



We Protect. *You Decide.*

Great Personal Accident Insurance



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GREATAMERICAN[®]
INSURANCE COMPANY

GREAT Personal Accident

Great American Insurance Company's **Personal Accident Insurance** provides comprehensive coverage for insureds who reside in Singapore and are between the ages of 18 and 65 years old.

Our Ultimate Plan provides comprehensive coverage with the following key benefits:

- Accidental death or disability coverage
- Medical expenses for injury due to an accident
- Emergency medical evacuation (provides emergency and travel assistance anytime, anywhere outside Singapore)
- Daily hospital allowance
- Temporary disability benefits
- Cost of diagnostic procedures





Great Personal Accident Insurance (Individual/Corporate)

Basic Benefits (\$\$)	Ultimate	Elite	Classic
Accidental Death & Permanent Disablement <ul style="list-style-type: none"> Pay a lump sum upon such event 	300,000	200,000	100,000
Accidental Medical Reimbursement <ul style="list-style-type: none"> Reimburse for in-hospital and out-patient treatment up to 	8,000	6,000	4,000
Weekly Benefit for Temporary Total Disablement <ul style="list-style-type: none"> Provide up to 104 weekly benefit due to accident 	200	100	100
Traditional Chinese Medicine (TCM) <ul style="list-style-type: none"> Reimburse for treatment by TCM due to accident up to 	750	750	750
Mobility Aid and Ambulance Services <ul style="list-style-type: none"> Reimburse the cost of ambulance services & purchase cost of mobility aid equipment up to 	4,000	4,000	4,000
FREE Cover for Children <ul style="list-style-type: none"> Children enjoy free coverage of up to 20% of all benefits on condition that both parents are insured under a single same policy at inception 	20%	20%	20%

Enhanced Benefits (Optional)	Ultimate	Elite	Classic
Daily Hospital Income <ul style="list-style-type: none"> Daily Income for each day of hospitalization up to 1 year 	150	100	50
Emergency Medical Evacuation <ul style="list-style-type: none"> Reimburse emergency evacuation expenses due to accident 	30,000	20,000	10,000
Lifestyle Maintenance <ul style="list-style-type: none"> Pay insured's family a monthly allowance up to 12 months due to accident death 	2,000	1,500	1,000

GREAT PERSONAL ACCIDENT INSURANCE (INDIVIDUAL/CORPORATE)

Enhanced Benefits Continued	Ultimate	Elite	Classic
Compassionate Allowance <ul style="list-style-type: none"> Pay a lump sum upon accidental death of insured 	15,000	10,000	5,000
Home Modification <ul style="list-style-type: none"> Pay supporting aids and installation cost to residing home 	5,000	5,000	1,000
FREE cover for Child Support Fund <ul style="list-style-type: none"> Pay a lump sum to insured's immediate dependents upon accidental death of insured 	15,000	10,000	5,000

Scope of Coverage based on Age*	Coverage (%)		
18 to 65	100%	100%	100%
66 to 75 (Renewal only)	100%	100%	100%
76 to 80 (Renewal only, subject to underwriting)	50%	50%	50%

Extension of Coverages	Description
Strike, Riot, Civil Commotion & Terrorism	Covers the insured person against accidental death or injury as a result of such event as a victim.
Hijack, Murder, & Assault	Covers the accidental death or injury as a result of being a victim of such event.
Drowning & Suffocation	Covers insured person against accidental death or injury as a result of drowning or suffocation by poisonous fumes, gas or smoke.
Exposure & Disappearance	Covers the insured person on exposure to the elements. Refer to General Endorsements for the definition.
Motor-Cycling	Covers insured person on accidental injury as a rider or pillion-rider traveling generally on motor-cycling.
Unscheduled Flight	Covers insured person as a passenger in any properly licensed private aircraft and/or helicopter forming part of a business trip overseas.
Miscarriage due to Accident	Covers insured person who sustains an injury and resulting in a miscarriage.
Reservist Training	Covers insured person during peace time reservist duty in Singapore for not exceeding 40 days.
Food Poisoning	Covers insured person who suffers from food poisoning.
Insect/Animal Bites	Covers insured person who suffers injury caused by an insect bite or animal.

GREAT PERSONAL ACCIDENT INSURANCE (INDIVIDUAL/CORPORATE)

Occupation Class	Definition/Occupation
Class 1	Professional, Management, Executive, Administration, Clerical staff engaged principally in a sedentary office environment
Class 2	Persons engaged in skilled or semi-skilled occupations, or travel outside of an office environment more than 50% of their working hours
Class 3	Persons engaged in manual labour or exposed to hazardous conditions
Others	Please refer to general exclusion and refer to Great American Insurance Company for clarification.
Referred Risk	Person working in security organizations, construction, onboard vessels or offshore and entertainment industries.
Declined Risk	Air and ship crew, professional divers, professional sports persons, diving, working in oil rigs, fire fighting, police, military personnel or occupation of hazardous nature.

Premium Table

(\$\$) includes GST	Ultimate		Elite		Classic	
	Basic	Enhanced	Basic	Enhanced	Basic	Enhanced
Class 1	324	437	218	294	122	164
Class 2	324	437	218	294	122	164
Class 3	601	N/A	402	N/A	223	N/A

Scale of Compensation

Item	Description of Disability	% of Sum Insured
-	Accidental Death	100%
A	Permanent Disability	150%
B	Loss of sight in both eyes	150%
C	Loss of two limbs	150%
D	Loss of sight in one eye, except perception of light	100%
E	Loss of one limb	125%
F	Loss of speech	50%
G	Loss of hearing in both ears	75%
H	Loss of four fingers and thumb on one hand	70%
I	Loss of four fingers on one hand	40%

GREAT PERSONAL ACCIDENT INSURANCE (INDIVIDUAL/CORPORATE)

Item	Description of Disability	% of Sum Insured
J	Loss of hearing in one ear	25%
K	Loss of a thumb	
	• 2 phalanges	30%
	• 1 phalanx	15%
L	Loss of one index finger	
	• 3 phalanges	15%
	• 2 phalanges	10%
	• 1 phalanx	5%
M	Loss of any one finger other than an index finger	
	• 3 phalanges	10%
	• 2 phalanges	7%
	• 1 phalanx	3%
N	Loss of metacarpals	
	• First or second metacarpal	5%
	• Third, fourth or fifth metacarpal	2%
O	Loss of toes on one foot	15%
P	Loss of a great toe	
	• 2 phalanges	5%
	• 1 phalanx	3%
Q	Loss of any one toe other than a great toe	3%
R	Head – Burns as a percentage of total body surface area	
	• Equal to or greater than 8% of total body surface area	100%
	• Equal to or greater than 5% but less than 8% of total body surface area	75%
	• Equal to or greater than 2% but less than 5% of total body surface area	50%
S	Body – Burns as a percentage of total body surface area	
	• Equal to or greater than 20% of total body surface area	100%
	• Equal to or greater than 15% but less than 20% of total body surface area	75%
	• Equal to or greater than 10% but less than 15% of total body surface area	50%

MAJOR EXCLUSIONS

1. War and nuclear related events
2. Armed or Air Forces, Navy, Police, Fire Service, Civil Defense Forces, with the exception of peace time reservist duty pursuant to Section 14 of the Enlistment Act (Cap. 93) of the Republic of Singapore for a period not exceeding 40 days.
3. Underground work or off-shore work or operations of any kind.
4. Flying or other aerial activity except as a fare-paying passenger in a fully licensed aircraft operated by a licensed commercial air carrier or recognized charter company.
5. Participate in racing of any kind (except foot racing), equestrian activities, skydiving, mountaineering, underwater activities, bungee jumping, hang-gliding, or winter, water and professional sports, including but not limited to situations where income or remuneration is earned for engaging in such sports.
6. Riding of a motorcycle (whether as a rider or a pillion-rider).
7. Suicide, attempted suicide, self-inflicted injuries or any attempt thereat while sane or insane.
8. Pregnancy, childbirth or its complications.
9. AIDS and disease associated with HIV.
10. Criminal act, provoked assault, intoxication, use of drugs, violation or attempted violation of law and resistance to lawful arrest or any imprisonment resulting therefrom.
11. All pre-existing conditions.
12. Refer to policy wordings for the full exclusion clauses.

The information provided in this material is a summary. Please refer to the actual policy wordings for the terms and conditions.



Great Personal Accident Insurance Proposal Form (Individual/Corporate)

Statement pursuant to Section 25(5) Cap. 142 of the Insurance Act or any subsequent amendments thereof. You are to disclose in the proposal form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void. All questions must be answered in completeness as far as possible. Please use additional sheets if necessary and copies of relevant supporting documents should be attached.

Note to the Applicant:

- This **Proposal** Form is for the **Applicant** to complete and submit to **Great American** (together with all required information and documents) for the purpose of applying for Great Personal Accident Insurance Policy.
- Please answer **ALL** questions fully. If there is insufficient space in this form for you to complete any of your answers, please attach a separate **signed** and **dated** sheet with your complete answer and identify the question number concerned.
- In this **Proposal** Form:
 - a. **“Applicant”** means the entity intended to be the insured, defined as the Insured in the **Policy**.
 - b. **“Great American”** means the Singapore Branch of Great American Insurance Company.
 - c. **“Policy”** means Great Personal Accident Insurance Policy, a sample of which is available on request. For avoidance of doubt, references to the **Policy** shall not bind **Great American** to issue one.
 - d. The words **“Insured Person(s)”** and **“Insured”** have the same meanings as defined in the **Policy**.

Name of Intermediary _____ Account No. _____

General Information of Applicant

Name of Applicant/Company’s Name _____

Contact No. _____

Mailing Address _____

Postal Code _____

Email _____

Business Registration No. _____

Nature of Business (for Corporate Policy Only) _____

Period of Insurance (DD/MM/YY): From _____ To _____

GREAT PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

Particulars Of All Insured Person(s) (Applicant / Spouse / Children / Employee)

Name (As per NRIC/ Passport / FIN)	Gender (M / F)	Date of Birth (DD/MM/YYYY)	NRIC / Passport / FIN No.	Nationality	Relation	Occupation
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Selection of Plan

Reference to Indicated Insured Person	Class Risk [^]	Ultimate	Elite	Classic	Free Cover for Child*	Enhanced Benefits	Premium (\$\$)
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total Premium Payable (Including GST):							S\$ _____

* Child enjoy free coverage of up to 20% of all benefits if both parent are insured under the same policy.

[^] We reserve the right to cancel this policy from the effective date should an incorrect occupation class be indicated.

Note: The Plan selected for Spouse must be equal or lower than that of the Applicant.

Payment Option For Individual / Family / Corporate Plan

Cheque - Bank Name _____
Cheque No. _____

To be crossed and made payable to "Great American Insurance Company"

Bank Transfer - Beneficiary Name: Great American Insurance Company
Bank Name: DBS Bank Limited Singapore
Bank Address: 12 Marina Boulevard, DBS Asia Central MBFC Tower 3,
Singapore 018982
SGD Account No.: 0039330324 Swift Code: DBSSSGSG

Payment Option For Individual / Family Plan Only

I hereby authorize "Great American Insurance Company" to debit my credit card account as specified below.

Credit Card Type Mastercard Visa

Credit Card No. _____

Expiry Date (MM/YYYY) _____

Cardholder's Name _____

Cardholder's Signature _____

Warranty

I hereby warrant and declare on behalf of all **Insured Person(s)** in this proposal as follows:

- We hereby declare that I/we have received, read and understood, or have been advised of and understand, the contents of the brochure and any information or material relating to this Great Personal Accident Policy.
- "We understand and agree that no insurance is in force until an Application is accepted by the Company and a Policy is issued.
- We are aware of and agree to abide by the Policy's terms, conditions and exclusions.

False Information

Please note that any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Important Notice

This product 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 the Insured. For more information of the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact the Great American servicing agent/broker or visit the GIA / LIA or SDIC websites (www.gia.org.sg) or (www.lia.org.sg) or (www.sdic.org.sg).

Personal Data Protection

1. In order to process, evaluate, administer and/or manage any application, relationship, account and/or policy with Great American Insurance Company, Singapore Branch ("**Great American**"), Great American will necessarily need to collect, use, disclose and/or process personal data or personal information relating to you. Such personal data includes (i) information set out in this statement and any other personal information provided by you or already in the possession of Great American as previously provided by you; and (ii) your claims.
2. Such personal data will be collected, used, disclosed and/or processed by **Great American** for the purpose(s) of:
 - a. considering whether to provide the **Applicant** with the insurance under this Proposal including considering whether to accept any renewal request;
 - b. processing the **Applicant's** application for underwriting and insurance;
 - c. administering and/or managing the **Applicant's** relationship, account and/or policies with **Great American**;
 - d. processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under the **Applicant's** policies;
 - e. carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by **Great American**;
 - f. carrying out the **Applicant's** instructions or responding to any enquiries by the **Applicant** and/or any other individuals covered in the **Applicant's** policies;
 - g. dealing in any matters relating to the services and/or products which the **Applicant** may be entitled to under the **Applicant's** policies;
 - h. investigating fraud, misconduct, any unlawful action or omission, whether relating to this application, the **Applicant's** renewal request, the Applicant's claims or any other matter relating to the **Applicant's** policies, and whether or not there is any suspicion of the aforementioned; and/or
 - i. Complying with applicable laws in administering and managing the **Applicant's** relationship with **Great American**.

(Collectively the "**Purposes**")

GREAT PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

3. We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.
4. Your personal data may/will be disclosed by **Great American** to affiliates of **Great American** and third parties such as third party service providers, reinsurers or agents (including its lawyers and reinsurance brokers) (“Relevant Parties”), which may be sited outside of Singapore, for one or more of the Purposes, and such Relevant Parties would be processing such personal data for **Great American** in relation to one or more of the Purposes.
5. By signing below, you:
 - a. consent to **Great American** collecting, using, disclosing and/or processing your personal data for the Purpose as described above;
 - b. consent to **Great American** collect personal data about you from sources other than yourself and using, disclose and/or process the same, for one or more of the Purposes as described above;
 - c. consent to **Great American** disclosing your personal data to the Relevant Parties, for the Purposes as described above; and
 - d. consent to **Great American** transferring your personal data out of Singapore to the Relevant Parties, for the Purposes as described above.

The undersigned authorized officers of the **Applicant** have read and agree to the above.

Declaration and Signature

The undersigned authorized principal, partner or director of the **Applicant** hereby declare that to the best of his/her knowledge and belief, the statements set forth herein and all attachments and schedules hereto are true and complete, and immediate notice will be given should any of the above information alter between the date of this **Proposal** and the proposed inception date of the **Policy**. Although the signing of this **Proposal** does not bind the undersigned on behalf of the **Applicant** or any potential **Insured** to effect insurance, the undersigned agree on behalf of all potential **Insured** that this **Proposal** and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the **Policy** should one be issued.

Name of Applicant

Signature of Applicant
(for and on behalf of Insured's Person)

Date

Great American Insurance Company – Singapore Branch, 3 Temasek Avenue, #16-01 Centennial Tower, Singapore 039190. Coverage description is summarized. Refer to the actual policy for a full description of applicable terms, conditions, limits and exclusions. Policies are underwritten by Great American Insurance Company – Singapore Branch, a licensed insurer in Singapore. Registration number T15FC0029B. The Great American eagle logo and the word marks Great American and Great American Insurance Group are service marks of Great American Insurance Company. © 2016 Great American Insurance Company. All rights reserved. 4902-SGP (10/16)