

**COMPLIMENTARY TRAVEL INSURANCE FOR UOB CARDS**  
**UOB Visa Signature, UOB ONE Visa Signature,**  
**UOB Preferred Platinum American Express, UOB PRVI Miles American Express,**  
**UOB PRVI Miles World Mastercard, UOB PRVI Miles Visa, UOB YOLO & KrisFlyer UOB Credit Cards**

This document sets out the terms of cover provided by United Overseas Insurance Ltd. (“UOI”, the “Company”) under Master Policy Number DHOP131160511602 (“Master Policy”) for the benefit of the principal cardmembers (“Cardmembers”) of UOB Visa Signature, UOB ONE Visa Signature, UOB Preferred Platinum American Express, UOB PRVI Miles American Express, UOB PRVI Miles World Mastercard, UOB PRVI Miles Visa cards, UOB YOLO cards & KrisFlyer UOB Credit Cards (each of the above cards, an “Eligible Card”).

The Master Policy is issued by United Overseas Insurance Ltd. (“UOI”, the “Company”), and is also the underwriter of the Master Policy.

In consideration of the payment of premium by United Overseas Bank Limited (“UOB”), UOI agrees that the benefits under the Master Policy is free of charge for Cardmembers, applies for an overseas trip which the corresponding airfare has been charged on the Eligible Card subject to terms of the contained herein.

This benefit may change from time to time or discontinued altogether following a decision by UOB or UOI, and are available in accordance with the terms of our policy with UOI, extract of which is reproduced below in Appendix A.

Cardmembers will have the right to make claims on their own behalf with UOI as Insured Persons of the Master Policy within the relevant Terms, Conditions and Exclusion as identified herein.

**SUMMARY OF BENEFITS (Policy Schedule)**

<b>TABLE OF BENEFITS AND LIMITS</b>	
<b>Insured Person</b>	Cardmember only
<b>Personal Accident Coverage</b>	
<b>Scheduled Public Conveyance Accidental Death or Permanent Disablement</b>	S\$500,000
<b>Emergency Medical Assistance</b>	
<b>Emergency Medical Assistance, Evacuation &amp; Repatriation</b> Call Collect International SOS at (65) 6337 9126	- up to S\$50,000 per person

**Appendix A**

**DEFINITIONS**

For the purposes of this Policy

- (1) “Cardmember” shall mean the holder of a valid unexpired Card as specified in the Schedule issued by the Policyholder in Singapore and who at the time of a covered claim or loss is still a bona fide Cardmember.
- (2) “Immediate Family Members” shall mean the following:
  - (a) the Cardmember's legally married spouse who has not been legally separated or divorced from the Cardmember; and
  - (b) all the Cardmember's legally dependent children including step-children and legally adopted children, each of whom has attained the age of 3 months but has not attained the age of 23 years and is unemployed and unmarried.
- (3) “Scheduled Public Conveyance” shall mean any air, land or water conveyance which is duly licensed for the regular transportation of fare-paying passengers and operates to fixed, established and regular schedules and routes. It excludes all modes of transportation that are chartered or arranged as part of a tour even if the services are regularly scheduled, any hired or rental car or any conveyance operated for the purpose of amusement or entertainment.

- (4) "Loss of a limb" shall mean entire physical loss occasioned by physical separation of a hand or foot at or above the wrist or ankle or of an arm or leg at or above the elbow or knee.
- (5) "Loss of eye" shall mean total and irrecoverable loss of sight of the eye.
- (6) "Accident" shall mean an unforeseen and unexpected event.
- (7) "Injury" shall mean bodily injury caused by an Accident and which shall have occurred solely by and independently of any other causes. Such bodily injury includes injuries resulting in permanent disability or death.
- (8) "Illness" shall mean any noticeable change in the physical health of an Insured Person due to a medical condition contracted, commencing or manifesting while overseas during the Period of Insurance in which the Insured Person seeks the care of a Qualified Medical Practitioner acting within the scope of his/her license to treat the Illness for which the claim is made provided the Illness is not Pre-existing and the nature of the Illness is not excluded from this Policy.
- (9) "Pre-existing Condition" shall mean any Injury, Illness or physical condition,
  - (a) for which treatment, or medication, or advice, or diagnosis has been sought or received during the twelve (12) months prior to the commencement of the trip,
  - (b) which was known by the Insured Person to exist prior to the commencement of the trip whether or not treatment, or medication, or advice, or diagnosis was sought or received.
- (10) "Qualified Medical Practitioner" shall mean a legally licensed physician or surgeon duly registered and practising within the scope of his/her license pursuant to the laws of the country in which such practice is maintained. The attending Qualified Medical Practitioner shall not be the Insured Person, the Insured Person's spouse, the travelling companion of the Insured Person, or a person who is related to the Insured Person.
- (11) "Home Country" shall mean any country to which the Insured Person is granted rights of citizenship or permanent residence by the respective governmental authorities
- (12) "Proposal" shall mean any signed application or proposal form and declaration and/or any information supplied by or on behalf of the Policyholder in addition thereto or in substitution thereof.
- (13) "Terms of this Policy" shall collectively mean the terms, limitations, warranties, Exclusions and Conditions contained herein or endorsed hereon.

## **OPERATION OF INSURANCE COVERAGE**

This Policy (including the Schedule, Proposal and Endorsements, if any) shall constitute the entire contract of this insurance and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout. Any word in the masculine gender shall also include the feminine gender where applicable.

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## **SCHEDULED PUBLIC CONVEYANCE PERSONAL ACCIDENT**

The insurance coverage for the Insured Person shall operate only when he is taking a trip anywhere in the world during the Period of Insurance and only when he is riding solely as a fare-paying passenger in, boarding or alighting from :-

- (1) a Scheduled Public Conveyance provided that the entire fare for travel on such Scheduled Public Conveyance has been fully charged in advance of the scheduled departure time to the Eligible Card maintained with the Policyholder; or
- (2) any conveyance while travelling directly to place of departure immediately preceding scheduled departure or from the place of arrival immediately following scheduled arrival of such Scheduled Public Conveyance on which the Insured Person is covered by this Policy, provided that the entire fare for travel on such Scheduled Public Conveyance has been fully charged in advance of the scheduled departure time to the Eligible Card maintained with the Policyholder.

against loss (as specified below) resulting directly and independently of all other causes from accidental bodily injuries occurring during the Period of Insurance provided that such loss shall:-

- (a) occur within one year from the date of the Accident sustained by the Insured Person; and
- (b) not more than one of these sums (the greatest), but always not exceeding in total 100% of the Insured Person's Principal Sum as specified in the Table of Benefits and Limits, shall be payable for such injuries resulting from any one Accident and any Period of Insurance in respect of any one individual Insured Person.
- (c) If at the date of the Accident the Insured Person has before the date of the Accident already suffered any loss as specified above, such specific loss shall not be included in assessing the amount of benefit payable under this Policy.

**Percentage of the Insured Person's  
Principal Sum as specified in the Table  
of Benefits and Limits**

**Specification of Loss**

(1) Death	100%
(2) Loss of one or more Limbs	100%
(3) Loss of both Eyes	100%
(4) Permanent Total Disablement from gainful employment of any and every kind	100%

**PROVISION**

No benefits will be payable:

- (a) Under (1) or (2) or (3) unless such death or loss occurs within twelve months from the date of Injury
- (b) Under (4) except on proof to the Company that the disablement has continued for twelve months from the date of Injury and in all probability will continue for the remainder of the Insured Person's Life

No sum shall be payable in respect of any one Insured Person under more than one of Benefits (1) to (4) in connection with the same Accident.

Death or Disablement as the direct result of exposure of the Insured person to the elements shall be deemed to have been caused by accidental bodily injury.

**Emergency Medical Assistance, Evacuation & Repatriation**

If the Insured Person suffer an Accident and/or Illness overseas, and which in the opinion of International SOS, it is necessary to evacuate the Insured Person to the nearest registered medical institution for necessary medical treatment, we will pay for the reasonable cost of transportation and en-route medical care and supplies necessarily incurred.

The means of evacuation arranged by International SOS or its authorised representative may include the assignment of a doctor and/or nurse to accompany the Insured Person, air ambulance, regular air transportation, rail, road or any other appropriate means. All decisions as to the means of transportation and the final destination will be made by International SOS or its authorised representative and will be based solely upon medical necessity.

International SOS will arrange for the Insured Person's return to Singapore or his Home Country following the Insured Person emergency medical evacuation and subsequent hospitalisation outside Singapore or Home Country. International SOS will also arrange for the provision of appropriate communication and linguistic capabilities, mobile medical equipment and medical escort crew.

Maximum Limit per event

- up to S\$50,000 per Insured Person

PROVIDED ALWAYS THAT the Company shall not be liable in respect of

- a) any services not approved and arranged by International SOS or its authorised representative, except that we reserve the right to waive this exclusion if the Insured Person or his/her travelling companions cannot for reasons beyond their control notify International SOS during an emergency situation. In any event, we reserve the right to reimburse you only for those expenses incurred for service which International SOS would have provided under the same circumstances.
- b) any treatment performed or ordered by a person who is not a Qualified Medical Practitioner.
- c) any medical fees and/or expenses incurred including but not limited to all physician's fees and related charges
- d) any services resulting from Pre-existing condition as defined in the Definitions.
- e) any services resulting from pregnancy including childbirth, caesarean operation, abortion, miscarriage and all related complications
- f) any services where the Insured Person is travelling contrary to the advice of a Qualified Medical Practitioner or for the purpose of obtaining medical treatment.
- g) any services directly or indirectly occasioned by, happening through or in consequence of treatment of mental illness, psychiatric disorders, wilfully self-inflicted Injury or Illness, alcoholism or the use of drugs (other than drugs taken in accordance with treatment prescribed and directed by a Qualified Medical Practitioner, but not for the treatment of drug addiction), AIDS (Acquired Immune Deficiency Syndrome) or ARC (Aids Related Complex), self-exposure to needless peril (except in an attempt to save human life).

**EXTENSION - EXPOSURE AND DISAPPEARANCE**

Loss resulting from unavoidable exposure to the natural elements and arising out of the events as described in the Operation of Insurance Coverage and Benefits section shall be covered to the extent of the benefits afforded the Insured Person subject to the Terms of this Policy.

If the body of the Insured Person has not been found within one year from the date of disappearance, crashing, sinking or wrecking of the Scheduled Public Conveyance as described in the Operation of Insurance Coverage and Benefits section in which the Insured Person was travelling as a fare-paying passenger, then it shall be presumed, subject to the Terms of this Policy, that the Insured Person has suffered loss of life at the time of such Accident covered by this Policy. If at any time after payment has been made by the Company for such claim, the Insured Person is found to be living, full refund shall be made to the Company.

### **EXTENSION - INDEMNITY LIMITATIONS**

Duplicate application or enrolment forms or multiple charge or credit cards shall not obligate the Company in excess of the Principal Sum for any loss sustained by any one individual Insured Person as a result of any one Accident and any Period of Insurance under this Policy

### **EXCLUSIONS**

This Policy does not cover loss caused by or resulting from:-

- (1) (a) Intentionally self-inflicted injuries, suicide, or any attempt thereat, while sane or insane.
- (b) Murder or assault or any attempts thereat.
- (2) (a) War, invasion, act of foreign enemy, hostilities or war like operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power or
- (b) Any claim(s) in any way caused or contributed to by an act of terrorism involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.  
For the purpose of this exclusion an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.  
If the Company alleges that by reason of this exclusion any claim is not covered by this insurance the burden of proving the contrary shall be upon the Insured Person.
3. Nuclear weapon materials, ionizing materials contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel and for the purpose of this exclusion combustion shall include any self-sustaining process of nuclear fission.
4. Direct or indirect consequences of intoxicants or drugs or pregnancy.
5. HIV or HIV related bodily injury.
6. Any illegal or unlawful act by the Insured Person or confiscation, detention, destruction by Customs or other authorities.
7. Shortage due to error, omission, exchange or depreciation in value.
8. Unexplained losses.
9. Wear, tear, depreciation, the process of cleaning, dyeing, repairing or restoring any article, the action of light or atmospheric conditions, moth, insects, vermin or any other gradually operating cause.
10. The Insured Person's wilful act or with the connivance of the Insured Person.
11. Electrical or mechanical breakdown.
12. Consequential loss or damage of any kind.
13. Motor vehicles, boats, livestock, bicycles and any equipment or accessories relating thereto.
14. Loss of or damage insured under any other insurance policy or reimbursed by any other party.
15. Breakage or damage to fragile articles, or electronic instruments, musical instruments, household goods or equipment unless occasioned by fire or theft or Accident to the conveyance in which the property is being carried.
16. Purchases more specifically insured or covered under a product guarantee or defects warranty provided by the manufacturer or supplier from whom the purchase was made.
17. Livestock, consumables, motor vehicles, business property, money and travellers cheques, cash bank or currency notes, bands, coupons, stamps, negotiable instruments, title deeds, manuscripts, securities of any kind or cash cards.
18. purchases using e-commerce transactions.

### **CONDITIONS**

#### **(1) Notice of Claim**

Written notice of a claim must be given to the Company within 30 days after the occurrence or commencement of any loss covered by this Policy, or as soon thereafter as is reasonably possible. Written notice given by or on behalf of the Insured Person to the Company or to any authorised agent of the Company, with information sufficient to indemnify the Insured Person, shall be deemed notice to the Company.

**(2) Claim Forms and Proof of Loss**

- (a) The Company, upon receipt of a notice of a claim, will furnish to the claimant such claim forms which are usually furnished by the Company for filing proof of loss. Such claim forms must be returned by the claimant with full particulars within 30 days after the receipt of such claim forms from the Company. The claimant shall also at the same time when returning the completed claim forms within the specified 30 days submit to the Company written proof covering the occurrence, the circumstances and the extent of the loss for which the claim is made. The claimant shall also at any time at the request of the Company submit whatever documents required by the Company in support of the claim as soon as possible and in any event within 30 days after receipt of notice of such requirement.
- (b) All evidence, proof, information, accounts, original receipts, invoices, certificates, statements, reports and any other documents required by the Company shall be furnished at the expense of the claimant and shall be in such form and of such nature as the Company may prescribe.

**(3) Physical Examination and Autopsy**

- (a) The Insured Person shall as soon as possible after the occurrence of a loss likely to give rise to a claim under this Policy obtain and follow the advice of a duly qualified registered medical practitioner and the Company shall not be liable for any consequences arising by reason of the Insured Person's failure to obtain or follow such advice and use such appliances or remedies as may be prescribed.
- (b) The Company at its own expense shall have the right and opportunity to examine the Insured Person when and as often as it may reasonably require during the pendency of a claim.
- (c) In the event of death of the Insured Person, immediate notice shall be given to the Company before the interment or cremation and the Company may require or be represented at a postmortem examination on the body of the Insured Person. The Company at its own expense shall have the right and opportunity to make an autopsy where it is not forbidden by law. Immediate notice of time and place shall be given to the Company before the holding of any inquest. Time is the essence of this condition.

**(4) Payment of Claim**

- (a) Payment of any claim under this Policy will be made to the Insured Person if living, otherwise to his legal representative, whose receipt shall be an effectual and final discharge to the Company.
- (b) Payment of any claim under this Policy shall be made in the currency as specified in the Schedule or its equivalent in any other currency at the prevailing rate of exchange as at the time of effecting payment if so required by the Insured Person or his legal representative.
- (c) No sum payable under this Policy shall carry interest.

**(5) Fraudulent Claim**

If any claim under this Policy shall be in any respect fraudulent or if any fraudulent means or devices shall be used by the Policyholder, the Insured Person, the legal representative, any claimant or anyone acting for or on behalf of any of them to obtain any benefit under this Policy, the Company shall be under no liability in respect of such claim.

**(6) Notice of Trust or Assignment**

The benefits under this Policy are not assignable and the Company shall not be bound to accept or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy.

**(7) Conditions Precedent to Liability**

The following shall be conditions precedent to any liability of the Company to make any payment under this Policy:-

- (a) observance and fulfilment of the Terms of this Policy relating to anything to be done or complied with by the Policyholder, the Insured Person, the legal personal representative and any claimant;
- (b) the truth of the Proposal;
- (c) upon the Policyholder having paid the Premium;
- (d) after the claim has been adequately substantiated; and
- (e) until the amount of benefit has been ascertained and agreed.

**(8) Arbitration**

Any difference arising out of this Policy shall be referred to the decision of an Arbitrator to be appointed in writing by the parties in difference or if they cannot agree upon a single Arbitrator to the decision to two Arbitrators one to be appointed in writing by each of the parties within one month after having been required in writing so to do by either of the parties or in case the Arbitrators do not agree of an Umpire

appointed in writing by the Arbitrators before entering upon the reference. The Umpire shall sit with the Arbitrators before entering upon their meetings and the making of an Award shall be a condition precedent to any right of action against the Company. If the Company shall disclaim liability to the claimant for any claim hereunder and such claim shall not within 12 months from the date of such disclaimer have been referred to arbitration under the provisions herein contained, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

**(9) Operation of Law**

This Policy shall be construed according to and governed by the law of the Republic of Singapore.

**ACCUMULATION LIMIT**

Notwithstanding the Principal Sum stated in the Table of Benefits and Limits, the Company's total liability under the master policy in respect of any one conveyance, irrespective of the number of Insured Persons shall not exceed S\$10,000,000.

In the event that the total amount payable in respect of any one Accident exceeds S\$10,000,000 the amount payable to any one Insured Person shall be reduced proportionately.

Subject otherwise to the terms exceptions and conditions of this Policy.

**COVERAGE EXTENSION TO OTHER FAMILY MEMBER OF PRINCIPAL CARDMEMBER**

It is hereby declared and agreed that this Policy is extended to cover other family members (like parent, parent-in-law, grandparent, grandparent-in-law, brother, brother-in-law, sister or sister-in-law) of the Principal Cardmember if the entire air-fare of these family members are charged to the Principal Cardmember's card provided that these family members are themselves UOB Cardmembers and they shall be entitled only to the benefits given under their own cards. In the event of claim, the family members will be required to prove to the Company that they are UOB Cardmembers entitled to the benefits under this policy.

Subject otherwise to the terms exceptions and conditions of this Policy.

**BENEFIT OF THE HIGHER COVERAGE**

It is hereby understood and agreed that if the Cardmember holds more than one UOB Cards that are entitled to the benefits under this policy and in the event of a claim the Cardmember will be entitled to the benefits of the UOB card with higher benefits as provided by the policy even though they had charged the entire fare to the card with a lower benefit.

Subject otherwise to the terms exceptions and conditions of this Policy.

**CRTPA EXCLUSION**

It is hereby understood and agreed that a person who is not a party to this policy contract shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.

Subject otherwise to the terms and conditions of this policy.

**SANCTION LIMITATION AND EXCLUSION CLAUSE**

No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Singapore, the European union, United Kingdom or United States of America.

**POLICY OWNERS' PROTECTION SCHEME**

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