

Chubb PAL Protect™ (Chubb Personal Accident & Lifestyle Protect)

CHUBB®



Accidents can occur when you least expect them to. When the unfortunate happens, the last thing you need to worry about is large medical bills.

Chubb PAL Protect™ (Chubb Personal Accident & Lifestyle Protect) is an affordable plan that protects you and your loved ones from adverse financial impact in the event of an accident. It also offers you protection against 21 types of infectious diseases, food poisoning and worldwide terrorism cover.

You can now enjoy peace of mind knowing that Chubb has got you covered with Chubb PAL Protect.

Eligibility

The Insured or Partner must be between the age of 18 and 75 on the policy Commencement Date; renewable up to 80 years old.

A Dependant Child(ren) must be between the age of 15 days and 18 years old on the policy Commencement Date. There is an insured limit of up to 4 Dependant Child(ren) for the Couple Plan or Single Parent Plan.

Singapore Resident means Singapore citizen or Singapore permanent resident or holder of a valid work permit or employment pass or long-term visit pass

or dependant's pass or S pass issued by the authorities in Singapore.

Why sign up for Chubb PAL Protect?

Chubb PAL Protect gives you:

-  Up to S\$1,000,000 coverage in the event of death or permanent disability due to an accident
-  Up to S\$300 (per day) hospital income relief in the event of hospitalisation due to an accident
-  Up to S\$10,000 reimbursement for Accidental Medical Expenses and S\$2,000 for Traditional Chinese Medicine Expenses
-  Covers infectious diseases such as Dengue fever, Hand, Foot & Mouth Disease (HFMD), Tuberculosis and more
-  Free automatic Dependant Child(ren) cover for Couple Plan (up to 4 children)
-  Covers accidents during reservist training
-  Worldwide Terrorism Cover

Chubb PAL Protect at a Glance

No.	Benefits	Plan 1	Plan 2	Plan 3
1.	Accidental Death	S\$100,000	S\$200,000	S\$1,000,000**
2.	Accidental Permanent Disability	S\$100,000	S\$200,000	S\$1,000,000**
3.	Accidental Medical Expenses	S\$3,000	S\$5,000	S\$10,000**
4.	Traditional Chinese Medicine Expenses	S\$2,000	S\$2,000	S\$2,000
5.	Modification, Mobility and Ambulance Expenses	S\$4,000	S\$4,000	S\$4,000
6.	Temporary Disablement Benefit For each complete week of Temporary Disablement (pay up to 75% of weekly income or the specified benefit amount, whichever is lower)	S\$200 per week	S\$200 per week	S\$700 per week**
7.	Daily Hospital Income For every 24 hours of hospital confinement	S\$100 per day	S\$150 per day	S\$300 per day**
8.	Covers up to Class 4 Occupation*	Yes	Yes	No
9.	Free Child Cover - Applicable to Couple Plan only - Up to 4 Dependant Children	Each Dependent Child will be covered for up to 30% of Benefits 1, 2, 3, 4 and 5.		
10.	Worldwide Terrorism Cover	Extended to all Benefits		
11.	Food Poisoning	Extended to all Benefits		
12.	21 Infectious Diseases (including Dengue fever)	Extended under Accidental Medical Expenses Benefit only		

* Please refer to the **Occupational Classification** for examples of occupations.

** The benefit amount is capped at 50% of the specified limit if insured person is 70 years old and above at the time of loss.

Premium Table (Premium stated below are inclusive of 7% GST)

Annual Premium	Plan 1	Plan 2	Plan 3
Main Insured only			
Class 1	S\$246.61	S\$361.23	S\$1,311.27
Class 2	S\$263.89	S\$393.81	S\$1,432.56
Class 3	S\$459.47	S\$773.82	S\$1,926.00
Class 4	S\$847.44	S\$1,314.62	N/A
Main Insured and Partner (Couple Plan)			
Class 1	S\$493.24	S\$722.46	S\$2,622.55
Class 2	S\$527.79	S\$787.63	S\$2,865.12
Class 3	S\$918.94	S\$1,547.65	S\$3,852.00
Class 4	S\$1,694.88	S\$2,629.25	N/A
Main Insured only and up to 4 Dependant Children (Single Parent Plan)			
Class 1	S\$323.19	S\$474.49	S\$1,722.85
Class 2	S\$340.47	S\$507.07	S\$1,844.13
Class 3	S\$536.05	S\$887.08	S\$2,337.58
Class 4	S\$924.02	S\$1,427.88	N/A

Terms

This Policy is underwritten by Chubb and 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 Us or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

This document is product information provided by Chubb and is not a contract of insurance. Accordingly, the information should be read and construed in light of, and subject to all terms, conditions and exclusions contained in the Policy.

You may wish to seek advice from an Accident & Health (A&H) insurance intermediary before deciding to purchase the policy. Should you choose not to seek advice from an A&H insurance intermediary, please consider whether the product is suitable for you. It is not advisable to switch from an existing accident and/or health insurance policy to a new one without considering whether the switch is detrimental, as there may be potential disadvantages that come with switching policies.

Pre-existing medical conditions and other exclusions stated in Your Policy will not be covered.

You are responsible for the accuracy and completeness of the information given to Us when applying for the Policy. Any misstatement or non-disclosure of material facts may affect the validity of the Policy.

You have fourteen (14) days after you receive your policy contract to decide if the policy meets your needs. You may cancel your policy simply by advising Us

within this period to cancel it. If you do this, We will refund any premiums you have paid during this period. We may recover any expenses incurred by Us in underwriting the Policy.

We reserve the right to modify all the terms and conditions of Your Policy, including revisions to premiums, benefits and exclusions within the Period of Insurance by giving You prior notice of at least thirty (30) days, and such modification shall be applicable from the effective date as stated in Our written notice to Your address or Email Address on file.

This is not a Medisave-approved policy and you may not use Medisave to pay the premium for this Policy.

This is a short-term accident and health Policy and We are not required to renew this policy. We may cancel this Policy by giving You at least thirty (30) days' prior notice in writing. You may likewise cancel your policy by giving Us at least thirty (30) days' prior notice.

In the event of said cancellation, We shall return the unearned portion of premiums paid. The termination of coverage shall be without prejudice to payment of claims arising prior to the date of termination.

Your coverage is automatically renewed annually and subsequently on the same year of each successive year.

For claims submission, please visit our Chubb Claims Centre at www.chubbclaims.com.sg.

For further enquiries on the policy or other matters, please contact us at the Hotline listed.

About Chubb In Singapore

Chubb is the world's largest publicly traded property and casualty insurer. Chubb Insurance Singapore Limited, via acquisitions by its predecessor companies, has been present in Singapore since 1948. Chubb in Singapore provides underwriting and risk management expertise for all major classes of general insurance. The company's product offerings include Financial Lines, Casualty, Property, Marine, Industry Practices as well as Group insurance solutions for large corporates, multinationals, small and medium-sized businesses. In addition, to meet the evolving needs of consumers, it also offers a suite of tailored Accident & Health and Personal & Specialty insurance options through a multitude of distribution channels including bancassurance, independent distribution partners and affinity partnerships.

Over the years, Chubb in Singapore has established strong client relationships by delivering responsive service, developing innovative products and providing market leadership built on financial strength.

More information can be found at www.chubb.com/sg.

Contact Us

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F +65 6298 1055
www.chubb.com/sg

Chubb. Insured.™

Chubb PAL Protect Enrollment Form

Important Note to the Applicant: You must fully and faithfully disclose all facts which you know or should know in relation to your application for insurance. Otherwise, the policy may be void.

We have only provided you with product information. You should seek advice from a qualified advisor if in doubt. Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. Please take note that replacing an existing plan with a new one may not add value to one's insurance portfolio because:

- i) you may not be insurable at standard terms
- ii) you may have to pay a different premium
- iii) terms and conditions may differ

Section A: Particulars of Main Insured

Name of Main Insured (As shown in Passport / NRIC)

Surname: _____ Given Name: _____
Address _____ Postal Code _____
Salutation: _____ (Mr / Ms / Mrs / Mdm / Dr) Gender: _____ (Male / Female)
Date of Birth: _____ (DD / MM / YYYY) NRIC / Passport No.: _____
Tel No.: _____ (Home / Office / Mobile) Job Description: _____
Occupational Class: _____ Employer's Name: _____
Email: _____

Section B: Particulars of Partner (If enrolling)

Name of Partner (As shown in Passport / NRIC)

Surname: _____ Given Name: _____
Address _____ Postal Code _____
Salutation: _____ (Mr / Ms / Mrs / Mdm / Dr) Gender: _____ (Male / Female)
Date of Birth: _____ (DD / MM / YYYY) NRIC / Passport No.: _____
Tel No.: _____ (Home / Office / Mobile) Job Description: _____
Occupational Class: _____ Employer's Name: _____
Email: _____

Section C: Particulars of Children (Only applicable if applying for Single Parent Plan)

Children	Name (As shown in Birth Cert. / NRIC)		Birth Cert. / NRIC No.	Gender (Male / Female)	Date of Birth (DD / MM / YYYY)
	Surname	Given Name			
Child 1				Male / Female	DD / MM / YYYY
Child 2				Male / Female	DD / MM / YYYY
Child 3				Male / Female	DD / MM / YYYY
Child 4				Male / Female	DD / MM / YYYY

Section D: Enrollment

Choice of Plan (Please select the cover of your choice):

Insured	Occupational Class ¹	Annual Premium ²		
		Plan 1	Plan 2	Plan 3
<input type="checkbox"/> Main Insured only	Class 1	<input type="checkbox"/> S\$246.61	<input type="checkbox"/> S\$361.23	<input type="checkbox"/> S\$1,311.27
	Class 2	<input type="checkbox"/> S\$263.89	<input type="checkbox"/> S\$393.81	<input type="checkbox"/> S\$1,432.56
	Class 3	<input type="checkbox"/> S\$459.47	<input type="checkbox"/> S\$773.82	<input type="checkbox"/> S\$1,926.00
	Class 4	<input type="checkbox"/> S\$847.44	<input type="checkbox"/> S\$1,314.62	N/A
<input type="checkbox"/> Main Insured and Partner (Couple Plan)	Class 1	<input type="checkbox"/> S\$493.24	<input type="checkbox"/> S\$722.46	<input type="checkbox"/> S\$2,622.55
	Class 2	<input type="checkbox"/> S\$527.79	<input type="checkbox"/> S\$787.63	<input type="checkbox"/> S\$2,865.12
	Class 3	<input type="checkbox"/> S\$918.94	<input type="checkbox"/> S\$1,547.65	<input type="checkbox"/> S\$3,852.00
	Class 4	<input type="checkbox"/> S\$1,694.88	<input type="checkbox"/> S\$2,629.25	N/A
<input type="checkbox"/> Main Insured only and up to 4 Dependant Children (Single Parent Plan)	Class 1	<input type="checkbox"/> S\$323.19	<input type="checkbox"/> S\$474.49	<input type="checkbox"/> S\$1,722.85
	Class 2	<input type="checkbox"/> S\$340.47	<input type="checkbox"/> S\$507.07	<input type="checkbox"/> S\$1,844.13
	Class 3	<input type="checkbox"/> S\$536.05	<input type="checkbox"/> S\$887.08	<input type="checkbox"/> S\$2,337.58
	Class 4	<input type="checkbox"/> S\$924.02	<input type="checkbox"/> S\$1,427.88	N/A

¹ Applicants who are of Class 4 Occupation may only enroll for Plan 1 or Plan 2. We reserve the right to cancel this policy from the effective date should an incorrect occupational class be indicated.

² Premium stated above are inclusive of 7% GST.

Section E: Payment Details

Mode of payment: Visa MasterCard GIRO³ Frequency of payment: Annual

Name of Cardholder (As in Credit/Debit Card): _____

Credit/Debit Card No.: _____ - _____ - _____ - _____ Expiry Date: _____ (MM / YYYY)

³ Please complete the Interbank GIRO Payment Authorisation Form.

For Official Use			
Seller ID:	WS2424	Campaign Code:	
For Independent Distribution Partners And Broker Use only			
Producer Name:		Producer Code:	
Producer Email:			
For Financial Advisor Only			
Name of Financial Advisor Company:		Name of Financial Advisor:	
Email of Financial Advisor:		Producer / REF 2 Code:	

Section F: Declaration

I, the Policyholder/Main Insured named herein warrant the truth and accuracy of the statements below in relation to myself and my family members/partner named herein and hereby declare that I/we:

1. am/are Singapore Citizens, Permanent Residents or holders of Work Permit, Employment Pass, Dependent's Pass or S Pass;
2. have provided a Singapore address in the application and am/are in Singapore at the time of Application;
3. agree that this policy may be classified as a Singapore Policy for accounting purposes;
4. understand and agree that no insurance is in force until the Application is accepted by Chubb and a Policy is Issued pursuant thereon;
5. am/are aware of and agree to abide by the Policy's term, conditions and exclusions;
6. am/are aware that any pre-existing medical condition(s) that I/we suffer from is not covered under this policy;
7. understand and agree that if the loss falls under an exclusion, the policy will not cover it. I/We have also been advised to read all the exclusion clauses in the Policy Wording so that I/ we am/are fully aware of the extent of my/our insurance cover;
8. understand that waiting periods do apply with respect to some of the insurance cover;
9. agree and authorise any medical source (including hospitals and clinics), insurance company or any other organisation to release to Chubb at any time any information concerning the Insured(s) if required;

10. understand and agree that where a third party credit card is used, I/ we declare that the cardholder has authorised and consented to its use;
11. understand that policy will be automatically renewed unless notice of cancellation is given in accordance with the policy; and
12. have provided complete, true and accurate information on the enrollment form and that no material Information has been withheld. I/We also agree that the information forms part of the contract between Chubb and the insured person(s) and am/ are aware that Chubb relies and acts on the information provided to issue a policy.

I give consent and authorisation to Chubb to collect, use, disclose, and/or process my personal data or information supplied to Chubb without further notification to me, confidentially with its affiliated companies, third party service providers, business partners and/or other parties which may be sited outside of Singapore, for the purposes stated in Chubb's Purpose Statement, including administering policies taken out with Chubb, handling claims and customer services. I agree that if I am submitting information relating to other individuals, I confirm they have consented to Chubb's collection, use and disclosure of their personal information as described above. Copies of Chubb's Data Protection Policy and Purpose Statement can be found at www.chubb.com/sg-privacy.

I will write to Chubb's Data Protection Officer at 138 Market Street # 11-01 CapitaGreen, Singapore 048946 for any request to withdraw my consent, access to and/or correction of any information supplied to Chubb and Chubb may reserve the right to charge a reasonable fee to offset the administrative costs in complying with access requests. This Policy is protected under the Policy

Owner's 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 Us or visit the following websites:

- General Insurance Association of Singapore, www.gia.org.sg
- Life Insurance Association of Singapore, www.lia.org.sg
- SDIC, www.sdic.org.sg

Signature

(Please fill in the full name of the Main Insured in capital letters)

Date (DD/MM/YYYY)

Contact Us

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Email

Chubb. Insured.™