Personal Accident Protection

PA SUPREME

Great is to be prepared for all eventualities

Great Eastern
A member of the OCBC Group

You wish to live life to the fullest, but sometimes unknowns and uncertainties can happen. Having a comprehensive protection for accidents is all you need to protect you along your life journey.

PA Supreme provides 24-hour worldwide insurance protection for you and your family anywhere in the world, anytime of the day. With 4 varying options available, coverage can be obtained from as little as 44 cents per day. These options will enable you to choose the most suitable plan for you and your family.

When accidents happen, the last thing you need is to worry about hefty medical bills and the financial security of your loved ones. With PA Supreme comprehensive coverage, your medical and hospitalisation expenses are well taken care of.

With PA Supreme, you can focus on the good things in life

Contact your representative to secure yourself against any unknowns.

To contact us:

+65 6248 2888

greateasterngeneral.com

gicare-sg@greateasterngeneral.com

Important Notes:

1. This brochure is for general information only. It is not a contract of Insurance. Please refer to the policy documents for the precise terms and conditions of the insurance plan.
2. This policy is subject to the Premium Before Cover Warranty Clause, which requires the premium to be paid and received on or before the inception date of the policy.
3. This plan 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 General Insurance Association (GIA) or SDIC websites (www.gia.org.sg or www.sdic.org.sg).
4. PA Supreme is underwritten by Great Eastern General Insurance Limited, a wholly-owned subsidiary of Great Eastern Holdings Limited and a member of the OCBC Group.
5. You may wish to seek advice from a qualified adviser before making a commitment to purchase this product. In the event that you choose not to seek advice from a qualified adviser, you should consider whether the product in question is suitable for you. If you decide that the policy is not suitable after purchasing it, you may terminate the policy in accodance with the free look provision, if any, and the insurer may recover from you any expense incurred by the insurer in underwriting the policy.
6. It is unusually detrimental to replace an existing accident and health plan with a new one. A penalty may be imposed for early plan termination and the new plan may cost more or have less benefits at the same cost.

Information correct as at 1 July 2017.

Great Eastern General Insurance Limited (Reg No. 1920 00003W)
(A wholly-owned subsidiary of Great Eastern Holdings Limited)
1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659

Put your mind at ease with a comprehensive accident cover

- Coverage of up to S$500,000 in case of death and permanent disablement
- S$500 weekly allowance in case of temporary disablement (coverage of up to 104 weeks)
- Benefits of up to S$50,000 for emergency medical evacuation and repatriation
- Reimbursement of medical expenses including those by licensed Chinese physicians and bonesetters
- Daily hospital allowance of up to 90 days
- Up to S$1,000 coverage of expenses incurred for mobility aid
- Coverage also extends to personal effects and belongings damaged as a result of accident

Your benefits at a glance:

Summary of Benefits	Plan				
	A	B	C	D	Child
A. Death & Permanent Disablement	S$100,000	S$200,000	S$300,000	S$500,000	S$25,000
B. Temporary Disablement (weekly up to 104 weeks)	S$100	S$200	S$300	S$500	N.A.
C. Daily Hospital Allowance (>24 hours, up to 90 days)	S$100	S$200	S$250	S$300	N.A.
D. Medical Expenses (up to the benefit limit as specified)	S$2,000	S$4,000	S$5,000	S$7,000	S$500
E. Chinese Physician/Bonesetter (up to the benefit limit as specified with S$50 excess)	S$150	S$150	S$150	S$150	S$150
F. Mobility Aid (up to the benefit limit as specified)	S$1,000	S$1,000	S$1,000	S$1,000	S$1,000
G. Personal Effects and Belongings damaged as a result of accident payable under policy (up to the benefit limit as specified)	S$200	S$300	S$400	S$500	N.A.
H. Evacuation/Repatriation (up to the benefit limit as specified)	S$50,000	S$50,000	S$50,000	S$50,000	S$25,000
I. Funeral Expense	S$3,000	S$3,000	S$3,000	S$3,000	S$3,000
Your Class of Occupation	**Annual Premium** (inclusive of 7% GST)				
Class 1: Person engaging in professional, managerial, administrative, clerical and not superintending or engaging in Manual Labour in general. e.g. Accountant, Administrator, Architect, Doctor, Home-maker, Lawyer, Nurse, Indoor sales/marketing, Retiree, Teacher	S$158.36	S$278.20	S$386.27	S$594.92	S$55.64
Class 2: Person engaging in supervisory nature and others not in Class 1 whose duties do not involve use of tools and machinery or exposure to special hazard; Person involving in substantial amount of travelling. e.g. Assembly line operators, Chauffeur, Engineer, Foreman (non-construction), Insurance agents; Outdoor sales/marketing, Students (full-time)	S$205.44	S$361.66	S$501.83	S$771.47	
Class 3: Person engaging in Manual Labour not of particularly hazardous nature but involving the use of tools and machinery. e.g. Contractor, Courier, Driver, Hawker, Mechanic, Painter (not involving work at height)	S$284.62	S$500.76	S$695.50	S$1,066.79	

Compensation Table	% of Sum Insured
1. Accidental Death	100%
2. Permanent Total Disablement	150%
Other Permanent Disablement	
3. Loss of or the permanent total loss of use of two limbs	150%
4. Loss of or the permanent total loss of use of one limb	125%
5. Total loss of sight of both eyes	150%
6. Total loss of sight of one eye	100%
7. Loss of or the permanent total loss of use of one limb and loss of sight of one eye	150%
8. Loss of speech and hearing	150%
9. Loss of hearing	
• both ears	75%
• one ear	25%
10. Loss of speech	50%
11. Loss of lens in one eye	50%
12. Loss of or the permanent total loss of use of thumb and 4 fingers of one hand	75%
13. Loss of or the permanent loss of use of 4 fingers of one hand	40%
14. Loss of or the permanent total loss of use of thumb	
• two phalanges	30%
• one phalanx	15%
15. Loss of or the permanent total loss of use of index finger	
• three phalanges	10%
• two phalanges	8%
• one phalanx	6%
16. Loss of or the permanent total loss of use of other finger	
• three phalanges	5%
• two phalanges	4%
• one phalanx	2%
17. Loss of or the permanent total loss of use of toes	
• all toes of one foot	15%
• big toe - two phalanges	5%
• big toe - one phalanx	3%
• other than big toe, each toe	1%
18. Shortening of leg by at least 5cm	7.5%
19. Third Degree Burns (Damage as a % of Total Body Surface Area)	
• Head - equal to or greater than 2% but less than 5%	20%
- equal to or greater than 5% but less than 8%	25%
- equal to or greater than 8%	50%
• Body - equal to or greater than 10% but less than 15%	20%
- equal to or greater than 15% but less than 20%	25%
- equal to or greater than 20%	50%

Note:
- Occupational classification is for reference only. The exact Occupational Class will be determined by the Company.
- Terrorism extension for death and permanent disablement is capped at maximum limit of S$300,000 per life.
- Premium rates are not guaranteed and may be adjusted based on future experience.

PA Supreme Proposal Form

Eligibility: This Policy is available to Singaporean(s), Permanent Resident(s) or non-Singaporean(s) residing in Singapore with valid work pass or permit under the Employment of Foreign Manpower Act (Cap. 91A) or Immigration Act (Cap.133).

Statement pursuant to section 25(5) of the insurance act (cap. 142) (or any subsequent amendment thereof), you are to disclose in this proposal form, fully and faithfully, all the facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise you may receive nothing from the policy.

Proposer's particulars (Please tick and fill in the details)

Name/Entity Name: ____________________
☐Mr ☐Mrs ☐Miss ☐Mdm ☐Dr

Gender: ☐M ☐F NRIC no./UEN: __________ Nationality: __________

Address: ____________________

____________________ Postal code: __________

Email: ____________________

Contact no.: __________ (HP) __________ (H) __________ (O)

Occupation: __________ ☐Class 1 ☐Class 2 ☐Class 3

Industry: __________ Date of birth/incorporation: __________ (dd/mm/yy)

Plan type: ☐A ☐B ☐C ☐D ☐Child Premium: S$ __________

Period of insurance:

Commences on: __________ (dd/mm/yy) Expires on: __________ (dd/mm/yy)

Particular(s) of Insured Person(s)
(If the person is different from Proposer)

Name: ____________________ Nationality: __________

Gender: ☐M ☐F Relationship: __________ NRIC no.: __________

Occupation: __________ ☐Class 1 ☐Class 2 ☐Class 3

Industry: __________ Date of birth: __________ (dd/mm/yy)

Plan type: ☐A ☐B ☐C ☐D ☐Child Premium: S$ __________

Name: ____________________ Nationality: __________

Gender: ☐M ☐F Relationship: __________ NRIC no.: __________

Occupation: __________ ☐Class 1 ☐Class 2 ☐Class 3

Industry: __________ Date of birth: __________ (dd/mm/yy)

Plan type: ☐A ☐B ☐C ☐D ☐Child Premium: S$ __________

Name: ____________________ Nationality: __________

Gender: ☐M ☐F Relationship: __________ NRIC no.: __________

Occupation: __________ ☐Class 1 ☐Class 2 ☐Class 3

Industry: __________ Date of birth: __________ (dd/mm/yy)

Plan type: ☐A ☐B ☐C ☐D ☐Child Premium: S$ __________

Name: ____________________ Nationality: __________

Gender: ☐M ☐F Relationship: __________ NRIC no.: __________

Occupation: __________ ☐Class 1 ☐Class 2 ☐Class 3

Industry: __________ Date of birth: __________ (dd/mm/yy)

Plan type: ☐A ☐B ☐C ☐D ☐Child Premium: S$ __________

General Questions

1. I/We have not made any claims for bodily injury or had been declined or accepted on special terms, under a similar personal accident insurance in the last 3 years.
2. I/We am/are Singaporean(s), Permanent Resident(s) or non-Singaporean(s) residing in Singapore with valid work pass or permit under the Employment of Foreign Manpower Act (Cap.91A) or Immigration Act (Cap.133).
3. I/We do not work or engage as a:
   - Pilot, air or cabin crew,
   - Professional sports player,
   - Private investigator or detective, or
   - Regular armed forces including prison or immigration officer, police force, fire service, civil defence or military personnel, except reservist training and during peracetime.

☐ True ☐ False

Payment mode (Please tick and fill in the details)

Premium payable: S$ ____________________

☐ By Credit Card (Visa/MasterCard only)

I/We hereby authorise Great Eastern General Insurance Limited to charge the above premium to the following card. Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to its use.

Credit Card No.: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date: ☐☐ (mm) ☐☐ (yy) CVV: ☐☐☐

Name of cardholder: ____________________

NRIC no.: __________ Signature: __________

☐ By Cheque: No.: __________ ☐ By Cash

Please make cheque payable to "GEG".

Declaration

By submitting this Application Form, I/We, the Insured Person(s) hereby declare the following:

1. I/We declare that the information given in this application is true and that no material fact(s), that is, fact(s) likely to influence the assessment and acceptance of this application have been withheld and to the best of my/our knowledge and belief the information given herein is true and complete.
2. I/We understand and agree that no insurance shall take effect until this application has been fully accepted, full payment is received and a policy is issued by Great Eastern General Insurance Limited ("GEG").
3. I/We understand and agree that the declarations and disclosures herein shall form the basis of the policy, and subject to the policy terms, conditions and exclusions.
4. I/We declare that I am/we are aware that the benefits of the policy will only be payable as a result of an accident.
5. I/We agree that the policy is issued as a Singapore policy expressed in Singapore dollars and all payments under the policy, whether to or by GEG will be payable in Singapore dollars. I/We also agree that the policy will be entered in the register of Singapore policies.

Policy Application, Service and Administration

By providing the information set out above, I/we agree and consent to Great Eastern General Insurance Limited ("GEG"), its related corporatons (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") collecting, using, disclosing and sharing amongst themselves my/our personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate my/our proposal and to provide the products or services which I am/we are applying for (including, without limitation, any policy renewals and policy upgrades, substitutions or replacements).

These purposes are set out in GEG's Privacy Statement, which is accessible at http://www.greateasternlife.com/sg/en/privacy-and-secutiy-policy.html and which I/we confirm I/we have read and understood.

Yes, I/we would also like to stay in touch with the Companies to get updates and rewards via (tick one or more)[1]:

☐ phone[2] ☐ mail, email and other means of communication

By ticking the box(es) above, I/we understand that:

(a) the Companies and their Representatives may collect, use and/or disclose my/our personal data for contacting me/us about products and services offered by the Companies; and

(b) my/our response here does not affect my/our other consents given to the Companies and their Representatives and their rights at law in respect of my/our personal data[3].

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[1] This consent is independent of this Proposal and the relevant policy.
[2] This option includes voice calls, text and fax via my/our Singapore telephone numbers provided in this form and my/our other Singapore telephone numbers in your records from time to time.
[3] Leaving any of the boxes above blank will not be treated as a withdrawal of any other consent I/we may have previously provided to the Companies and their Representatives.

____________________ Signature of Proposer ____________________ Date

Agent Code: __________ Agent Name: __________