

**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-Illness Recovery

### Table of Cover

Coverage for both

- Section 1 – Daily Hospital Cash due to Illness or Infectious Disease; and
- Section 2 – Daily Cash Benefit for Prolonged Medical Leave due to Illness or Infectious Disease

Age Last Birthday	Premium Selected by Policyholder		
	\$5 monthly premium per year	\$10 monthly premium per year	\$20 monthly premium per year
Sum Assured at Age 18 to 40	\$35 / day	\$75 / day	\$145 / day
Sum Assured at Age 41 to 50	\$25 / day	\$55 / day	\$110 / day
Sum Assured at Age 51 to 62	\$15 / day	\$35 / day	\$70 / day

### Your Policy

This is **your** insurance **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](mailto: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**
- hold a Singapore identification document such as a Singapore National Registration Identification Card, Employment Pass, Work Permit, Long Term Visit Pass or Student Pass;
  - are **age** between 18 years old and 61 years old; and
  - have fully paid **your** premium.
- (ii) the **insured person**
- is yourself or **your** legally married spouse;
  - holds a Singapore identification document such as a Singapore National Registration Identification Card, Employment Pass, Work Permit, Long Term Visit Pass or Student Pass; and
  - is **age** between 18 years old and 61 years old.

## 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

**Accident / 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.

**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 in Singapore under the relevant 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.

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

**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**.

**Injury** means damage or harm caused to the body by an external force suffered during the **period of insurance** and which is caused only by an **accident**.

**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 Singapore 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**.

**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 **illness**, or physical disability or problems including any complications which may arise:

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

**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**.

**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 Income** means Income Insurance 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 for **illness** and **infectious disease** which happen 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**.

## Main benefits

### Section 1 – Daily Hospital Cash due to Illness or Infectious Disease

We will pay the the benefit as shown in the **schedule** if the **insured person** suffers an **illness** or **infectious disease** during the **period of insurance** and stays in a **hospital** during the **period of insurance** and:

- (a) the **insured person's** stay in **hospital** is for at least 24 hours; or
- (b) the **hospital** charges daily room and board after **insured member's** stay at the **hospital** ;

This benefit does not include any subsequent hospitalisation leave certification issued by the attending **registered medical practitioner** where the **insured person** does not stay in a **hospital** and requires rest after discharge from the **hospital**.

This benefit can be claimed a maximum of 3 times during each **policy year** and is payable up to a maximum total of 60 days in each **policy year**.

### Section 2 – Daily Cash Benefit for Prolonged Medical Leave due to Illness or Infectious Disease

We will pay a daily cash benefit as shown in the **schedule** from the 8th day after 7 days of consecutive medical leave certification issued by a **registered medical practitioner** as a result of an **illness** or **infection disease**.

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

This benefit can be claimed a maximum of 3 times during each **policy year** and is payable up to a maximum total of 14 days in each **policy year**.

### For both Section 1 and 2

If the **insured person** is also covered under **our** TRIBE-Injury Recovery policy, **we** will pay for the benefits under this **policy** or the TRIBE-Injury Recovery policy for each same day of stay in the **hospital** and medical leave. To avoid doubt, **we** will not pay the benefits under both this policy and the TRIBE-Injury Recovery policy for each same day of stay in the **hospital** and medical leave.

## General conditions which apply to the whole policy

### 1 General exclusions

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

- a. any physical disability or defects which existed before the start of this **policy**;
- b. any **illness** which **the insured person** receive treatment, medication, advice, consultation or diagnosis for within 14 days from the start of this **policy**;
- c. **insured person's** deliberate self- injuring, **insured person's** suicide or attempted suicide while sane or insane, **insured person's** criminal act, provoked assault, deliberate acts or **insured person** putting themselves in danger (unless trying to save human life);

- d. **insured person** being under the influence of intoxicating liquor, including having a blood alcohol content over the prescribed legal limit while driving, or being under the influence of any other drug unless it was prescribed by a **medical practitioner** and taken in line with the **medical practitioner's** advice;
- e. **insured person** taking part in any professional sports or in any sports for which **insured person** would or could earn or receive any form of pay;
- f. **insured person** taking part in any dangerous activities or sports including caving, potholing, rock climbing (except on man-made walls), hiking, trekking or mountaineering which involves using ropes, any underwater activities involving underwater breathing apparatus, sky diving, cliff diving, bungee jumping, BASE (building, antenna, span, earth) jumping, paragliding, hang-gliding, parachuting, white-water rafting, dragon boating, hunting, horse riding, polo, show jumping, mountain biking unless **we** have otherwise agreed in writing;
- g. any condition which is, results from, or is a complication of being infected with a sexually-transmitted disease;
- h. acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV);
- i. birth defects, including hereditary conditions and disorders, and congenital **illness** or abnormalities;
- j. any condition which is, results from or is a complication of birth control, sterilisation, infertility or treatment for infertility, pregnancy, childbirth, Caesarean, abortion or miscarriage, assisted conception, erectile dysfunction, impotence, any contraceptive treatment or all complications arising from these conditions;
- k. any condition which is, results from or is a complication of a geriatric or psycho-geriatric condition, stress, anxiety, depression, mental illness, or personality disorder;
- l. routine medical examinations such as eye examination or health screening;
- m. cosmetic 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 **accident**; or
  - it is done at a medically appropriate stage after the **accident**;
- n. any treatment for obesity, weight reduction or weight improvement;
- o. rest cures, hospice care, home or outpatient nursing or palliative care, convalescent care in convalescent or nursing homes, sanatoriums or similar establishments; outpatient rehabilitation services, such as counselling and physical rehabilitation;
- p. alternative or complementary treatments, including a stay in any healthcare establishment for social or nonmedical reasons;
- q. sex-change operations;
- r. treatment for drug addiction or alcoholism;
- s. organ transplant when **the insured person is** a donor;
- t. any war, invasion, civil war, civil commotion, riot or strike, any **act of terrorism**, nuclear fallout, radioactivity, any nuclear fuel, material or waste and related risks;
- u. **insured person** failing to make reasonable efforts to avoid **illness** or minimise claims under this **policy**.

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.

## 2 Cover

This **policy** covers the **insured person** while in Singapore.

## 3 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 this **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](mailto: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](mailto: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](mailto:hello.tribe@income.com.sg).

#### 4 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 3<sup>rd</sup> September. Subsequent premiums will be due on 3<sup>rd</sup> October, 3<sup>rd</sup> November etc.
- First premium is paid on 31<sup>st</sup> December, subsequent premiums will be due on 31<sup>st</sup> January, 28<sup>th</sup> February (leap year, on 29<sup>th</sup> February), 31<sup>st</sup> 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.

#### 5 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**.

#### 6 Cancellation

- We** can cancel this **policy** by giving **you** 30 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** after expiry of the grace period for premium payment 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 the **insured person's** latest physical or medical conditions.

## 7 Paying benefits

**We** will pay the benefits listed in this **policy** only if **you** have given **us** satisfactory proof of the claims.

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.

## 8 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.

## 9 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.

**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.

## 10 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.



## 11 Reasonable care

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

## 12 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 **We** pay all claims in Singapore dollars.

## 13 What you need to provide when you send us your claim

**You** 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.

## 14 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](mailto: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 checkups and medical reports incurred by **us**.

## 15 Ending the policy

This **policy** will end immediately when:

- a **we** cancel this **policy** under general conditions 6 (Cancellation) or 10 (Fraud)
- b the grace period for payment of premiums expires under general condition 4 (Premium);
- c **you** cancel this **policy** under general condition 3 (Changing this plan);
- d **you** no longer satisfy any of the eligibility requirements set unless **we** have agreed in writing to provide cover;
- e before entering into the **policy**, **you** or the **insured person** fail to reveal all facts **you** or he/she know or ought to know when **you** applied for this **policy** and which may affect this **policy**; or
- f **we** do not renew **your** **policy**.

## 16 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**.

## 17 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**.

## 18 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](http://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.

## 19 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.

## 20 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 Income or visit the GIA / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

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