



Member of the UOB Group

United Overseas Insurance Limited

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Co. Reg. No. 197100152R

Certificate of Insurance (Effective Date - 01 January 2026)

Travel Accident Insurance for UOB commercial card, UOB World Business Card, UOB Signature Business Card, UOB Zuellig Pharma Infinite Business Card, UOB Business Plus Card, UOB Corporate Card, UOB Purchasing Card Account, UOB Central Travel Lodge Account and UOB Central Travel Account.

Important notes:

- (1) This Certificate is subjected to the Terms of the Master Policy issued to United Overseas Bank Limited, Singapore (hereinafter called 'the Policyholder'). All endorsements, changes and amendments to the Master Policy as agreed between the Company and UOB Card Centre shall be binding without prior notice to the Insured Person.
- (2) This Certificate is issued for the Insured Person's 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 the Policyholder at United Overseas Bank Card Centre, 480 Lorong 6 Toa Payoh, #25-01 HDB Hub East Wing, Singapore 310480.
- (3) The Insured Persons are advised to observe the Policy conditions in order not to prejudice their claims under the Policy.

Insurer

United Overseas Insurance Limited hereinafter called 'the Company'.

Policyholder

United Overseas Bank Limited

Insured persons

Ticketholders whose entire fare of the Scheduled Public Conveyance has been charged in advance of the scheduled departure time to the Eligible Card.

For the purpose of this insurance, Ticketholders shall mean the holder of a travel ticket that was fully charged to the Eligible Card.

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 airfare has been charged on the Eligible Card, subject to terms of the contained herein.

Benefits and Coverages

Benefit 1 - Personal Accident on Scheduled Public Conveyance

The Company will pay the Principal Sum for death or disablement, as shown in the scale of benefits, 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 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.

Specification of Loss	Percentage of the principal sum insured
(i) Death	100%
(ii) Loss of one or more limbs	100%
(iii) Loss of both eyes	100%
(iv) Permanent Total Disablement from gainful employment of any and every kind	100%

The Principal Sum under the Master Policy for the Eligible Card shall be S\$1,000,000 for adult Ticketholder and S\$50,000 for Child Ticketholder. The maximum amount of all benefits payable in respect of any one Insured Person under more than one of Benefits (i) to (iv) in connection with the same accident shall not exceed 100% of the Principal Sum Insured.

Benefit 2 - Travel Inconvenience

Insured event	Maximum limit per event
(1) <u>Connecting flight delay</u> 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 connecting flight, the Company will pay for the hotel accommodation, meals and other expense actually incurred provided that the connecting time at intersecting cities are reasonably spaced.	up to S\$200 per Insured Person for 6 hours delay
(2) <u>Luggage delay</u> If the Insured Person's accompanied check-in flight luggage is not delivered to him within six (6) hours of the Insured Person's scheduled flight, the Company will pay a cash benefit up to the Maximum Limit per event. Provided always that: (i) such luggage has been checked in by an authorised official of the air carrier with which the Insured Person was travelling at the time of the occurrence; (ii) the Company shall not be liable if the Luggage Delay occurs in Singapore or Home Country for any Insured Person who is domiciled in Singapore or Home Country. (iii) the Insured Person cannot claim both Luggage Delay and Loss of Luggage for the same event.	S\$50 for each full 6 consecutive hours delay, up to S\$300 per Insured Person.
(3) <u>Travel delay</u> 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 Insured Person may claim S\$100 for the first 6 hours delay and S\$50 for every 6 hours after that. The Insured Person shall be at the place of departure of the Scheduled Public Conveyance and the Company shall not be liable if the Travel Delay occurs in Singapore or Home Country for any Insured Person who is domiciled in Singapore or Home Country.	up to S\$200 per Insured Person
(4) <u>Loss of luggage</u> If the Insured Person's personal luggage and effects be destroyed, lost or damaged by any accident whilst away from the Insured Person's usual residence the Company will by payment or at its option by reinstatement or repair indemnify the Insured Person against such destruction loss or damage	up to S\$1,000 per Insured Person

Benefit 3 - Emergency Medical Assistance, Evacuation & Repatriation

(UOI 24-hour Emergency Assist hotline: 65-6222 7737)

Insured event	Maximum limit per event
<p>If the Insured Person suffers 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.</p> <p>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.</p> <p>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.</p>	<p>up to S\$25,000 per Insured Person</p>

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).

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.

Definitions and interpretations

- (1) "Accident" means an unforeseen and unexpected event.
- (2) "Child" shall mean a fully dependent child whom has attained the age of 3 months but has not attained the age of 23 years and is unemployed and unmarried.
- (3) "Eligible card" means any physical or virtual credit card issued by UOB from time to time. Credit Cards covered are: UOB commercial card, UOB World Business Card, UOB Signature Business Card, UOB Zuellig Pharma Infinite Business Card, UOB Business Plus Card, UOB Corporate Card, UOB Purchasing Card Account, UOB Central Travel Lodge Account, UOB Central Travel Account and any replacement or renewal thereof. Where such Card is digitised, enrolled and stored electronically in mobile wallet(s), Card shall also mean such Card stored electronically in a mobile wallet.
- (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) "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.

- (6) "Illness" means 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 Condition and the nature of the Illness is not excluded from this Policy.
- (7) "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.
- (8) "Loss of eye" shall mean total and irrecoverable loss of sight of the eye.
- (9) "Permanent Total Disablement" shall mean absolute disablement for 12 calendar months and at the end of that time being beyond hope of improvement.
- (10) "Pre-existing Condition" means any Injury, Illness or physical condition,
 - a. for which treatment, or medication, or advice, or diagnosis has been sought or received during the 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.
- (11) "Qualified Medical Practitioner" means 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.
- (12) "Scheduled Public Conveyance" means 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.

Major exclusions

The Company will not pay claim in respect of:-

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

- 1. The Insured Person's
 - (a) Wilful act or with the connivance of the Insured Person;
 - (b) Intentionally self-inflicted injuries, suicide or any attempts thereat while sane or insane
 - (c) Being murdered or assaulted or any attempts thereat
- 2. (a) war, invasion, acts of foreign enemies, 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 or contamination by radio activity from any nuclear waste from the combustion of nuclear fuel and for the purpose of this exclusion combustion shall include 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 and mysterious disappearance.
9. Loss of theft of property left unattended in a public place including in any locked vehicle unless kept in the locked glove compartment or rear boot of the vehicle which is not visible from the outside of the vehicle or as a result of the Insured Person failure to take due care and precautions for the safeguard and security of such property
10. 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.
11. Electrical or mechanical breakdown.
12. Consequential loss or damage of any kind.
13. Loss of 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.

Accumulation limit

Notwithstanding the Principal Sum of S\$1,000,000 for the Eligible Card on any one Insured Person and S\$50,000 on each dependent Child, 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.

Termination of insurance for the insured person

The Insurance for the Insured Person shall terminate:-

- (1) on the date the Master Policy is cancelled,
- (2) on the date on which the Insured Person dies,
- (3) on the date of loss the Eligible Card is terminate,,
- (4) on the date on which the Principal Sum is incurred for the Insured Person,
- (5) on the date the Insured Person attains the age of 80 years.

Conditions**Notice of claim**

Written notice of claim must be given to the Company within 30 days after the occurrence or commencement of any loss covered by the Master 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 authorized agent of the Company, with information sufficient to indemnify the Insured Person shall be deemed notice to the Company. 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.

Claims form 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.

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.

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 Table of Benefits and Limits 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.

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.

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.

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 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.



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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.

Operation of law

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

Payment of claim

Payment of loss covered by the Master Policy shall be made by the Company only after adequate proof of loss to substantiate the claim has been received by the Company and when the amount of benefit has been ascertained and agreed. Any payment for accidental loss of life becoming due shall be payable to the Insured Person's legal representative. All other losses shall be payable to the Insured Person. No sum payable under this Master Policy shall carry interest.

Contract Right of Third Party 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 Master Policy.

Sanction limitation and exclusion

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.