

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 Injury

Table of Cover

Benefits		Maximum benefit (S\$) per insured person
Section 1	Accidental death	100% of sum assured, not exceeding S\$200,000
Section 2	Permanent disability due to an accident	100% of sum assured, not exceeding S\$200,000
Section 3	Medical expenses for injury due to an accident (per accident)	2% of sum assured, not exceeding S\$4,000
Section 4	Treatment by a Chinese medicine practitioner or a chiropractor (per accident)	1% of sum assured, not exceeding S\$2,000
Section 5	Replacement of damaged spectacles frame and lenses due to an accident (per accident)	0.2% of sum assured, not exceeding S\$400
Section 6	Physiotherapy and psychiatric therapy (per policy year)	1% of sum assured, not exceeding S\$2000
Section 7	Daily income (per day; up to 365 days per policy year)	0.1% of sum assured, not exceeding S\$200

Your Policy

This is **your TRIBE-Child Injury 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

Accident or **accidental** means a sudden, unexpected event which happens during the **period of insurance** and which must be the only cause of **injury**.

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.

Chiropractor means a legally licensed practitioner in chiropractic medicine 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 **accident**.

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

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.

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**.

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

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 **accident**, as long as:

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

Permanent total disability means total disability caused by an **accident** 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; lasts for 12 months in a row from the date of the **accident**; 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, **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**.

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

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 **injury** happens 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 – Accidental death

If the **insured person** is involved in an **accident** and due only to this **accident** the **insured person** dies within 12 months from the date of the **accident**, **we** will pay **you** up to the maximum limits as shown in section 1 of 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 **accident**.

What we do not pay under section 1

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

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

Section 2 – Permanent disability due to an accident

If the **insured person** is involved in an **accident** which causes the **insured person** an **injury** and due only to this **injury** the **insured person** becomes **permanently disabled** within 12 months from the date of the **accident**, **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%
Third Degree Burns		
i	Head: Damage as a percentage of total body surface area	
	- equal to or greater than 8%	100%
	- equal to or greater than 5% but less than 8%	75%
	- equal to or greater than 2% but less than 5%	50%
j	Body: Damage as a percentage of total body surface area	
	- equal to or greater than 20%	100%
	- equal to or greater than 15% but less than 20%	75%
	- equal to or greater than 10% but less than 15%	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 1 of the general conditions, **we** will also not pay any claim under section 2 if:

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

Section 3 – Medical expenses for injury due to an accident

- a If the **insured person suffers** an **injury** 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 the **accident**, 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 **you** for the medical expenses for **injury** due only to an **accident** under section 3a.
- c If the **insured person** suffers from broken bones or fractures due to an **injury**, **we** will pay for the costs of diagnostic procedures and tests 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 the **accident**, whichever comes first.

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

What we do not pay under section 3

Besides the general exclusions listed in part 1 of the general conditions, **we** will also not pay any claim under section 3 if:

- the medical treatment is caused directly or indirectly by **sickness** (for example, a heart attack or a stroke) and not by an **injury**;
- the medical treatment is caused directly or indirectly by any physical disability which existed before the start date of the **policy**;
- the claim is made for buying or renting mobility aids such as wheelchairs, walking aids or similar which are necessary for the **insured person's** mobility; or
- the dental treatment is not due to the **accident** or is for the making or replacement of dentures.

Section 4 – Treatment by a Chinese medicine practitioner or a chiropractor

If the **insured person suffers** an **injury** and need to get treatment by a **Chinese medicine practitioner** or **chiropractor**, **we** will pay for the reasonable and necessary expenses for treatment by a **Chinese medicine practitioner** or **chiropractor**, up to the limit shown in the **table of cover** or up to a period of 12 months from the date of the **accident**, 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 **accident**.

What we do not pay under section 4

Besides the general exclusions listed in part 1 of the general conditions, **we** will also not pay any claim under section 4 if:

- the medical treatment is caused directly or indirectly by **sickness** (for example, a heart attack or a stroke) and not by an **injury**; 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 – Replacement of damaged spectacles frame and lenses due to an accident

If the **insured person's** spectacles frame or lenses are damaged due to an **accident** and has to stay in a **hospital** as an inpatient due to the **accident**, **we** will pay for the costs of replacement for the damaged spectacles frame and

lenses, up to the limit shown in the **table of cover** or up to a period of 12 months from the date of the accident, whichever comes first.

What we do not pay under section 5

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

- the stay in hospital is caused directly or indirectly by **sickness** (for example, a heart attack or stroke) and not by an **injury**; or
- the damaged spectacles frame and lenses is caused by an **accident** which happened before the start date of this **policy**.

Section 6 – Physiotherapy and psychiatric therapy

If the **insured person** suffers an **injury** and need physiotherapy or psychiatric therapy within 90 days from the date of the **accident** as confirmed by a **medical practitioner**, **we** will pay for the cost of the physiotherapy or psychiatric therapy up to the limit as shown in the **table of cover** for each policy year.

What we do not pay under section 6

Besides the general exclusions listed in part 1 of the general conditions, we will also not pay any claim under section 6 if:

- the physiotherapy or psychiatric therapy is caused directly or indirectly by **sickness** (for example, a heart attack or stroke) and not by an **injury**.

Section 7 – Daily income

- a. If the **insured person** is staying in a **hospital** as an inpatient due to an **injury**, **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 a total of 365 days in each **policy year**. This benefit will end once the **insured person** is discharged from the **hospital**.
- b. If the **insured person** is given medical leave of more than 7 consecutive days by a **medical practitioner** as a result of an **injury**, **we** will pay the benefit as shown in the **table of cover** for each day after the 7th day, for up to a total of 365 days in each **policy year**. This benefit will end once the medical leave certification has ended.

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

The total **we** will pay under sections 7a and 7b will not be more than the limit shown in the **table of cover**.

What we do not pay under section 7

Besides the general exclusions listed in part 1 of the general conditions, **we** will also not pay any claim under section 7a if:

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

Besides the general exclusions listed in part 1 of the general conditions, we will also not pay any claim under section 7b if:

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

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 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);
- b the effect or influence of alcohol or drugs;
- c mental problems or insanity;
- d illness, disease, bacterial or viral infections even if contracted **accidentally**;
- e 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;
- f medical or surgical procedure to treat the **insured person's sickness**;
- g 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 **accident** or
 - it is done at a medically appropriate stage after the **accident** and the cost of the treatment is approved by **us** in writing before it is done;
- h **pre-existing medical conditions** which existed before the start date of this **policy**;
- i the **insured person** taking part in flying or other aerial activities except as a fare-paying passenger in a licensed passenger-carrying aircraft;
- j the **insured person** taking part in any professional sports or in any sports for which the **insured person** would or could earn or receive any form of pay;
- k the **insured person** taking part in any kind of speed contest or racing (other than on foot);
- l an **accident** while the **insured person** is driving or riding on a motor race track;
- m the **insured person** taking part in any dangerous activities or sports including caving, potholing, rock climbing (except on man-made walls) 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, but not including the following activities carried out for leisure purpose under the supervision of a licensed guide or instructor: hot-air ballooning, ice or winter sports, hiking or trekking if done outside Singapore;
- n the consequences of war, revolution or any similar event;
- o radioactivity or damage from any nuclear fuel, material or waste;
- p the **insured person** failing to take reasonable efforts to avoid **injury** or to minimize claims under this **policy**;
- q the **insured person** using any ATV (all-terrain vehicle) unless we agree in writing.

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 **you** 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.

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 any TRIBE-Child Injury 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 to hello.tribe@income.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 to hello.tribe@income.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 to hello.tribe@income.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 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.

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

- i. **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.
- ii. **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 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:

- a met general conditions 4; 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.

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, **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**.

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

You and the **insured person** must take all reasonable precautions to avoid an **injury** and take all practical steps to minimize claims.

12 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 - **accidental** death, section 2 - **permanent disability due to an accident** and section 7 - Daily income)

13 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.

14 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** will not pay the claim.

- b If **you** can recover all or part of the medical expenses from other sources, **we** will only pay **you** the amount that **you** cannot recover.
- 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.

15 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.

16 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**.

17 Ending the policy

The **policy** will end immediately when:

- a **we** cancel this **policy** under general conditions 6 or 10 ;
- b the grace period for payment of premiums expires under general condition 4 ;
- c **you** cancel this **policy** under general condition 3; or
- d **we** have paid 100% of the sum insured under section 1 or section 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 the **insured person** fail to reveal all facts **you** or the **insured person** know or ought to know which may affect this **policy**; or
- g **we** do not renew **your policy**.

18 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**.

19 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**.

20 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.

21 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.

22 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).

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