

Elite Dental Pro

1. Important Information Regarding Your Policy

1.1 Your Policy

1.1.1 Your Policy Wording and Policy Schedule set out the insurance contract between You and Us.

1.1.2 In return for You paying Us the premium, We insure You for the Events subject to the terms, conditions and exclusions in Your Policy Wording and Policy Schedule.

1.2 Please read Your Policy

1.2.1 It is important that You carefully read and understand Your Policy Wording and Policy Schedule because they set out the terms, conditions and exclusions that apply to Your insurance under Your Policy.

1.3 Checking Your Policy

1.3.1 Please check Your Policy Wording and Policy Schedule to make sure all the information stated therein is correct. Please let Us know straight away if any alterations and/or amendments are needed. Please contact Us if You change Your address or account details.

1.4 Contacting Us

1.4.1 If You have any queries or need to contact Us, please write to Us at Chubb Insurance Singapore Limited, 138 Market Street #11-01 CapitaGreen, Singapore 048946.

1.4.2 You may contact Our Customer Service Hotline: 62223157, Mondays to Fridays, 9am- 6pm.

1.4.3 For a listing of current In-Network Providers please contact us on the Customer Service Hotline above or visit www.cynergycare.com.

1.5 Keeping Your documents safe

1.5.1 You should keep Your Policy Wording and Policy Schedule in a safe place in case You need to refer to them in the future.

1.5.2 Certain types of cover under Your Policy require You to provide receipts and other documentary evidence to Us. You should keep those documents in a safe place in case We need them to settle a claim.

2. Cover Under Your Insurance Policy

2.1 Who and What is insured?

2.1.1 You are insured for the benefits subject to the terms, conditions and exclusions in Your Policy.

2.2 What are the Eligibility Requirements?

2.2.1 To be eligible for cover, You must be a Singaporean Resident and You must be between the age of eighteen (18) and sixty (60) years on the Commencement Date.

For renewal policy the maximum age is sixty five (65) years old.

3. The Meaning Of Certain Words

3.1 The following words when used with capital letters in Your Policy Wording or the Policy Schedule have the meaning given below.

3.2 **Accident** means a sudden, unforeseen and fortuitous event due to external cause(s).

3.3 **Benefit Allowable** means the maximum amount allowed under the Policy for Covered Services based on Usual, Reasonable and Customary Costs.

3.4 **Commencement Date** means 12.01 am Singapore Time on the date We agree to provide insurance under the Policy and which is shown on Your Policy Schedule.

3.5 **Covered Services** means the Medically Necessary treatments, services or supplies covered and reimbursable under this Policy.

- 3.6 Coinsurance** means the amount of the cost of Covered Services under the Policy You are liable to pay.
- 3.7 Dentist** means a dentist, dental surgeon or dental practitioner registered with and/or licensed by the Ministry of Health to practise dentistry in Singapore or if abroad, registered with and/or licensed by the competent authority in the foreign country to practise dentistry in the said country, who is not You or Your relative.
- 3.8 Dental Clinic** means a medical or dental outpatient facility registered with and/or licensed by the Ministry of Health (or if outside Singapore, registered with and/or licensed by the competent authority of the foreign country), which provides dental care by Dentists.
- 3.9 Dental Diseases** means any Illness or Injury of Teeth, tooth organs, intraoral organs, jaws, and maxillofacial bones, including the symptoms caused thereby which require Treatments that are deemed Medically Necessary.
- 3.10 Dental Emergency** means a condition where You experience and suffer from severe pain that is not relieved by drugs, or experience swelling and/or uncontrollable bleeding in the Oral Cavity requiring Dental Emergency Service.
- 3.11 Dental Emergency Service** means a Palliative Treatment to stabilize You and relieve severe pain, swelling and/or uncontrollable bleeding originating in the Oral Cavity.
- 3.12 Dental Services** means the examination, diagnosis, treatment, or prevention of Dental Diseases, dental organ diseases, oral organ diseases, jaw and maxillofacial bone diseases, including surgical or any other procedures for the purpose of curing, restoring, and rehabilitating intraoral organs or maxillofacial bones, as well as intraoral dental services.
- 3.13 Event(s)** means the Event(s) listed in the benefits section of Your Policy Schedule.
- 3.14 Fee Schedule** means the schedule of fees that an In-Network Dentist agrees to accept for procedures identified and covered under Your Policy. The Fee Schedule takes into consideration the average market cost as well as the nature and severity of the treatment.
- 3.15 Hospital** means a legally constituted establishment operated pursuant to the laws of the country in which it is based, which holds a licence as a Hospital (if licensing is required in the state or government jurisdiction) and provides medical or dental inpatient and outpatient care.
- 3.16 Illness** means a symptom, irregularity, or disease suffered by You.
- 3.17 Injury** means a bodily injury directly caused by an Accident arising separately from and independently of any other incident.
- 3.18 In-Network Dentist** means a Dentist, Dental Clinic, Medical Centre or Hospital that is actively participating in and/or is part of the In-Network Provider.
- 3.19 In-Network Provider** refers to any group of In-Network Dentists as listed and/or stated in the website www.cynergycare.com.
- 3.20 Medical Centre** means any medical facility that provides inpatient and outpatient medical or dental services, and is registered and/or licensed as a medical centre with the Ministry of Health (or if outside Singapore, registered with and/or licensed by the competent authority in the foreign country) to practise dentistry in accordance with the laws of Singapore or law of that locality (whichever is applicable).
- 3.21 Medically Necessary** means Dental Services which are subject to the following conditions:
- such services must be consistent with the diagnosis and treatment according to the symptoms of the Dental Diseases in a treated person as recommended by a Dentist;
 - there is a clear indication and/or evidence to substantiate and/or support that such Dental Services are in accordance with the standards or guidelines as prescribed and/or recognized and/or recommended by the Ministry of Health and/or the Singapore Dental Council;
 - such services are not solely for aesthetics and/or cosmetics and/or enhancement purpose(s) or reason(s); and
 - such services are consistent with accepted standards and guidelines prescribed and/or recognized and/or recommended by the Ministry of Health and/or the Singapore Dental Council regarding the diagnosis and Treatment of a particular condition.
- 3.22 Monthly Policy** means a Policy where premium for or under the Policy is paid on a monthly basis and/or for the period of one (1) month.

- 3.23 Nominated Account** means the account to which premiums for this Policy is to be debited or charged.
- 3.24 Oral Cavity** means the organs between, and including, those adjacent to lips and uvula, where the digestive system begins.
- 3.25 Out-of-Network** means Dental Services received from a Dentist that is not an In-Network Dentist and/or does not participate or belong to the In-Network Providers.
- 3.26 Palliative Treatment** means a treatment usually performed pursuant to and/or in connection with and/or as a result of and/or for a Dental Emergency or Accident that attempts to or temporarily relieve(s) and/or ease(s) pain, swelling, and/or uncontrollable bleeding in order to allow You to seek a definitive treatment plan at a later date with Your regular Dentist.
- 3.27 Period of Insurance** means:
- (a) In the case of Monthly Policy, one (1) month from the Commencement Date or the latest Renewal Date whichever is the later.
 - (b) In the case of Yearly Policy, twelve (12) consecutive months from the Commencement Date or the latest Renewal Date whichever is the later.
- 3.28 Policy** means Your Policy Schedule and Policy Wording including any endorsements describing the insurance contract between You and Us valid and current during the Period of Insurance.
- 3.29 Policy Schedule** means the schedule which We send You with Your Policy Wording.
- 3.30 Policy Wording** means this document.
- 3.31 Pre-existing Condition** means any Dental Service that You should have received or were recommended to receive or any Dental Disease or dental condition that You have been advised on and/or diagnosed with or would have reasonably known requires Treatment at any time within the twelve (12) months prior to the Commencement Date, as well as any tooth for which You have already received a dental treatment prior to the Commencement Date of the Policy.
- 3.32 Preventive Dental Services** means an oral examination, prophylaxis (teeth cleaning) and fluoride application.
- 3.33 Renewal Date** means:
- (a) In the case of Monthly Policy, one (1) month from the Commencement Date and subsequently, the same day of each successive month.
 - (b) In the case of Yearly Policy, twelve (12) consecutive months from the Commencement Date and subsequently, the same day of each successive year.
- 3.34 Singaporean Resident** means a Singapore Citizen or Singapore Permanent Resident or holder of a valid Work Permit or Employment Pass or S Pass issued by the authorities in Singapore.
- 3.35 Spouse** means the person named as the Spouse on the Policy Schedule and who must be Your legal husband or wife. Spouse must be between the age of eighteen (18) and sixty (60) years on the Commencement Date. For renewal policy the maximum age is sixty-five (65) years old.
- 3.36 Teeth** means the intraoral organs of which the roots are connected to the jaws, and the bodies of the teeth which perform the functions of biting, tearing, and chewing food, and facilitating speech.
- 3.37 Treatment** means any dental procedure or service which is carried out or personally controlled and/or supervised by a Dentist, including procedures which are provided by and are permitted by local applicable laws to be provided or administered by a hygienist, but subject always to the exclusions and limitations contained in the Policy.
- 3.38 Usual, Customary and Reasonable Costs** refers to a charge that will be considered reasonable and in accordance with customary rates if it does not exceed the normal charge stated in the Fee Schedule. The Fee Schedule will endeavour as far as possible to take into consideration the average market cost or rate as well as the nature and severity of the treatment and will apply to all Covered Services provided by In-Network and Out-of-Network Dentists.
- 3.39 Waiting Period** means:
- (a) In the case of a Monthly Policy, during the first three (3) continuous Periods Of Insurance.
 - (b) In the case of a Yearly Policy, the first ninety (90) days from the Commencement Date.
- 3.40 We/Us/Our** means Chubb Insurance Singapore Limited. With respect to customer service and claims as provided under Clause 8 of the Policy Wording, We/Us/Our also refers to Cynergy Care Limited.

3.41 You/Your means the person who is named as the policyholder on the Policy Schedule and/or the Spouse of the policyholder, as the context may require.

3.42 Yearly Policy means a Policy where premium for or under the Policy is paid on a yearly basis and/or for twelve (12) consecutive months in advance.

4. Benefits

4.1 Emergency Dental Services Benefits

If You suffer a Dental Emergency requiring Dental Emergency Service(s) We will:

- (a) pay the costs incurred by You for Palliative Treatment by an In-Network Dentist directly to the In-Network Provider; or
- (b) reimburse You the Usual, Customary and Reasonable Costs incurred for Palliative Treatment provided by an Out-of-Network Provider,

incurred for Dental Emergency Service(s) up to the Benefit Allowable as shown on Your Policy Schedule and valid and current at the time of the Dental Emergency;

We will not pay for expenses incurred:

- (a) where a Dentist has not certified the Dental Emergency Service as necessary or to be Medically Necessary;
- (b) within Your Coinsurance liability; or
- (c) as a result of or arising out of or in connection with a Pre-existing Condition.

4.2 Preventive Dental Benefits

We will:

- (a) pay the costs incurred by You for Medically Necessary Preventative Dental Services by an In-Network Dentist directly to the In-Network Provider if You have contacted Us prior to the Treatment and obtained Our consent, subject to Clause 4.5.2; or
- (b) reimburse You the Usual, Customary and Reasonable Costs incurred for Medically Necessary Preventive Dental Services provided by an Out-of-Network Dentist or In-Network Dentist if We were not contacted and/or if Our consent was not obtained prior to the Treatment,

subject to Clause 6.7.1, up to the Benefit Allowable as shown on Your Policy Schedule and valid and current at the time of the Treatment.

We will not pay for the above costs incurred:

- (a) during the Waiting Period;
- (b) within Your Coinsurance liability; or
- (c) as a result of or arising from or in connection with a Pre-existing Condition.

4.3 Dental Radiology Benefits

We will:

- (a) pay the costs incurred by You for the services mentioned or set out in Clause 4.3(b)(i), (ii) or (iii) associated with a dental diagnosis performed by an In-Network Dentist directly to the In-Network Provider if You have contacted Us prior to the Treatment and obtained Our consent, subject to Clause 4.5.2; or

- (b) reimburse You the Usual, Customary and Reasonable Costs incurred for the services mentioned or set out below associated with a dental diagnosis and provided by an Out-of-Network Dentist or In-Network Dentist, if We were not contacted and/or if Our consent was not obtained prior to the Treatment, for:

- (i) bitewing intraoral x-rays; or
- (ii) posterior/anterior or lateral skull, and facial bone survey x-ray; or
- (iii) panoramic x-ray;

subject to Clause 6.7.1, up to the Benefit Allowable of either (i) or (ii) or (iii) above as shown on Your Policy Schedule and valid and current at the time of the Treatment.

We will not pay for the above costs incurred:

- (a) during the Waiting Period;
- (b) within Your Coinsurance liability; or
- (c) as a result of or arising from or in connection with a Pre-existing Condition.

4.4 Minor Restorative and Conservative Benefits (Fillings)

We will:

- (a) pay the costs incurred by You for Medically Necessary minor restorative or conservative Treatments (fillings) due to tooth decay as outlined in 4.4(b)(i) or (ii) and performed by an In-Network Dentist directly to the In-Network Provider if You have contacted Us prior to the Treatment and obtained Our consent, subject to Clause 4.5.2; or

- (b) reimburse You the Usual, Customary and Reasonable Costs incurred for Medically Necessary conservative Treatments due to tooth decay provided by an Out-of-Network Dentist or In-Network Dentist, if We were not contacted and/or if Our consent was not obtained prior to the Treatment, for:
- (i) permanent amalgam, or
 - (ii) permanent composite/resin;

subject to Clause 6.7.1, up to the Benefit Allowable as shown on Your Policy Schedule and valid and current at the time of the Treatment.

We will not pay for the above costs incurred:

- (a) during the Waiting Period;
- (b) within Your Coinsurance liability; or
- (c) as a result of or arising from or in connection with a Pre-existing Condition.

4.5 Access to In-Network Benefits

4.5.1 You are entitled to access the preferred coverage for In-Network Provider services and procedures. To access these services, You must contact Us on 6222 3157. Please consult Your Policy Schedule to learn more about the In-Network advantages and the Treatments covered by Your Policy. Updated details regarding In-Network Providers can be found at www.cynergycare.com.

Prior to all Treatments, please contact Us at 6222 3157.

4.5.2 Any consent given by Us for any and/or a particular Treatment shall not be construed as or constitute consent for other or other type(s) of Treatments.

5. General Exclusions

5.1 Your Policy will not apply to any Event or costs and/or expenses and/or incidentals arising directly or indirectly out of or in connection with or as a result of:

- (1) an Injury caused by attempted suicide, self-inflicted Injury, or attempted self-inflicted Injury, whether by oneself or with the assistance of someone else, and while sane or insane.
- (2) Covered Services that are covered by other policies or which You are entitled to indemnity under any other insurance except in respect of any excess beyond the amount which would have been payable under such other policies or insurance, if the Policy had not been effected.
- (3) a Treatment that is in a trial stage, or a Treatment using any material, instrument, device, or medical supply that is in a trial stage or any Treatment not recognised as standard dental practice by the Ministry of Health or in the case where Treatment is provided or administered outside Singapore, any competent foreign authority.
- (4) any Dental Service solely for cosmetic and/or aesthetics purposes.
- (5) an Injury arising whilst You are engaged in car or boat racing of any kind, horse racing, skiing of any kind, including jet skiing, skating, boxing, or parachuting (except in life-saving situations), or while getting on or off or travelling in a balloon or glider, or bungee jumping, or diving which necessitates the use of an air tank or underwater breathing apparatus.
- (6) Injury caused by or arising from the action of You whilst under the influence of alcohol, addictive drugs, or harmful narcotics to the extent of being unable to control one's mind.

The term "under the influence of alcohol" refers to a blood alcohol content over the prescribed legal limit whilst driving in accordance with the laws of Singapore.
- (7) any Treatment and/or Dental Service which are in any respect fraudulent or if any fraudulent means or devices are used by You or anyone acting on Your behalf to obtain any benefit under the Policy.
- (8) war, invasion, acts of foreign enemies, warlike operations (whether declared or not), civil war, uprising, insurrection, riots, strikes, civil commotion, revolution, coup d'état, proclamations of martial law, or any events or causes which determine the proclamation or maintenance of martial law.
- (9) medications that need to be taken post treatment, expenses for toothbrushes, toothpaste, dental floss, mouthwash, and other consumables for intraoral hygiene.
- (10) Treatment for any condition which is considered to be a Pre-existing Condition.
- (11) a congenital condition, development problem, heredity disease, cancer or AIDS. AIDS means Acquired Immune Deficiency Syndrome which is caused

by the AIDS virus infection, including opportunistic infections, Malignant Neoplasm, or any infection or Illness that reveals an HIV (Human Immune Deficiency Virus) positive blood test. Opportunistic infections shall include, but are not limited to, Pneumocystis Carinii Pneumonia, Organism or Chronic Enteritis, Disseminated Viral and/or Fungi Infection. Malignant Neoplasm shall include, but not limited to, Kaposi's Sarcoma, Central Nervous System Lymphoma, and/or any severe disease which is presently known as Acquired Immune Deficiency Syndrome, or which cause sudden death, illness, or disability to infected persons. AIDS includes the HIV, Encephalopathy Dementia, and viral epidemics.

(12) a request for Treatment or dental surgery which is not advised and/or recommended by a Dentist, including any Dental Services which are not Medically Necessary.

(13) a Dental Service which is not necessitated by a pathological condition or deemed not Medically Necessary.

(14) an Injury arising whilst You are engaged in and/or involved in a brawl or fight, or taking part in inciting and/or abetting a brawl or fight.

(15) an Injury arising whilst You are committing an offence punishable by imprisonment or fine or other penalty or are being arrested or avoiding arrest by any law

enforcement authority or body in the particular jurisdiction.

(16) an Injury arising whilst You are embarking on or disembarking from, or travelling in, an aircraft not registered for carrying passengers and operated as a commercial aircraft.

(17) an Injury arising whilst You are piloting or acting as a crew member in any aircraft.

(18) an Injury arising whilst You serve as a military personnel, policeman/policewoman, or a volunteer engaging in war or crime suppression.

(19) radiation or radioactivity from any nuclear fuel or nuclear refuse arising from the combustion of nuclear fuel or any process of self-sustaining nuclear fission/fusion, radioactive explosion, or any nuclear component or harmful substance that may cause an explosion in a nuclear process.

(20) Treatment in any location other than a Medical Centre, Hospital or Dental Clinic.

6. General Conditions

6.1 Where does Your Policy apply?

6.1.1 Your Policy insures You twenty-four (24) hours a day Worldwide for Dental Emergency Services and twenty-four (24) hours a day in Singapore for all other benefits.

6.2 Arbitration

6.2.1 If any dispute or disagreement arises regarding any matter pertaining to or concerning this Policy, the dispute or disagreement must be referred

to arbitration in accordance with the provisions of the Arbitration Act (Cap. 10) and any statutory modification or re-enactment thereof then in force, such arbitration to be commenced within three (3) months from the day such parties are unable to settle the dispute or difference. If You fail to commence arbitration in accordance with this clause, it is agreed that any cause of action and any right to make a claim that You have or may have against Us shall be extinguished completely. Where there is a dispute or disagreement, the issuance of a valid arbitration award shall also be a condition precedent to our liability under this Policy. In no case shall You seek to recover on this Policy before the expiration of sixty (60) days after written proof of claim has been submitted to Us in accordance with the provisions of this Policy.

6.3 Laws of Singapore

6.3.1 Your Policy is governed by the laws of Singapore.

6.4 Singapore Currency

6.4.1 All payments by You to Us and by Us to You or someone else under Your Policy must be in Singapore currency.

6.5 Premium

6.5.1 We reserve the right to amend the amount of premium payable by You for or under the Policy by giving You thirty (30) days' written notice to Your address on file of any revision or amendments.

6.5.2 Without prejudice to Clause 6.5.1, Your Benefit Allowable and Your premium will automatically increase after every twelve (12) consecutive months from the Commencement Date You are insured or covered under the Policy. After every twelve (12) consecutive months from the

Commencement Date You are insured or covered under the Policy, Your Benefit Allowable and Your premium will increase by two and half (2.5) percent of Your original nominated Benefit Allowable and premium payable or paid. The increase in Benefit Allowable and Your premium will take effect on the subsequent continuous month after every twelve (12) consecutive months from the Commencement Date You are insured under the Policy. The increase in Your Benefit Allowable and Your premium is limited to a maximum of two hundred (200) percent of Your original nominated Benefit Allowable and premium. For the purpose of this clause, Your original nominated Benefit Allowable and premium refers to the amount of Benefit Allowable and premium for the base or first twelve (12) consecutive months from the Commencement date You are insured or covered under the Policy preceding the increase in Your Benefit Allowable and Your premium.

6.6 30 Day Free Look Period

6.6.1 You have thirty (30) days after You receive Your Policy Wording and Policy Schedule to decide if the Policy meets Your needs. You may cancel Your Policy simply by advising Us in writing to Our address as shown as Clause 1.4.1 of the Policy Wording within those thirty (30) days after You receive the Policy to cancel it. If You do this, We will refund any premiums You have paid during this period.

6.6.2 You will not receive a refund if You have made a claim and a benefit is payable or paid during this 30 day free look period.

6.7 Benefit Limits

6.7.1 The maximum total amount We

will pay under the Policy:

- (a) in the case of Yearly Policy, for the period of twelve (12) consecutive months from the Commencement Date or the latest Renewal Date whichever is later;
- (b) in the case of Monthly Policy, for the period of twelve (12) consecutive months including the Period of Insurance if a claim and a benefit is payable or paid during the Period of Insurance;

is the Maximum Limit as shown on Your Policy Schedule.

6.8 Commencement and Period of Your Policy

6.8.1 Your Policy begins from the Commencement Date or the latest Renewal Date whichever is the later and continues for the Period of Insurance.

6.9 Reinstatement of Your Policy

- 6.9.1 If Your Policy is cancelled for any reason, You may apply for reinstatement within thirty (30) days from date of cancellation.
- 6.9.2 If We approve and accept your application for reinstatement the terms, conditions and exclusions of the Policy shall remain the same as before the cancellation of the Policy, unless otherwise specified in the reinstatement endorsement. However, there will be no cover under the Policy during the period between cancellation and reinstatement of the Policy. The date of reinstatement will be as stated in the reinstatement endorsement.

6.9.3 An application for reinstatement of Your Policy will not be accepted after thirty (30) days from the date of cancellation.

6.10 Policy Owners' Protection Scheme

6.10.1 This 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 GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

7. Cancelling Your Policy

7.1 When You can cancel

- 7.1.1 Subject to Clause 7.1.2, You can cancel Your Policy at anytime by giving Us at least thirty (30) days prior notice.
- 7.1.2 As the Benefit Allowable and Maximum Limit as shown on Your Policy Schedule is calculated on a yearly basis, in the case of Monthly Policy and if a claim and benefit is payable or paid and if you wish to cancel Your Policy or not to renew Your Policy, the premium for eleven (11) months or for any such period as We deem fit shall become immediately payable to Us upon our demand without any deduction. In such an event, We reserve the right to set off the amount of such premium payable by You against any benefit payable by Us.

7.2 When We can cancel

7.2.1 We may cancel Your Policy by giving You at least thirty (30) days prior notice in writing to Your address on file.

7.3 Automatic cancellation

- 7.3.1 Cover under Your Policy will cancel automatically:
 - (a) if You cease to be a Singaporean Resident;

- (b) when You reach the maximum age of sixty-six (66) years;

This will be confirmed in writing. Thereafter, the Policy will not be renewed. Your Policy shall be deemed to be cancelled from the date You cease to be Singaporean Resident or the date when You reach the maximum age of sixty-six (66) years.

8. Claims

8.1 Procedure for making a claim

8.1.1 In order to claim for benefits You must comply with the following:

- (a) You must notify Us of Your intent to access non-emergency benefits as well as schedule an appointment with a In-Network Provider before each Dental Service is rendered by contacting +65 6222 3157; If You do not contact Us and obtain Our consent before Your Treatment We will be unable to directly reimburse the In-Network Provider;
- (b) You may exercise Your claim for benefits at Your dental centre of choice, however, You should still contact Us if Your intent is to access benefits, before the Dental Services and Treatments are rendered;
- (c) In the case of In-Network Dentist and/or In-Network Provider, You must present Your Policy ID Card, together with Your Citizen's Identification Card, to the Dental Clinic, Medical Centre or Hospital before each Dental Service; and
- (d) if We require any additional evidence, as necessary, You or Your representative must submit it to Us at Your own expense.

8.1.2 In the case of Out of Network dental care the following evidence must be submitted to Us within thirty (30) days from the date of a Treatment at a Hospital, Medical Centre, or Dental Clinic. The following evidence must be submitted to Us:

- (a) A claim form as prescribed by Us and completed by You and Your Dentist;
- (b) An original paid receipt showing the expenses, or an invoice cover sheet together with a paid receipt; and
- (c) Other necessary documents as required by Us to support consideration of the claim.

The receipt must be an original. We will return the original receipt, bearing the certification of the amount paid to You for use in a claim for a shortfall amount from any other insurer you may have. If You are already compensated by government welfare or any other welfare, or other insurance, You may submit a copy of the receipt bearing the certification of any amount paid by the government welfare or other agency in order to claim the shortfall amount from Us.

8.1.3 Failure to submit the evidence within the prescribed time shall be without prejudice to the right of claim, if it can be proven that you have exercised reasonable care and diligence in submitting the said evidence and the said evidence is submitted as soon as is practical.

8.1.4 In the case of In-Network dental care the In-Network Dentist shall coordinate all claims procedures directly with Us. You must sign the claim or treatment plan at the In-Network Providers location after Treatment and pay the In-Network Provider any

Coinsurance or amount due for any non-covered services. You must authorise Your Dentist to disclose to Us any relevant information regarding Your Treatment and / or condition as it relates to the claim process.

8.2 Payment of Benefits

8.2.1 In the case of In-Network claims, We will pay the In-Network Dentist directly for the Covered Services provided they are in accordance with this Policy.

8.2.2 In the case of Out-of-Network claims, we will take all reasonable steps to pay the benefits and necessary and reasonable expenses to You promptly.

8.3 Dental Examination

8.3.1 We shall, at Our own expense, have the right to examine any record of the Treatment and diagnosis of Your dental condition, to the extent which we deem necessary for this insurance.

8.3.2 If You fail, refuse and/or neglect to allow Us to examine or provide Us with Your record of the Treatment and diagnosis of Your dental condition, We may refuse to pay any and all of benefits under the Policy.

9. Your Duties To Us

9.1 Duty of Utmost Good Faith

9.1.1 You must fully and faithfully tell us everything You know (or could reasonably be expected to know) that is relevant to Our decision to insure You.

9.2 Consequences of breach of duty, fraud or misrepresentation

9.2.1 We may refuse to pay a claim either in whole or in part, if You:

(a) breach the duty of utmost good faith;

- (b) make a misrepresentation to Us before or at the time Your Policy was entered into;
- (c) breach a provision of Your Policy;
- (d) make a fraudulent claim under any policy of insurance; or
- (e) engage in any act or omission which under Your Policy You are required to notify Us of, but You fail, refuse and/or neglect to do so.

10. Third Parties

- 10.1** A person who is not a party to Your Policy contract shall have no right to enforce any of its terms.

11. Payment Before Cover Warranty

- 11.1** Notwithstanding anything herein contained but subject to Clause 11.3, it is hereby agreed and declared that the total premium due must be paid and actually received in full by Us on or before the Commencement Date or the Renewal Date.
- 11.2** In the event that the total premium due is not paid and actually received in full by Us on or before the Commencement Date or Renewal Date, no benefits whatsoever shall be payable by Us.
- 11.3** In respect of insurance coverage with “Free Look” provision, You may return the original Policy document to Us within the “Free Look” period if You decide to cancel the cover during the “Free Look” period. In such an event, You will receive a full refund of the premium paid to Us. However, you will not receive a refund if You have made a claim and a benefit is

payable or paid during this 30 day free look period..

- 11.4** For policy where payment of full monthly premium is to be made by credit card or bank GIRO, the submission of a complete and properly signed direct debit authorisation form (or such other forms as may be required by the card centre, bank or Us) to Us on or before the Commencement Date shall be deemed to be payment received by Us, subject to Clause 11.5.

- 11.5** In the event of any rejection by the card centre or the bank of the direct debit authorisation form (or any such form referred to in Clause 11.4) or any inability by Us to obtain payment of the premium by credit card or GIRO deduction due to any reason, We shall allow a second attempt for the charge and deduction of the outstanding premiums from the relevant card centre of bank. Should the second attempt fail for any reason, the Policy shall be deemed to be cancelled immediately effective from the day of the month when premium was due and no benefits shall be payable by Us. We will inform You of the cancellation by sending a notice in writing to Your address on file. Any payment received thereafter shall be of no effect whatsoever on the cancellation of the Policy.

12. Special Conditions

12.1 Payment of Benefits

- 12.1.1** You may not be covered under more than one dental insurance policy underwritten by Us. If You are covered under more than one such Policy, We will consider that person to be covered under the Policy which provides the highest benefits. Where the benefits under any additional Policy are

identical, We will consider that person to be insured under the Policy first issued. All policies not recognised by Us shall be cancelled. We will refund, without interest, any duplicated premium.

13. Special Conditions Applicable For Monthly Policy (If This Clause Applies, Clause 14 Does Not Apply)

13.1 Renewal of Your Policy

- 13.1.1** Subject to Clause 7.1.2, if either party wishes not to renew the Policy at the end of any Period of Insurance, notice of cancellation must be given in accordance with Clause 7. If no such notice has been given by either party, Your payment of the premium on each Renewal Date will result in a policy with the same terms and conditions automatically coming into existence for one (1) month from that Renewal Date.

14. Special Conditions Applicable For Yearly Policy (If This Clause Applies, Clause 13 Does Not Apply)

14.1 Renewal of Your Policy

- 14.1.1** If either party wishes not to renew the Policy at the end of any Period of Insurance, notice of cancellation must be given in accordance with Clause 7. If no such notice has been given by either party, Your payment of the premium on each Renewal Date will result in a policy with the same terms and conditions automatically coming into existence for one (1) year from that Renewal Date.

14.2 Refund of Premiums

- 14.2.1** Upon cancellation of the Policy in accordance with Clause 7.1.1 and subject to Clause 7.1.2, We will refund to the Nominated Account any unused premium paid.

14.2.2 In the event that the premium is paid on a yearly basis and upon cancellation of the Policy in accordance with clause 7, We will return the premium paid after deducting a proportionate amount thereof for the period during which this Policy is in effect, based upon the following short rate table.

Table of Short Rate Premium

Coverage Period (Not Exceeding/ Month(s))	% of Full-Year Premium
1	15
2	25
3	35
4	45
5	55
6	65
More than 6 months	100

14.2.3 You will not receive a refund of Premium if You have made a claim and any benefit has been paid or is payable to You under the Policy.

