



## PRODUCT SUMMARY: PRUSafe Gift

This product summary is a simplified description of the key product features. The exact terms and conditions can be found in the Master Policy Contract between the Master Policyholder and Prudential Assurance Company Singapore (Pte) Limited.

### Details of Plan Provider:

Prudential Assurance Company Singapore (Pte) Limited ("Prudential"), 30 Cecil Street, #30-01 Prudential Tower, Singapore 049712. Tel: 1800 - 333 0 333.

Prudential is responsible for the product features and contractual provisions. This policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.

**This policy and its Supplementary benefit(s) (if any) is/are protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy and its Supplementary benefit(s) (if any) is/are 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 your insurer or visit the General Insurance Association (GIA) / Life Insurance Association (LIA) or SDIC web-sites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).**

### Nature and Objective of the Plan:

**PRUSafe Gift** is a group personal accident insurance plan that provides a daily benefit if the insured member is hospitalised as a result of an accident. It also provides medical reimbursement benefit and accidental death benefit.

Application for the plan will be made on Prudential's online enrolment website.

Following is a summary of the benefits for PRUSafe Gift. Please refer to the following sections for the full benefit descriptions.

| Benefit Description   | Coverage per life of Insured Member   |
|---|---|
| Accidental Hospital Income                                  | S\$50 / day up to 7 days<br>Hospitalisation period: at least 3 consecutive days                               |
| Additional Accidental ICU Income                            | S\$50 / day up to 7 days in addition to Accidental Hospital Income<br>ICU period: at least 3 consecutive days |
| Medical Reimbursement due to Accident or Infectious Disease | Up to S\$100  |
| Accidental Death  | S\$20,000   |

### **A. ELIGIBILITY:**

An Insured Member at the point of application must be:

- a. Singapore residents who are:
  - (i) Patients of Thomson Medical Centre (TMC), (both male and female) who have visited TMC in the last 2 years, with a maximum age of 65 years (age next birthday); or
  - (ii) Expectant mothers who are patients at TMC ("Expectant Mothers"), with a maximum age of 65 years (age next birthday); or
  - (iii) Spouses of Expectant Mothers, with a maximum age of 65 years (age next birthday); or
  - (iv) Newborn babies born at TMC who are at least 14 days old and not hospitalised; or
  - (v) Children below 6 years old (age next birthday) who were born at TMC and have visited TMC in the last 2 years.
- b. Individuals who have given consent to be contacted by Prudential Financial Representatives when signing up for TMC related initiatives.

Insured Member whose coverage has been terminated would not be allowed to re-enrol in this policy. No duplicate coverage would be provided to the same Insured Member across different Master Policyholder.



## **B. BENEFITS UNDER THE PLAN:**

### **1. Accidental Hospital Income**

During the coverage period, if the Insured Member is hospitalised for at least 3 consecutive days because of an injury resulting from an accident, we will pay S\$50 for each day (24-hour period) the Insured Member is hospitalised. Under this benefit, we will also pay for hospitalisation at home under the Mobile Inpatient Care @ Home (MIC@Home) service by a Singapore restructured hospital.

We will only pay this benefit:

- if the accident happens during the coverage period and policy is still effective and has not ended;
- if the hospitalisation is in Singapore and is considered to be Medically Necessary;
- up to a maximum of 7 days for each accident; and
- up to a maximum of S\$350 payout per life (across all accidental hospitalisations) from this benefit.

If the Insured Member is subsequently hospitalised directly or indirectly due to the same accidental injury, we will consider this re-admission to hospital as the same occurrence as the first hospitalisation with regards to calculating the days hospitalised.

This benefit terminates once the full sum assured is paid out or when the policy expires.

After the full sum assured is paid out, the policy continues with other remaining benefits. The policy only terminates when Accidental Death benefit is paid out or when the policy expires, whichever is earlier.

**“Accident”** is an unexpected and involuntary event, which directly causes death or injury by violent, external and visible means and is not linked to any other cause (such as illness or disease of the life assured).

**“Hospital”** means a facility which:

- a) is a licensed, lawfully operating institution registered as a hospital with the Ministry of Health in Singapore or, in the case of a hospital overseas, is registered with its local health authority;
- b) is open at all times;
- c) is operated mainly to diagnose and treat disabilities on an inpatient basis and at the patient's expense;
- d) has organised facilities for major surgery;
- e) has a staff of one or more doctors on call at all times;
- f) has 24-hour nursing services by or under the supervision of registered nurses;
- g) is not just a skilled nursing facility, clinic, place for treating alcoholism or drug abuse, nursing home, rest home, convalescent home, home for the aged, place for treating mental disorders or a similar establishment; and
- h) keeps a daily medical report for each patient, which is accessible to our medical advisers.

You can find the lists of Singapore restructured hospitals on our website < [www.prudential.com.sg](http://www.prudential.com.sg).>

**“Hospitalised” / “Hospitalisation”** means staying in a hospital for a minimum period of 24 continuous hours where a normal ward is charged and for which room and board charges are incurred for the hospitalisation.

**“Injury”** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Registered Medical Practitioner.

**“Medically Necessary”** means a treatment which in the opinion of a specialist doctor, is appropriate and consistent with the symptoms, findings, diagnosis and other relevant clinical circumstances of the related illness. The treatment must be provided in accordance with generally accepted medical practice in Singapore.

We have the right to determine whether a treatment, service or expense is medically necessary.

**“Mobile Inpatient Care @ Home (MIC@Home)”** refers to the care-delivery model, that allows patients who a physician assesses as being clinically suitable to receive the same hospital inpatient services in their own homes, instead of in a Singapore restructured hospital.

### **2. Additional Accidental ICU Income**

During the coverage period, if the Insured Member is hospitalised in the Intensive Care Unit (ICU) for at least 3 consecutive days because of an injury resulting from an accident, we will pay S\$50 for each day (24-hour period) the



Insured Member is hospitalised in the ICU, in addition to the Accidental Hospital Income.

We will only pay this benefit:

- if the accident happens during the coverage period and policy is still effective and has not ended;
- if the admission to ICU is in Singapore and is considered to be Medically Necessary;
- up to a maximum of 7 days for each accident; and
- up to a maximum of S\$350 payout per life (across all accidental ICU admission) from this benefit.

If the Insured Member is subsequently hospitalised in ICU directly or indirectly due to the same accidental injury, we will consider this re-admission to ICU as the same occurrence as the first hospitalisation with regards to calculating the days hospitalised.

This benefit terminates once the full sum assured is paid out or when the policy expires.

After the full sum assured is paid out, the policy continues with other remaining benefits. The policy only terminates when Accidental Death benefit is paid out or when the policy expires, whichever is earlier.

**"Intensive Care Unit (ICU)"** refers to the intensive care unit of a hospital. The High Dependency Unit and other hospital wards are not considered intensive care unit.

### **3. Medical Reimbursement due to Accident or Infectious Disease**

During the coverage period, if the Insured Member sustained bodily injuries due to an accident or contracted a covered infectious disease, we will refund the medical expenses for the treatment of the bodily injuries or infectious disease up to S\$100. This amount applies for all accident or infectious disease contracted.

The Insured Member must get medical treatment from a registered medical practitioner, as soon as possible after an accident or being diagnosed with any of the 18 infectious diseases. Under this benefit, we will also pay for the medical expenses for treatment given during the hospitalisation at home under the Mobile Inpatient Care @ Home (MIC@Home) service by a Singapore restructured hospital.

We will only pay this benefit:

- if the accident or infectious disease diagnosis happens during the coverage period and policy is still effective and has not ended;
- if the accident or infectious disease diagnosis happens in Singapore and the treatment is considered to be Medically Necessary; and
- up to a maximum of S\$100 aggregated for all accident or infectious disease contracted.

The claim must be made to us within 90 days of the medical treatment for the claim to be admissible. We will pay this benefit only if the treatment for the accidental injury or infectious disease happens during the coverage period.

If the Insured Member can claim medical expenses from another insurance policy, we refund the Insured Member only for any amount not covered by the other insurance policy up to the amount of S\$100.

This benefit terminates once the full sum assured is paid out or when the policy expires.

After the full sum assured is paid out, the policy continues with other remaining benefits. The policy only terminates when Accidental Death benefit is paid out or when the policy expires, whichever is earlier.

An Infectious Disease is any one of the 18 infectious diseases listed below and that was diagnosed by a registered medical practitioner:

1. Anthrax infection
2. Avian influenza or 'Bird Flu'
3. Chikungunya
4. Dengue fever
5. Hand, foot and mouth disease (HFMD)



6. Japanese viral encephalitis
7. Legionnaires' disease
8. Measles
9. Melioidosis or 'soil disease'
10. Middle east respiratory syndrome coronavirus (MERS-CoV)
11. Mumps
12. Nipah viral encephalitis
13. Plague
14. Rabies
15. Severe acute respiratory syndrome (SARS)
16. Tuberculosis
17. Variant Creutzfeldt-Jakob disease (vCJD) or 'mad cow disease'
18. Yellow fever

#### **4. Accidental Death**

During the coverage period, if the Insured Member dies as a result of an accident, we will pay S\$20,000 in lump sum.

Coverage shall apply for death that occurred in both Singapore and overseas. Once we paid out this benefit, the entire policy ends.

#### **C. WAITING PERIOD / PRIOR LOSS:**

If the Insured Member sustains any of the accidental injuries, accidental death and diagnosis of the covered Infectious Disease before the Cover Start Date, we shall not pay for the loss.

We will not pay if the Insured Member makes any claim relating to the Medical Reimbursement benefit if it is directly or indirectly, for, caused by, arising from or in any way is attributable to the covered Infectious Disease within the first 14 days from the Cover Start Date.

#### **D. EXCLUSIONS:**

We will not pay any of the Benefits if the accidental injury, accidental death of the Insured Member arises directly or indirectly out of one of the following:

- a) All claims related to accidents that took place before the Cover Start Date of the policy;
- b) All claims that are not related to the Insured Member;
- c) War, riot, revolution or any similar event;
- d) Terrorism involving the use of nuclear, biological or chemical agents;
- e) Illnesses of any kind, fits, hernia, venereal disease, acquired immunodeficiency syndrome (AIDS);
- f) Other infectious diseases not covered under the Medical Reimbursement benefit;
- g) Physical or mental defect or infirmity existing at the Cover Start Date of this benefit or at the date of reinstatement (if any);
- h) Accidents arising and due to pregnancy or confinement and related complications, childbirth and puerperium;
- i) Deliberate acts such as taking intoxicating liquor or drugs, committing suicide or attempted suicide or intentional self-injury while sane or insane;
- j) Unlawful acts or the life assured deliberately and recklessly putting themselves in unnecessary danger except in trying to save a human life;
- k) Any death or injury suffered as a result of the life assured committing, attempting to commit or provoking an assault or crime or the life assured breaking the law;
- l) A state of unsound mind;
- m) Taking part in professional or competitive sports if the life assured would or could earn income or pay from taking part;
- n) Being in an aircraft of any type, or boarding or getting off any aircraft, except as a fare-paying passenger in an aircraft that is on a regular scheduled route operated by a commercial airline.
- o) Radiation or contamination from radioactivity;
- p) Racing of all kinds;
- q) Taking part in commando or bomb-disposal duties or training, active military duties such as maintaining civil order,



taking part in hostilities, whether war is declared or not, and travel by military aircraft or waterborne vessel. This exclusion replaces all other terms and conditions relating to military service;

- r) Undergoing alternative or complementary treatments, including but not limited to traditional Chinese medicine (TCM), physiotherapy, chiropractic, podiatrist or stays in any health-care establishment for social or non-medical reasons;
- s) General physical or medical check-up or health screening or tests not incidental to treatment or diagnosis of an actual accident or infectious diseases; treatment which is not Medically Necessary or treatment of an optional nature or for preventive purposes; consultation and/or treatment that are rendered by gynaecologists / obstetrician, even if recommended by the attending doctor;
- t) Any condition that results from or is a complication of birth control, sterilisation, infertility or treatment for infertility, pregnancy, childbirth, Caesarean, abortion or miscarriage, assisted conception, erectile dysfunction, impotence or any contraceptive treatment;
- u) Antenatal scan; or
- v) Any pre-existing medical condition, including an accident that is directly a result of the pre-existing medical condition.

With reference to the Medical Reimbursement benefit, in addition to the above exclusions, we do not pay if the Insured Member is diagnosed with an infectious disease that arises directly or indirectly out of one of the following:

- a) Any pre-existing medical condition, except for any infectious disease which the Insured Member was previously diagnosed with and had fully recovered from before the Cover Start Date of the policy;
- b) Any infectious disease diagnosed within 14 days from the Cover Start Date of the policy;
- c) Any infectious disease which has been announced as:
  - an epidemic by the health authority in Singapore or the Government of the Republic of Singapore; or
  - a pandemic by the World Health Organisation (WHO),from the date of the announcement until the epidemic or pandemic ends.

#### **E. MAKING A CLAIM:**

We will consider the claim if the Insured Member provides to us satisfactory proof of loss within 90 days from the date of loss.

The Insured Member must send to us the following documents as soon as possible:

- a) notification of the Insured Member's claim;
- b) a completed claim form;
- c) a copy of the inpatient hospital invoice or bill showing the number of days of hospitalisation or the original medical bills and receipts; and
- d) a medical report on accident or infectious disease diagnosis. This includes clinical, radiological, imaging evidence, laboratory and histological evidence from the Insured Member's Registered Medical Practitioner; at the Insured Member's own expense.

For Death claim, the following are required for claims assessment:

- a) notification of the claim;
- b) a completed death claim form;
- c) death certificate;
- d) the Postmortem report;
- e) the Coroner's verdict; and
- f) a Police report.

If the Death occurred overseas, the following additional documents are required:

- a) a copy of Letter from Immigration & Checkpoints Authority (ICA) Singapore on the update of the life status to deceased for Singaporean/Singapore Permanent Resident; and
- b) copy of Burial or cremation certification/documents.

Insured Member must pay any costs involved in providing these documents.

We reserve the right to ask the Insured Member:



- a) to provide, at the Insured Member's own expense, more documents or evidence to help us assess the claim and to appoint a Registered Medical Practitioner to re-examine the Insured Member;
- b) examine the Insured Member as often as needed during claims processing;
- c) call for an autopsy in the case of death where it is not forbidden by law.

**F. CLAIMS ADMINISTRATION:**

Once the full sum assured amount of **Accidental Death Benefit** as shown in the Certificate of Insurance is paid out, coverage for the Insured Member terminates.

The Insured Member can only claim from one PRUSafe Gift policy. If the Insured Member is found to be covered under more than one PRUSafe Gift policy enrolled under different Master Policyholder, the first enrolment will take precedence and we will void any duplicate enrolments.

**G. PREMIUMS**

Not applicable.

**H. TERMINATION**

The insurance coverage for the Insured Member automatically terminates on the following dates, whichever is the earliest:

- a) death of the Insured Member;
- b) the date this Policy is terminated for convenience (for any reason at the discretion of each party) by the Master Policyholder or us;
- c) the date the Insured Member enters into full-time military, naval or air service;
- d) the end of the policy term; and
- e) the date we inform the Master Policyholder that the policy terminates as a result of war or an act of war. We shall have the sole discretion in determining the date.

Insured members whose coverage has been terminated or cancelled will not be allowed to re-enrol in this policy.

**I. CANCELATION**

The Insured Member may cancel his/her participation in the insurance at any time by giving the Master Policyholder seven (7) days' notice in writing. Such termination shall become effective on the date the notice is received by the Master Policyholder or on the date specified in such notice, whichever is later.

Insured Members whose coverage has been terminated or cancelled will not be allowed to re-enrol in this policy.

**J. IMPACT OF EARLY SURRENDER**

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.

**K. TOTAL DISTRIBUTION COST**

The Total Distribution Cost for this plan is S\$0.

**L. NON-PARTICIPATING POLICY**

This policy does not participate in the profits of our life insurance business.

**M. FREE LOOK PERIOD**

Not applicable.



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