Singlife Essential Critical Illness II
Product Summary

1. What is this product about?

This is a regular payment, non-participating plan that provides You with benefits, comprising Death Benefit, Terminal Illness Benefit, Critical Illness Benefit, Total and Permanent Disability Benefit, and Diabetic Conditions Benefit for the period of the policy term.

This plan has no cash value.

The premium rates are guaranteed for Death Benefit, Terminal Illness Benefit, and Total and Permanent Disability Benefit; non-guaranteed for Critical Illness Benefit and Diabetic Conditions Benefit. These non-guaranteed premium rates may be adjusted based on future experience. We will notify You of any changes 30 days in advance.

This is not a Medisave-approved policy and You may not use Medisave to pay the premiums for this policy.

Note: "You" / "Your" relates to the policyholder. "We" / "Us" / "Our" relates to Singapore Life Ltd.

Product at a glance

• This is a Regular Premium plan. • Choose the amount of insurance cover (i.e. Sum Assured) that meets Your protection needs. • Enjoy flexibility in the choice of Your policy term that best suits Your needs, from 15 years up to 85 age next birthday (ANB) • Choice to pay either monthly, quarterly, half-yearly or yearly.	• Benefits are paid in a lump sum if, during the policy term, the Life Assured: ▪ suffers from Terminal Illness; ▪ suffers from Critical Illness; ▪ suffers from Total and Permanent Disability; ▪ suffers from Diabetic Conditions; or ▪ dies. • Enjoy a "No Claim Reward" if no claims are made by the end of Your policy.

2. What benefits does this plan offer?

This plan provides You with benefits such as the Death Benefit, Terminal Illness Benefit, Critical Illness Benefit, Total and Permanent Disability Benefit, and Diabetic Conditions Benefit.

Benefits are only payable when We admit the claim(s) after receiving satisfactory proof.

Before We pay any benefit, We will first deduct the remaining premiums due for that Policy Year and any monies owed to Us from the benefits payable.

(a) Death Benefit

What We Pay	What We Do Not Pay
If the Life Assured dies and there is no prior claim, We will pay either: (a) 100% of the Sum Assured; or (b) a sum equal to the total premiums* paid; whichever is higher. If there is any prior claim(s) on the benefits, We will pay either: (a) 100% of the Sum Assured less any claim(s) paid on the benefits (other than claim(s) paid on Diabetic Conditions Benefit); or (b) a sum equal to the total premiums* paid less any claim(s) paid on the benefits; whichever is higher. Note: *Premiums include loadings (if any). All benefits for the Life Assured end when We make this payment in full.	We do not pay the Death Benefit if the Life Assured commits suicide as stated in the 'Suicide' section.

(b) Terminal Illness Benefit

What We Pay	What We Do Not Pay
If the Life Assured suffers from Terminal Illness, We will pay a lump sum as an early payout of the Death Benefit. Terminal Illness means any condition caused by illness or injury, where at the time of claim, despite all reasonable medical treatment, the Life Assured is expected to live for no more than 12 months. The Specialist treating the condition must provide supporting evidence of the condition, possible medical treatment, the prognosis after undergoing the possible medical treatment, and certify that the Life Assured is expected to live for no more than 12 months despite all possible medical intervention. We reserve the right to appoint an independent Specialist who is an expert in the condition to confirm the diagnosis and prognosis. All benefits for the Life Assured end when We make this payment in full.	We do not pay the Terminal Illness Benefit for Terminal Illness in the presence of Human Immunodeficiency Virus (HIV) infection.

(c) Critical Illness Benefit

What We Pay	What We Do Not Pay
We cover the specified Critical Illnesses listed below: **<u>Critical Illnesses*</u>** 1. Major Cancer 2. Heart Attack of Specified Severity 3. Stroke with Permanent Neurological Deficit 4. Blindness (Irreversible Loss of Sight) 5. Coronary Artery By-pass Surgery 6. End Stage Kidney Failure 7. Other Serious Coronary Artery Disease 8. End Stage Lung Disease	We do not pay the Critical Illness Benefit if Your claim is directly or indirectly, wholly or partly caused by or arising from or contributed to by: • self-inflicted illness or injury, while sane or insane; • wilful misuse of drugs or alcohol, while sane or insane; • Acquired Immunodeficiency Syndrome (AIDS) or infection by Human Immunodeficiency Virus (HIV); or • any Pre-existing Condition(s).

9. Irreversible Loss of Speech 10. Major Burns 11. Deafness (Irreversible Loss of Hearing) 12. Major Head Trauma 13. Severe Bacterial Meningitis 14. Angioplasty & Other Invasive Treatment for Coronary Artery If the Life Assured suffers from any one of the critical illnesses (1) to (13) listed above, We will pay a lump sum as an early payout of the Death Benefit. All benefits for the Life Assured end when We make this payment in full. If the Life Assured undergoes Angioplasty & Other Invasive Treatment for Coronary Artery, We will pay 10% of the Sum Assured (subject to the maximum claimable limit of S$25,000) and reduce the Sum Assured by the same amount. We will only pay once for Angioplasty & Other Invasive Treatment for Coronary Artery. This benefit is an early payout of the Death Benefit. All benefits for the Life Assured will continue to be payable based on the prevailing Sum Assured after We make the payment for Angioplasty & Other Invasive Treatment for Coronary Artery. The diagnosis must be made by a Registered Medical Practitioner and/or otherwise as stated in their definitions. Note: *The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2024). These Critical Illnesses fall under Version 2024. You may refer to www.lia.org.sg for the standard Definitions (Version 2024).	**Waiting Period** We do not pay the Critical Illness Benefit if the date of diagnosis of: • Heart Attack of Specified Severity, Major Cancer or Other Serious Coronary Artery Disease; or • coronary artery disease leading to performance of Coronary Artery By-pass Surgery or Angioplasty & Other Invasive Treatment for Coronary Artery; occurs within 90 days from: • the Policy Issue Date; • the Cover Start Date; or • the last Reinstatement Date of the Policy, whichever is later.

(d) Total and Permanent Disability Benefit

What We Pay	What We Do Not Pay
If the Life Assured suffers from Total and Permanent Disability, We will pay a lump sum as an early payout of the Death Benefit. The diagnosis must be confirmed and certified by a Registered Medical Practitioner. All benefits for the Life Assured end when We make this payment in full. Please refer to Appendix A of this Product Summary for the definition of Total and Permanent Disability. Note: If the total Sum Assured for the Total and Permanent Disability Benefit under Your policy and any other policy issued by Us (if any) in respect of the same Life Assured is more than S$2,000,000, We will: (i) waive the premiums in respect of the Total and Permanent Disability Benefit starting on the Policy Anniversary immediately following Our admission of Your claim for Total and Permanent Disability; and (ii) pay the total Sum Assured in three payments as follows: • S$2,000,000 upon admission of Your claim; and	We do not pay the Total and Permanent Disability Benefit if Your claim is directly or indirectly, wholly or partly caused by or arising from or contributed to by: • self-inflicted illness or injury, while sane or insane; • attempted suicide; • injuries sustained during travel on any type of aircraft except as a fare-paying passenger or a crew member of an international airline operating on a regularly-scheduled passenger flight of a licensed commercial aircraft; or • any Pre-existing Condition(s). **Waiting Period** We do not pay the Total and Permanent Disability Benefit if the date of diagnosis of Total and Permanent Disability (due to non-Accidental causes) occurs within 90 days from: • the Policy Issue Date; • the Cover Start Date; or • the last Reinstatement Date of the Policy, whichever is later. The waiting period does not apply if the claim is due to an Accident.

• the remainder in two equal instalments. The first instalment will be paid one year after the date on which the S$2,000,000 was paid; and the second instalment will be paid two years after the date on which the S$2,000,000 was paid.	

(e) Diabetic Conditions Benefit

What We Pay	What We Do Not Pay
If the Life Assured suffers from any of the covered Diabetic Conditions, We will pay an additional 20% of the Death Benefit Sum Assured, up to S$25,000 per condition per life. To avoid doubt, the Diabetic Conditions Benefit will be payable based on the prevailing Death Benefit Sum Assured if We have paid part of the Death Benefit as an early payout in a previous claim. The Diabetic Conditions Benefit ceases once the additional 20% of the Death Benefit Sum Assured is fully paid out under this benefit. **Diabetic Conditions** 1. Coma due to Hyperosmolar Hyperglycemic State (HHS) 2. Limb Amputation due to Diabetic Complications 3. Diabetic Nephropathy 4. Diabetic Ketoacidosis Only one claim can be made on the same Diabetic Condition. Any claim under the Diabetic Conditions Benefit does not waive premium. Premiums for Your policy continue to be payable. Any claim made on the Diabetic Conditions Benefit will not reduce the Sum Assured of the other benefits. The diagnosis must be made by a Specialist and/or otherwise as stated in Appendix B of this Product Summary. Please refer to Appendix B of this Product Summary for the definitions of the Diabetic Conditions.	We do not pay the Diabetic Conditions Benefit if Your claim is directly or indirectly, wholly or partly caused by or arising from or contributed to by: • self-inflicted illness or injury, while sane or insane; • wilful misuse of drugs or alcohol, while sane or insane; • Acquired Immunodeficiency Syndrome (AIDS) or infection by Human Immunodeficiency Virus (HIV); or • any Pre-existing Condition(s). **Waiting Period** We do not pay the Diabetic Conditions Benefit if the date of diagnosis of: • Hyperosmolar Hyperglycemic State (HHS) leading to Coma; • gangrene leading to undergoing of limb amputation; • Diabetic Nephropathy; or • Diabetic Ketoacidosis; occurs before or within 90 days from: • the Policy Issue Date; • the Cover Start Date; or • the last Reinstatement Date of the Policy, whichever is later. There is no waiting period between claims on the Diabetic Conditions Benefit. **Survival Period** We do not pay the Diabetic Conditions Benefit if the Life Assured does not survive a period of seven days after: • the date of diagnosis of Hyperosmolar Hyperglycemic State (HHS) leading to Coma; • the date of undergoing limb amputation due to gangrene; • the date of diagnosis of Diabetic Nephropathy; or • the date of diagnosis of Diabetic Ketoacidosis.

The following are examples of claims on the Diabetic Conditions Benefit:

Sum Assured	Calculation of Diabetic Conditions Benefit Payout	Diabetic Conditions Benefit Paid Out
S$150,000	Maximum amount payable 20% of S$150,000 = S$30,000 After first Diabetic Condition claim S$30,000 – S$25,000 = S$5,000	A claim of S$25,000 per condition per life can be made on this benefit. Thereafter, a subsequent claim of the remaining S$5,000 can still be made on this benefit for a different Diabetic Condition.

S$500,000	Maximum amount payable 20% of S$500,000 = S$100,000 Maximum number of Diabetic Condition claims S$100,000 / S$25,000 = 4 claims (on 4 different Diabetic Conditions)	Up to four claims of S$25,000 per condition per life can be made on this benefit for different Diabetic Conditions.

(f) No Claim Reward

What We Pay	What We Do Not Pay
If no claim is made on any benefit during the policy term, We will pay a lump sum equivalent to 20% of total premiums* paid at the end of the policy term. *Premiums include loadings (if any).	We do not pay the "No Claim Reward" if a claim has been made on any benefit during the policy term.

3. What premium payment terms and policy terms does this plan allow?

This is a Regular Premium plan. You can choose policy terms from 15 years up to 85 age next birthday.

4. Who can buy this plan?

The minimum and maximum entry ages of the Life Assured for this plan are:

	Minimum Entry Age	Maximum Entry Age
Policyholder/Assured of a 3rd Party Policy	17	99
Life Assured of a 3rd Party Policy	25	65
Life Assured of a Single Life Policy	25	65

Ages are in next birthday format.

Ownership basis: Single life (where the Life Assured is also the policyholder), and third party (husband and wife basis).

5. What premium payment options does this plan offer?

You may choose to pay Your premiums either monthly, quarterly, half-yearly or yearly, via the following premium payment methods:

- for initial premium: eGIRO, Cash, Cheque or Credit Card (Visa/MasterCard).
- for renewal premium: eGIRO, Interbank GIRO, Cash, Cheque or AXS.

This policy is available in SGD currency only.

Except for the first basic premium, subsequent basic premiums must be paid within a period of 30 days (the "Grace Period") from the premium due date. You should ensure that the basic premiums are paid in time to prevent a possible termination of the plan.

6. When does Your policy end?

Your policy ends on the date:

- We cancel Your policy at Your request;
- We pay the Death Benefit or the early payout of Death Benefit under Your policy in full;
- We void Your policy on account of incorrect or incomplete information provided to Us;
- Your policy lapses due to non-payment of premiums within 30 days from the date they become due;
- Your policy becomes void under section **8.1. Suicide**; or
- the cover of Your policy ends;

whichever is earliest.

We will not pay any benefit on or after the date Your policy ends.

7. What can You do with Your policy?

7.1. Cancel Your policy (free look cancellation)

You have 14 days from the time You receive Your policy to decide whether You want to continue with it. If You do not want to continue, You may write to Us to cancel Your policy. As long as You have not made any claim under Your policy, We will cancel Your policy and refund premiums paid, without interest and less any expenses incurred in considering Your application and issuing Your policy.

Your policy is considered delivered to and received by You seven days after We post it.

7.2. Make a claim

Notice and proof must be given to Us, as soon as reasonably practicable, after the diagnosis or any event giving rise to a claim.

You must notify Us and give Us the following documents at Our registered office as evidence to prove Your claim:

- the completed claim form;
- proof of the Life Assured's date of birth;
- the medical report and/or diagnosis issued by a Registered Medical Practitioner, supported by clinical, radiological, histological and laboratory evidence at the claimant's expense, which must be acceptable to Us;
- the original death certificate (when making a claim for Death Benefit);
- evidence that the claimant is entitled to payment under Your policy; and
- any other document We consider necessary to support the claim.

Any benefits payable under the policy are made to You, Your legal representative, the hospital or such other authorised parties (as the case may be). We will not make any payment in respect of any claim incurred unless full premium has been received by Us.

Please contact Your Financial Adviser Representative or visit https://singlife.com/en/make-a-claim/ for the claim procedures.

8. What do You need to note?

8.1. Suicide

If the Life Assured commits suicide (while sane or insane) within one year from the Policy Issue Date or the last Reinstatement Date (whichever is later), Your policy is void on the date immediately before the date of death. We will refund premiums paid for benefits, without interest and less any monies owing to Us, from the Policy Issue Date or the date We last reinstate Your policy (whichever is later).

8.2. The Contract

This Product Summary provides You with an overview of the plan. The policy contract provides the full terms and conditions of the plan.

8.3. Point-of-Sale Documents

A copy of the following documents is provided at the point-of-sale:

- Cover Page (if applicable)
- Policy Illustration
- Product Summary
- Bundled Product Disclosure (if applicable)
- Fact Find Form
- Your Guide to Life Insurance
- Your Guide to Health Insurance and Infographic "Evaluating My Health Insurance Coverage"
- Infographic "Moratorium on Genetic Testing and Insurance"

The guides listed above are available on Our website: www.singlife.com. The guides will help You to understand more about Life Insurance, Health Insurance and participating policies. You may also request for hardcopy versions from Us or from Your Financial Adviser Representative.

8.4. Note

The above is a summary of the plan offered. The precise terms and conditions of the plan are set out in the policy contract.

You may wish to seek advice from a Financial Adviser Representative before making a commitment to purchase the plan. If You choose not to seek advice from a Financial Adviser Representative, You should consider whether this plan is suitable for You.

As this product has no savings or investment feature, there is no cash value if the policy ends or if the policy is terminated prematurely. Buying a health insurance policy that is not suitable for You may impact Your ability to finance Your future healthcare needs.

8.5. Policy Owners' Protection Scheme

Your policy 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 Life Insurance Association Singapore or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

8.6. Details of the Insurer

This plan is underwritten by Singapore Life Ltd. Website: www.singlife.com.

Appendix A: Definition of Total and Permanent Disability

Total and Permanent Disability means:

(1) If the Life Assured is age 25 to 65 next birthday:

(a) A disability which is total and permanent and persists continuously for at least six months, with the Life Assured incapable of performing any work or engaging in any occupation or profession to earn or obtain wages, compensation or profit, from the time when the disability started; or

(b) The Life Assured becomes totally and permanently unable to perform (due to disease, illness or injury) at least three of the six Activities of Daily Living (despite the aid of special equipment) and requires the physical assistance of another person throughout the entire activity for at least six consecutive months.

(2) If the Life Assured is age 66 to 70 next birthday:

The Life Assured becomes totally and permanently unable to perform (due to disease, illness or injury) at least two of the six Activities of Daily Living (despite the aid of special equipment) and requires the physical assistance of another person throughout the entire activity for at least six consecutive months.

(3) For all ages up to Life Assured age 85 next birthday, the Life Assured has suffered total and irrecoverable:

(a) loss of the sight of both eyes;

(b) loss of the sight of one eye and loss by severance or loss of use of one limb at or above the ankle or wrist; or

(c) loss by severance or loss of use of:
(i) both hands at or above the wrists;
(ii) both feet at or above the ankles; or
(iii) one hand at or above the wrist and one foot at or above the ankle.

A Registered Medical Practitioner must first confirm and certify the diagnosis of Total and Permanent Disability before We admit the claim for Total and Permanent Disability Benefit.

Activities of Daily Living means:

(a)	Transferring:	the ability to move from a bed to an upright chair or wheelchair and vice versa;
(b)	Mobility:	the ability to move indoors from room to room on level surfaces;
(c)	Toileting:	the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
(d)	Dressing:	the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
(e)	Washing:	the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
(f)	Feeding:	the ability to feed oneself once food has been prepared and made available.

Appendix B: Definitions of Diabetic Conditions

Conditions		Definition
1.	Coma due to Hyperosmolar Hyperglycemic State (HHS)	Coma due to Hyperosmolar Hyperglycemic State (HHS) also known as Hyperosmotic Hyperglycemic Nonketotic State (HHNK) is a serious acute complication of diabetes. HHS is characterised by severe hyperglycemia with no ketoacidosis. The diagnosis of HHS needs to be certified by a Specialist and confirmed by documented laboratory evidence of all of the following: • Raised plasma glucose of > 33.3 mmol/L or > 600 mg/dL • Serum osmolality of > 320 mOsm/kg, and • Minimal or absent urine or serum ketones. To be eligible for this benefit the Life Assured must be in a coma as a complication of HHS that persisted for at least 48 continuous hours during which period the Life Assured had no response to external stimuli and life support measures were used to sustain life.
2.	Limb Amputation due to Diabetic Complications	The actual undergoing of amputation of a leg / foot at ankle or above / arm / hand at wrist or above to treat gangrene that has occurred because of a complication of diabetes. Amputation of toe or toes/finger or fingers, or any other causes for amputation shall not be covered.
3.	Diabetic Nephropathy	A definite diagnosis of diabetic nephropathy by a Specialist and is evident by eGFR less than 30 ml/min/1.73 m^2 with ongoing proteinuria greater than 300mg/24 hours.
4.	Diabetic Ketoacidosis	Diabetic Ketoacidosis (DKA) is a serious acute complication of diabetes. DKA is characterised by ketoacidosis (high levels of blood acids called ketones) and hyperglycemia. The diagnosis needs to be confirmed by a Specialist physician and confirmed by documented laboratory evidence of all of the following: • Raised plasma glucose of > 13.9 mmol/L, • Low arterial pH <7.3, • Serum bicarbonate levels of 18 mEq/L or less, and • Positive urine or serum ketones.

This insurance policy is underwritten by **Singapore Life Ltd.** E&O.E
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