

Complimentary Travel Insurance

Citi Business Card

(Applicable for trips commencing 1 January 2023 to 28 February 2023)

Master Policy Number	: CT000005
Policyholder	: Citibank Singapore Limited (“Citibank”)
Address of Policyholder	: 5 Changi Business Crescent, #05-00, Singapore 486027
For The Benefit Of	: Citi Business Cardholders (“Cardholders”) and their Insured Persons
Insurer	: HL Assurance Pte Ltd (“HL Assurance”)
Address of Insurer	: 11 Keppel Road, #11-01 ABI Plaza, Singapore 089057

The benefits under this group insurance:

- free of charge for Cardholders;
- made available based on the terms of coverage with HL Assurance, as reproduced below; and
- subjected to:
 1. amendments following a joint decision by Citibank and HL Assurance.
 2. cancellation by Citibank, which thirty (30) days’ notice in writing are given to HL Assurance, in which case HL Assurance will retain the customary 15% of the premium in respect of the unexpired period of the Policy. No refund will be made once a claim has been paid under this Policy or HL Assurance may cancel this Policy by giving Citibank thirty (30) days’ notice in writing. After cancellation of the Policy, the proportionate part of any premium received in respect of the unexpired period of the Policy will be refunded to Citibank.
 3. renewal of the Policy by payment of the agreed premium.

The Cardholders will have the right to make claims on their own with HL Assurance, as Insured Persons of this Policy within the relevant terms, conditions and exclusions as set out herein.

SCHEDULE OF BENEFITS

BENEFITS	MAXIMUM BENEFIT PAYABLE
SECTION 1 : PERSONAL ACCIDENT	
Accidental Death and/or Permanent Disablement	\$ 1,000,000
SECTION 2 : TRAVEL INCONVENIENCES	
2(a) Loss of Personal Baggage	\$ 850
2(b) Baggage Delay	\$ 250
2(c) Flight Delay/Misconnection	\$ 250
SECTION 3. COVID-19 BENEFITS	
3(a) Overseas Medical Expenses due to COVID-19	\$ 50,000
3(b) Overseas Hospital Allowance due to COVID-19	\$ 1,000

For the full coverage, exclusions and other terms and conditions of this insurance, please refer to the attached policy.

Contact Us

HL Customer Care	Mondays to Fridays, 9am to 6 pm	(65) 6702 0202	Fax (65) 6922 6002	service@hlas.com.sg
HL Assurance Claims	(Exclude Public Holidays)	(65) 6922 6003	Fax (65) 6224 1923	claims@hlas.com.sg

POLICY DEFINITIONS

This policy, the Schedule, Endorsements, Proposal Form, Declaration and attached papers together with any other statement in writing shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this policy shall bear such meaning wherever it may appear.

“Accident or Accidental” means a sudden and unforeseen event that solely and independently results in Bodily Injury, disablement or death and which is not caused by any sickness or naturally occurring medical conditions or degenerative process.

“Account Member” means any company (meaning a corporation, partnership, sole proprietorship or any other entity) with which the Policyholder has a signed agreement to issue the Citi Card.

“Air Carrier” means an aircraft or helicopter provided and operated by a carrier on a regularly scheduled airline flight provided that such air carrier holds a certificate, license or similar authorization for scheduled air transportation issued by the relevant authorities in the country in which the aircraft is registered, and in accordance with such authorization, maintains and publishes schedules and tariffs for passenger service, between named airports/heliports at regular and specific times. Regularly scheduled airline flight shall include any extra flights operated by scheduled carriers on regular routes.

“Benefit Limit” means the Maximum Benefit Payable as stated in the Schedule of Benefits.

“Bodily Injury” means physical Bodily Injury to the Insured Person occurring during the Covered Trip caused solely and directly by an Accident and not by sickness, disease or gradual physical or mental wear and tear.

“Citi Card” means an active Citi Business Card account issued by Citibank.

“Common Carrier” means any bus, taxi, ferry, ship, train or tram provided and operated by a carrier duly licensed for the regular transportation of fare-paying passengers and any aircraft provided and operated by an airline or an air charter company which is duly licensed for the regular transportation of fare-paying passengers, and any regularly scheduled airport limousine, airport transit system operating on fixed routes and schedules.

“Concessionary Fare” means;

- a) Discounted air tickets offered by an aircraft or other conveyance operator.
- b) Travel tickets offered on special promotions, including free air tickets given together with purchased air tickets, the cost of which have been charged to the Citi Card, provided purchased travel tickets and free tickets were issued in the name of the Insured Person.

“Country of Residence” means the country in which the Insured Person is residing, country of employment or such country as has been declared to Us.

“Covered Trip” means any authorised business Round Trip made by an Insured Person in the course of his/her employment, with the Full Fare charged to the Citi Card and;

- (a) Riding solely as a passenger, not an aircrew member on an Air Carrier or;
- (b) Riding as a passenger in a vehicle licensed to carry passenger for hire, including rental vehicles, but only whilst the Insured Person is going directly to an airport for the purpose of boarding an Air Carrier on which the Insured Person is covered by the Policy, or when leaving an airport after alighting from such an Air Carrier.

A Covered Trip shall be deemed to have commenced when the Insured Person leaves Singapore or Country of Residence as the original point of departure and shall cease on the earliest of any of these events:

- (a) the expiry of the period specified in the Policy;
- (b) the Insured Person’s return to his permanent place of residence, hotel, or normal place of employment in his/her Country of Residence;
- (c) within three (3) hours upon arrival of the scheduled arrival time;
- (d) the completion of any one Covered Trip, where the Covered Trip forms a part of a Round Trip;
- (e) the 93rd day of any one Round Trip.

“COVID-19 related Medical Expenses” means the charges after deduction of all government subsidies (if any) for diagnostic test or procedure, medical treatment, surgical operation medical supplies, medicine, or ambulance services received in a Hospital or rendered or recommended or prescribed by a Registered Medical Practitioner necessary to treat the medical conditions related to or arising from COVID-19 after the Insured Person is tested positive for COVID-19. All treatment including specialist treatment must be prescribed or referred by a Medical Practitioner in order for expenses to be reimbursed under this Policy, which reimbursement will not exceed the usual level of charges for similar treatment, medical services or supplies in the location where the expenses were incurred had this insurance not existed.

“Dental Treatment” means a treatment that is medically necessary to restore sound and natural teeth due solely to an Accident and is carried out by a qualified and licensed dentist.

“Diagnosed” means the diagnosis of the Insured Person’s medical condition from medical testing laboratories that are either recognized by the respective governments Competent Authorities or accredited in the area of molecular microbiology or immunology, excluding any self-testing.

“Extreme Sports” means any sports activity that presents a high level of inherent danger (that is, involving exceptional speed and height, high level of expertise, exceptional physical exertion or highly specialised gear or stunts) including but not limited to big wave surfing, canoeing down rapids (Grade 4 and above), cliff jumping, horse jumping, racing or motor rallies, off-piste skiing, potholing, ultra-marathons, biathlons, triathlons and stunt riding.

“Full Fare” means the entire trip fare payable on standard or Concessionary Fare.

“Fully Vaccinated” means to be vaccinated with any vaccines, including booster dose, approved under the World Health Organisation Emergency Use Listing (WHO EUL) or Singapore’s National Vaccination Programme and served the respective duration post-vaccination for the vaccine to be fully effective and which the National Immunisation Registry (NIR) reflects the vaccinated status.

“Hospital” means an institution lawfully operated for the care and treatment of injured or sick persons with organized facilities

for diagnosis and surgery, having twenty-four (24) hours per day nursing services by legally qualified registered nurses and medical supervision under Registered Medical Practitioners, but not including any institution used primarily as a clinic, a nursing or convalescent home, a place of rest, a geriatric care facility, a mental institution, a rehabilitation or extended care facility, or a place for the care or treatments of alcoholics or drug addicts.

“Insured Person” means an Account Member’s employee who is a Singapore Citizen, permanent resident or foreigner working and residing in Singapore or outside Singapore age at least twenty-one (21) years old and up to seventy (70) years old at the commencement of the Covered Trip.

“Loss of Hearing” means Permanent irrecoverable loss of hearing where:

- If a dB = Hearing loss at 500 Hertz
- If b dB = Hearing loss at 1000 Hertz
- If c dB = Hearing loss at 2000 Hertz
- If d dB = Hearing loss at 4000 Hertz
- 1/6 of (a+2b+2c+d) is above 80dB.

“Loss of Sight” means the entire irrecoverable loss of sight, and which is beyond remedy by any form of medical treatment.

“Loss of Speech” means the disability in articulating any 3 of the 4 sounds which contribute to the speech such as the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds or total loss of vocal cord or damage of speech centre in the brain resulting in Aphasia.

“Medical Expenses” means the charges for diagnostic test or procedure, medical treatment, surgical operation, nursing care, medical supplies, Dental Treatment (as a result of Bodily Injury only), medicine, physiotherapy or ambulance services received in a Hospital or rendered or recommended or prescribed by a Registered Medical Practitioner. All treatment including specialist treatment must be prescribed or referred by a Medical Practitioner in order for expenses to be reimbursed under this Policy, which reimbursement will not exceed the usual level of charges for similar treatment, medical services or supplies in the location where the expenses were incurred had this insurance not existed.

“Pandemic or Pandemic Illness” means an infectious disease, including Covid-19, that is declared by the World Health Organisation or the Ministry of Health as a Pandemic.

For the avoidance of doubt, Covid-19 is defined as an infectious disease named by the World Health Organisation as “COVID-19” and caused by the severe acute respiratory syndrome SARS-COV-2 and falls within the above definition of a Pandemic.

“Permanent Total Disablement” means disablement that solely directly and totally renders the Insured Person is unable to engage in any occupation for the remainder of his or her life as determined in writing by way of a medical report issued by a Registered Medical Practitioner, such medical report to be issued only after the Insured Person was unfit to work for a period of twelve (12) continuous months from the date of the Bodily Injury as proven by medical certificates to that effect.

“Personal Documents” means, visa, identity card, driving license or like documents of identity, credit card or travelling pass.

“Personal Effects” means items of personal use, worn or carried by the Insured Person.

“Pre-Existing Condition” means any Bodily Injury or sickness for which the Insured Person has:

- (a) received medical advice, treatment, diagnosis, consultation or prescribed drugs within twelve (12) months preceding the Covered Trip; or
- (b) for which medical advice or treatment was recommended by a Registered Medical Practitioner within twelve (12) months preceding the Insured Person’s Covered Trip.

“Policyholder” means Citibank and named as such in the Policy and who makes a declaration on behalf of all persons insured under this Policy.

“Public Place” means any place to which the public has access to, including but not limited to shops, airports, trains stations, bus stations, streets, hotel foyers and grounds, restaurants, beaches, public toilets and any other place to which the public has access.

“Registered Medical Practitioner” means a person qualified by degree in western medicine and duly licensed or registered with the relevant medical board or council to practice medicine and surgery in the geographical area of his practice, and who in rendering such services is practicing within the scope of his licensing and training. The attending Registered Medical Practitioner shall not be an Insured Person’s employee, the spouse or relative.

“Round Trip” means a trip taken by an Insured Person departing from and returning to Singapore or from the Insured Person’s Country of Residence to the designated destination as shown by an Insured Person’s travel ticket.

“Theft, Burglary or Robbery” means dishonestly and illegally taken from the Insured Person against his/her will, whether by stealth, by force or threat of force or by coercion.

“We/Our/Us” means HL Assurance Pte. Ltd.

POLICY COVERAGE

SECTION 1. PERSONAL ACCIDENT

ACCIDENTAL DEATH &/OR PERMANENT DISABLEMENT

We shall pay according to the Percentage of Benefit Limit as specified hereunder in the event that the Insured Person sustain a Bodily Injury whilst overseas during a Covered Trip, which within twelve (12) months of its happening is the sole and independent cause of the following Covered Event, provided that only one of Covered Events is payable.

Covered Event	Percentage of Benefit Limit
1 Accidental death	100%
2 Permanent Total Disablement	100%
3 Permanent Loss of or Loss of Use of two Limbs	100%
4 Permanent Loss of or Loss of Use of one limb	100%
5 Permanent Loss of Sight of both eyes	100%

6	Permanent Loss of the following and not both as a result of the same Bodily Injury:	
	a) Loss of or Loss of Use of Sight of one eye	50%
	b) Loss of or Loss of Use of the Lens of one eye	50%
7	Permanent Loss of or Loss of Use of one limb and Sight of one eye	100%
8	Permanent Loss of Speech and hearing	100%
9	Permanent and incurable insanity	100%
10	Permanent Loss of Hearing:	75%
	a) Both ears	25%
	b) One ear	
11	Permanent Loss of Speech	50%
12	Permanent Loss of or Loss of Use of four fingers and thumb of:	
	a) Right hand	70%
	b) Left hand	50%
13	Permanent Loss of or Loss of Use of four fingers of:	40%
	a) Right hand	30%
	b) Left hand	
14	Permanent Loss of or Loss of Use of one thumb of:	
	a) Both right phalanges	30%
	b) One right phalanx	15%
	c) Both left phalanges	20%
	d) One left phalanx	10%
15	Permanent Loss of or Loss of Use of fingers of:	
	a) Three right phalanges	10%
	b) Two right phalanges	7.5%
	c) One right phalanx	5%
	d) Three left phalanges	7.5%
	e) Two right phalanges	5%
	f) One left phalanx	2%
16	Permanent Loss of or Loss of Use of toes of:	
	a) All – one foot	15%
	b) Great toe – two phalanges	5%
	c) Great toe – one phalanx	3%
	d) Other than great toe, each toe	1%
17	Fractured leg or patella with established non-union	10%
18	Shortening of leg by at least 5cm	7.5%
19	Third Degree Burns	
	(a) Head	
	<u>Damage as % of Total Body Surface Area:</u>	
	- Equal to or greater than 2% but less than 5%	50%
	- Equal to or greater than 5% but less than 8%	75%
	- Equal to or greater than 8%	100%
(b) Body		
<u>Damage as % of Total Body Surface Area:</u>		
- Equal to or greater than 10% but less than 15%	50%	
- Equal to or greater than 15% but less than 20%	75%	

- Equal to or greater than 20%	100%
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We shall not pay for:

- a. any specific item of Permanent Disablement where that item is also comprised in any other item of Permanent Disablement for which a greater amount of compensation is payable in the circumstances. If benefit is payable for loss of use of a whole member of the body, the benefit for parts of the member cannot also be claimed.
- b. Death in addition to any Permanent Disablement if caused by the same Accident, except that if a payment has been made under any part of Permanent Disablement and Death occurs subsequently solely caused by and twelve (12) months of the Accident, then We will pay any difference if the Benefit payable for Death is greater than that already paid for Permanent Disablement.
- c. more than 100% of the Benefit Limit in aggregate of all percentages payable under Permanent Disablement for the same Bodily Injury.

Special Conditions applicable to Section 1: -

- (a) The total compensation payable in respect of disabilities due to the same Bodily Injury is the total sum of the various percentages. For the avoidance of doubt, such total compensation payable shall not exceed 100% of the Benefit Limit and thereafter We shall bear no further liability under the Policy in respect of the same Insured Person for any other Bodily Injury sustained.
- (b) In cases where the Insured Person is left-handed, the compensation payable under items 12 to 14 shall be reversed whereby the greater compensation shall apply to the left hand and parts thereof.

SECTION 2. TRAVEL INCONVENIENCES

2(a) LOSS OF PERSONAL BAGGAGE

We shall pay the Insured Person for accidental loss or damage due to Theft, Burglary or Robbery to the following items, which the Insured Person took along, sent in advance or purchased during the Covered Trip:

- i) Personal baggage and/or Personal Effects up to the Benefit Limit
- ii) Cash, cheques, travel tickets and/or passports up to a maximum of \$200.

Provided all items must be owned by or in the custody of the Insured Person.

This Policy will extend to cover accidental loss or damage while in the custody of an airline or other carrier, provided a report is made immediately upon discovery to the airline or other carrier and proof of compensation is obtained or where such compensation is denied, proof of such denial.

In the event that the Insured Person purchase a comparable replacement for the lost article, We will pay the replacement cost provided the lost article was not more than two years old at the date of loss. If the Insured Person cannot prove the age of the lost article, or if the article is more than two years old, or if the article is not replaced, We will deal with the claim on the basis of original purchase value of the article less depreciation, or the cost of repair, whichever is the lesser.

PAIR AND SETS CLAUSE

Where any insured item consists of articles in a pair or set, our maximum liability is \$400 in respect of any one article or pair or set of articles. A pair or set of items is treated as one item (e.g. a pair of shoes, a camera and its standard accompanying lens and accessories).

At Our sole discretion, We may settle any claim by payment, repair or replacement based on their value at the time of loss and subject to wear and tear and depreciation. Electronic items that are purchased less than one (1) year from the date of Accident will not be subject to depreciation if the Insured Person is able to produce the original receipts or warranty cards at the point of claim.

Provided that:

1. Each loss must be reported to the local police within twenty-four (24) hours from the incident. Any claim must be substantiated by written documentation from such authorities.
2. The Insured Person must take every possible precaution for the safety of his/her personal effects and baggage to ensure that they are not left unattended in a Public Place.
3. If the Insured Person is able to prove that an article is beyond economical repair, a claim will be dealt with as if the article had been lost.

Additional exclusions applicable to Section 2(a)

In addition to the General Exclusions, We will not pay for any claim in respect of:

- (a) Loss or damage arising from confiscation, detention, requisition or destruction by Customs or other officials.
- (b) Loss or damage to Personal Documents, stamps, bonds, coupons, coins, negotiable instruments, title deeds, manuscripts, securities or documents of any kind.
- (c) Breakage or damage to fragile articles (excluding cameras and tape recorders) unless caused by an Accident to the conveyance in which the baggage is being carried.
- (d) Normal wear and tear, gradual deterioration, or mechanical or electrical breakdown or derangement or any process of cleaning, restoring, repainting or alteration.
- (e) Loss or damage while in the custody of an airline or other carrier, unless reported immediately on discovery and in the case of an airline, a Property Irregularity Report obtained upon its discovery.
- (f) Losses due to Theft, Burglary or Robbery unless reported to the local police, where the loss occurs, within twenty-four (24) hours of loss and a local police report is obtained.
- (g) Business goods or samples or equipment of any kind.
- (h) Perishables such as fruits or food articles and consumable articles such as cosmetics, toiletries, contact or corneal lenses, skincare products and perfume.
- (i) Sports equipment, musical instruments, dentures or bridges for teeth.
- (j) Camping Equipment, crockery or china glass.

- (k) Jewellery articles made of or including precious metals or precious stones.
- (l) Shortage due to error, omission, exchange or depreciation in value.
- (m) Travelers' cheques.
- (n) Unattended properties unless kept inside a locked hotel room, or in the care and custody of an airline, carrier or hotelier.
- (o) Loss or damage to personal computers (except for laptops) portable personal data processing/storage equipment, tablets and communication equipment and their accessories.
- (p) Unexplained and mysterious disappearance of the Insured Person's baggage or Personal Effects.
- (q) Loss or damage due to the Insured Person's omission, negligence or carelessness.
- (r) Animals, motor vehicles (including accessories), motorcycles, boats, motors and any other conveyance.
- (s) Paintings, antiques, artifacts, curios, objects of art or gemstones.

N.B. This Policy will only pay for claims from either Section 2(a) or 2(b) for the same event but not from both.

2(b) BAGGAGE DELAY

In the event that the Insured Person checked-in baggage is delayed (meaning temporarily misplaced in transit or misdirected by the carrier and not returned to the Insured Person for at least six (6) hours after his/her arrival at the baggage pick-up point of the scheduled overseas destination, We shall pay the Insured Person \$100 for each continuous six (6) hour period, up to the Benefit Limit.

The number of hours of delay must be verified in writing by the carrier.

For the avoidance of doubt, this benefit is calculated independently of the number of pieces of baggage owned by the Insured Person and the Insured Person may only make one (1) claim under this Section 2(b) for any one (1) event.

Exclusions applicable to Section 2(b):

1. If the delayed baggage shall prove to be lost or damaged and for which loss or damage a claim has been made and admitted under Section 2(a).
2. If a baggage tag is not issued to the Insured Person by the airline for the Insured Person's check-in baggage

N.B. This Policy will only pay for claims from either Section 2(a) or 2(b) for the same event but not from both.

2(c) FLIGHT DELAY/MISCONNECTION

In the event that the aircraft in which the Insured Person have arranged to travel is delayed in departure for at least six (6) hours from the time specified in the travel itinerary, due to:

1. Strike or other industrial action;
2. Adverse weather conditions; or

3. Mechanical breakdown or derangement or structural defect of that aircraft.

We shall pay the Insured Person the Benefit Limit for the full six (6) hours in delay (the delay being calculated from the departure time of the aircraft specified in the travel itinerary) or;

If the Insured Person miss his/her confirmed onward scheduled flight at the transfer point due to the late arrival of the incoming connecting scheduled flight and no alternative onward transportation is available for the Insured Person within six (6) consecutive hours of the Insured Person's arrival time, We shall pay up to the Benefit Limit, for the reasonable charges incurred by evidenced of receipts/bills in respect of hotel accommodation and restaurant meals or refreshments.

Provided that:

Written confirmation from the carriers or the handling agents of the number of hours of delay and the reason for such delay is obtained

Additional exclusions applicable to Section 2(c)

1. Delay arising from the fault of the Insured Person.
2. Failure to obtain verification in writing from the airline on the number of hours of delay.
3. Delay arising from known circumstances on the date the Covered Trip is arranged.
4. Loss that is covered by any other existing insurance scheme, government program or that it will be paid or refunded by a hotel, Common Carrier, travel agent or any other provider of travel and/or accommodation.
5. Strike or other industrial action, adverse weather conditions, mechanical breakdown or derangement or structural defect of the aircraft, existing at the booking of the Covered Trip.

SECTION 3. COVID-19 BENEFITS

3(a) OVERSEAS MEDICAL EXPENSES DUE TO COVID-19

We will pay the Insured Person up to the Benefit Limit, for the necessary COVID-19 related Medical Expenses incurred within thirty (30) days from the date of the first treatment after the Insured Person is being Diagnosed with COVID-19 and confirmed by a Registered Medical Practitioner during the Covered Trip.

Exclusions Applicable to Section 3(a)

No benefit will be payable under Section 3(a):

1. If the Insured Person has been Diagnosed with COVID-19 with or without displaying any symptoms but may not have required treatment.
2. For any breach or non-adherence to safety measures or guidelines.
3. For any medical treatment or aid obtained in Singapore or Country of Residence.
4. For any surgery or medical treatment which, in the opinion of the Registered Medical Practitioner, can be reasonably delayed until the Insured Person's return to Singapore or arrival in the country of final destination for travellers not returning to Singapore.

5. For any surgery or medical treatment for a Pre-Existing Medical Condition, which is not directly related to or arising from the COVID-19 infection.
6. For claims made for all COVID-19 related Medical Expenses incurred from the period that the Insured Person is confirmed by a Registered Medical Practitioner as medically fit to be transferred to a quarantined facility but chooses to continue to stay in a Hospital.
7. For the additional cost of single or private room accommodation at a Hospital, where it is not specifically directed by the Registered Medical Practitioner as being necessary to contain any potential spread of COVID-19 infection.
8. For any elective treatment, aromatherapy, tonic medication, services provided by a health spa, massage parlour, convalescent or nursing home or any rehabilitation centre.
9. For the cost of prosthetic devices or visual or hearing aids.
10. If the Insured Person is tested positive for any mandatory pre-departure COVID-19 diagnostic test prior to the Covered Trip.
11. If the Insured Person is not Fully Vaccinated.

3(b) OVERSEAS HOSPITAL ALLOWANCE DUE TO COVID-19

In the event the Insured Person is hospitalized after being Diagnosed with COVID-19 during the Covered Trip and is considered medically necessary by a Registered Medical Practitioner that the Insured Person has to be hospitalized in an overseas Hospital to receive in-patient treatment, We will pay the Insured Person \$100 for each continuous twenty-four (24) hour period, up to the Benefit Limit.

Additional exclusions applicable to Section 3(b)

1. If the Insured Person is not Fully Vaccinated.
2. If the Insured Person is hospitalized in Singapore or Country of Residence.

POLICY EXTENSION

1. Exposure

This Policy is extended to cover the Insured Person against death as a result of him/her being unavoidably exposed to the natural elements due solely to an Accident whilst on the Covered Trip.

2. Disappearance

If the Insured Person disappears whilst on the Covered Trip and after one year, the body has not been found and it is reasonable to believe that such Insured Person has suffered death due to an Accident, We will pay the death benefit under Section 1, provided that if the Insured Person is subsequently found to be living, any sum paid shall be immediately refunded to Us.

GENERAL EXCLUSIONS

(Applicable to the whole Policy)

Unless otherwise expressly stated or extended in the Policy, this Policy does not insure any destruction of or damage to any property or any consequential loss or any legal liability or any

Bodily Injury, sickness or disease and death to any person directly or indirectly caused by, or contributed to, or arising from:

1. Any Pre-Existing Medical Condition, including congenital conditions.
2. Travelling against medical advice or where the Covered Trip is made for the purpose of obtaining medical treatment.
3. Pregnancy, childbirth, abortion, miscarriage and any Bodily Injury or sickness related to such conditions.
4. Venereal disease, HIV (Human Immuno Deficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any related infections.
5. Any portion of a Covered Trip where the travel fare is settled via any other mode of payment other than the Citi Card.
6. Suicide or attempted suicide; intentional self-Bodily Injury; mental and nervous or all types of sleep disorders, including but not limited to insanity.
7. Any wilful, illegal or unlawful intentional act by the Insured Person.
8. Failure of the Insured Person to take reasonable precaution to safeguard his/her property or to avoid or minimize claims under this Policy.
9. Under the influence or effects of alcohol or drugs unless properly prescribed by a Registered Medical Practitioner and taken as prescribed.
10. Action taken by any government authority including confiscation, seizure, destruction by customs and restriction.
11. Flying or other aerial activities except travelling as a fare-paying passenger in a properly licensed, regular scheduled commercial airline operating between established and licensed commercial airports.
12. Any kind of race or sport where the Insured Person are being engaged in a professional capacity or where the Insured Person would or could earn any remuneration, donation, sponsorship, award or certificate of any kind from engaging in such kind of sport or racing.
13. Rafting or canoeing involving white water rapids, bungee jumping, jet skiing, ski racing, backcountry skiing or off-piste skiing, ski jumping, hang gliding, parasailing, the use of bobsleigh or skeleton, hunting, pot-holing, trekking (including mountain trekking) three thousand (3,000) metres above sea level, mountaineering, rock climbing that ordinarily requires the use of ropes or guides and any other Extreme Sports.
14. Participation in underwater activities which require the use of artificial breathing apparatus.
This exclusion does not apply to leisure scuba diving where:
 - a. diving no deeper than thirty (30) meters under the supervision of a qualified diving instructor; or
 - b. the Insured Person holds a PADI certification (or the equivalent) and diving with a buddy with an equivalent certification.
15. Any Bodily Injury which arises in the course of the Insured Person's engaging in naval, military, air force, civil defence or police services or operations, testing of any kind of conveyance, being employed as a manual worker, whilst engaged in off-shore or in mining, aerial photography or handling of explosive, ammunitions or firearms.
16. Any event or circumstance that was made know to the Insured Person at the time of arranging or booking the Trip, either through the transport or accommodation provider or through media reports or through a travel advisory issued by an authority (local or foreign), which threaten the Insured Person's health, safety or leads to the disruption of the Covered Trip.
17. Travelling to a country where the Singapore government has issued a travel advisory against non-essential travel. This exclusion does not apply if the Insured Person has already commenced the Covered Trip prior to the issuance of such travel advisory.
18. Travel in, to or through Afghanistan, Cuba, Democratic Republic of Congo, Iran, Iraq, Liberia, Libya, North Korea, Sudan, Syria or Somalia.
19. Motorcycling (unless the Insured Person holds a motorcycle license recognized by the country the Insured Person is travelling in and provided that the Insured Person wears a helmet at all times whilst motorcycling and abide by all applicable road laws of that country but always excluding motorcycle racing).
20. (a) War, invasion, act of foreign enemy hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection, military or usurped power.
(b) any Nuclear, Chemical, Biological Terrorism.

"Nuclear, Chemical, Biological Terrorism" shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release, or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This endorsement also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to (a) and/or (b) above.

If We allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance the burden of proving the contrary shall be upon the Insured Person.
21. Nuclear weapons material or ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this Exception, combustion shall include any self-sustaining process of nuclear fission.

- (a) Permanent or temporary dispossession resulting from confiscation nationalisation commandeering or requisition by any lawfully constituted authority and/or
- (b) Permanent or temporary dispossession of any property resulting from the unlawful occupation or possession of such property by any person provided that We are not relieved of any liability to the Insured Person in respect of physical damage to the property insured occurring before dispossession or during temporary dispossession which is otherwise covered by this Policy
- (c) the destruction of property by order of any public authority

In any action suit or other proceeding where We allege that by reason of the provisions above any loss destruction or damage is not covered by this insurance the burden of proving that such loss destruction or damage is covered shall be upon the Insured Person.

22. Any loss resulting from a Pandemic, except for COVID-19 cover under Sections 3(a) and 3(b).

GENERAL CONDITIONS

(Applicable to the whole Policy)

1. Arbitration

Any disputes arising out of or in connection with the Insured Person's Policy, including any question regarding its existence, validity or termination shall be referred to the Financial Industry Disputes Resolution Centre Ltd (FIDREC).

If the dispute or any part of the dispute cannot be referred to or dealt with by FIDREC, or if the Insured Person do not accept the decision of the FIDREC Adjudicator, the dispute shall be referred to and finally resolved by arbitration administered by the Singapore International Arbitration Centre ("SIAC") in accordance with the Arbitration Rules of the SIAC ("SIAC Rules") for the time being in force, which rules are deemed to be incorporated by reference in this condition.

The seat of the arbitration shall be Singapore.

The Tribunal shall consist of one (1) arbitrator.

The language of the arbitration shall be English

2. Cancellation

The Policyholder may cancel the Policy by giving Us thirty (30) days' notice in writing in which case We will retain the customary 15% of the premium in respect of the unexpired period of the Policy. No refund will be made once a claim has been paid under this Policy.

We may cancel this Policy by giving Citibank thirty (30) days' notice in writing. After cancellation of the Policy, the proportionate part of any premium received in respect of the unexpired period of the Policy will be refunded to Citibank.

3. Conveyance Limit

Our maximum liability in respect of Section 1 of this Policy shall be limited to \$15,000,000 on any one aircraft or other conveyance as defined at any one time. In the event where the total amount of compensation payable is more than

\$15,000,000 the amount payable to each Insured Person shall be proportionately reduced so that the total sum payable by Us shall remain at \$15,000,000.

4. Contracts (Rights of Third Parties) Act

A Person who is not a party to this Policy shall have no right under the Contracts (Rights of Third Parties) Act to enforce any of its terms and conditions of this Policy.

5. Currency

Premiums and benefits payable under this Policy are in Singapore Dollars.

6. Data Privacy

It is hereby declared that as a condition precedent to Our liability, The Insured Person have agreed that any personal information in relation to the Insured Person provided by or on behalf of the Insured Person to Us may be held, used and disclosed to enable Us or individuals / organisations associated with Us or any independent third party (within or outside of Singapore) to:

- a. process and assess the Insured's application or any matter arising from the Policy Schedule and any other application for insurance cover and/or
- b. provide all services related to this Policy.

7. Duplication of Cover

We shall not cover the Insured Person under more than one card category issued by the Insured Person and underwritten by Us. In the event that the Insured Person is covered under more than one such policy, We will consider the Insured Person to be insured only under the Policy which provides the highest benefit level.

8. Duty of Care

The Insured Person must exercise reasonable care and take all reasonable precautions to prevent Accidents, Bodily Injury, sickness, loss or damage.

9. Due Observance

The conditions that appear in the Policy or in any Endorsements are part of the contract and must be complied with. The due observance and compliance of these conditions by the Insured Person and the truth of the statements and answers in the proposal form shall be conditions precedent to any liability of Us to make any payment under this Policy.

10. Fraud, Misstatement or Concealment

Any fraud, mis-statement or concealment in respect of this insurance or of any claim hereunder shall render this Policy null and void and any benefit due hereunder shall be or become forfeited. We also reserve the right to lodge a report with the local police.

11. Governing Law

Any interpretation of this Policy relating to its construction, validity or operation shall be made in accordance with the Laws of Singapore.

12. Other Insurance

If at the time any claim arises under this Policy there is any other insurance Policy effected by or on behalf of the Insured Person with other insurance company covering the same loss, damage, expenses or liability, We shall not be liable to pay or contribute more than its ratable proportion of any claim for such loss, damage, expense or liability. This condition is not applicable to Section 1.

13. Payment of Benefits

All benefits payable under this Policy shall be paid to The Insured Person or The Insured Person's legal representative or the Insured Person's beneficiary (if any), or otherwise to The Insured Person's estate in the event of death. Any payment made by Us in accordance with this condition shall in all cases be deemed final and a complete discharge of all Our liability.

14. Payment Before Cover Warranty

- a. The premium due must be paid to the Us (or the intermediary through whom this Policy or Bond was effected) on or before the effective date ("the effective date") or the renewal date of the coverage. Payment shall be deemed to have been effected to Us or the intermediary when one of the following acts takes place:
 - i. Cash or honoured cheque for the premium is handed over to Us or the intermediary;
 - ii. A credit or debit card transaction for the premium is approved by the issuing bank;
 - iii. A payment through an electronic medium including the internet is approved by the relevant party;
 - iv. A credit in favour of Us or the intermediary is made through an electronic medium including the internet.
- b. In the event that the total premium due is not paid to the Us (or the intermediary through whom this Policy or Bond was effected) on or before the inception date or the renewal date, then the insurance shall not attach and no benefits whatsoever shall be payable by Us. Any payment received thereafter shall be of no effect whatsoever as cover has not attached.

15. Policy Renewal

This Policy may be renewed with Our consent, by payment of the agreed premium.

16. Recovery From Other Sources

If at the time any claim arises under this Policy, the Insured Person is able to seek recovery to be paid or refunded by other sources, including but not limited to government program, a hotel, Common Carrier, travel agent or any other provider of travel and/or accommodation, for the same loss, damage, expenses or liability covered under this Policy, We shall not be liable to pay or contribute more than its ratable proportion of any claim for such loss, damage, expense or liability.

17. Sanction Limitation and Exclusion Clause

Notwithstanding any provision to the contrary within this Policy or any endorsement thereto, this insurance shall, in no case, be deemed to provide cover and 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 the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

18. Subrogation

The Insured Person shall at Our expense do and concur in doing and permit to be done all such acts and things as may be necessary or reasonably required by Us for the purpose

of enforcing any rights and remedies or of obtaining relief or indemnity from other parties to which We shall be or would become entitled to or subrogated upon its paying for or making good any loss destruction or damage under this Policy whether such acts and things shall be or become necessary or required before or after their indemnification by Us.

CLAIMS CONDITIONS

(Applicable to the whole Policy)

1. Notice of Claims

- (a) Any occurrence or loss which may give rise to a claim under the Policy should be reported to Us in writing within thirty (30) days of the completion of the Covered Trip. Any notice given by the Insured Person or the authorized representative with information sufficient to identify the Insured Person will be deemed to be notice to Us.
- (b) In the event that this Policy is not renewed, We will not pay for any claim(s) submitted after the expiry of the Policy, by any Insured Persons, even if the claim(s) was in respect of a loss which arose or was incurred during the Policy pursuant to a Covered Trip.

2. Proof of Loss

If any Bodily Injury, Accident, loss or damage or theft happens, the Insured Person must:

- (a) Make a report within twenty-four (24) hours of the incident, to the police or the relevant authorities at the place of loss. Any claim must be accompanied by written documentation from such authorities.
- (b) Take all reasonable steps to recover missing property.
- (c) Give written notification to Us within thirty (30) days upon completion of the Covered Trip.
- (d) Give Us the receipts, invoices or boarding passes and/or photocopy of passport and any other relevant documents. Failure to furnish such proof within the time required shall not invalidate the claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and not later than one hundred and eighty (180) days from the time proof is otherwise required. Where the claim is in respect of disappearance, proof must be given not later than one hundred and eighty (180) days from the expiry of one (1) year from the date of disappearance.
- (e) Send to Us immediately any writ, summons or other documents in connection with the claim.
- (f) Not without Our written consent in writing to repudiate liability, negotiate or make admission, offer promise or make payment in connection with any occurrence or claim to which the Policy applies.

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 this 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 HL Assurance Pte. Ltd. or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

CARING FOR OUR CUSTOMERS

HL Assurance Pte. Ltd. will make every effort to provide a high level of service expected by all Our policyholders. If on any occasion Our service falls below the standard of Your expectation, the procedure below explains what You can do:

Your first point of contact should always be Your insurance agent or broker. Alternatively, You may submit Your feedback to the manager in charge of the matter You are raising.

We will acknowledge receipt of Your feedback within seven (7) working days whilst We look into the matter You have raised. We will contact You for further information if required within seven (7) working days and provide You with a full reply within fourteen (14) working days.

If the outcome of Your complaint is not handled to Your satisfaction, You can write to:

Chief Executive Officer HL
Assurance Pte. Ltd.
11 Keppel Road #11-01
ABI Plaza
Singapore 089057

We will respond to Your appeal within fourteen (14) working days. If you are dissatisfied with the CEO's respond, We will refer You to a dispute resolution organization, Financial Industry Disputes Resolution Centre Ltd (FIDReC) which is an independent organization. FIDReC's contact details are:

Financial Industry Disputes Resolution Centre Ltd
36 Robinson Road #15-01
City House
Singapore 068877

Telephone : (65) 6327 8878
Fax : (65) 6327 8488
Email : info@fidrec.com.sg
Website : www.fidrec.com.sg

Important – Please remember to quote Your Policy number / reference in Your communication.