



**Key Features: AIA Guaranteed Protect Plus (III)
Version 1.0**

1. Provider of the Plan

AIA Singapore Private Limited (Reg. No. 201106386R) ("we, our, us, AIA Singapore")

2. Nature & Objective of the Plan

AIA Guaranteed Protect Plus (GPP) (III) is an insurance plan designed to provide a multiplier effect on your coverage, ensuring that you will always receive no less than the Minimum Death Benefit chosen, up to your chosen multiplier cutoff age (65 or 75).

GPP (III) is a bundled plan comprising of **GPP (III) Accumulator** (Base Plan) and **GPP (III) Booster** (rider).

- **GPP (III) Accumulator** is a **participating whole life plan** that accumulates bonuses over time. It provides you with protection coverage until age 100 and allows you to participate in the performance of the participating fund in the form of bonuses that are not guaranteed.
- **GPP (III) Booster** is a **non-participating term rider** that provides you with protection coverage until its expiry date, which is the policy anniversary occurring on or immediately following the Insured's 65th or 75th birthday (depending on your chosen multiplier cutoff age of 65 or 75). It does not come with any cash surrender value.

3. Benefits under the Plan

This section provides a brief overview of GPP (III)'s benefits. Please refer to the Product Summaries of GPP (III) Accumulator and GPP (III) Booster for more details.

a. Death Benefit

In the event of death of the Insured, we will pay in accordance to below:

Claim Event Date	Death Benefit
Before the Expiry Date of GPP (III) Booster*	The Death Benefit will be the higher of: (i) Minimum Death Benefit; or (ii) Insured Amount of GPP (III) Accumulator plus applicable bonuses, after deducting any amounts owing to us. The Minimum Death Benefit is equal to the sum of the insured amount under GPP (III) Accumulator and GPP (III) Booster as at the issue date of your policy (or otherwise adjusted due to claim or any voluntary reduction in insured amount as requested by you).
On or after the Expiry Date of GPP (III) Booster*	The Death Benefit will be the Insured Amount of GPP (III) Accumulator plus applicable bonuses, after deducting any amounts owing to us.

*Expiry Date of GPP (III) Booster refers to the policy anniversary occurring on or immediately following the Insured's 65th birthday (for multiplier cutoff age 65) or 75th birthday (for multiplier cutoff age 75).

Your policy will automatically terminate on the death of the Insured.

b. Total & Permanent Disability (TPD) Benefit

In the event of TPD of the Insured before the policy anniversary occurring on or immediately following the Insured's 70th birthday, we will accelerate the payment of the Death Benefit in one lump sum. Your policy will automatically terminate once the Death Benefit is accelerated in full.

c. Option to Purchase Additional Insurance (OPAI) Benefit

The OPAI benefit gives you the option to purchase a new whole life or endowment policy up to the Insured Amount of GPP (III) Accumulator, or S\$100,000, whichever is lower, without evidence of insurability, on the life of the Insured.



d. Premium Pass Option

After the 3rd policy anniversary, the Premium Pass Option gives you the option to defer premium payment for a year in the event of Involuntary Retrenchment, provided that your Policy is in force and premiums have been fully paid for the first 3 policy years.

e. Income Drawdown Facility

The Income Drawdown Facility allows you to utilise either 50% or 100% of the Insured Amount of GPP (III) Accumulator for its cash value to receive annual income for a period of 10 years.

You can start utilizing the Income Drawdown Facility during the Availability Period. The Availability Period starts from the later of the following:

- (a) the Expiry Date of GPP(III) Booster, or
- (b) the end of the premium payment term under GPP(III) Accumulator;

and ends on the policy anniversary date immediately following the Insured's 85th birthday.

The annual income will be paid on every policy anniversary for 10 years, starting from the policy anniversary immediately following our acceptance of your request to utilise the Income Drawdown Facility.

If you choose utilisation ratio of 100%, your policy will terminate when it is fully utilised at the end of 10 years.

f. Maturity Benefit

If the Insured is alive on the maturity date while your policy is in force, we will pay the maturity benefit being the Insured Amount of GPP (III) Accumulator and any bonuses added to the policy, after deducting any amounts owing to us.

Your policy will automatically terminate on the maturity date.



Product Summary for AIA Guaranteed Protect Plus (III) Accumulator

Version 1.0

To help you understand Life Participating Insurance policies better, please refer to 'Your Guide To Participating Policies' (YGTPP), which can be found at www.aia.com.sg or www.lia.org.sg. YGTPP is also available from your AIA Financial Services Consultant, your Financial Adviser or their representatives.

1. Provider of the Plan

AIA Singapore Private Limited (Reg. No. 201106386R) ("we, our, us, AIA Singapore")
1 Robinson Road
AIA Tower
Singapore 048542

2. Nature & Objective of the Plan

AIA Guaranteed Protect Plus (GPP) (III) Accumulator is a limited premium whole life insurance policy that provides insurance protection in the event of death up to age 100 and total and permanent disability up to age 70. It is a participating life insurance policy, which allows the policyholder to participate in the performance of the participating fund in the form of bonuses that are not guaranteed.

You may choose to pay premiums over 15, 20 or 25 years.

3. Benefits under the Plan

GPP (III) Accumulator provides you with the following benefits:

a. Death Benefit

In the event of death of the Insured, we will pay the Death Benefit being the higher of:

- (i) Minimum Death Benefit, or
- (ii) Insured Amount of GPP (III) Accumulator plus any bonuses, less the prevailing insured amount of GPP (III) Booster, after deducting any amounts owing to us (including any outstanding Deferred Premium Amount, if Premium Pass Option is exercised).

Your policy will automatically terminate on the death of the Insured.

If death occurs within the first 13 days of the Insured's date of birth, the total amount payable for under the policy is limited to 20% of the Minimum Death Benefit.

b. Total & Permanent Disability (TPD) Benefit

In the event of TPD of the Insured before the policy anniversary occurring on or immediately following the Insured's 70th birthday, we will pay, in one lump sum, the Death Benefit, after deducting any amounts owing to us (including any outstanding Deferred Premium Amount, if Premium Pass Option is exercised).

The TPD Benefit is an accelerated benefit that accelerates the payment of the Insured Amount under the basic policy (i.e. GPP (III) Accumulator). The Insured Amount will be reduced by the TPD Benefit accordingly.

Your policy will automatically terminate once the Insured Amount is accelerated in full.

Before the policy anniversary occurring on or immediately following the Insured's 65th birthday, TPD means the Insured is not capable of doing or carrying out any work, occupation or profession, to earn or obtain any wages, compensation or profit. Such disability must continue uninterrupted for at least 6 consecutive months and there is no possibility of improvement for an indefinite time.

From the policy anniversary occurring on or immediately following the Insured's 65th birthday, TPD means the Insured is not capable of performing at least 2 of the following 6 Activities of Daily Living even with the aid of special equipment, and always to require the physical assistance of another person throughout the entire activity. Such disability must continue uninterrupted for at least 6 consecutive months and there is no possibility of improvement for an indefinite time.



Activities of Daily Living are:

- (a) Transferring : the ability to move from a bed to an upright chair or wheelchair and vice versa
- (b) Mobility : the ability to move indoors from room to room on level surfaces
- (c) Toileting : the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
- (d) Dressing : the ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or other surgical appliances
- (e) Washing : the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by any other means
- (f) Feeding : the ability to feed oneself once food has been prepared and made available

However, any of the following conditions* will be immediately recognised as TPD:

- (i) total and irrecoverable loss of sight of both eyes; or
- (ii) loss by complete severance or the total and irrecoverable loss of use of 2 limbs at or above the wrist or ankle; or
- (iii) total and irrecoverable loss of sight of 1 eye; and
 - a. loss by complete severance of 1 limb at or above the wrist or at or above the ankle; or
 - b. total and irrecoverable loss of use of 1 limb at or above the wrist or at or above the ankle.

*If the Insured is a juvenile, we will only admit these conditions as TPD.

Besides other underwriting limits applicable to this plan, this benefit is also subject to the TPD per life limit of S\$7,500,000 (aggregated with other policies or supplementary benefits issued on the same life). For policies issued in other currencies, a conversion rate as determined by the company will apply.

c. Option to Purchase Additional Insurance (OPAI) Benefit

This OPAI benefit gives you the option to purchase a new whole life or endowment policy up to the Insured Amount of GPP (III) Accumulator, or S\$100,000, whichever is lower, without evidence of insurability, on the life of the Insured.

The OPAI benefit must be exercised within 90 days from any of the following events:

- (i) 18th birthday of the Insured;
- (ii) marriage of the Insured;
- (iii) birth of the Insured's child;
- (iv) adoption of a child through legal means by the Insured; or
- (v) death of the Insured's spouse.

The above condition (a) shall not apply to an Insured aged 18 or older at the time of issuance of the policy.

If you have other policies providing the same benefits as this OPAI Benefit on the life of the same Insured, the aggregate of the insured amounts of all new policies issued must not exceed S\$100,000 for the purpose of exercising the option on the same event.

The option may only be exercised once (regardless of the amount purchased), and the option must be exercised before the 55th birthday of the Insured. As a result, if the Insured is aged 55 and above when you purchase this plan, you will not be eligible for this benefit.

The additional insurance for the new whole life or endowment policy shall be issued on the same terms as the original policy. If there are exclusions applied on the original policy, the same exclusions shall apply to the additional insurance purchased. This OPAI benefit is only offered to standard lives. The premium payable for the additional insurance will be based on the Insured's attained age at the time of application for the additional insurance.



d. Premium Pass Option

In the event of involuntary retrenchment, you may request to exercise the Premium Pass Option after the third policy anniversary, provided your policy is in force and premiums have been fully paid for the first 3 policy years.

Upon successful activation of the Premium Pass Option, you are not required to pay premiums over a period of 12 consecutive months ("Premium Pass Period"). During the premium pass period, your policy (including any waiver (if any)) will continue to be in force. The cumulative premiums deferred during the Premium Pass Period shall be referred to as the "Deferred Premium Amount". No interest will be charged on the Deferred Premium Amount during the Premium Pass Period.

At the end of the Premium Pass Period, you will be granted an interest-free loan equal to the outstanding deferred premium amount, to be repaid over 12 consecutive months ("Interest-free Repayment Period"), if there is sufficient guaranteed cash value. The interest-free loan will be deemed as an amount owing to us, but no interest will be charged during the Interest-free Repayment Period.

At the end of the Interest-free Repayment Period, interest will be charged for the outstanding deferred premium that remains unpaid after the Interest-free Repayment Period.

You may repay the Deferred Premium Amount anytime, in lump sum or regular instalments.

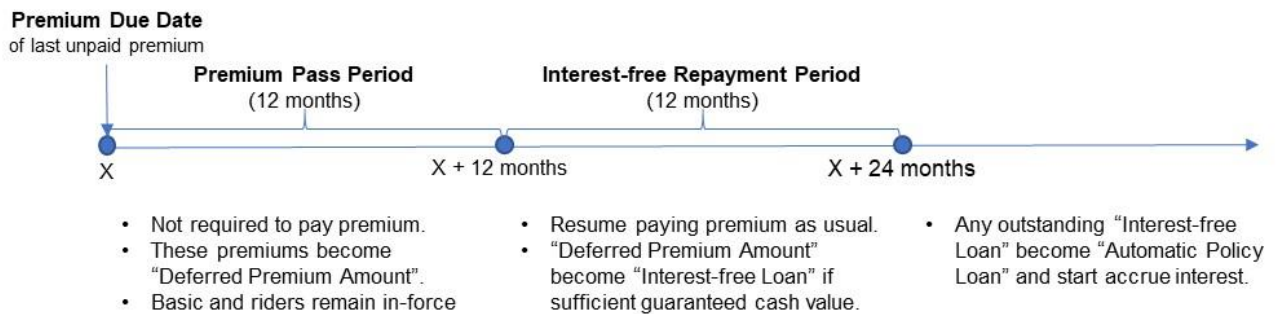
In order to activate the Premium Pass Option, supporting documents must be submitted to us within 2 months from the end of the Deferment Period. Deferment Period refers to a period of 2 months from the effective date of the Involuntary Retrenchment, during which you are unable to secure any full-time employment.

The Premium Pass Option can only be exercised once during the lifetime of the policy.

Any outstanding Deferred Premium Amount will be deducted from any benefit payment we make on a claim.

In the event of a claim under accelerated benefit, which partially accelerated the payment of insured amount of basic policy, the Deferred Premium Amount will be adjusted accordingly based on the reduced sum assured.

Illustration upon successful activation of Premium Pass Option:





e. Income Drawdown Facility

The Income Drawdown Facility allows you to utilise either 50% or 100% of the Insured Amount of GPP (III) Accumulator for its cash value to receive annual income for a period of 10 years.

- a) If you choose utilisation ratio of 50%, we will surrender an amount equivalent to 5% of the Insured Amount of GPP (III) Accumulator (as determined at the start of income drawdown) every year and pay you the cash surrender value as an annual payout for 10 years. At the end of the 10-year payout period, the Policy (including any supplementary agreements) will continue to be in force with the remaining Insured Amount.
- b) If you choose utilisation ratio of 100%, we will surrender an amount equivalent to 10% of the Insured Amount of GPP (III) Accumulator (as determined at the start of income drawdown) every year and pay you the cash surrender value as an annual payout for 10 years. At the end of the 10-year payout period, the Policy (including any supplementary agreements) will be terminated.

The annual payout will start from the policy anniversary immediately following our acceptance of your request to utilise the Income Drawdown Facility. With every annual payout, the Insured Amount of GPP (III) Accumulator will be reduced by the surrendered amount. If at any time the Insured Amount of GPP(III) Accumulator becomes lower than the insured amount of the supplementary agreement (if any), the insured amount of the supplementary agreement(s) will be reduced to an amount as determined by us. Any benefits subsequently payable under your basic policy (and supplementary agreement, if any) will be based on the reduced insured amount.

The annual payout cannot be deposited with us to accumulate interest.

You may only utilise the Income Drawdown Facility once during the Availability Period. The Availability Period refers to the period when you are allowed to start utilizing the Income Drawdown Facility.

- (i) The Availability Period starts from the Expiry Date of GPP(III) Booster or the end of the premium payment term under GPP(III) Accumulator, whichever is later.
- (ii) The Availability Period ends on the policy anniversary date immediately following the Insured's 85th birthday.

Such request must be submitted at least 6 months before the policy anniversary that you wish to start receiving annual income. Once we accept your request, you cannot reverse the Income Drawdown Facility or make changes to the utilisation ratio or the first payout date. You may cancel the Income Drawdown Facility anytime, but you are not allowed to utilise it again.

Please refer to the Supplementary Illustration for the illustrated annual income and adjustment to Death Benefit and surrender value if you utilise the Income Drawdown Facility, based on your chosen exercise age and utilisation ratio.

f. Maturity Benefit

Upon maturity, we will pay in one lump sum, the Insured Amount plus any bonuses after deducting any amount owing to us.

Your policy will mature on the policy anniversary occurring on or immediately following the Insured's 100th birthday, and will automatically terminate on the maturity date.

g. Surrender Value

You may surrender your policy for its cash value. Your policy will automatically terminate once it is surrendered in full.



Bonuses

You can receive bonuses in the form of Reversionary Bonus (RB) and Terminal Bonus (TB).

a. Reversionary Bonus

The RB is a discretionary bonus that we may credit to your policy on an annual basis depending on the experience of the participating fund.

At an Illustrated Investment Rate of Return of 4.25% per annum, the RB rate is illustrated to be as follows:

Policy Year	RB Rate (per annum)
All Years	\$7.2 per \$1,000 Insured Amount, compounding at 0.72%

In comparison, at an illustrated Investment Rate of Return of 3.00% per annum, the RB rate is expected to be adjusted downwards depending on the future outlook of the participating fund.

The RB declared in a particular year (if any) could be different from what is illustrated in the Policy Illustration at the time you purchased this policy or in subsequent projected illustrations that may be quoted to you.

The RB once declared and credited to your policy, is guaranteed and will not be affected by any subsequent years' revisions. However, if you surrender your policy, we will pay the surrender value of accumulated RB which is only a proportion of the accumulated RB.

b. Terminal Bonus

The TB is a non-guaranteed, discretionary bonus that may be payable on claim, maturity or surrender.

At an Illustrated Investment Rate of Return of 4.25% per annum, the TB scale is illustrated to be as follows:

Terminal Bonus as a % of accumulated RB on Death or Maturity			
Terminal Bonus as a % of surrender value of accumulated RB on Surrender			
End of Policy Year	Entry age 0 – 20		
	15-pay	20-pay	25-pay
1 to 11	0%	0%	0%
12 to 14	78.75% to 105%	0%	0%
15 to 16	105%	71.25%	0%
17 to 19	157.5%	95%	0% to 67.5%
20 to 29	157.5%	142.5%	90% to 135%
30 to 39	210%	190%	180%
40 to 100	262.5%	190%	180%

Terminal Bonus as a % of accumulated RB on Death or Maturity			
Terminal Bonus as a % of surrender value of accumulated RB on Surrender			
End of Policy Year	Entry age 21 – 70		
	15-pay	20-pay	25-pay
1 to 11	0%	0%	0%
12 to 14	72.75% to 97%	0%	0%
15 to 16	97%	60%	0%
17 to 19	145.5%	80%	0% to 60%
20 to 29	145.5%	120%	80% to 120%
30 to 39	194%	160%	160%
40 to 100	242.5%	160%	160%

In comparison, at an illustrated Investment Rate of Return of 3.00% per annum, the TB scale is expected to be adjusted downwards depending on the future outlook of the participating fund.



Please refer to the Policy Illustration for the bonuses (including annual and terminal bonuses) amount at the illustrated Investment Rate of Return of 3.00% per annum and 4.25% per annum respectively. The two rates are used purely for illustrative purposes and do not represent upper and lower limits of the investment performance of the participating fund.

The Illustrated Investment Rate of Return is not guaranteed. The actual Investment Rate of Return will depend on the investment returns earned by the participating fund. As the bonus rates used for the benefits illustrated above are not guaranteed, the actual benefits payable may vary according to the future experience of the participating fund.

All guaranteed benefits, including bonuses which have already been credited to your policy, will be provided for regardless of the performance of the participating fund.

Future bonuses (including annual and terminal bonuses) are not guaranteed and are adjusted depending on the experience of the Participating Fund. This includes, the past, prevailing and projected future investment returns and other experience factors. In particular, investment returns can be volatile and we may vary bonuses from time to time. As such, the actual bonuses credited in a particular year could differ from previous projections or illustrations. In times of substantial decline in investment returns, we may reduce bonuses significantly. Conversely, in times of substantial increases in investment returns, we may increase bonuses to higher than those originally projected at the time of purchase of your policy.

Bonuses declared each year will be recommended, in writing, by the Appointed Actuary and approved by AIA Singapore's Board of Directors.

4. Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the policy contract. The exclusions for this plan include, but are not limited to, the following conditions. You are advised to read the policy contract for the full list of exclusions.

Death Benefit

If the Insured commits suicide within one year from the policy issue date or date of reinstatement, whichever is later, our liability will be limited to a return of premiums paid without interest.

TPD Benefit

Any disability caused directly or indirectly, wholly or partly, by any of the following occurrences:

- (a) deliberate acts that endanger oneself, whether sane or insane, including any of the following:
 - (i) while in violation or attempted violation of the law or resistance to arrest; or
 - (ii) suicide or attempted suicide, intentional self-injury, or exposure to exceptional danger (except in an attempt to save human life);
- (b) engaging in or taking part in air, military or naval service in time of declared or undeclared war or while under order for warlike operations or restoration of public order; or
- (c) entering, operating, or servicing, riding in or on, ascending or descending from or with any aerial device or conveyance (except where the Insured is in an aircraft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passenger route or by the Republic of Singapore Air Force).

Premium Pass Option

The exclusions below are not exhaustive and any request to exercise Premium Pass Option is subject to our acceptance upon consideration of information submitted in support of the request.

You will not be able to exercise Premium Pass Option if:

- (a) you were not a full-time employee immediately before your involuntary retrenchment;
- (b) you were self-employed or employed by your immediate family member or a business owned by your immediate family member;
- (c) you and/or your immediate family member (whether singly, jointly or in the aggregate) were in a position to exercise control or influence over the appointment and/or termination of employees by your employer;



- (d) the termination of your full-time employment arose out of:
- i. retirement;
 - ii. resignation;
 - iii. termination or suspension due to your breach of the terms of employment, or your own misconduct or negligence;
 - iv. your own wilful or deliberate misconduct or unlawful behaviour;
 - v. severance or natural termination of any fixed term contract of employment or of an interim contract;
 - vi. leave of absence whether paid or unpaid;
 - vii. military discharge;
 - viii. any voluntary forfeiture of income by you;
 - ix. failure to continue employment upon completion of probation period;
 - x. disability or injury due to any accident, sickness, pregnancy, childbirth or self destruction or any attempt threat, while sane or insane;
 - xi. your inability to continue the employment due to the need to service in armed forces in the time of war, declared or undeclared, or while under orders for warlike operations or restoration of public order;
 - xii. riot and civil commotion;
 - xiii. strike or labour disputes; or
 - xiv. any partial, seasonal or casual employment;
- (e) you had not worked for at least 6 consecutive months immediately prior to the involuntary retrenchment from full-time employment; or
- (f) your loss of work relates to work as a self-employed person or independent contractor, and not termination from full-time employment.

5. Investment of Assets

The premiums of the participating policies in the participating fund are invested in a range of assets and reflect the investment objectives which are:

- (a) to ensure that the participating fund is financially sound and is able to meet the regulatory fund solvency requirements at all times; and
- (b) to achieve an investment return sufficient to meet the guaranteed liabilities; and
- (c) to enable the declaration of bonuses at reasonable levels.

The participating fund is managed by:

AIA Investment Management Private Limited

1 Robinson Road, AIA Tower #08-00, Singapore 048542

The current investment mix as at 31 December 2020 and target investment mix are as follows:

Asset Class	Target	Current
Bonds	64%	63%
Risky Assets*	36%	37%
Total	100%	100%

**Includes listed common stocks, private equity, alternative investments, investments into funds and real estate. We may vary the risk assets allocation depending on market conditions.*



Investment Rate of Return

For our Participating Fund, the past investment rates of return (after deducting investment expenses only) are shown in the table below. The Participating Fund can be separated into different sub-groups; the figures below refer to the investment returns for the sub-group or class of products that this policy belongs to.

	2018	2019	2020	Average over the last 3 years	Average over the last 5 years	Average over the last 10 years
Investment Returns	-1.0%	9.9%	8.8%	5.8%	6.7%	5.5%

Please note that past performance may not be indicative of future performance.

Total Expense Ratio

The Total Expense Ratio is the proportion of total expenses incurred by the Participating Fund to the assets of the Participating Fund. These expenses include costs such as investment, management, distribution, taxation and other expenses.

An expected level of expenses to be incurred by the Participating Fund has been allowed for in the premiums payable for your policy and is not an additional cost to you. If the actual level of expenses vary significantly from the expected level of expenses, it may affect the non-guaranteed benefits you may receive.

For our Participating Fund, the past Total Expense Ratios are shown in the table below.

	2018	2019	2020	Average over the last 3 years	Average over the last 5 years	Average over the last 10 years
Total Expense Ratio [^]	1.7%	1.7%	1.5%	1.6%	1.6%	1.6%

[^]The Total Expense Ratio is for the whole Participating Fund.

Please note that past expense ratios may not be indicative of actual expenses that may be incurred in the future.

6. Types of Risks Affecting the Level of Bonuses

The key factors affecting the performance of the Participating Fund are investment returns, mortality and morbidity experience, lapse and surrender experience, business risks (including but not limited to product design, selling and marketing practices, and demographic changes) and expense experience of the Participating Fund as a whole.

We will determine the level of bonuses taking into account the current performance as well as future outlook for the participating fund.

7. Sharing of Risks

Investment risks are shared among all the policies within the same group or class of products. Investment risks include foreign exchange risk on equities. The other key risks affecting the value of the Participating Fund including mortality, morbidity, lapses and surrenders, expenses and business risks are mostly shared by all the policies in the Participating Fund.

In determining the level of bonuses that can be paid, the assets available to support the group or class of products that this participating policy belongs to are derived by accumulating the premiums paid and investment income, minus the payments attributed to the group of policies (e.g. death benefits, survival benefits, surrender benefits, annual bonus paid out (if any), distribution to shareholders, tax and expenses).



8. Smoothing of Bonuses

In order to provide an element of stability in the returns to policyholders, smoothing is applied by spreading profits and losses from one year to the next. This means that in years where experience is good, not all the profits will be distributed to policyholders through bonuses declared, but instead such profits may be used to maintain returns to policyholders in years where experience is poor. The long-term cost of smoothing is intended to be broadly neutral across generations of policyholders.

For RBs, the scales are usually reviewed once a year. There is no maximum amount by which the scales may change from one year to the next.

For TB, the scales are usually reviewed once a year. However, TB may be changed at any time, particularly in adverse financial conditions.

This product is a newly launched product. There has not been any bonus declaration for this product. As such, there is no past experience available.

Please note that past performance is not necessarily indicative of future performance.

9. Fees and Charges

This plan shares in the experience of the participating fund. This means that any expenses incurred by the plan can be charged to the policy including:

- commissions relating to participating policies;
- costs of acquiring new participating business (e.g. underwriting and issue expenses);
- costs of maintaining in-force participating business (e.g. premium collection, issuing renewal statements, administration system maintenance, financial and statutory reporting);
- investment expenses;
- taxation expenses;
- a reasonable and fair proportion of the general management and overhead expenses;
- claim expenses (e.g. mortality/morbidity, surrender); and
- any other expenses and charges properly attributable to the participating fund.

All expenses, except for commissions, are shared and charged to the assets backing the policy according to the Sharing of Risk described earlier. For commissions, the actual amount is charged to each individual policy. All fees and charges have been included in the calculation of the premium and will not be charged separately to you.

10. Adjustment in Premium Rates

The premium rates are guaranteed.

11. Impact of Early Surrender

You may wish to refer to the Policy Illustration which illustrates the surrender value you will receive if you intend to surrender your policy.

As buying a life insurance policy is a long-term commitment, an early termination of the policy usually involves high costs and the surrender value, if any, that is payable to you may be zero or less than the total premiums paid. You should consider carefully before terminating the policy or switching to a new one as there may be disadvantages in doing so. The new policy may cost more or have fewer benefits at the same cost.

12. Update on Performance

You will receive an annual performance update which consists of the following:

- Participating Policy Annual Statement that sets out the illustrated benefits at maturity / surrender within 2 months of your policy anniversary; and
- Participating Fund Commentary on the performance of the participating fund and the outlook, usually by July every year.



13. Conflict of Interest

Potential conflicting interests may arise from time to time between this policy and other policies issued by us, or between the participating fund of this policy and other funds of other policies or other funds managed by us. In such cases, we will act fairly in respect of all policies issued by us and all funds managed by us and to balance the interests of this policy and the relevant fund.

14. Related Parties Transactions

AIA Investment Management Private Limited, the manager of AIA participating funds, is a related party to AIA Singapore. We will ensure that all related parties transactions are done in a just and equitable manner and carried out at arms' length.

For related party transactions which are considered material outsourcing, AIA Singapore will comply with its outsourcing guidelines which would require, among others, that the terms of the transaction are documented and that risks relating to business continuity management, monitoring and control, audit and inspection and performance standards are clearly set out.

15. Free-Look Period

After purchasing a life insurance policy, you have a 14-day free-look period starting from the day you receive your policy documents to review the documents carefully. During this time, if you choose to cancel your policy, the insurer will refund you the premiums you have paid, less any medical fees and other expenses, such as payments for medical check-ups and medical reports, incurred by the insurer.

If you opted for an electronic copy of your policy, the 14-day free-look period will start when you receive our SMS or email notification, informing you that the policy contract documents are available for your viewing on our customer portal, My AIA SG.

If we have posted the policy to you, the 14-day free-look period will start 7 days from the date we posted the policy.

If the policy was delivered to you by hand, the 14-day free-look period will start 7 days from the date on which the policy was given to the postal/courier company or your insurance representative.

Important Notes:

This insurance plan is underwritten by AIA Singapore. All insurance applications are subject to our underwriting and acceptance. Submission of an application and payment of premium does not constitute and should not be construed as acceptance by us. We reserve the right to withdraw the plan or reject applications, at anytime or for any reason without notice.

This product summary does not form a part of any contract of insurance. It is intended only to be a simplified description of the product features applicable to this plan and is not exhaustive. The contents of this product summary may vary from the terms of cover eventually issued. Please refer to the actual policy contract for all terms and conditions, including exclusions whereby the benefits under your policy may not be paid out. You are advised to read the policy contract. For the avoidance of doubt, only the terms and conditions as set out in the policy contract will bind the parties.



Product Summary for AIA Guaranteed Protect Plus (III) Booster

Version 1.0

This insurance plan is underwritten by AIA Singapore Private Limited (Reg. No. 201106386R) ("we, our, us, AIA Singapore").

AIA Guaranteed Protect Plus (GPP) (III) Booster is a non-participating limited premium supplementary benefit which provides insurance protection in the event of death and total and permanent disability, with a premium payment term equal to the premium payment term of the basic plan or up to multiplier cutoff age, whichever is shorter.

This is a compulsory supplementary benefit to AIA Guaranteed Protect Plus (III) Accumulator, that ensures that the policyholder will always receive no less than the Minimum Death Benefit that had been selected.

Product Benefits

1) Death Benefit

In the event of death of the Insured, we will pay the Death Benefit being the prevailing insured amount of GPP (III) Booster.

If death occurs within the first 13 days of the Insured's date of birth, the total amount payable for under the policy is limited to 20% of the Minimum Death Benefit.

2) Total & Permanent Disability (TPD) Benefit

In the event of TPD of the Insured before the policy anniversary occurring on or immediately following the Insured's 65th birthday (for multiplier cutoff age 65) or 70th birthday (for multiplier cutoff age 75), we will pay the TPD Benefit in one lump sum equivalent to the Death Benefit under this supplementary benefit.

The TPD Benefit is an accelerated benefit that accelerates the payment of the Death Benefit under the supplementary benefit. The Death Benefit will be reduced by such payment accordingly.

AIA Guaranteed Protect Plus (III) Booster will automatically terminate once the Death Benefit is accelerated in full.

Before the policy anniversary occurring on or immediately following the Insured's 65th birthday, TPD means the Insured is not capable of doing or carrying out any work, occupation or profession, to earn or obtain any wages, compensation or profit. Such disability must continue uninterrupted for at least 6 consecutive months and there is no possibility of improvement for an indefinite time.

(Applicable for multiplier cutoff age 75 only) From the policy anniversary occurring on or immediately following the Insured's 65th birthday, TPD means the Insured is not capable of performing at least 2 of the following 6 Activities of Daily Living even with the aid of special equipment, and always to require the physical assistance of another person throughout the entire activity. Such disability must continue uninterrupted for at least 6 consecutive months and there is no possibility of improvement for an indefinite time.

Activities of Daily Living are:

- (a) Transferring : the ability to move from a bed to an upright chair or wheelchair and vice versa
- (b) Mobility : the ability to move indoors from room to room on level surfaces
- (c) Toileting : the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
- (d) Dressing : the ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or other surgical appliances
- (e) Washing : the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by any other means
- (f) Feeding : the ability to feed oneself once food has been prepared and made available

However, any of the following conditions* will be immediately recognised as TPD:

- (i) total and irrecoverable loss of sight of both eyes; or
- (ii) loss by complete severance or the total and irrecoverable loss of use of 2 limbs at or above the wrist or ankle; or



- (iii) total and irrecoverable loss of sight of 1 eye; and
 - a. loss by complete severance of 1 limb at or above the wrist or at or above the ankle; or
 - b. total and irrecoverable loss of use of 1 limb at or above the wrist or at or above the ankle.

**If the Insured is a juvenile, we will only admit these conditions as TPD.*

Besides other underwriting limits applicable to this plan, this benefit is also subject to the TPD per life limit of S\$7,500,000 (aggregated with other policies or supplementary benefits issued on the same life). For policies issued in other currencies, a conversion rate as determined by the company will apply.

Key Product Provisions

The following are some key provisions found in the supplementary agreement of this supplementary benefit. This is only a brief summary and you are advised to refer to the actual terms and conditions in the supplementary agreement. Please consult your AIA Financial Services Consultant or Insurance Representative should you require further explanation.

1) Premium

The premium rates are guaranteed.

2) General Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the supplementary agreement. The exclusions for this supplementary benefit include, but are not limited to, the following conditions. You are advised to read the supplementary agreement for the full list of exclusions.

Death Benefit

If the Insured commits suicide within one year from the policy issue date or date of reinstatement, whichever is later, our liability will be limited to a return of premiums paid without interest.

TPD Benefit

Any disability caused directly or indirectly, wholly or partly, by any of the following occurrences:

- (a) deliberate acts that endanger oneself, whether sane or insane, including any of the following:
 - (i) while in violation or attempted violation of the law or resistance to arrest; or
 - (ii) suicide or attempted suicide, intentional self-injury, or exposure to exceptional danger (except in an attempt to save human life);
- (b) engaging in or taking part in air, military or naval service in time of declared or undeclared war or while under order for warlike operations or restoration of public order; or
- (c) entering, operating, or servicing, riding in or on, ascending or descending from or with any aerial device or conveyance (except where the Insured is in an aircraft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passenger route or by the Republic of Singapore Air Force).

3) Termination

AIA Guaranteed Protect Plus (III) Booster shall automatically terminate on the earliest occurrence of the following:

- (a) If any premium on AIA Guaranteed Protect Plus (III) Booster remains unpaid at the end of the grace period (except if Premium Pass Option is exercised) and there is insufficient guaranteed cash value under AIA Guaranteed Protect Plus (III) Accumulator to grant an automatic policy loan to pay the outstanding premium; or
- (b) if AIA Guaranteed Protect Plus (III) Accumulator is terminated; or
- (c) if AIA Guaranteed Protect Plus Accumulator (III) is converted to reduced paid-up insurance or extended term insurance; or
- (d) on the policy anniversary occurring on or immediately following the Insured's 65th birthday (for multiplier cutoff age 65) or 75th birthday (for multiplier cutoff age 75).



Important Notes:

All insurance applications are subject to our underwriting and acceptance. Submission of an application and payment of premium does not constitute and should not be construed as acceptance by us. We reserve the right to withdraw the plan or reject applications, at anytime or for any reason without notice.

This product summary does not form a part of any contract of insurance. It is intended only to be a simplified description of the product features applicable to this supplementary benefit and is not exhaustive. The contents of this product summary may vary from the terms of cover eventually issued. Please refer to the actual supplementary agreement for all terms and conditions, including exclusions whereby the benefits under your policy may not be paid out. You are advised to read the supplementary agreement. For the avoidance of doubt, only the terms and conditions as set out in the supplementary agreement will bind the parties.

As buying a life insurance policy is a long-term commitment, an early termination of the policy usually involves high costs and the surrender value, if any, that is payable to you may be zero or less than the total premiums paid. You should consider carefully before terminating the policy or switching to a new one as there may be disadvantages in doing so. The new policy may cost more or have fewer benefits at the same cost.



Product Summary for AIA Vitality Benefit on AIA Guaranteed Protect Plus (III) (If membership is enrolled)

Version 1.0

AIA Vitality is a world leading wellness programme that works with you to make real change to your health. You may choose to sign up for AIA Vitality with your AIA Guaranteed Protect Plus (III) policy to enjoy additional benefits. When the Insured signs up as an AIA Vitality member, your policy provides you with an additional Vitality Status-dependent coverage in the form of a PowerUp Dollar, which is payable upon meeting certain criteria.

Benefits

1) PowerUp Dollar Benefit

While your policy and the Insured's AIA Vitality membership are in force, we will pay the PowerUp Dollar (if any) on the earliest occurrence of the following events:

- (a) upon the death of the Insured;
- (b) upon occurrence of any insured event under a supplementary benefit which wholly accelerates the Insured Amount of AIA Guaranteed Protect Plus (III) Accumulator; or
- (c) on the maturity date of AIA Guaranteed Protect Plus (III) Accumulator.

2) Adjustment of PowerUp Dollar at Policy Anniversary

At the commencement of your policy, the Base PowerUp Dollar will be accorded to the policy if the Insured is an AIA Vitality member. The Base PowerUp Dollar is represented as a percentage of the Insured Amount under AIA Guaranteed Protect Plus (III) Accumulator and is given according to the scale below:

Minimum Death Benefit Selected	% of the GPP(III) Accumulator Insured Amount
2x the GPP(III) Accumulator Insured Amount	10%
3x the GPP(III) Accumulator Insured Amount	15%
5x the GPP(III) Accumulator Insured Amount	25%

The PowerUp Dollar may increase or decrease at each policy anniversary depending on the Insured's Vitality status as at 45 days before each policy anniversary.

- (a) The PowerUp Dollar may increase or decrease by the amount of the Base PowerUp Dollar multiplied by the percentage of adjustment corresponding with the Insured's Vitality Status as follows:

Vitality Status	Percentage of Adjustment
Bronze	-10%
Silver	-5%
Gold	0%
Platinum	5%

- (b) The PowerUp Dollar is subject to the following limits:

Minimum PowerUp Dollar Limit	0
Maximum PowerUp Dollar Limit	150% of Base PowerUp Dollar



Key Product Provisions

The following are some key provisions found in the Vitality Benefit endorsement. This is only a brief summary and you are advised to refer to the actual terms and conditions in the Vitality Benefit endorsement. Please consult your AIA Financial Services Consultant or Insurance Representative should you require further explanation.

- 1) Reduction to the Insured Amount of AIA Guaranteed Protect Plus (III) Accumulator upon your Request**
If the Insured Amount of GPP(III) Accumulator is reduced upon your request, the PowerUp Dollar, the Base PowerUp Dollar and the Maximum PowerUp Dollar Limit will each be reduced accordingly.
- 2) Reduction to the Insured Amount of GPP(III) Accumulator upon Admission of a Claim**
If the Insured Amount of GPP(III) Accumulator is reduced upon admission of a claim, the Base PowerUp Dollar and the Maximum PowerUp Dollar limit will each be reduced accordingly.
- 3) Cessation of PowerUp Dollar Adjustments**
While the Insured has a Vitality Status 45 days before any policy anniversary, the PowerUp Dollar will cease to increase or decrease and there will be no further adjustments to the PowerUp Dollar for the remaining duration of your policy upon the later of the following:
 - (a) on the policy anniversary occurring on or immediately following the Insured's 65th birthday (for multiplier cutoff age 65) or 75th birthday (for multiplier cutoff age 75); or
 - (b) on the 15th policy anniversary of your basic policy.
- 4) No Vitality Status**
In the event that the Insured does not have a Vitality Status 45 days before any policy anniversary for any reason, including but not limited to termination of the Insured's AIA Vitality membership, the PowerUp Dollar will be revised to \$0 at the policy anniversary. The revised PowerUp Dollar of \$0 will be used for the purpose of future adjustments of PowerUp Dollar even if the Insured's Vitality Status is revived subsequently.
- 5) Termination**
The Vitality Benefit will automatically terminate on the earliest occurrence of the following:
 - (a) if GPP(III) Accumulator is terminated; or
 - (b) if GPP(III) Accumulator is converted to reduced paid-up insurance or extended term insurance; or
 - (c) if your policy is transferred to another Insured as provided for under AIA Baby Protect Plus (II) supplementary benefit (if applicable); or
 - (d) upon the payment of the PowerUp Dollar.

Important Notes

All insurance applications are subject to our underwriting and acceptance. Submission of an application and payment of premium does not constitute and should not be construed as acceptance by us. We reserve the right to withdraw the plan or reject applications, at anytime or for any reason without notice.

This product summary does not form a part of any contract of insurance. It is intended only to be a simplified description of the product features applicable to this benefit and is not exhaustive. The contents of this product summary may vary from the terms of cover eventually issued. Please refer to the actual endorsement for all terms and conditions, including exclusions whereby the benefits under your policy may not be paid out. You are advised to read the endorsement. For the avoidance of doubt, only the terms and conditions as set out in the endorsement will bind the parties.

As buying a life insurance policy is a long-term commitment, an early termination of the policy usually involves high costs and the surrender value, if any, that is payable to you may be zero or less than the total premiums paid. You should consider carefully before terminating the policy or switching to a new one as there may be disadvantages in doing so. The new policy may cost more or have fewer benefits at the same cost.



**Product Summary for
Critical Protector Life (III) on AIA Guaranteed Protect Plus (III) Accumulator and
Critical Protector Life (III) on AIA Guaranteed Protect Plus (III) Booster**
Version 1.0

These insurance plans are underwritten by AIA Singapore Private Limited (Reg. No. 201106386R) (“we, our, us, AIA Singapore”).

Critical Protector Life (III) on AIA Guaranteed Protect Plus (III) Accumulator (**CPL(III)-Accum**) is a participating supplementary benefit which provides Critical Illness coverage and contributes to the experience of the participating fund. This is an accelerated benefit that accelerates the payment of the insured amount of AIA Guaranteed Protect Plus (III) Accumulator.

Critical Protector Life (III) on AIA Guaranteed Protect Plus (III) Booster (**CPL(III)-Booster**) is a non-participating supplementary benefit which provides Critical Illness coverage up to age 65 or 75 (depending on your choice of multiplier cutoff age of 65 or 75) and ensures that the policyholder will always receive no less than the Minimum Critical Illness Benefit that had been selected.

The Minimum Critical Illness Benefit for Critical Protector Life (III) (**CPL (III)**) is the sum of insured amount under CPL (III)-Accum and CPL(III)-Booster as at the issue date of these supplementary benefits (or otherwise adjusted due to claim or any voluntary reduction in insured amount as requested by you).

Product Benefits

Critical Illness Benefit

If the Insured is diagnosed with any of the covered critical illnesses in the CPL(III)-Accum and CPL(III)-Booster supplementary benefits, and the diagnosis is made:

- (a) before the Expiry Date of CPL(III)-Booster, and both CPL(III)-Accum and CPL(III)-Booster supplementary benefits are in force, we will pay the higher of:
 - (i) Acceleration Percentage on insured amount of CPL(III)-Accum plus applicable bonuses; or
 - (ii) Acceleration Percentage on the Minimum Critical Illness Benefit for CPL (III), less any amount owing to us.
- (b) on and after the Expiry Date of CPL(III)-Booster, and CPL(III)-Booster supplementary benefit is terminated, we will only pay the Acceleration Percentage on insured amount of CPL(III)-Accum plus applicable bonuses, less any amount owing to us.

Expiry Date of CPL(III)-Booster refers to the policy anniversary occurring on or immediately following the Insured’s 65th birthday (for multiplier cutoff age 65) or 75th birthday (for multiplier cutoff age 75).

The Acceleration Percentage is the lower of:

- (a) Claim Percentage; or
- (b) Maximum Claim Limit divided by the higher of:
 - (i) Minimum Critical Illness Benefit for CPL (III); or
 - (ii) insured amount under CPL(III)-Accum plus applicable bonuses.

The Claim Percentage is as follows:

	Claim Percentage
Angioplasty & Other Invasive Treatments for Coronary Artery	10%
Critical Illnesses covered in CPL(III)-Accum and CPL(III)-Booster (except for Angioplasty & Other Invasive Treatments for Coronary Artery)	100%

The Maximum Claim Limit is as follows:

	Maximum Claim Limit
Angioplasty & Other Invasive Treatments for Coronary Artery	\$25,000
Critical Illnesses covered in CPL(III)-Accum and CPL(III)-Booster (except for Angioplasty & Other Invasive Treatments for Coronary Artery)	Not Applicable



There shall only be one claim payment on Angioplasty and Other Invasive Treatment for Coronary Artery.

Payment of the Critical Illness Benefit reduces the insured amount of your basic policy and AIA Guaranteed Protect Plus (III) Booster as well as CPL(III)-Accum and CPL(III)-Booster. We will reduce:

- (a) the insured amount under your basic policy and CPL(III)-Accum by the Acceleration Percentage on the insured amount under CPL(III)-Accum.
- (b) the insured amount under AIA Guaranteed Protect Plus (III) Booster and CPL(III)-Booster by the Acceleration Percentage on the insured amount under CPL(III)-Booster.

Any benefits subsequently payable under the policy and any future premiums will be payable based on the reduced insured amount.

Besides other underwriting limits applicable to this plan, this benefit is also subject to the Critical Illness per life limit of S\$3,000,000 (aggregated with other policies or supplementary benefits issued on the same life). For policies issued in other currencies, a conversion rate as determined by the company will apply.

The critical illnesses covered under CPL(III)-Accum and CPL(III)-Booster supplementary benefits, are:

1. Acquired Brain Damage
2. Acute Severe Ulcerative Colitis
3. Addison disease or Autoimmune Adrenalitis
4. Adrenalectomy for Adrenal Adenoma
5. Alzheimer's Disease / Severe Dementia[^]
6. Angioplasty & Other Invasive Treatment for Coronary Artery[^]
7. Benign Brain Tumour[^]
8. Biliary Atresia
9. Blindness (Irreversible Loss of Sight)[^]
10. Brain Surgery
11. Chronic Auto-Immune Hepatitis
12. Chronic Relapsing Pancreatitis
13. Coma[^]
14. Coronary Artery By-pass Surgery[^]
15. Creutzfeldt-Jakob Disease
16. Deafness (Irreversible Loss of Hearing)[^]
17. Ebola
18. Elephantiasis
19. End Stage Kidney Failure[^]
20. End Stage Liver Failure[^]
21. End Stage Lung Disease[^]
22. Fulminant Hepatitis[^]
23. Generalized Tetanus
24. Heart Attack of Specified Severity[^]
25. HIV Due to Blood Transfusion and Occupationally Acquired HIV[^]
26. Idiopathic Parkinson's Disease[^]
27. Infective Endocarditis
28. Insulin Dependent Diabetes Mellitus
29. Irreversible Aplastic Anaemia[^]
30. Irreversible Loss of Speech[^]
31. Juvenile Huntington Disease
32. Loss of Independent Existence[^]
33. Major Burns[^]
34. Major Cancer[^]
35. Major Head Trauma[^]
36. Major Organ / Bone Marrow Transplantation[^]
37. Medically Acquired HIV infection
38. Medullary Cystic Disease
39. Motor Neurone Disease[^]
40. Multiple Root of Branchial Plexus Injury
41. Multiple Sclerosis[^]
42. Muscular Dystrophy[^]
43. Necrotising Fasciitis
44. Occupationally Acquired Hepatitis B or C
45. Open Chest Heart Valve Surgery[^]
46. Open Chest Surgery to Aorta[^]
47. Osteogenesis Imperfecta
48. Other Serious Coronary Artery Disease[^]
49. Paralysis (Irreversible Loss of Use of Limbs)[^]
50. Persistent Severe Juvenile Rheumatoid Arthritis
51. Persistent Vegetative State (Apallic Syndrome)[^]
52. Pheochromocytoma
53. Poliomyelitis[^]
54. Primary Pulmonary Hypertension[^]
55. Progressive Scleroderma[^]
56. Progressive Supranuclear Palsy
57. Rabies
58. Resection of the whole small intestine (duodenum, jejunum and ileum)
59. Severe Bacterial Meningitis[^]
60. Severe Cardiomyopathy
61. Severe Crohn's Disease
62. Severe Eisenmenger's Syndrome
63. Severe Encephalitis[^]
64. Severe Haemophilia
65. Severe Myasthenia Gravis
66. Severe Pulmonary Fibrosis
67. Stroke with Permanent Neurological Deficit[^]
68. Surgery for Idiopathic Scoliosis
69. Systemic Lupus Erythematosus with Lupus Nephritis[^]
70. Terminal Illness[^]
71. Tuberculosis Meningitis
72. Type 1 Juvenile Spinal Muscular Atrophy
73. Wilson's Disease



^ The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2019). These Critical Illnesses fall under Version 2019. You may refer to www.lia.org.sg for the standard Definitions (Version 2019). For Critical Illnesses that do not fall under Version 2019, the definitions are determined by the insurance company.

The definitions of the above critical illnesses are contained in Appendix A.

Key Product Provisions

The following are some key provisions found in the supplementary agreements of these supplementary benefits. This is only a brief summary and you are advised to refer to the actual terms and conditions in the supplementary agreements. Please consult your AIA Financial Services Consultant or Insurance Representative should you require further explanation.

1) Premium

Premium rates for both CPL(III)-Accum and CPL(III)-Booster are not guaranteed. We may revise the premium rates but we will not do so on an individual basis. The premium rates may be adjusted based on future experience and any changes or amendments to the laws and regulations of Singapore (including but not limited to tax laws and regulations).

2) Waiting Period

We will not pay any benefits for Heart Attack of Specified Severity, Major Cancer, Coronary Artery By-pass Surgery, Angioplasty & Other Invasive Treatment for Coronary Artery or Other Serious Coronary Artery Disease if the date of diagnosis of the Heart Attack of Specified Severity, Major Cancer, Other Serious Coronary Artery Disease or the date of diagnosis of any conditions leading to performance of Coronary Artery By-pass Surgery or Angioplasty & Other Invasive Treatment for Coronary Artery to the Insured was made within 90 days from the later of:

- (a) the issue date of your basic policy or these supplementary benefits, whichever is later; or
- (b) the reinstatement date of your basic policy or these supplementary benefits, whichever is later.

3) General Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the CPL(III)-Accum and CPL(III)-Booster supplementary agreements. The exclusions for both CPL(III)-Accum and CPL(III)-Booster supplementary benefits include, but are not limited, to the following conditions. You are advised to read the CPL(III)-Accum and CPL(III)-Booster supplementary agreements for the full list of exclusions.

- (a) illnesses or surgical procedures other than a diagnosis of a Critical Illness, or surgical procedure performed for a Critical Illness in the CPL(III)-Accum and CPL(III)-Booster supplementary benefits;
- (b) pre-existing illnesses, diseases, impairments or conditions from which the Insured was suffering prior to the issue date or reinstatement date of both CPL(III)-Accum and CPL(III)-Booster supplementary benefits, whichever is later, unless a declaration was made in the application for, or reinstatement of, these supplementary benefits and such application was specifically accepted by us;
- (c) where the diagnosis of Fulminant Hepatitis or Major Cancer of the Insured was, in our opinion, directly or indirectly due to an Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV); or
- (d) deliberate acts that endanger oneself, whether sane or insane, including any of the following:
 - (i) while in violation or attempted violation of the law or resistance to arrest; or
 - (ii) suicide or attempted suicide, intentional self-injury or exposure to exceptional danger (except in an attempt to save human life).



4) Termination

CPL(III)-Accum supplementary benefit shall automatically terminate on the earliest occurrence of the following:

- (a) if any premium for CPL(III)-Accum supplementary benefit remains unpaid at the end of the grace period (except if Premium Pass Option is exercised) and there is insufficient guaranteed cash value under AIA Guaranteed Protect Plus (III) Accumulator to grant an automatic policy loan to pay the outstanding premium;;
- (b) if your basic policy is terminated;
- (c) if your basic policy is converted to reduced paid-up insurance or extended term insurance;
- (d) upon the diagnosis of a Critical Illness or undergoing of surgical procedure for a Critical Illness covered in the CPL(III)-Accum supplementary benefit (except for Angioplasty & Other Invasive Treatment for Coronary Artery);
or
- (e) our receipt of your written request to terminate this supplementary benefit.

CPL(III)-Booster supplementary benefit shall automatically terminate on the earliest occurrence of the following:

- (a) if any premium for CPL(III)-Booster supplementary benefit remains unpaid at the end of the grace period (except if Premium Pass Option is exercised) and there is insufficient guaranteed cash value under AIA Guaranteed Protect Plus (III) Accumulator to grant an automatic policy loan to pay the outstanding premium;
- (b) if your basic policy is terminated;
- (c) if your basic policy is converted to reduced paid-up insurance or extended term insurance;
- (d) if CPL(III)-Accum is terminated;
- (e) upon the diagnosis of a Critical Illness or undergoing of surgical procedure for a Critical Illness covered in the CPL(III)-Booster supplementary benefit (except for Angioplasty & Other Invasive Treatment for Coronary Artery);
or
- (f) on the policy anniversary occurring on or immediately following the Insured's 65th birthday (for multiplier cutoff age 65) or 75th birthday (for multiplier cutoff age 75).

The payment of any premium subsequent to termination of this supplementary benefit should not create any liability for us.

Important Notes

All insurance applications are subject to our underwriting and acceptance. Submission of an application and payment of premium does not constitute and should not be construed as acceptance by us. We reserve the right to withdraw the plans or reject applications, at anytime or for any reason without notice.

This product summary does not form a part of any contract of insurance. It is intended only to be a simplified description of the product features applicable to these supplementary benefits and is not exhaustive. The contents of this product summary may vary from the terms of cover eventually issued. Please refer to the actual supplementary agreements for all terms and conditions, including exclusions whereby the benefits under your policy may not be paid out. You are advised to read the supplementary agreements. For the avoidance of doubt, only the terms and conditions as set out in the supplementary agreements will bind the parties.

Buying a life insurance policy can be a long-term commitment. You should consider carefully before terminating the policy or switching to a new one as there may be disadvantages in doing so. The new policy may cost more or have fewer benefits at the same cost. Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs.



Appendix A

Definition of the Critical Illnesses applicable to:

**Critical Protector Life (III) on AIA Guaranteed Protect Plus (III) Accumulator and
Critical Protector Life (III) on AIA Guaranteed Protect Plus (III) Booster**

Critical Illnesses and Definition	
1	<p>Acquired Brain Damage Acquired Brain Damage refers to a condition where all of the following conditions must be met:</p> <ul style="list-style-type: none"> • the Insured has attained the age of four (4) years old or above; • brain imaging studies and neuro-psychological testing appropriate to the Insured's age have confirmed the presence of moderate to severe brain damage; and • the development of the Insured is delayed by the equivalent of at least two (2) years and there is a need for special childcare and special schooling as confirmed by a Specialist in the relevant field. <p>Brain damage as a result of congenital causes is excluded.</p> <p>Coverage will end on the policy anniversary occurring on or immediately following the Insured's 21st birthday.</p>
2	<p>Acute Severe Ulcerative Colitis The Acute Severe Ulcerative Colitis is defined as emergency medical condition and requires hospitalization for prompt treatment.</p> <p>The unequivocal Diagnosis of Acute Severe Ulcerative Colitis is finalised by gastroenterologist and being supported by all of following criteria:</p> <ul style="list-style-type: none"> • Frequency of bloody stools (≥ 6 per day) and • at least one marker of systemic toxicity: pulse rate >90 bpm, temperature $>37.8^{\circ}\text{C}$, haemoglobin <10.5 g/dl and/or an ESR >30 mm/h, • Ulcerative Colitis is uncontrolled by medication and surgery of colectomy is done. • The Crohn's disease is excluded.
3	<p>Addison disease or Autoimmune Adrenalitis Addison disease (or Addison's disease, autoimmune adrenalitis) is adrenocortical insufficiency due to the destruction or dysfunction of the entire adrenal cortex. The unequivocal Diagnosis is confirmed by endocrinologist.</p> <p>The Diagnosis of Addison disease (or Addison's disease, autoimmune adrenalitis) must be supported by all of following:</p> <ul style="list-style-type: none"> • There is raised of blood ACTH greater than 50 pg/ml • There is evidence of no response of raised aldosterone (serum cortisone) with ACTH test. • There is a need for life long glucocorticoid and mineral corticoid replacement therapy. <p>Only autoimmune cause of primary adrenal insufficiency is included.</p> <p>All other causes of adrenal insufficiency are excluded.</p>
4	<p>Adrenalectomy for Adrenal Adenoma The actual undergoing of Adrenalectomy for treatment of poorly controlled systemic hypertension that was secondary to an aldosterone secreting adrenal adenoma and was uncontrolled by medical therapy. The adrenalectomy would have to be deemed necessary for the management of poorly controlled hypertension by a Specialist.</p>
5	<p>Alzheimer's Disease / Severe Dementia Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Insured. This Diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by our appointed Physician.</p>



Critical Illnesses and Definition	
	<p>The following are excluded:</p> <ul style="list-style-type: none"> • Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol related brain damage.
6	<p>Angioplasty & Other Invasive Treatment for Coronary Artery The actual undergoing of balloon angioplasty or similar intra arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one (1) or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.</p> <p>Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.</p> <p>Diagnostic angiography is excluded.</p>
7	<p>Benign Brain Tumour Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:</p> <ul style="list-style-type: none"> • It has undergone surgical removal or, if inoperable, has caused a Permanent Neurological Deficit; and • Its presence must be confirmed by a consultant neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. <p>The following are excluded:</p> <ul style="list-style-type: none"> • Cysts; • Abscess; • Angioma; • Granulomas; • Vascular Malformations; • Haematomas; and • Tumours of the pituitary gland, spinal cord and skull base.
8	<p>Biliary Atresia having undergone Liver transplantation Biliary atresia (BA) is a progressive, idiopathic, fibro-obliterative disease of the extra-hepatic biliary tree that presents with biliary obstruction and has undergone liver transplantation or is on a registered liver transplantation waiting list.</p> <p>The Diagnosis should be confirmed by a gastroenterologist with supporting evidence including imaging, laboratory tests and liver biopsy.</p> <p>Biliary atresia due to other disease is excluded.</p>
9	<p>Blindness (Irreversible Loss of Sight) Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.</p> <p>The blindness must not be correctable by surgical procedures, implants or any other means.</p>
10	<p>Brain Surgery Brain Surgery refers to the actual undergoing of a craniotomy and medically necessary surgery to the brain under general anaesthesia on the recommendation by a qualified Specialist in the relevant field. Brain Surgery as a result of an accident or burr hole surgery solely to remove a blood clot is excluded.</p>
11	<p>Chronic Auto-Immune Hepatitis A chronic necro-inflammatory liver disorder of unknown cause associated with circulating auto-antibodies and a high serum globulin level.</p>



Critical Illnesses and Definition	
	<p>The Diagnosis must be based on all of the following criteria:</p> <ul style="list-style-type: none"> • hyper-gammaglobulinaemia • the presence of at least one of the following auto-antibodies: <ul style="list-style-type: none"> - Anti-Nuclear Antibody; - Anti-smooth muscle antibodies; - Anti-actin antibodies; - Anti-LKM-1 antibodies; - Anti- LC1 antibodies; or - Anti-SLA/LP antibodies • Liver Biopsy confirmation of the Diagnosis of auto-immune hepatitis <p>This is only covered if the Insured is treated with Immunosuppressive therapy for six (6) months duration or is documented to be under the care of Specialist in gastroenterology or hepatology for six (6) months duration.</p>
12	<p>Chronic Relapsing Pancreatitis Multiple attacks of pancreatitis resulting in pancreatic dysfunction causing malabsorption needing enzyme replacement therapy.</p> <p>The Diagnosis must be made by a gastroenterologist and supported by appropriate investigation results.</p> <p>Chronic Relapsing Pancreatitis caused by alcohol or drug abuse is excluded.</p>
13	<p>Coma A coma that persists for at least 96 hours. This Diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> • No response to external stimuli for at least 96 hours; • Life support measures are necessary to sustain life; and • Brain damage resulting in Permanent Neurological Deficit which must be assessed at least 30 days after the onset of the coma. <p>For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.</p>
14	<p>Coronary Artery By-pass Surgery The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one (1) or more coronary arteries with bypass grafts. This Diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.</p> <p>Angioplasty and all other intra arterial, catheter based techniques, 'keyhole' or laser procedures are excluded.</p>
15	<p>Creutzfeldt-Jakob Disease The occurrence of Creutzfeldt-Jakob Disease or Variant Creutzfeldt-Jakob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform at least three (3) of the six (6) "Activities of Daily Living".</p> <p>Disease caused by human growth hormone treatment is excluded.</p>
16	<p>Deafness (Irreversible Loss of Hearing) Total and irreversible loss of hearing in both ears as a result of illness or accident. This Diagnosis must be supported by audiometric and sound threshold tests provided and certified by an Ear, Nose, Throat (ENT) Specialist.</p> <p>Total means "the loss of at least 80 decibels in all frequencies of hearing".</p> <p>Irreversible means "cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of six (6) months from the date of intervention."</p>



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17	<p>Ebola Infection with the Ebola virus where the following conditions are met:</p> <ul style="list-style-type: none"> • presence of the Ebola virus has been confirmed by laboratory testing; and • there are ongoing complications of the infection persisting beyond 30 days from the onset of symptoms.
18	<p>Elephantiasis The end-stage lesion of filariasis, characterised by massive swelling in the tissues of the body as a result of obstructed circulation in the blood or lymphatic vessels.</p> <p>Unequivocal Diagnosis of elephantiasis must be:</p> <ul style="list-style-type: none"> • clinically confirmed by a Physician in the appropriate medical specialty; and • supported by laboratory confirmation of microfilariae <p>Lymphedema caused by infection with any other disease(s), trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.</p>
19	<p>End Stage Kidney Failure Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.</p>
20	<p>End Stage Liver Failure End stage liver failure as evidenced by all of the following:</p> <ul style="list-style-type: none"> • Permanent jaundice; • Ascites; and • Hepatic encephalopathy. <p>Liver disease secondary to alcohol or drug abuse is excluded.</p>
21	<p>End Stage Lung Disease End stage lung disease, causing chronic respiratory failure. This Diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> • FEV₁ test results which are consistently less than one (1) litre; • Permanent supplementary oxygen therapy for hypoxemia; • Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ <=55mmHg); and • Dyspnea at rest. <p>The Diagnosis must be confirmed by a respiratory Physician.</p>
22	<p>Fulminant Hepatitis A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure.</p> <p>This Diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none"> • Rapid decreasing of liver size as confirmed by abdominal ultrasound; • Necrosis involving entire lobules, leaving only a collapsed reticular framework; • Rapid deterioration of liver function tests; • Deepening jaundice; and • Hepatic encephalopathy.
23	<p>Generalized Tetanus Tetanus is an illness characterised by an acute onset of hypertonia, painful muscular contractions (including but not limited to the muscles of the jaw and neck) and generalised muscle spasms caused by tetanus toxin that is produced by Clostridium tetani bacterium infection.</p> <p>The Diagnosis of Generalised Tetanus due to tetanus toxin must be confirmed by a Physician.</p>



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	<p>All the following criteria must be met to qualify for this benefit:</p> <ul style="list-style-type: none"> • Constant mechanical ventilation is instituted for at least three (3) days as a medically necessary treatment for Generalised Tetanus due to tetanus toxin; and • Tetanus immune Globulin is administered.
24	<p>Heart Attack of Specified Severity Death of heart muscle due to ischaemia, that is evident by at least three (3) of the following criteria proving the occurrence of a new heart attack:</p> <ul style="list-style-type: none"> • History of typical chest pain; • New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block; • Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above; • Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by consultant cardiologist specified by us. <p>For the above definition, the following are excluded:</p> <ul style="list-style-type: none"> • Angina; • Heart attack of indeterminate age; and • A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. <p>Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml</p>
25	<p>HIV Due to Blood Transfusion and Occupationally Acquired HIV</p> <p>A) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:</p> <ul style="list-style-type: none"> • The blood transfusion was medically necessary or given as part of a medical treatment; • The blood transfusion was received in Singapore after the Issue Date, date of endorsement or Reinstatement Date of your Policy/ Supplementary Agreement (where applicable), whichever is the later; and • The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood. <p>B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or Reinstatement Date of your Policy/ Supplementary Agreement (where applicable), whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to our satisfaction:</p> <ul style="list-style-type: none"> • Proof that the accident involved a definite source of the HIV infected fluids; • Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within five (5) days of the accident; and • HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded. <p>This benefit is only payable when the occupation of the Insured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore).</p> <p>This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.</p>



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26	<p>Idiopathic Parkinson's Disease The unequivocal Diagnosis of idiopathic Parkinson's Disease by a consultant neurologist.</p> <p>This Diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> • The disease cannot be controlled with medication; and • Inability of the Insured to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living" for a continuous period of at least six (6) months. <p>For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>
27	<p>Infective Endocarditis Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:</p> <ul style="list-style-type: none"> • Positive result of the blood culture proving presence of the infectious organism(s); • Presence of at least moderate heart valve incompetence (heart valve regurgitant) or moderate heart valve stenosis attributable to Infective Endocarditis; and • The unequivocal Diagnosis and the severity of valvular impairment are confirmed by a consultant cardiologist and supported by echocardiogram or other reliable imaging technique
28	<p>Insulin Dependent Diabetes Mellitus refers to a condition where all of the following diagnostic conditions must be met:</p> <ul style="list-style-type: none"> • there is an on-going absence of insulin production by the pancreas due to auto-immune disease; • exogenous insulin administration is medically necessary to maintain normal glucose metabolism as Diagnosed by a consultant endocrinologist; and • the condition has been present for at least six (6) months. <p>Coverage will end on the policy anniversary occurring on or immediately following the Insured's 21st birthday.</p>
29	<p>Irreversible Aplastic Anaemia Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one (1) of the following:</p> <ul style="list-style-type: none"> • Blood product transfusion; • Bone marrow stimulating agents; • Immunosuppressive agents; or • Bone marrow or haematopoietic stem cell transplantation. <p>The Diagnosis must be confirmed by a haematologist.</p>
30	<p>Irreversible Loss of Speech Total and irreversible loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This Diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) Specialist.</p> <p>All psychiatric related causes are excluded.</p>
31	<p>Juvenile Huntington Disease Diagnosis of Juvenile Huntington Disease with genetic test is confirmed by a Specialist who is a Pediatrician. There must be evidence of all the following:</p> <ul style="list-style-type: none"> • Movement disorder due to Juvenile Huntington Disease • Cognitive disorder due to Juvenile Huntington Disease; and • Behaviour disorder due to Juvenile Huntington Disease



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	Coverage will end on the policy anniversary occurring on or immediately following the Insured's 21 st birthday.
32	<p>Loss of Independent Existence A condition as a result of a disease, illness or injury whereby the Insured is unable to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living", for a continuous period of six (6) months.</p> <p>This condition must be confirmed by our appointed Physician.</p> <p>Non-organic diseases such as neurosis and psychiatric illnesses are excluded.</p> <p>For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>
33	<p>Major Burns Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured's body.</p>
34	<p>Major Cancer A malignant tumour positively Diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.</p> <p>The term Major Cancer includes, but is not limited to leukemia, lymphoma and sarcoma.</p> <p>Major Cancer Diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.</p> <p>For the above definition, the following are excluded:</p> <ul style="list-style-type: none"> • All tumours which are histologically classified as any of the following: <ul style="list-style-type: none"> - Pre-malignant; - Non-invasive; - Carcinoma-in-situ (Tis) or Ta; - Having borderline malignancy; - Having any degree of malignant potential; - Having suspicious malignancy; - Neoplasm of uncertain or unknown behaviour; or - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia; • Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond; • Malignant melanoma that has not caused invasion beyond the epidermis; • All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification; • All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; • All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below; • All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below; • All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below; • Chronic Lymphocytic Leukaemia less than RAI Stage 3; • All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and • All tumours in the presence of HIV infection.
35	<p>Major Head Trauma Accidental head injury resulting in Permanent Neurological Deficit to be assessed no sooner than six (6) weeks from the date of the accident. This Diagnosis must be confirmed by a consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.</p>



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	<p>"Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head Injury.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Spinal cord injury; and • Head injury due to any other causes.
36	<p>Major Organ / Bone Marrow Transplantation The receipt of a transplant of:</p> <ul style="list-style-type: none"> • Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or • One (1) of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end stage failure of the relevant organ. <p>Other stem cell transplants are excluded.</p>
37	<p>Medically Acquired HIV infection The Insured being infected by Human Immunodeficiency Virus (HIV) provided that:</p> <ul style="list-style-type: none"> • The infection is due to an operation or a medical or dental procedure after the Issue Date, date of endorsement or Reinstatement Date of your Policy/ Supplementary Agreement (where applicable); and • The institution which provided the operation or the medical or dental procedure admits liability or there is a final court verdict that cannot be appealed indicating such liability; and • The infected Insured is not a haemophiliac. <p>The incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures.</p> <p>This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS.</p> <p>Infection in any other manner, including infection as a result of sexual activity or recreational intravenous drug use is excluded. The insurer must have open access to all blood samples of the Insured and reserves the right to obtain independent testing of such blood samples.</p>
38	<p>Medullary Cystic Disease Medullary Cystic Disease where the following criteria are met:</p> <ul style="list-style-type: none"> • the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis; • clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and • the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. <p>Isolated or benign kidney cysts are specifically excluded from this benefit.</p>
39	<p>Motor Neurone Disease Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This Diagnosis must be confirmed by a consultant neurologist as progressive and resulting in Permanent Neurological Deficit.</p>
40	<p>Multiple Root of Branchial Plexus Injury The complete and permanent loss of use and sensory functions of an upper extremity caused by Injury of 2 or more nerve roots of the brachial plexus through accident or disease.</p> <p>Complete injury of 2 or more nerve roots should be confirmed by electrodiagnostic study or imaging technique done by physiatrist or consultant neurologist.</p>



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41	<p>Multiple Sclerosis The definite Diagnosis of Multiple Sclerosis, and must be supported by all of the following:</p> <ul style="list-style-type: none"> • Investigations which unequivocally confirm the Diagnosis to be Multiple Sclerosis; and • Multiple neurological deficits which occurred over a continuous period of at least six (6) months. <p>Other causes of neurological damage such as SLE and HIV are excluded.</p>
42	<p>Muscular Dystrophy The unequivocal Diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Insured to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living" for a continuous period of at least six (6) months.</p> <p>For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>
43	<p>Necrotising Fasciitis The occurrence of necrotising fasciitis where the following conditions are met:</p> <ul style="list-style-type: none"> • the usual clinical criteria of necrotising fasciitis are met; • the bacteria identified is a known cause of necrotising fasciitis; and • there is widespread destruction of muscle and other soft tissues that results in a total and permanent loss of function of the affected body part.
44	<p>Occupationally Acquired Hepatitis B or C Infection with the Hepatitis B or C virus which resulted from an accident occurring after the Issue Date, date of endorsement or Reinstatement Date of your Policy/ Supplementary Agreement (where applicable), whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation, provided that all of the following are proven to Our satisfaction:</p> <ul style="list-style-type: none"> • Proof of the accident giving rise to the infection must be reported to us within 30 days of the accident taking place; • Proof that the accident involved a definite source of the hepatitis B or C infected fluids; • There is a need for antiviral therapy as a consequence of proven seroconversion; • Hepatitis B or C infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded. <p>This benefit is only payable when the occupation of the Insured is a Physician, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic.</p> <p>We would not be liable if there had been failure to observe any proper defined procedural practice or occupation required vaccination practices.</p>
45	<p>Open Chest Heart Valve Surgery The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The Diagnosis of heart valve abnormality must be supported by cardiac catheterisation or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.</p>
46	<p>Open Chest Surgery to Aorta The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.</p> <p>Surgery performed using only minimally invasive or intra arterial techniques are excluded.</p>



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47	<p>Osteogenesis Imperfecta This is a genetic disorder characterised by brittle, osteoporotic, easily fractured bones. The Insured must be Diagnosed as a type III Osteogenesis Imperfecta confirmed by the occurrence of all of the following conditions:</p> <ul style="list-style-type: none"> • the result of physical examination of the Insured by a Specialist in the relevant field that the Insured suffers from growth retardation and hearing impairment; and • the result of X-ray studies reveals multiple fracture of bones and progressive kyphoscoliosis; and • positive result of skin biopsy. <p>The Diagnosis must be confirmed by a Specialist in the relevant field.</p>
48	<p>Other Serious Coronary Artery Disease The narrowing of the lumen of at least one (1) coronary artery by a minimum of 75% and of two (2) others by a minimum of 60%, as proven by invasive coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed.</p> <p>Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.</p> <p>Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.</p>
49	<p>Paralysis (Irreversible Loss of Use of Limbs) Total and irreversible loss of use of at least two (2) entire limbs due to injury or disease persisting for a period of at least six (6) weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.</p> <p>Self-inflicted injuries are excluded.</p>
50	<p>Persistent Severe Juvenile Rheumatoid Arthritis The unequivocal Diagnosis of Rheumatoid Arthritis by a consultant rheumatologist, with widespread joint destruction and major clinical deformity of at least three (3) of the following joints area:</p> <ol style="list-style-type: none"> (a) Hands; (b) Wrists; (c) Elbows; (d) Knees; (e) Hips; (f) Ankle; (g) Cervical spine; or (h) Metatarsophalangeal joints in the feet <p>The symptoms of arthritis must have persisted for at least one (1) year.</p> <p>Coverage will end on the policy anniversary occurring on or immediately following the Insured's 21st birthday.</p>
51	<p>Persistent Vegetative State (Apallic Syndrome) Universal necrosis of the brain cortex with the brainstem intact. This Diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one (1) month.</p>
52	<p>Pheochromocytoma Pheochromocytomas are tumors originating in the catecholamine-producing chromaffin cells of the adrenal medulla.</p> <p>The Diagnosis of Pheochromocytoma must be confirmed by an endocrinologist. There is actual undergoing of surgery to remove the tumour.</p> <p>Neuroendocrine tumour (NET) is specifically excluded.</p>



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53	<p>Poliomyelitis The occurrence of Poliomyelitis where the following conditions are met:</p> <ul style="list-style-type: none"> • Poliovirus is identified as the cause, • Paralysis of the limb muscles or respiratory muscles must be present and persist for at least three (3) months. <p>The Diagnosis must be confirmed by a consultant neurologist or Specialist in the relevant medical field.</p>
54	<p>Primary Pulmonary Hypertension Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.</p> <p>The NYHA Classification of Cardiac Impairment:</p> <p>Class I No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.</p> <p>Class II Slight limitation of physical activity. Ordinary physical activity results in symptoms.</p> <p>Class III Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>Class IV Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p>
55	<p>Progressive Scleroderma A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This Diagnosis must be unequivocally confirmed by a consultant rheumatologist and supported by biopsy or equivalent confirmatory test and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Localised scleroderma (linear scleroderma or morphea); • Eosinophilic fasciitis; and • CREST syndrome.
56	<p>Progressive Supranuclear Palsy Progressive Supranuclear Palsy occurring independently of all other causes and resulting in a Permanent Neurological Deficit, which is directly responsible for a permanent inability to perform at least three (3) of the six (6) "Activities of Daily Living".</p> <p>The Diagnosis of Progressive Supranuclear Palsy must be confirmed by a Physician who is a consultant neurologist.</p>
57	<p>Rabies An infection by Rabies virus associated with all of these following signs and symptoms of Rabies namely muscle fasciculations, delirium, psychosis, seizures and aphasia.</p> <p>We will not pay for this Infectious Disease Benefit if the Insured undergoes only the prophylactic post exposure vaccination, without having developed the aforementioned symptoms.</p>
58	<p>Resection of the whole small intestine (duodenum, jejunum and ileum) Complete surgical removal of the whole small intestine including the duodenum, jejunum and ileum as a result of illness or an accident of the Insured.</p> <p>Partial removal of the small intestine is excluded in this benefit.</p>
59	<p>Severe Bacterial Meningitis Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and Permanent Neurological Deficit. The neurological deficit must persist for at least six (6) weeks.</p>



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	<p>This Diagnosis must be confirmed by:</p> <ul style="list-style-type: none"> • The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and • A consultant neurologist. <p>Bacterial Meningitis in the presence of HIV infection is excluded.</p>
60	<p>Severe Cardiomyopathy</p> <p>The unequivocal Diagnosis of Cardiomyopathy which have resulted in the presence of permanent physical impairments of at least Class IV of the New York Heart Association (NYHA) classification of Cardiac Impairment.</p> <p>The Diagnosis must be confirmed by a consultant cardiologist.</p> <p>Cardiomyopathy that is directly related to alcohol misuse is excluded.</p> <p>The NYHA Classification of Cardiac Impairment:</p> <p>Class I No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.</p> <p>Class II Slight limitation of physical activity. Ordinary physical activity results in symptoms.</p> <p>Class III Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>Class IV Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p>
61	<p>Severe Crohn's Disease</p> <p>Crohn disease is an idiopathic, chronic inflammatory process that can affect any part of the gastrointestinal tract from the mouth to the anus.</p> <p>The unequivocal Diagnosis of Crohn's disease is confirmed by gastroenterologist. To be considered as severe, there must be evidence all of the following criteria:</p> <ul style="list-style-type: none"> • There is evidence of Crohn's disease in histopathology • The Crohn's disease cannot be controlled with medication. • There is at least one (1) bowel segment resection for treatment of complication of Crohn's disease. <p>The inflammation bowel disease other than Crohn's disease is excluded.</p>
62	<p>Severe Eisenmenger's Syndrome</p> <p>Eisenmenger's Syndrome shall mean the occurrence of a reversed shunt as a result of pulmonary hypertension, caused by a heart disorder.</p> <p>All of the following criteria must be met:</p> <ul style="list-style-type: none"> • The unequivocal Diagnosis of Eisenmenger's Syndrome is confirmed by consultant cardiologist. • There is history of left to right shunt heart disease before the date of Diagnosis of Eisenmenger's Syndrome. The Diagnosis of left to right shunt heart disease must be supported by echocardiogram or other reliable imaging studies. • There is evidence of reversed shunt (from left -right shunt to right -left shunt) newly occurred on the date of Diagnosis of Eisenmenger's Syndrome. • Eisenmenger Syndrome has developed to the irreversible stage and there is no any operation available to correct the abnormality. • Presence of permanent physical impairment classified as NYHA IV.



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	<p>The NYHA Classification of Cardiac Impairment:</p> <p>Class I No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.</p> <p>Class II Slight limitation of physical activity. Ordinary physical activity results in symptoms.</p> <p>Class III Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>Class IV Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p>
63	<p>Severe Encephalitis Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in Permanent Neurological Deficit which must be documented for at least six (6) weeks.</p> <p>This Diagnosis must be certified by a consultant neurologist, and supported by any confirmatory diagnostic tests.</p> <p>Encephalitis caused by HIV infection is excluded.</p>
64	<p>Severe Haemophilia The Insured must be suffering from severe haemophilia A (VIII deficiency) or haemophilia B (IX deficiency) with factor VIII or factor IX activity levels less than one percent (1%).</p> <p>Diagnosis must be confirmed by a qualified haematologist acceptable to the Us.</p> <p>The coagulation-disease other than haemophilia A (VIII deficiency) or haemophilia B (IX deficiency) are excluded.</p>
65	<p>Severe Myasthenia Gravis An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:</p> <ul style="list-style-type: none"> • Presence of permanent muscle weakness categorised as Class III, IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and • The Diagnosis of Myasthenia Gravis and categorisation are confirmed by a Physician who is a consultant neurologist. <p>Myasthenia Gravis Foundation of America Clinical Classification:</p> <p>Class I Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere</p> <p>Class II Eye muscle weakness of any severity, mild weakness of other muscles</p> <p>Class III Eye muscle weakness of any severity, moderate weakness of other muscles</p> <p>Class IV Eye muscle weakness of any severity, severe weakness of other muscles</p> <p>Class V Intubation needed to maintain airway</p>
66	<p>Severe Pulmonary Fibrosis Severe and diffuse type of pulmonary fibrosis requiring extensive and permanent oxygen therapy at least eight (8) hours per day.</p> <p>The unequivocal Diagnosis must be confirmed with lung biopsy and by a Specialist in respiratory medicine.</p>
67	<p>Stroke with Permanent Neurological Deficit A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in Permanent Neurological Deficit.</p>



Critical Illnesses and Definition	
	<p>This Diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> • Evidence of permanent clinical neurological deficit confirmed by a consultant neurologist at least six (6) weeks after the event; and • Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the Diagnosis of a new stroke. <p>The following are excluded:</p> <ul style="list-style-type: none"> • Transient Ischaemic Attacks; • Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease; • Vascular disease affecting the eye or optic nerve; • Ischaemic disorders of the vestibular system; and • Secondary haemorrhage within a pre-existing cerebral lesion.
68	<p>Surgery for Idiopathic Scoliosis The unequivocal Diagnosis of idiopathic scoliosis is confirmed by an orthopaedic surgeon.</p> <p>This scoliosis condition means that the spine curvature angle is equal or more than 40 Cobb angle degree. Surgery to correct abnormal spine curvature to its normal shape (as a straight line viewed from the back) is actually performed.</p> <p>The following conditions are excluded:</p> <ul style="list-style-type: none"> • scoliosis due to injury or other disease • Kyphosis • Lordosis.
69	<p>Systemic Lupus Erythematosus with Lupus Nephritis The unequivocal Diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of your Policy/ Supplementary Agreement (where applicable), systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final Diagnosis must be confirmed by a Physician specialising in Rheumatology and Immunology.</p> <p>The RPS/ISN classification of lupus nephritis:</p> <p>Class I Minimal mesangial lupus nephritis</p> <p>Class II Mesangial proliferative lupus nephritis</p> <p>Class III Focal lupus nephritis (active and chronic; proliferative and sclerosing)</p> <p>Class IV Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global)</p> <p>Class V Membranous lupus nephritis</p> <p>Class VI Advanced sclerosis lupus nephritis</p>
70	<p>Terminal Illness The conclusive Diagnosis of an illness that is expected to result in the death of the Insured within 12 months. This Diagnosis must be supported by a Specialist and confirmed by our appointed Physician.</p> <p>Terminal illness in the presence of HIV infection is excluded.</p>



Critical Illnesses and Definition	
71	<p>Tuberculosis Meningitis Tuberculosis Meningitis refers to meningitis proven to be caused by mycobacterium tuberculosis that causes a Permanent Neurological Deficit that results in either:</p> <p>(a) severe cognitive impairment documented by standard neuro-psychological that results in the need for continuous supervision; or</p> <p>(b) physical impairment that results in a Permanent inability to perform at least one (1) of the six (6) “Activities of Daily Living”.</p> <p>Meningitis occurring in the presence of HIV infection is excluded.</p>
72	<p>Type 1 Juvenile Spinal Muscular Atrophy Degenerative diseases of the anterior horn cells in the spinal cord and motor nuclei of the brainstem characterised by profound proximal muscular weakness and wasting, primarily in the legs, followed by distal muscle involvement.</p> <p>The unequivocal Diagnosis of Type 1 Juvenile Spinal Muscular Atrophy (SMA) is confirmed by Specialist.</p> <p>The damage must result independently of all other causes and directly in the Insured's permanent inability to perform (whether aided or unaided) at least three (3) of the “Activities of Daily Living” (ADLs) for a continuous period of six (6) months.</p> <p>The Diagnosis must be made by a consultant neurologist with appropriate neuromuscular testing such as Electromyogram (EMG).</p> <p>For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p> <p>Juvenile Spinal Muscular Atrophy (SMA) other than Type 1 is excluded from this benefit.</p> <p>Coverage will end on the policy anniversary occurring on or immediately following the Insured's 21st birthday.</p>
73	<p>Wilson's Disease A potentially fatal disorder of copper toxicity characterised by progressive liver disease and/or neurologic deterioration due to copper deposit.</p> <p>The Diagnosis must be confirmed by a Specialist in the relevant field and the treatment with a chelating agent must be documented for at least six (6) months.</p>