accident, and independently of any other cause, after the Effective Date of the insurance cover of the Insured Person, and such injury shall result in the death or disability of the Insured Person within 12 months from the date of the Accident.
13. "Loss" shall mean total, permanent and irrecoverable loss of use or loss by physical severance.
14. "Accidental Total and Permanent Disability" exists if, owing to Accidental Injury, the Insured Person is totally and permanently incapable, for a period of six (6) months and thereafter, to perform any occupation or work for remuneration or for profit.
15. "Accidental Partial Permanent Disability" exists if any of the occurrences in item 3 of the Schedule of Indemnities, Part III, happens.



## **MYGLOBAL BENEFITS GROUP PERSONAL ACCIDENT INSURANCE POLICY**

### **PART II - COMMENCEMENT & TERMINATION OF COVERAGE**

#### **Section 1 - Commencement of Coverage**

1. All Eligible Persons who are Actively at Work on the Policy Commencement Date shall be covered under this Policy on such date, unless otherwise notified by the Company.
2. All Eligible Persons who are not Actively at Work on the Policy Commencement Date shall not be covered under this Policy and shall only be covered on the date they are Actively at Work, unless otherwise notified by the Company.

#### **Section 2 - Termination of Coverage**

1. The insurance coverage in respect of an Insured Person will terminate on the occurrence of any of the following events, whichever is the earliest :-
  - A. When this Policy is terminated in accordance with Clauses 1C, 2A, 2B, 2C or 2D under Part V of this Policy.
  - B. When the Insured Person attains the age of 65.
  - C. When the Insured Person resigns, retires or terminates his employment with the Assured.
  - D. Once the Insured Person is on temporary leave of absence, vacation without pay, sick or injured for more than 6 months. Written notice shall be given to the Company within 14 days after the 6th month from the date the Insured Person was first on temporary leave of absence, vacation without pay, sick or injury.
  - E. Once 100% of the Sum Assured in respect of an Insured Person is paid out for that Policy Period, in no circumstances will the amount payable in respect of any Insured Person, whether as a result of one Accident or of a number of Accidents, exceed 100% of the Sum Assured under this Policy.

### **PART III - BENEFIT PROVISIONS**

#### **Section 1 - Benefits**

1. If while this Policy is in force, an Insured Person sustains an Accidental Injury and suffers from any of the results described in the Schedule of Indemnities, the Company shall, upon receipt and approval of proof, pay an indemnity according to the said Schedule.
2. For any permanent disability not specified in the Schedule of Indemnities (other than loss of sense of taste or smell for which no compensation shall be payable), the Company shall at its discretion pay an amount of compensation determined (without reference to the profession or occupation of the Insured Person) by comparison with the percentages shown in the said Schedule and in proportion to the degree of disability as assessed by the Company's medical advisers. The decision of the Company shall be conclusive and binding and shall not be subject to review.
3. If the consequences of the Accident (eg death, disability, dismemberment) have been aggravated by a disease or by an infirmity existing before the Accident or which occurred later without being itself an immediate result of the Accident, the indemnity will be paid only for the consequences which, according to medical experts, the Accident would have had if these diseases or infirmities had not existed before or had not occurred.



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	<b>Schedule of Indemnities</b> <b>The following must be caused by Accident or an Accidental Injury.</b>	<b>Percentage of Sum Assured (%)</b>
<b>1</b>	<b>Death due to an Accident</b>	100
<b>2</b>	<b>Accidental Total and Permanent Disability (Accidental TPD)</b> The occurrence of any of the following shall also be considered as Accidental TPD - Total and irrecoverable loss of sight of both eyes; - Loss or loss of use of both hands or legs at or above wrist or ankle; - Loss or loss of use of one hand and one foot -Total and irrecoverable loss of sight of one eye and loss or loss of use of one foot ; -Total and irrecoverable loss of sight of one eye and loss or loss of use of one hand;	100
<b>3</b>	<b>Accidental Partial Permanent Disability (Accidental PPD)</b> The occurrence of any of the following shall be considered Accidental PPD. - Loss of one limb. For the arm, this is from shoulder. For the leg, this is from the ankle joint and upward. - Loss of four fingers and thumb of one hand - Loss of four fingers three phalanges each - Loss of thumb - both phalanges - one phalanx - Loss of index finger - three phalanges - two phalanges - one phalanx - Loss of middle finger - three phalanges - two phalanges - one phalanx - Loss of ring finger - three phalanges - two phalanges - one phalanx - Loss of little finger - three phalanges - two phalanges - one phalanx - Loss of all toes of one foot – 2 phalanges for each toe - Loss of great toe - one phalanx - Loss of toes other than the great toe, if more than one toe is lost, each - Loss of hearing (excluding noise-induced Deafness) from A. Both ears B. One ear -Total and irrecoverable loss of sight of one eye -Loss of speech	70 50 40 25 10 15 8 4 10 4 2 10 4 2 7 3 2 17 5 3 75 15 50 50

### **Section 2 - Disappearance**

If while this Policy is in force, an Insured Person disappears as a result of the sinking or wrecking of the conveyance in which he was travelling at the time of the Accident and his body is not found within 1 year from the date of his disappearance, and there is sufficient evidence leading to the conclusion that the Insured Person sustained bodily injury which caused his death, the Company shall pay the Death Benefit in accordance with the Schedule of Indemnities. However, the person(s) to whom the benefit is paid shall sign an undertaking to refund such sum(s) so paid, to the Company, if the Insured Person is subsequently found to be living.





## **MYGLOBAL BENEFITS GROUP PERSONAL ACCIDENT INSURANCE POLICY**

### **PART IV - CLAIMS PROCEDURE**

#### **Section 1 - Notice and Proof of Claim/Loss**

1. Written notice of any claim must be given to the Company within 30 days after the date of Accident causing death or injury to the Insured Person.
2. Written notice given by or on behalf of the Insured Person to the Company with particulars sufficient to identify the Insured Person shall be deemed to be notice to the Company. Failure to furnish notice within the time provided in this Policy shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that such notice was given as soon as was reasonably possible.
3. All certificates, medical reports, information and evidence required by the Company shall be furnished at the expense of the Insured Person or the Insured Person's legal representative and shall be in such form and of such nature as the Company may prescribe. The Company shall have the right and opportunity to examine the Insured Person as and when and as often as it may reasonably be required pending any claim or the payment of any claims made under this Policy. The Company may also require the Assured to furnish at his expense evidence to establish the continuing health condition of the Insured Person and to show that the Insured Person is not engaged in any form of employment.
4. Any medical adviser of the Company or Registered Medical Practitioner acceptable to the Company shall be allowed to examine the Insured Person at the Insured Person's expense in such manner and at the times such medical adviser, Registered Medical Practitioner or the Company may require.
5. Proof of the date of birth of the Insured Person must be furnished to the Company before any claim will be admitted or payable. If the date of birth and/or age of any Insured Person notified to the Company is incorrect, the Company shall not be liable to pay more than the amount which would be payable under this Policy if the date of birth and/or age had been correctly stated.
6. The Company shall have the right and opportunity to require an autopsy to be performed in the event of death provided such autopsy is not forbidden by law.

#### **Section 2 - Settlement of Claim**

1. All benefits shall be paid only when the claim shall have been proven to the satisfaction of the Company and the total amount of compensation shall have been ascertained and agreed upon by the Company and Assured.
2. Any amount payable under this Policy will be paid by cheque to the order of the Assured, unless the Assured otherwise notifies in writing. Any payment so made shall effectively discharge the Company from any further liability in respect thereof.

### **PART V - GENERAL PROVISIONS**

#### **1. Grace Period**

- A. Any premium due must be paid and actually received in full by the Company within the time frame stipulated below ('Grace Period'):-
  - (i) Where the premium is payable on an annual basis, either 30 days from the Policy Commencement Date or Renewal Date; or 30 days from the date of the premium tax invoice issued by the Company (whichever is later).
  - (ii) Where the premium is payable other than on an annual basis,
    - (a) either 30 days from the Policy Commencement Date or Renewal Date, or 30 days from the date of the premium tax invoice issued by the Company (whichever is later) for the first premium of each Policy Period; and
    - (b) on the agreed premium payment due dates for subsequent premiums.



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- B. Where the Assured has confirmed its intention to renew this Policy but has not provided the Company with the complete data necessary for the renewal of this Policy by the Renewal Date, the Company shall issue a premium tax invoice stating the estimated renewal premium payable by the Assured for the next Policy Period. The payment of such estimated renewal premium shall be made within the Grace Period.
- C. In the event that any premium due is not paid to the Company within the Grace Period, the Company reserves the right to terminate this Policy from the expiry of the Grace Period and the Company shall be discharged from all liabilities under this Policy with effect from that date. However, the Company's liability under this Policy before such date will not be affected and the Company will be entitled to charge premium for the time the insurance coverage was provided based on the Short Period Rates stated in Clause 2C below.
- D. The Company shall not pay any benefits under this Policy against any claim until all premiums due have been paid.

### **2. Termination & Reinstatement of Policy**

- A. The Assured or the Company may terminate this Policy on any Renewal Date by giving at least 30 days' prior written notice of termination to the other party.
- B. The Company reserves the right to terminate this Policy on any Renewal Date if fewer than 3 employees are insured as the Insured Persons under this Policy.
- C. The Assured may terminate this Policy on a date other than on a Renewal Date but the Company shall charge premiums for that period of insurance coverage based on the following Short Period Rates: -

<b>Insurance Period</b>	<b>Short Period Rates</b>
Up to 1 week	1 Month
More than 1 week and up to 1 month	3 Months
More than 1 month and up to 2 months	4 Months
More than 2 months and up to 3 months	6 Months
More than 3 months and up to 4 months	7 Months
More than 4 months and up to 6 months	9 Months
More than 6 months and up to 8 months	10 Months
More than 8 months	Full Annual Premium

- D. Notwithstanding Clauses 2A or 2B under Part V of this Policy, the Company reserves the right to terminate this Policy at any time in the event of war (whether declared or undeclared) or act of war (whether or not there has been a declaration of war) by notifying the Assured; the date of termination being at the sole discretion of the Company.
  - E. Termination of this Policy or termination of insurance coverage in respect of any Insured Person shall be without prejudice to any claim filed by the Assured in accordance with Part V of this Policy, prior to such termination.
  - F. After termination of this Policy, the Assured may apply for reinstatement of this Policy which shall be subject to the consent of the Company and to the terms and conditions which the Company may impose including the payment of any premiums due and not paid together with interest at a rate to be decided by the Company.
  - G. If any premium is paid to the Company after the termination of this Policy or after the termination of the insurance coverage in respect of any Insured Person, the receipt by the Company of the premium shall not be deemed to be a continuation or reinstatement of this Policy or of the insurance coverage in respect of that Insured Person.
- ### **3. Renewal Privilege**

This Policy shall be renewed for a further term of one Policy Period on each Renewal Date subject to the agreement of the Company.



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### **4. Premium Rate**

The Company shall have the right to revise the premium rate payable by the Assured under this Policy (i) on any Renewal Date, or (ii) when there is a substantial change in the risks being insured against under this Policy.

### **5. Contract**

No agent or broker is authorized to alter or amend this Policy, or to extend the date for payment of premium. No change in this Policy shall be valid unless approved by the Company as evidenced by an endorsement, or by an amendment made on this Policy and signed by the Company.

### **6. Data Required**

- A. This Policy is administered on the named basis, the Assured shall furnish to the Company full particulars showing the Insured Person's name, sex, occupation, NRIC or Passport number, date of birth, nationality, country of residence, amount of insurance, Effective Date, the date of termination of insurance coverage and change in benefits. The Assured shall notify the Company in writing within three (3) months of any addition of new employees or deletion of employees as the Insured Persons under this Policy. The Company shall charge or refund proportionate premium as may be appropriate.
- B. The Assured shall furnish to the Company all information and documents which the Company may reasonably require with regard to any matters pertaining to this Policy. The Company shall not be liable for any errors or omissions on its part arising directly or indirectly from any errors or omissions in any information or documents so furnished. Such of the Assured's records as may in the opinion of the Company have a bearing on the insurance coverage provided under this Policy shall be made available for inspection by the Company at any reasonable time at the Assured's own cost.
- C. The Assured shall give immediate notice to the Company of any change in the nature of his business and pay any additional premium that may be required by the Company.

### **7. Full Disclosure**

All material facts and circumstances relating to any insurance coverage to be effected under this Policy in respect of any Insured Person, shall, up to the date full insurance coverage is provided to that Insured Person by the Company, be fully disclosed to the Company. Any non-disclosure, misrepresentation or fraud shall entitle the Company to avoid all liabilities existing under this Policy in respect of that Insured Person.

### **8. Legal/Beneficial Owner**

The Company shall treat the Assured as the absolute legal and beneficial owner of this Policy and shall not be bound to recognize any equitable or other claim or interest in this Policy.

### **9. Misstatement**

- A. If the age or date of birth or other relevant facts relating to any Insured Person shall be found to have been misstated and if such misstatement affects the scale of benefits or has anything to do with the provisions of this Policy, the true age and facts shall be used in determining whether insurance coverage is in force under the provisions of this Policy and the benefits payable therefrom and an equitable adjustment of premiums shall be made if necessary in the Company's absolute opinion.
- B. Where a misstatement of age or other relevant facts has caused a person to be insured under this Policy when he is otherwise ineligible for any insurance, or where such statement has caused a person to remain insured when he would otherwise be disqualified in accordance with the provisions of this Policy, his entire insurance coverage shall be void and there shall be a refund of premiums paid, provided always that where there is fraud on the part of the Assured or Insured Person, premiums paid shall not be refunded.



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### **10. Applicable Law**

This Policy, and all rights, obligations and liabilities arising hereunder, shall be construed, determined and enforced in accordance with the laws of the Republic of Singapore.

### **11. Action Against the Company**

No action at law or in equity shall be brought under this Policy against the Company prior to the expiration of 60 days after the proof of claim has been filed in accordance with the requirements of this Policy nor shall such action be brought at all unless it is brought within 2 years from the expiration of the period within which proof of claim is required under this Policy. If the Company shall disclaim liability for any claim under this Policy and no action has within 12 calendar months from the date of such disclaimer been commenced against the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable.

### **12. Arbitration**

All disputes arising out of this Policy shall be referred to the decision of an Arbitrator to be appointed in writing by the parties, or if the parties cannot agree upon a single Arbitrator, to the decision of two Arbitrators, one to be appointed in writing by each of the parties, and in case of disagreement between the Arbitrators, to the decision of an Umpire appointed in writing by the Arbitrators. The Umpire shall sit with the Arbitrators and preside at their meetings. The making of an award shall be a condition precedent to any right of action against the Company. If the Company disclaims liability for any claim made under this Policy and such claim is not within 12 calendar months from the date of such disclaimer referred to arbitration, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable.

### **13. Non-waiver**

- A. Notwithstanding any rule of law to the contrary, no act, omission or default or conduct of the Company shall in any event amount to a waiver of any of its rights under this Policy or at law, nor shall the Company in any event be estopped from relying on any of its rights under this Policy or at law.
- B. Notwithstanding any rule of law to the contrary, the acceptance of premium by the Company with the knowledge (implied or actual) of any non-disclosure, misrepresentation, fraud and/or breach of the provisions of this Policy shall in no event amount to a waiver of any of its rights under this Policy or at law, nor shall the Company be estopped from relying on any of its rights under this Policy or at law.

### **14. Conditions Precedent to Liability**

- A. On the happening of any Accident for which compensation is payable under this Policy, the Insured Person shall employ the services of a Registered Medical Practitioner and undergo any treatment such Registered Medical Practitioner shall deem necessary.
- B. The due observance and fulfillment of the provisions of this Policy in so far as they relate to anything to be done or complied with by the Assured or any Insured Person under this Policy and the truth of the statements and answers in the application form for insurance coverage in respect of any person or in respect of any claim shall be conditions precedent to any liability of the Company.

### **15. Assignment**

The Assured and Insured Person(s) shall have no right to assign this Policy or any insurance coverage effected under this Policy.

### **16. Variation of Provisions**

The Company reserves the right to add to or vary, from time to time, the provisions of this Policy upon giving to the Assured 30 days' prior written notice of its intention.



## **MYGLOBAL BENEFITS GROUP PERSONAL ACCIDENT INSURANCE POLICY**

### **PART VI - LIMITATIONS & EXCLUSIONS**

#### **Section 1 - Limitations**

1. The total amount of benefits payable in respect of an Insured Person in any one Policy Period shall not exceed, in aggregate, 100% of the Sum Assured.
2. No benefit shall be payable for any injury or disability which forms part of another injury or disability for which a greater amount of benefit is payable.
3. If an Insured Person sustains an Accidental Injury during the Insurance Period, the Company shall pay for that specific loss in accordance with the Schedule of Indemnities without reference to or taking into account any previous loss suffered by the Insured Person due to the same accident whether prior to or during the Insurance Period.
4. If the consequences of the accident have been aggravated by a disease or by an infirmity existing before the accident or which occurred afterwards without being itself an immediate result of the accident, the indemnity will be paid only for the consequences which, according to medical experts, the accident would have had if these diseases or infirmities had not existed before or had not occurred.

#### **Section 2 - Exclusions**

The insurance coverage under this Policy shall not cover any death, loss or disability directly or indirectly, wholly or partly, caused by or arising from, in consequence of or contributed by any one of the following occurrences: -

1. War or war-like operations (whether war be declared or not), civil war, mutiny, riot, insurrection, rebellion, revolution, military or usurped power, martial law or state of siege or any of the events or causes which determine the proclamation of maintenance of martial law or state of siege, invasions, hostilities, military uprising, civil commotion assuming the proportions of or amounting to a popular uprising, conspiracy, or any kidnapping and murder resulting from the aforesaid.
2. Any act of terrorism including but not limited to:
  - (a) The use of threat of force, violence;
  - (b) Harm or damage to life or to property (or the threat of such harm or damage) including, but not limited to, nuclear radiation and/or contamination by chemical and/or biological agents or by any person(s) or group(s) of persons, committed for political, religious, ideological or similar purposes, express or otherwise and/or to put the public or any section of the public in fear and/or to influence any government;
  - (c) Kidnapping and murder; or
  - (d) Any action taken in controlling, preventing, suppressing or in any way relating to the above.
3. Death or disability of injury due to:
  - (a) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; or
  - (b) the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component; or
  - (c) any weapon of wars employing atomic or nuclear fission and/or fusion or other like reaction of radioactive force or matter.
  - (d) nuclear radiation and/or contamination by chemical and/or biological agents or by any person(s), committed for political, religious, ideological or similar purposes, express or otherwise, and/or to put the public or any section of the public in fear.
4. Bodily injury intentionally self-inflicted (whether sane or insane) or due to gross negligence or suicide or attempted suicide.
5. Participation in criminal acts or felony, or any breach of the law by the Insured Person of any assault provoked by him.
6. Travelling in any type of aircraft other than as a fare-paying passenger on a regularly scheduled flight of a commercial airline.



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7. Claims arising from alcoholism or drug addiction or when under the influence of alcohol or drugs.
8. Any other act, activity or crime of violence of a criminal nature, whether in an active or a passive role and regardless of where in the world such act or activity may occur.