

Important:

This is a sample of the policy document. To determine the precise terms, conditions and exclusions of your cover, please refer the actual policy and any endorsement issued to you upon payment of premium for the policy.

Conditions for TRIBE-Child Illness

Table of Cover

Benefits		Maximum benefit (S\$) per insured person
Section 1	Death due to infectious disease or food poisoning	100% of sum assured, not exceeding S\$200,000
Section 2	Permanent disability due to infectious disease or food poisoning	100% of sum assured, not exceeding S\$200,000
Section 3	Medical expenses due to infectious disease or food poisoning (per incident)	2% of sum assured, not exceeding S\$4,000
Section 4	Treatment by a Chinese medicine practitioner for infectious disease or food poisoning (per incident)	1% of sum assured, not exceeding S\$2,000
Section 5	Daily income for infectious disease or food poisoning (per day; up to 365 days per policy year)	0.1% of sum assured, not exceeding S\$200
Section 6	Daily hospital income for juvenile disease (per day; up to 60 days per policy year)	0.1% of sum assured, not exceeding S\$200
Section 7	Daily hospital income for accidental allergic reaction (per day; up to 60 days per policy year)	0.1% of sum assured, not exceeding S\$200

Your Policy

This is **your TRIBE-Child Illness policy** and it contains details of benefits, conditions and exclusions relating to the **insured person**. The **policy** will form the basis on which **we** will settle all claims. It is only valid if **you** have paid the appropriate premium in full and **we** have issued **you** with a **policy schedule**.

Any statement, information or declaration **you** or the **insured person** have given on behalf of the **insured person** that are made through TRIBE by Income online application or over email to hello.tribe@income.com.sg at the time of **your** application, will form the basis of the contract.

The **policy schedule**, **table of cover** and any further **endorsements** are all part of the **policy**.

Who is Eligible

This **policy** is only available to **you** if:

- (i) **you**
 - are a Singapore Citizen or Singapore Permanent Resident;
 - are **age** between 18 years old and 61 years old; and
 - have fully paid **your** premium.
- (ii) **the insured person**

- is **your** natural or legally adopted child
- is a Singapore Citizen or Singapore Permanent Resident;
- is **age** between 15 days old and 17 years old; and
- is living in Singapore or away from Singapore for no more than 180 days at any one time.

Things to Remember

You and the **insured person** must reveal all facts **you** or the **insured person** know or ought to know which may affect the insurance cover that **you** are applying for. If not, this **policy** may not be valid.

We do not cover claims arising from **pre-existing medical conditions**.

You must not be an undischarged bankrupt and have not committed any act of bankruptcy within the last 12 months.

Definitions

Accidental means a sudden, unexpected event which happens during the **period of insurance**.

Allergic reaction is a hypersensitive immune response to substances that either enter or come in contact with the body and this medical condition has to be diagnosed by the medical practitioner during the **period of insurance**.

Age means age of last birthday.

Chinese medicine practitioner means a legally licensed herbalist, acupuncturist or bone-setter who is registered and can practise within the scope of their licence under the laws of the country. This cannot be **you, your family member, partner, business partner, employer, employee or agent**.

Community hospital means any approved community hospital under the relevant national laws and regulations that provides an intermediate level of care for individuals who have simple illnesses which do not need specialist medical treatment and nursing care.

Dental treatment means treatment necessary to restore sound and natural teeth and which is made necessary due to an **infectious disease**.

Endorsement means any written statement or notice we have issued to confirm and record changes to this **policy**.

Family member means the **policyholder's** or **your** husband or wife, children, parents, brothers and sisters, parents-in-law, brothers-in-law, sisters-in-law, grandparents, grandparents-in-law, daughters-in-law, sons-in-law or grandchildren.

Hospital means an establishment which is registered under the relevant national laws and regulations to care for and treat sick and injured people as bed-paying patients and which:

- has organised facilities for diagnosis, treatment and major surgery;
- provides nursing services by registered nurses 24 hours a day;
- is under the supervision of one or more **medical practitioners**; and
- is not mainly a clinic, a **community hospital**, a secure place to care for alcoholics or drug addicts, a nursing or rest or convalescent home or a home for the elderly or similar establishment.

Infectious disease means any of the following diseases which is diagnosed by a **medical practitioner** during the **period of insurance** and is supported by acceptable clinical, radiological, histological and laboratory evidence:

- Hand, foot and mouth disease (HFMD)
- Dengue fever (DHF)
- Avian influenza or 'bird flu' due to influenza A viral strains H5N1, H9N2, H7N7, H7N9, or H1N1
- Mumps
- Rubella
- Tuberculosis

- Measles
- Malaria
- Anthrax infection
- Yellow fever
- Plague
- Melioidosis or 'soil disease'
- Rabies
- Legionnaires' disease
- Chikungunya
- Nipah viral encephalitis
- Japanese viral encephalitis
- Variant Creutzfeldt-Jakob disease (vCJD) or 'mad cow disease'
- Severe acute respiratory syndrome (SARS)
- Middle east respiratory syndrome coronavirus (MERS-CoV)
- Zika virus

We will not cover any infectious diseases not listed above.

Insured person means the individual who is insured under this **policy**.

Juvenile disease means any **juvenile disease** listed in Appendix 1 attached.

Losing means permanent and total loss of use, or loss by having part of the body (as listed in the scale of compensation table) cut or torn off, as confirmed by **our medical practitioner**.

Losing hearing means permanent and total loss of hearing, as confirmed by **our medical practitioner**.

Losing a limb means permanent and total loss of, or loss of use of, a hand at or above the wrist or a foot at or above the ankle. This must be confirmed by **our medical practitioner**.

Losing sight means total and permanent loss of use of an eye which means the **insured person** is absolutely blind in that eye and which is beyond cure either by surgical or other treatment. This must be confirmed by **our medical practitioner**.

Losing speech means permanent and total loss of the ability to speak and which is beyond cure either by surgical or other treatment, as confirmed by **our medical practitioner**.

Medical practitioner means any person registered and legally qualified as a doctor by a medical degree in western medicine and authorised by the medical licensing authority of that country to provide medical or surgical service within the scope of their licence and training. The **medical practitioner** should not be **you, your family member**, partner, business partner, employer, employee or agent.

Period of insurance means the period of cover as shown in the **policy schedule**.

Permanently disabled or **permanent disability** means suffering from one of the items of disablement listed in the scale of compensation table in this **policy**, and which was caused by an **infectious disease**, as long as:

- the disability lasts for 12 months in a row from the date of diagnosis of the **infectious disease**; and
- **our medical practitioner** confirms that it is not going to improve after 12 months.

Permanent total disability means total disability caused by the contraction of an **infectious disease** that:

- will in all probability entirely prevent the **insured person** from working in any job for a salary or wage or stops the **insured person** from carrying out any business whatsoever for the rest of their life; and
- lasts for 12 months in a row from the date of diagnosis of the **infectious disease**; and
- **our medical practitioner** confirms that it is not going to improve after 12 months.

Policy means this document, including any information provided or declaration made by the **policyholder** for and on behalf of the **insured person** (or people), the **policy schedule**, the **table of cover** and any **endorsements** we have issued under this **policy**.

Policyholder means the person named and who has made a declaration on behalf of the **insured person** and paid the premium as shown in the **policy schedule**.

Policy year means a period of 1 year from the **start date** as shown in the **policy schedule**.

Pre-existing medical condition means any injury or **sickness**, or physical disability or problems including any complications which may arise:

- a which **you** or the **insured person** knew or should reasonably know about; including symptoms which existed before the **start date** of this **policy**;
- b which the **insured person** received diagnosis, consultation, medical treatment or prescribed drugs for within 12 months before the **start date** of this **policy**; or
- c for which the **insured person** have been asked to get medical treatment or medical advice by a **medical practitioner** within 12 months before the **start date** of this **policy**.

Pre-existing medical condition does not apply to the **infectious diseases** which the **insured person** have contracted and fully recovered from before the **start date** of this **policy**.

Policy schedule means the document which proves that **you** have the insurance cover, listing among other things, details of the **insured person** (or people), the **policyholder**, the plan type, and the **period of insurance** covered under this **policy**.

Prohibited person means a person or entity who is subject to laws, regulations or sanctions administered by any governmental or regulatory authorities or law enforcement in any country, which will prohibit us from providing insurance cover or paying any benefit.

Relevant person includes the **policyholder**, **insured person**, trustee, assignee, beneficiary, beneficial owner or nominee and mortgagee or financier.

Sickness means worsening physical health not caused by an **accident**, for which **you** need the treatment of a **medical practitioner**.

Start date means:

- The **start date** of the **policy term** as set out in the **policy schedule** under the relevant **policy**; or
- The date **we** issue an **endorsement** to this **policy**,

whichever is latest.

Sum assured means the **sum assured** corresponding to the period of coverage (during the **policy term**) set out in the **policy schedule** when the **insured person** suffers death due to an **infectious disease** or is certified by a registered **medical practitioner** to be **permanently disabled** due to an **infectious disease**.

Table of cover means the separate table showing the list of benefits **we** will pay **you** according to **your plan** while this **policy** is in force. It will depend on the terms, conditions, limits, exclusions and qualifications of this **policy**.

We, our, us, and NTUC Income means NTUC Income Insurance Co-operative Limited.

You, your and yours means the **policyholder** shown in the **policy schedule**.

Your plan means the plan (with specific limits) that **you** chose at the time **you** applied for this **policy**.

What Your Policy Covers

This **policy** will protect **you** financially when a death or **permanent disability** happens due to **infectious disease** during the **period of insurance**.

The amount **we** will pay depends on the conditions and maximum benefit limits of **your plan** as set out in the **table of cover**.

The **sum assured** for the **insured person** under this **policy** shall not exceed S\$200,000.

Main benefits

Section 1 – Death due to infectious disease

If the **insured person** contracts and is diagnosed with an **infectious disease** during the **period of insurance**, and due only to this **infectious disease** the **insured person** dies within 12 months from the date of diagnosis of the **infectious disease**, we will pay **you** up to the maximum limits as shown in the **table of cover**.

We will reduce any compensation due under this section by any payment which **we** have already made to **you** under section 2 for the same **infectious disease**.

What we do not pay under section 1

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 1 if:

- the death is caused directly or indirectly by **injury** or **sickness** (for example, a heart attack or stroke) and not by an **infectious disease**; or
- the death is caused directly or indirectly by any **pre-existing medical condition** which existed before the **start date** of the **policy**.

Section 2 – Permanent disability due to infectious disease

If the **insured person** contracts and is diagnosed with an **infectious disease** during the **period of insurance**, and due only to this **infectious disease** the **insured person** becomes **permanently disabled** within 12 months from the date of diagnosis of the **infectious disease**, we will pay **you** up to the maximum limits as shown in section 2 of the **table of cover** using the scale of compensation table as shown below.

Item	Description of disability	Percentage of sum assured as shown under section 2 in the table of cover of your plan
a	Permanent total disability	100%
b	Losing sight of both eyes	100%
c	Losing two limbs	100%
d	Losing sight of one eye, except perception of light	70%
e	Losing one limb	85%
f	Losing speech	50%
g	Losing hearing in both ears	50%
h	Losing four fingers and thumb of one hand	50%

We will not pay **you** any compensation if the disability is not listed in the scale of compensation.

The total of all percentages of the **sum assured** due under this section will not be more than 100% during any one **policy year**.

What we do not pay under section 2

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 2 if:

- the disability is caused directly or indirectly by **injury** or **sickness** (for example, a heart attack or stroke) and not by an **infectious disease**; or
- the disability is caused directly or indirectly by any **pre-existing medical condition** which existed before the **start date** of the **policy**.

Section 3 – Medical expenses due to infectious disease

- a** If the **insured person** contracts and is diagnosed with an **infectious disease** during the **period of insurance**, and need to get medical treatment, **we** will pay for the costs of medical, surgical, **hospital**, **dental treatment** and nursing fees, recommended or asked for by a **medical practitioner** for the **insured person** to be treated, up to the limit shown in the **table of cover** or up to a period of 12 months from the date of diagnosis of the **infectious disease**, whichever comes first.
- b** **We** will also pay for the reasonable costs of medical reports if **we** ask the **insured person** to provide **us** with the medical reports when a claim is made under section 3a. **You** can only claim under section 3b if **we** are also paying for the medical expenses for **infectious disease** cover under section 3a.

The total **we** will pay under sections 3a and 3b will not be more than the limit shown in the **table of cover** for any one **infectious disease**.

What we do not pay under section 3

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 3 if:

- the medical treatment is caused directly or indirectly by **injury** or **sickness** (for example, a heart attack or a stroke) and not by an **infectious disease**; or
- the medical treatment is caused directly or indirectly by any **pre-existing medical condition** which existed before the **start date** of the **policy**.

Section 4 – Treatment by a Chinese medicine practitioner for infectious disease

If the **insured person** contracts and is diagnosed with an **infectious disease** during the **period of insurance** and need to get treatment by a **Chinese medicine practitioner**, **we** will pay for the reasonable and necessary expenses for treatment by a **Chinese medicine practitioner**, up to the limit shown in the **table of cover** or up to a period of 12 months from the date of diagnosis of the **infectious disease**, whichever comes first.

The total **we** will pay under section 4 will not be more than the limit shown in the **table of cover** for any one **infectious disease**.

What we do not pay under section 4

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 4 if:

- the medical treatment is caused directly or indirectly by an **injury** or **sickness** (for example, a heart attack or a stroke) and not by an **infectious disease**; or
- the medical treatment is caused directly or indirectly by any **pre-existing medical condition** which existed before the **start date** of the **policy**.

Section 5 – Daily income for infectious disease

- a. If the **insured person** is staying in a **hospital** as an inpatient due to an **infectious disease**, **we** will pay the benefit as shown in the **table of cover** for each complete 24-hour period that the **insured person** stays as an inpatient in the **hospital**, for up to 365 days in each **policy year**. To avoid doubt, the inpatient stay in **hospital** must be during the **period of insurance**. This benefit will end once the **insured person** is discharged from the **hospital**. We will not pay this benefit if the inpatient stay in **hospital** is after the **period of insurance**.
- b. If the **insured person** is given medical leave of more than 7 consecutive days by a **medical practitioner** because of an infectious disease the **insured person** contracts, **we** will pay the benefit as shown in the **table of cover** for each day after the 7th day, for up to 365 days in each **policy year**. To avoid doubt, the medical leave must be during the **period of insurance**. This benefit will end once the medical leave certification has ended. We will not pay this benefit if the medical leave is after the **period of insurance**.

The medical leave certification must be in a single medical certificate, given on the **insured person's** first diagnosis to a **medical practitioner**. Any subsequent medical leave certification given after the first diagnosis shall not be considered for the computation of this benefit.

The total **we** will pay under sections 5a and 5b will not be more than the limit shown in the **table of cover** for any one **infectious disease**.

What we do not pay under section 5

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 5a if:

- the stay in **hospital** is directly or indirectly due to an **injury** or **sickness** (for example, a heart attack or a stroke) and not by an **infectious disease**; or
- the stay in **hospital** is caused directly or indirectly by any **pre-existing medical condition** which existed before the **start date** of this **policy**.

Besides the general exclusions listed in part 1 of the general conditions, we will also not pay any claims under section 5b if:

- the medical leave is directly or indirectly due to an **injury** or **sickness** (for example, a heart attack or a stroke) and not by an **infectious disease**;
- the medical leave is caused directly or indirectly by any **pre-existing medical condition** which existed before the **start date** of this **policy**
- the period of given medical leave is less than seven days in a row; or
- the claim is made for any subsequent blocks of medical leave when a claim has been made under this section for the same **infectious disease**.

Section 6 – Daily hospital income for juvenile diseases

If the **insured person** is staying in a hospital as an inpatient due to a **juvenile disease**, **we** will pay the benefit as shown in the table of cover for each complete 24-hour period that the **insured person** stays as an inpatient in the **hospital**, for up to 60 days in each **policy year**. To avoid doubt, the stay in **hospital** must be during the **period of insurance**. This benefit will end once the **insured person** is discharged from the **hospital**. We will not pay this benefit if the stay in **hospital** is after the **period of insurance**.

The definition of each **juvenile disease** covered and the circumstances in which a claim can be made are given in Appendix 1.

What we do not pay under section 6

Besides the general exclusions listed in part 2 of the general conditions, we will also not pay any claim under section 6 if:

- the stay in **hospital** is directly or indirectly due to an **injury** or **sickness** (for example, a heart attack or a stroke) and not by the **juvenile disease**;
- the **juvenile disease** is caused directly or indirectly by any **pre-existing medical condition** which existed before the **start date** of this **policy**; or
- the **insured person** suffered symptoms of, had investigations for, or was diagnosed with the **juvenile disease** before the **start date** of this **policy**.

Section 7 – Daily hospital income for accidental allergic reaction

If the **insured person** is staying in a **hospital** as an inpatient due to an **allergic reaction**, we will pay the benefit as shown in the **table of cover** for each complete 24-hour period, after the first 48 hours, that the **insured person** stays as an inpatient in the **hospital** for up to 60 days in each **policy year**. To avoid doubt, the stay in **hospital** must be during the **period of insurance**. This benefit will end once the **insured person** is discharged from the **hospital**. We will not pay this benefit if the stay in **hospital** is after the **period of insurance**.

What we do not pay under section 7

Besides the general exclusions listed in part 2 of the general conditions, we will also not pay any claim under section 7 if:

- the stay in **hospital** due to the **allergic reaction** is directly or indirectly due to an **injury** or **sickness** (for example, a heart attack or a stroke) and not by the **allergic reaction**;
- the stay in **hospital** is caused directly or indirectly by any **pre-existing medical condition** which existed before the **start date** of this **policy**; or
- the stay in **hospital** is less than 48 hours

General conditions which apply to the whole policy

1 Benefit extensions

Food poisoning

If the **insured person** suffers or dies from **accidental** food poisoning during the **period of insurance**, we will pay up to the limit described in the relevant section as shown in the **table of cover**. This extension is only valid if the event does not arise because of **your** or the **insured person's** deliberate act.

2 General exclusions

This **policy** does not cover claims directly or indirectly caused by or arising from:

- a the **insured person** deliberately injuring himself/herself, committing suicide or attempting suicide while sane or insane, the **insured person's** criminal act, provoked assault, deliberate acts or putting himself/herself in danger (unless trying to save human life); the effect or influence of alcohol or drugs;
- b mental problems or insanity;

- c illness, disease (except for **infectious disease, juvenile disease** and **allergic reaction** if applicable), bacterial or viral infections even if contracted **accidentally**;
- d sexually transmitted infections, human immunodeficiency virus (HIV) or any HIV-related illness including acquired immunity deficiency syndrome (AIDS) or any mutant derivatives or variations of this however they are caused;
- e medical or surgical procedure to treat the **insured person's sickness** unless it is caused by **infectious disease**, if applicable;
- f cosmetic (aesthetic) or plastic surgery or treatment, or any treatment which relates to or is needed because of previous cosmetic treatment but, this exclusion does not apply to reconstructive surgery if:
 - it is carried out to restore function or appearance after an **infectious disease**;
 - it is done at a medically appropriate stage after the **infectious disease**; and the cost of the treatment is approved by **us** in writing before it is done;
- g **pre-existing medical conditions** or **infectious disease** or physical problems which existed before the **start date of your policy**;
- h the consequences of war, revolution or any similar event;
- i radioactivity or damage from any nuclear fuel, material or waste;
- j the **insured person** failing to take reasonable efforts to avoid contracting the **infectious disease** and **allergic reaction** or to minimize claims under this **policy**;
- k **infectious disease, juvenile disease** and **allergic reaction** diagnosed within 14 days from the **start date** of this **policy**;
- l any **infectious disease** which has been announced as:
 - an epidemic by the health authority in Singapore or the Government of the Republic of Singapore; or
 - a pandemic by the World Health Organisation (WHO);in the affected countries, from the date of announcement until the epidemic or pandemic ends.

If **we** refuse to pay a claim as a result of any of the exclusions listed above and **you** disagree with **our** decision, **you** are responsible for proving that **we** are legally responsible for the claim. If any part of any exclusion is found to be invalid or **we** cannot enforce it, it will not affect the rest of the exclusions.

3 Cover

This **policy** covers the **insured person** while in Singapore and while outside Singapore for no more than 180 days in a row at a time from the date of departure from Singapore.

4 Changing this plan

We may change the cover, benefit, premiums, terms and conditions of this **policy** from time to time by way of an **endorsement**.

We may also discontinue the sale of any TRIBE-Child Illness policy at any time in the future. **We** will write to **you** at **your** last email address registered with **us** in the TRIBE by Income online application, at least 30 days before the above change or discontinuance is to take place.

You may switch to a higher premium option which will take effect on the next premium due date by making **your** application through TRIBE by Income or email hello.tribe@income.com.sg. **You** must disclose all material circumstances relating to the cover. **Your** application is subject to underwriting acceptance by **us** and **your** payment of all premiums due.

You may switch to a lower premium option which will take effect on the next premium due date by making **your** application through TRIBE by Income or email hello.tribe@income.com.sg.

You may cancel this **policy** which will take effect on the next premium due date by making **your** application through TRIBE by Income or email hello.tribe@income.com.sg.

5 Premium

The premium that **you** pay for this **policy** can change. If **we** change the premium for this **policy**, **we** will write to **you** at **your** email address registered in the TRIBE by Income online application, at least 30 days before the change is to take place, to notify **you** of the new premium.

Premium due date

- The first premium is due and payable upon completion of the online application made through TRIBE by Income.
- The subsequent premiums are due on the same day in the following calendar month of this **policy**.

Examples

- First premium is paid on 3rd September. Subsequent premiums will be due on 3rd October, 3rd November etc.
- First premium is paid on 31st December, subsequent premiums will be due on 31st January, 28th February (leap year, on 29th February), 31st March etc.

Upon complete of the first premium payment, the **policy schedule** will reflect:

- the amount of premium paid under this **policy**; and
- the **sum assured** payable under this **policy**

If any subsequent premium payment is not made, **you** will be given a grace period of 30 days. If the premium is not paid within the grace period, unless an extension of the grace period is agreed to by **us**, this **policy** will automatically terminate on the date where the grace period expires.

6 Renewal

If **we** do not receive any request to cancel the cover, **we** will continue to collect the premium for the next **policy term**.

We will renew the cover only if **we** receive the premium for the next **policy term**. If the cover is renewed, **we** will provide the new terms and conditions for the next **policy term** before the **start date** of the next **policy term**.

7 Cancellation

- We** can cancel this **policy** by giving **you** seven days' notice by writing to **your** last email address registered in the TRIBE by Income online application. **We** will consider that **you** have received this cancellation notice on the same day if **we** deliver the notice by email.
- We** will cancel this **policy** on the date the premium is due if **we** do not receive the premium due or **we** are not successful in taking the premium from the credit card after the grace period.

If **we** cancel this **policy** because the premium has not been paid, **you** may apply for a new **policy**. However, **your** application will depend on **us** accepting it based on **your** latest physical or medical conditions.

8 Paying benefits

We will pay the benefits listed in this **policy** only if **you** have:

- a met general condition 5; and
- b given **us** satisfactory proof of the claim.

Before **we** can pay the claim, **we** will first take from the claim amount any premium owed to **us**.

We will pay all benefits shown in the **table of cover** to **you** unless **you** die, in which case **we** will pay the benefits to **your** legal personal representative

When **we** pay the benefits as described above, **we** will have no further legal responsibility to **you** under this **policy** for the claim.

9 Misrepresentation

We will end this **policy** if **you** or the **insured person** misrepresent or misdescribe any circumstance which affects the **insured person's** health condition, country of residence or pursuits or any information which may affect **our** decision to accept **your** application.

10 Changes in circumstance

If there is any change in circumstances affecting the **insured person's** risk, **you** must give **us** immediate written notice and pay any extra premium that **we** may ask for. In particular, **you** must tell **us** about any change in the **insured person's** health condition or the country where the **insured person** is living in.

We can choose not to pay the claim if **you** have failed to inform **us** of any change in circumstances affecting the **insured person's** risk.

11 Fraud

You must not act in a fraudulent way. **We** will take the action shown below if **you**, or anyone acting for **you**:

- a make a claim under the **policy** knowing the claim to be false or fraudulently exaggerated in any way;
- b make a statement to support a claim knowing the statement to be false in any way;
- c send **us** a document to support a claim knowing the document to be forged or false in any way; or
- d make a claim for any **loss** or damage caused by **your** deliberate act or with the **insured person's** knowledge.

We may do the following.

- a **We** will not pay the claim.
- b **We** will not pay any other claim which has been or will be made under the **policy**.
- c **We** may declare the **policy** invalid.
- d **We** can recover from **you** the amount of any claim **we** have already paid under the **policy**.
- e **We** will not refund **your** premium.
- f **We** may not allow **you** to buy other policies from **us**.
- g **We** may report **you** to the police.

12 Reasonable care

The **insured person** must take all reasonable precautions to avoid an **infectious disease or allergic reaction** and take all practical steps to minimize claims.

13 Other insurance

If at the time of any incident which results in a claim under this **policy you** have another insurance covering the same loss, **we** will not pay more than **our** share.

(This does not apply to section 1 - death due to infectious disease, section 2 - **permanent disability** due to **infectious disease**, section 5 - daily income for **infectious disease**, section 6 - daily hospital income for **juvenile disease** and section 7 - daily hospital income for **accidental allergic reaction**).

14 Taking over your rights

We can take over any rights to defend or settle any claim and to take proceedings in **your** name to enforce **your** or **our** rights against any other person.

15 Claims conditions

- a **You** must tell **us** as soon as possible, and in any case within 30 days, about any event which may give rise to a claim under this **policy**, failing which **we** shall not be liable for the claim.
- b If **you** can recover all or part of the benefits from other sources, **we** will only pay **you** the amount that **you** cannot recover. (This does not apply to section 1 - death due to **infectious disease**, section 2 - **permanent disability** due to **infectious disease**, section 5 - daily income for **infectious disease**, section 6 - daily hospital income for **juvenile disease** and section 7 - daily hospital income for **accidental allergic reaction**)
- c **We** pay all claims in Singapore dollars. If **you** suffer a loss which is in a foreign currency, **we** will convert the amount into Singapore dollars at the exchange rate which **we** will decide on at the date of the loss.

16 What you need to provide when you send us your claim

You or **your** legal personal representative must supply all information, reports, original invoices and receipts, evidence, medical certificates, documents (such as translation of a foreign-language document into the English language), confirmed by oath if necessary, **we** may need before **we** assess **your** claim. **We** may refuse to refund any expense which **you** cannot provide original receipts or invoices for.

17 Free-Look period

We will give **you** 14 days from the date of issue of this **policy** to decide whether **you** want to continue with it. If **you** do not want to continue and there is no claim made under this policy, **you** may cancel this **policy** by submitting **your** request through TRIBE by Income online application or email to hello.tribe@income.com.sg. **You** will get a full refund of the premium paid, less any medical fees and other expenses such as payments for medical check-ups and medical reports incurred by **us**.

18 Ending the policy

The **policy** will end immediately when:

- a** **we** cancel this **policy** under general conditions 7 or 11
- b** the grace period for payment of premiums expires under general condition 5;
- c** **you** cancel this **policy** under general condition 4;
- d** **we** have paid 100% of the sum insured under section 1 or 2;
- e** **you** no longer satisfy any of the eligibility requirements set unless **we** have agreed in writing to provide cover;
- f** before entering into the **policy**, **you** or the **insured person** fail to reveal all facts **you** or he/she know or ought to know which may affect this **policy**; or
- g** **we** do not renew **your policy**.

19 Excluding third-party rights

A person or company who is not covered by this **policy** has no right under the Contracts (Rights of Third Parties) Act (Chapter 53B) to enforce this **policy**.

20 Currency and interest

All dollar amounts shown in the **policy** and **schedule** are in Singapore dollars (S\$). **We** will not add interest to any amount **we** pay under this **policy**.

21 Dealing with disputes

If **you** are not satisfied with **our** final decision on **your** claim, **you** shall refer the case to the Financial Industry Disputes Resolution Centre Ltd (FIDREC), an independent and impartial institution specializing in solving disputes between financial institutions and consumers. Their website address is: www.fidrec.com.sg

If the dispute cannot be referred to or dealt with by FIDREC, the dispute must be referred to and decided using arbitration in Singapore in line with the Arbitration Rules of the Singapore International Arbitration Centre which apply at that point of time. **We** will not be legally responsible under **your policy** unless **you** have first received an award under arbitration.

22 Prohibited Persons

If **you** are or any **relevant person** is found to be a **prohibited person**, **we** may immediately:

- declare this policy or the cover under this **policy** as invalid;
- cancel this policy and any or all cover under this **policy**;
- not make or suspend any transaction under this **policy**;
- refuse to pay any benefit to any **prohibited person**; and
- not **refund your** premium.

You must inform **us** of any changes to the identities, status, constitution, establishment, particulars and identification documents of the **relevant person** as soon as reasonably practicable but no later than 30 days of any change.

23 Governing law

Singapore law will apply to this **policy**.

Our Promise to You

We will:

- acknowledge **your** complaint promptly;
- investigate quickly and thoroughly;
- keep **you** informed of **our** progress; and
- do everything possible to deal with **your** complaint.

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact NTUC Income or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

System Version Number: TRIBE/Child Illness/CIL.202010.1

Appendix 1 – Definitions of Juvenile Diseases

1. Osteogenesis imperfect

This is characterised by brittle, osteoporotic, easily fractured bone. The insured person must be diagnosed as a type III osteogenesis imperfecta confirmed by the occurrence of all of the following conditions:

- The result of physical examination of the insured by a registered specialist in the relevant field that the insured suffers from growth retardation and hearing impairment;
- The result of X-ray studies reveals multiple fracture of bones and progressive kyphoscoliosis; and
- Positive result of skin biopsy.

Diagnosis of osteogenesis imperfecta must be confirmed by a registered specialist acceptable to **us**.

2. Severe haemophilia

The insured must be suffering from severe haemophilia associated with spontaneous haemorrhage and with a clotting factor VIII or factor IX of less than one percent. Diagnosis must be confirmed by a registered specialist in the relevant field.

3. Insulin dependent diabetes mellitus

This is characterised by polydipsia, polyuria, increased appetite, weight loss, low plasma insulin levels, episodic ketoacidosis, and immune mediated destruction of pancreatic beta cells. Insulin therapy and dietary regulation are necessary. Dependence on insulin therapy must persist for not less than six months. Type II diabetes mellitus is specifically excluded. Diagnosis must be confirmed by a registered specialist paediatrician or a registered specialist endocrinologist.

4. Kawasaki disease

This is acute, febrile and multisystem disease of children, characterised by nonsuppurative cervical adenitis, skin and mucous membrane lesions. Diagnosis must be confirmed by a registered specialist paediatrician or cardiologist and there must be echocardiograph evidence of cardiac involvement manifested by dilatation or aneurysm formation of at least 5 mm internal diameter in the coronary arteries which persists for 12 months after the initial acute episode.

5. Rheumatic fever with valvular impairment

A confirmed diagnosis by a registered specialist paediatrician of acute rheumatic fever according to the revised Jones criteria. There must be involvement of one or more heart valves with at least mild valve incompetence attributable to rheumatic fever as confirmed by quantitative investigations of the valve function by a registered specialist cardiologist. The valve incompetence must persist for at least six months.

6. Type I juvenile spinal amyotrophy

The insured must be diagnosed as a Type I juvenile spinal amyotrophy which is an infantile form of spinal muscular atrophy characterised by progressive dysfunction of the anterior horn cells in the spinal cord and brainstem cranial nerves with profound weakness and bulbar dysfunction. Electromyography and muscle biopsy are needed to confirm this diagnosis.

7. Wilson's disease

A potentially fatal disorder of copper toxicity characterized by progressive liver disease and/ or neurologic deterioration due to copper deposit. The diagnosis must be confirmed by a specialist medical practitioner and the treatment with a chelating agent must be documented for at least six months.

8. Systemic juvenile rheumatoid arthritis

A severe form of juvenile chronic arthritis characterised by high fever and signs of systemic illness that can exist for months before the onset of arthritis. The condition must be characterised by cardinal manifestations which include high spiking, daily (quotidian) fevers, evanescent rash, arthritis, splenomegaly, lymphadenopathy, serositis, weight loss, neutrophilic leukocytosis, increased acute Phase Proteins and seronegative tests for Antinuclear Antibodies (ANA) and Rheumatoid Factor (RF). The diagnosis must be backed by laboratory and other tests or investigations. The diagnosis must be confirmed unequivocally by the treating registered specialist paediatrician or a registered paediatric rheumatologist, and the condition has to be documented for at least six months.

9. Intellectual impairment due to sickness or injury

An unequivocal diagnosis by a registered medical practitioner who is a pediatric psychiatrist of intellectual impairment directly resulting from a sickness or injury and independently of any other cause(s), where all of the following conditions are met:

- a) The insured suffers from sub-average general intellectual functioning, mental handicap, or learning disorder, as determined by a pediatric neuro-psychological assessment; and the insured's treating pediatric psychiatrist certifies that such condition is caused by the said sickness or injury;
- b) An IQ below 70, as established with either of the standardized IQ tests - "Raven's Progressive Matrices" or "Wechsler Intelligence Scale for Children";
- c) The insured is age four or above at the time of diagnosis and the condition has continued without interruption for a period of at least six consecutive months after the diagnosis; and
- d) There is documented proof of hospitalization of the insured because of intellectual impairment due to sickness or injury.

10. Glomerulonephritis with nephrotic syndrome

A confirmed diagnosis of glomerulonephritis with nephrotic syndrome by a qualified pediatrician acceptable to us and who should confirm that a treatment regimen which has involved the use steroids or other immunosuppressive drugs has been followed throughout the period to which syndrome relates. The syndrome must have continued for a period of at least six months with or without intervening periods of remission.