



Member of the UOB Group

United Overseas Insurance Limited

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Co. Reg. No. 197100152R

Certificate of Insurance (Effective Date - 1 January 2026)

Complimentary Travel Insurance for UOB One Credit Card, UOB Visa Signature, UOB PRVI Miles American Express, UOB PRVI Miles World Mastercard, UOB PRVI Miles Visa, UOB EVOL Card, KrisFlyer UOB Credit/ Debit Card, UOB Absolute Cashback American Express Card, UOB One Debit Card, Singtel-UOB Visa Signature Card

Important Notes:

- (1) This Certificate is subject to the Terms of the Master Policy issued to United Overseas Bank Limited ("UOB", the "Policyholder"). All endorsement, changes and amendments to the Master Policy as agreed between United Overseas Insurance Limited ("UOI", the "Company") and UOB shall be binding without prior notice to the insured Person.
- (2) This Certificate is issued for the Insured Person information only and is not a contract of insurance. It contains only brief details and is subject to the Terms of the Master Policy held by UOB Card Centre.
- (3) The Insured Persons are advised to observe the Policy conditions in order not to prejudice their claims under this Policy.

In consideration of the payment of premium by UOB, UOI agrees that the Benefits under the Master Policy is free of charge for Cardmembers and/or their Immediate Family Members, applies for an overseas trip which the corresponding travel fare for the Scheduled Public Conveyance has been charged on the Eligible Card and has successfully submitted the opt-in electronic application form and confirmed by the Policyholder before the departure of the trip, subject to terms of the contained herein.

Table of Benefits	
Insured Person	Cardmember, Spouse and Dependent Child(ren)
Benefits	Limits
Benefit 1 - Scheduled Public Conveyance Personal Accident	
Accidental death or permanent disablement	Cardmember and Spouse: S\$500,000 Dependent Child: S\$30,000 Up to S\$500,000 per family
Benefit 2 - Emergency medical assistance	
Emergency medical assistance, evacuation & repatriation UOI 24-hour Emergency Assist hotline: 65-6222 7737	Up to S\$50,000 per Insured Person and/or Per family
Benefit 3 - Flight Misconnection - On reimbursement basis	
Due to early departure of your connecting flight or late arrival of the incoming flight.	<u>More than 6 hours of delay</u> - Up to S\$100 per Insured Person - Up to S\$200 per family
Benefit 4 - Flight Overbooking - On reimbursement basis	
Due to denied boarding of a scheduled flight while overseas as a result of overbooking	<u>More than 6 hours of delay</u> - Up to S\$100 per Insured Person - Up to S\$200 per Family
Benefit 5 - Travel delay - Cash benefit	
Due to industrial action, adverse weather conditions or mechanical fault.	\$100 for the first 6 hours of delay and S\$50 for subsequent 6 hours - Up to S\$200 per Insured Person - Up to S\$400 per family
Benefit 6 - Credit Card Liability Protector	
To pay the issuing bank(s) the outstanding balances charged to your credit card during the period of insurance in the event of Accidental Death or Permanent Disablement under Benefit 1	S\$5,000 per Insured Person

Benefits and Coverages

Benefit 1 - Scheduled Public Conveyance Personal Accident

The Company will pay up to the limit for death or disablement, as stated in the Table of Benefits and the Scale of Compensation, if the Insured Person suffers an Injury caused directly and solely by an Accident while on an overseas trip outside Singapore during the Period of Insurance, and only when riding as a fare-paying passenger in, or while boarding or alighting from:

- (1) a Scheduled Public Conveyance; or
- (2) any conveyance while travelling directly to or from the place of departure immediately preceding scheduled departure or immediately following scheduled arrival of such Scheduled Public Conveyance on which the Insured Person is covered by this Policy,

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, 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.

Scale of Compensation

Specification of Loss

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

(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:

- (i) Under (1) or (2) or (3) unless such death or loss occurs within twelve (12) months from the date of Injury;
- (ii) Under (4) except on proof to the Company that the disablement has continued for twelve (12) 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.

Benefit 2 - Emergency medical assistance, evacuation and repatriation

If the Insured Person suffer an Injury and/or Illness (including being diagnosed with COVID-19 illness) while overseas, and which in the opinion of Our appointed service provider, 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 Our appointed service provider 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 Our appointed service provider or its authorised representative and will be based solely upon medical necessity.

Our appointed service provider 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. Our appointed service provider 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 and/or Per family.

Provided always that the Company shall not be liable in respect of:

- (a) any services not approved and arranged by Our appointed service provider 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 Our appointed service provider during an emergency situation. In any event, we reserve the right to reimburse you only for those expenses incurred for service which Our appointed service provider 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;
- (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).

Benefit 3 - Flight Misconnection

If the Insured Person missed the scheduled connecting flight due to the early departure of the connecting flight prior to the printed scheduled departure time or the late arrival of the incoming flight, the Company will pay for accommodation, meals and refreshment expenses incurred due to the delay up to the limit stated under the Table of Benefits.

The duration of delay is calculated from scheduled departure time of missed connecting flight to schedule departure time of the replacement connecting flight at the transfer point

Benefit 4 - Flight Overbooking

If the Insured Person is denied boarding by the operator of the scheduled flight while overseas due to overbooking of scheduled flight which you have a confirmed booking provided by the travel agent or

operator of the schedule flight, the Company will pay for accommodation, meals and refreshment expense incurred due to the delay, up to the limit stated in the Table of Benefits, if not provided or compensated by any party.

The duration of delay is calculated from original scheduled departure time of overbooked flight to schedule departure time of the replacement flight.

Benefit 5 – Travel Delay

In the event that the Scheduled Public Conveyance in which the Insured Person had arranged to travel is delayed for at least 6 hours from the time specified in the itinerary due to industrial action, adverse weather conditions or a mechanical fault, the Company will pay the limit stated in the Table of Benefits.

Provided always that:

- (i) the Insured Person shall be at the place of departure of the Scheduled Public Conveyance and
- (ii) the Company shall not be liable if the Travel Delay occurs in Singapore or the Insured Person's Home Country.

Benefit 6 - Credit/Debit Card Liability Protector

In the event of Your accidental death while overseas occurring in the Period of Insurance, the Company will pay the issuing bank(s) of Your credit card up to the limit as stated in the Table of Benefits for the outstanding balances charged to the Your credit or charge card (less any arrears payment from prior months) during the Period of Insurance.

The credit or charge card(s) must be issued in Singapore and a claim under Scheduled Public Conveyance Personal Accident under Benefit 1 must be admissible for this Section to be paid out.

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) The Insured Person
 - (a) engaging in wilful act or with the connivance of the Insured Person;
 - (b) intentionally self-inflicted injuries, suicide, or any attempt thereat, while sane or insane; or
 - (c) being murdered or assaulted 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) Unexplained losses and mysterious disappearance.
- (8) Electrical or mechanical breakdown.
- (9) Consequential loss or damage of any kind.
- (10) Loss of or damage being covered by any other insurance policy or reimbursed by any other party.

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 S\$500,000 for any one Insured Cardmember, 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.

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 travel fare for the Scheduled Public Conveyance to the card with a lower benefit.

Contract rights of third parties

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.

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.

Definitions

For the purposes of this Policy:

- (1) "Accident" means an unforeseen and unexpected event.
- (2) "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.
- (3) "Eligible Card" refers to UOB One Credit Card, UOB Visa Signature, UOB PRVI Miles American Express, UOB PRVI Miles World Mastercard, UOB PRVI Miles Visa, UOB EVOL Card, KrisFlyer UOB Credit/ Debit Card, UOB Absolute Cashback American Express Card, UOB One Debit Card, Singtel-UOB Visa Signature Card
- (4) "Home Country" means any country to which the Insured Person is granted rights of citizenship or permanent residence by the respective governmental authorities.
- (5) "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 a Pre-existing Condition and the nature of the Illness is not excluded from this Policy.
- (6) "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. "

- (7) "Injury" means bodily injury caused by an Accident and which shall have occurred solely and independently of any other causes. Such bodily injury includes injuries resulting in permanent disability or death.
- (8) "Insured Person" shall mean Cardmember and/or their Immediate Family Members who has charged the entire fare of the Scheduled Public Conveyance in advance of the scheduled departure time to one of the Eligible Cards and has successfully submitted the opt-in electronic application form and confirmed by the Policyholder before the departure of the trip.
- (9) "Loss of Eye" shall mean total and irrecoverable loss of sight of the eye.
- (10) "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.
- (11) "Terms of this Policy" shall collectively mean the terms, limitation, warranties, conditions and exclusions contained herein or endorsed hereon.
- (12) "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.
- (13) "Proposal" shall mean any signed application or electronic proposal form and declaration and/or any information supplied by Cardmembers or on behalf of the Policyholder in addition thereto or in substitution thereof.
- (14) "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.
- (15) "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.
- (16) "Terms of this Policy" shall collectively mean the terms, limitation, warranties, conditions and exclusions contained herein or endorsed hereon.