

CARDCARE PROTECTOR CERTIFICATE OF INSURANCE

DBS Bank Ltd (“DBS”) is the master policyholder under Group Policy No. MD00000002 (the “Policy”), underwritten by Manulife (Singapore) Pte. Ltd. (the “Insurer”). The persons insured under the Policy are Principal Cardholders of DBS who have applied to be insured under the Policy.

This Certificate of Insurance (COI) sets out the terms of insurance cover under the Policy.

Principal Cardholders may view the Policy at DBS’s premises on request in writing.

1. DEFINITIONS

- a. “Accident” shall mean an incident caused solely and independently of all other causes and directly by accidental, unexpected, violent, external and visible means.
- b. “Accidental Death” shall mean a death caused by an Accident.
- c. “Certificate of Insurance” shall mean this certificate stating the terms of the insurance cover.
- d. “Credit Card” or “Card” shall mean a credit card issued by DBS in Singapore.
- e. “Critical Cancer” shall mean a malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue in any one of the following areas only:

Female Critical Cancers

1. Breast
2. Cervix Uteri
3. Ovary
4. Uterus
5. Vagina
6. Colon (excluding rectum)

Male Critical Cancers

1. Colon (excluding rectum)
2. Lung
3. Prostate
4. Small Intestine
5. Liver
6. Nasopharyngeal

This diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist.

- f. “Early Cancer” shall mean any of the following minor cancer conditions suffered by the Insured Person, the diagnosis which must be made on or before you are 65 years of age:
 - i. Carcinoma in situ of the following sites: breast, uterus, ovary, fallopian tube, vulva, vagina, cervix uteri, colon, rectum, penis, testis, lung, liver, stomach, nasopharynx or bladder.

Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.

- ii. Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II, and CIN III (severe dysplasia without carcinoma in situ) does not meet the required

definition and are specifically excluded. Carcinoma in situ of the biliary system is also specifically excluded.

- iii. Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.
- iv. Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0.
- v. Tumours of the Urinary Bladder histologically classified as T1N0M0.
- vi. **Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI Stage 0 or lower is excluded.**
- vii. Malignant melanoma that has not caused invasion beyond the epidermis. Other skin carcinomas are excluded.
- viii. All Gastro-Intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs which are treated with surgery or chemotherapy as recommended by an oncologist.
- ix. The diagnosis of the above Early Cancers must be established by histological evidence and be confirmed by a Registered Medical Practitioner in the relevant field.

The table below shows the Early Cancers for females and males respectively.

Female Early Cancers	Male Early Cancers
1. Breast	1. Colon
2. Cervix Uteri	2. Lung
3. Ovary	3. Prostate
4. Uterus	4. Small Intestine
5. Vagina	5. Liver
6. Colon	6. Nasopharyngeal
7. Fallopian Tube	7. Penis
8. Vulva	8. Stomach
9. Stomach	9. Bladder
10. Rectum	10. Rectum
11. Bladder	11. Testis
12. Thyroid Cancer	12. Thyroid Cancer
13. Chronic Lymphocytic Leukemia	13. Chronic Lymphocytic Leukemia

- g. "Effective Date" shall mean the date on which your cover under the Policy commences and becomes effective and which was stated in the letter of acceptance sent to you, except for Insured Persons who had in place an insurance cover under the Aviva CardShield Prime Plus policy as at 14 December 2015 ("Existing Insured Persons"). For Existing Insured Persons, "Effective Date" shall mean the date on which your cover under Aviva's Cardshield Prime Plus policy had commenced and had become effective.
- h. "Eligible Person" shall mean any person who is either (a) a new applicant for a Principal Card who is 55 years of age or below at the time he applies for such Principal Card and cover under the Policy; or (b) an existing Principal Cardholder who is 55 years of age or below at the time he applies for cover under the Policy.

Such Eligible Person may also be required to satisfy other prevailing eligibility requirements as specified by the Insurer and agreed to in writing by DBS from time to time.

- i. "Existing Insured Persons" shall mean such persons defined at clause 1(g) of this Certificate of Insurance.
- j. "Indebtedness" shall mean at any time, all amounts (whether of principal, interest, fees, charges, insurance premiums or otherwise) owing by you to DBS or payable by you (whether solely or jointly) to DBS, from the Effective Date onwards, in connection with (a) all and any of your Principal Card(s); and (b) all and any of the Supplementary Card(s) issued on your application or request as Principal Cardholder made jointly with the Supplementary Cardholder.
- k. "Insured Person" shall mean a Principal Cardholder below 71 years of age and in respect of whom insurance coverage under this Policy has been effected. The "Insured Person" is also referred to as "you" in this Certificate of Insurance.
- l. "Pre-Existing Condition" shall mean any condition, in respect of the Insured Person, which existed before the Effective Date, whether known or unknown to the Insured Person, in so far as the cause or pathology of the conditions have already existed.
- m. "Premiums" shall mean the monthly amounts paid by you for the insurance cover to be provided. Premiums will be charged to the Principal Card(s) that are covered (the "Covered Principal Card(s)") when there are outstanding balances incurred, as reflected in your monthly credit card account statement.
- n. "Principal Cardholder" refers to a person who has a valid Credit Card issued by DBS on his sole application or at his sole request. "Supplementary Cardholder" refers to any person who has a valid Credit Card issued on the application or request of a Principal Cardholder made jointly with the Supplementary Cardholder. "Principal Card" shall refer to the valid Credit Card issued by DBS to a Principal Cardholder and "Supplementary Card" shall refer to the valid Credit Card issued by DBS to the Supplementary Cardholder.
- o. "Registered Medical Practitioner" shall mean a doctor, qualified by a degree in western medicine, who is legally and duly authorized to practice medicine and surgery in the geographical area of his country but does not include you, your relative, sibling, spouse, child or parent.
- p. "Sum Assured" shall mean the amount of your Indebtedness as at the date of your death or on the onset of your Total and Permanent Disability or the date of diagnosis of Terminal Illness and/or Critical Cancer or Early Cancer, subject to the limits as stated in clause 4 below.
- q. "Terminal Illness" shall mean any disease of which, in the opinion of a specialist consultant holding such an appointment at an approved hospital and with the confirmation from any Registered Medical Practitioner, is highly probable to lead to death within the next 12 months.
- r. "Total and Permanent Disability" shall mean that the disability must be total and permanent and that there is neither at the point of commencement of the disability, nor at any time thereafter, any work, occupation or profession that you can sufficiently do or follow, to earn or obtain any wages, compensation or profit.

2. WHO CAN APPLY FOR COVER

To apply for cover under the Policy, you must be an Eligible Person.

Existing Insured Persons will be covered.

3. COMMENCEMENT OF COVER

The applicable date you are covered under the Policy is set out in the table below:

You are:	The applicable date:
an existing Principal Cardholder at the time you apply for cover under the Policy	date on which the application for cover is accepted by the Insurer
a new applicant for a Principal Card at the time you apply for cover under the Policy	date on which your application for the Principal Card is approved by DBS.
an Existing Insured Person	15 December 2015

4. BENEFITS

On the earliest of the following, the relevant benefit will be payable:

- (i) your death;
- (ii) you being diagnosed with Terminal Illness;
- (iii) you being diagnosed with Critical Cancer;
- (iv) you being diagnosed with Early Cancer; and
- (v) you being diagnosed with Total and Permanent Disability.

The Policy terminates upon the occurrence of any of the above events.

The table below shows the amount of each benefit:

Benefit	Amount payable
Death Benefit	Sum Assured, capped at S\$100,000 For Accidental Death, the amount payable will be double the Sum Assured, and this amount is capped at S\$200,000.
Terminal Illness Benefit	Sum Assured, capped at S\$100,000
Critical Cancer Benefit	Sum Assured, capped at S\$100,000
Early Cancer Benefit	Sum Assured, capped at S\$100,000
Total and Permanent Disability Benefit	Sum Assured, capped at S\$100,000

All benefits are paid in a lump sum.

5. EXCLUSIONS

If death, Total and Permanent Disability, Terminal Illness, Critical Cancer or Early Cancer is caused directly or indirectly, wholly or partly by any of the following, the claimed event will not be covered:

- (a) Suicide or any attempted suicide or self-inflicted injury or illness, whether the Insured Person is sane or insane;
- (b) Pre-Existing Conditions;
- (c) Sexually transmitted diseases or viruses, Acquired Immune Deficiency Syndrome (AIDS), AIDS related complications and all illnesses or diseases associated with the Human Immunodeficiency Virus (HIV);
- (d) War (declared or undeclared), hostilities, civil war or any warlike operations; military or naval or airforce service while under orders for warlike operations and/or terrorism;
- (e) Participation in riot or commission of an assault or act of crime;
- (f) Participation in competitive racing of any kind other than on foot;
- (g) Travelling in any type of aircraft other than as a fare-paying passenger on a regularly scheduled flight of a commercial airline;
- (h) over-indulgence in alcohol;
- (i) drug-taking unless taken under the direction of a Registered Medical Practitioner; or

For Critical Cancer, the following are excluded:

- (i) Tumours showing the malignant changes of carcinoma-in-situ and tumours which are histologically described as pre-malignant or non-invasive, including, but not limited to: Carcinoma-in-Situ of the Breasts, Cervical Dysplasia CIN-1, CIN-2 and CIN-3;
- (ii) Hyperkeratoses, basal cell and squamous skin cancers, and melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3, unless there is evidence of metastases;
- (iii) Prostate cancers histologically described as TNM Classification T1a or T1b or Prostate cancers of another equivalent or lesser classification, T₁N₀M₀ Papillary micro-carcinoma of the Thyroid less than 1 cm in diameter, Papillary micro-carcinoma of the Bladder, and Chronic Lymphocytic Leukaemia less than RAI Stage 3; and
- (iv) All tumours in the presence of HIV infection.

The Critical Cancer Benefit or Early Cancer Benefit (as the case may be) will not be paid if the Critical Cancer or Early Cancer is diagnosed within 90 days of the Effective Date.

6. LIMIT ON AMOUNT PAID FOR EARLY CANCER

There is a limit to on the aggregate amount paid for claims for Early Cancer on a particular Insured Person. The aggregate amount in respect of all claims for Early Cancer made under this Policy, together with any other amount payable under similar group insurance policies issued by the Insurer for a particular Insured Person, shall not exceed S\$300,000.

7. CLAIMS PROCEDURE

- (a) Written notice of a claim is to be given to the Insurer within the following timelines:

Event	Timeline to notify insurer	Documents/proof that must be submitted
Death	Family members or legal representatives to notify within 30 days of your death	Copy of death certificate and proof of date of birth
Total and Permanent Disability	You, your family members or legal representatives to notify within 120 days after commencement of the Total and Permanent Disability	Proof of date of birth and full particulars of the Total and Permanent Disability together with your address and whereabouts Satisfactory proof of Total and Permanent Disability
Terminal Illness, Critical Cancer, Early Cancer	You or your family members to notify illness within 30 days after diagnosis or occurrence of the illness	Proof of date of birth and full particulars of the illness together with your address and whereabouts Satisfactory proof of illness

- (b) In the written notice to the Insurer, there must be sufficient particulars provided to identify you. If notice is not provided within the time limits shown in the table above, the claim is not invalidated if it can be shown that it is not reasonably possible in the circumstances to give notice within the time limits and that the notice is given as soon as reasonably possible.
- (c) All medical reports, certificates, information and evidence requested by the Insurer must be submitted in writing to the Insurer in the form prescribed by the Insurer. You or your family members or legal representatives must also bear the related expenses.

- (d) DBS may, without prior notice to the Insured Person, provide particulars and/or information relating to the credit card account(s) of the Insured Person, including and not limited to the Insured Person's name, identification number, date of birth, outstanding credit balances, credit card account number(s), credit card enrolment details and the Effective Date, so as to facilitate the claim process.

8. PREMIUM RATE

The premium rate is S\$0.58 for every S\$100.00 of the Indebtedness as reflected in the Insured Person's monthly credit card account statement. DBS or the Insurer shall have the right to amend and modify the premium rate payable by you by giving you 30 days prior written notice.

9. CANCELLATION

The Insurer and DBS shall have the right to terminate, amend and/or modify the following by giving you 30 days prior written notice:-

- (a) the Policy; or
- (b) your insurance cover under this Certificate of Insurance.

10. TERMINATION OF INSURANCE COVER

The cover in respect of each Covered Principal Card will terminate on the occurrence of any of the following events, whichever is the earliest:-

- (a) When the Policy is terminated;
- (b) When the cover under the Policy is duly terminated by you;
- (c) When such Covered Principal Card with DBS is terminated for any reason whatsoever;
- (d) When any benefit is paid under this Certificate of Insurance; and
- (e) On your 71st birthday.

11. FREE LOOK

You have 14 days after you have received this Certificate of Insurance to review and to inspect a copy of the Policy (on written request being made to DBS). If you decide that the cover under the Policy is not suitable for your needs, you can give the Insurer written notice of your wish to cancel the cover. Premiums (without interest) will be refunded to you after such notice is received and the original Certificate of Insurance is returned for cancellation. If this Certificate of Insurance was sent by post to you, it is deemed to have been delivered and received by you in the ordinary course of the post; 7 days after the date of posting.

12. EXCLUSIONS OF RIGHTS UNDER THE CONTRACTS (RIGHTS OF THIRD PARTIES) ACT (CAP. 53B)

A person who is not a party to this Certificate of Insurance shall have no rights under the Contracts (Rights of Third Parties) Act (Cap. 53B) to enforce any terms of this Certificate of Insurance.

13. ASSIGNMENT

You may not assign this Certificate of Insurance or any of its benefits to anyone else.

14. TERMS AND CONDITIONS OF THE POLICY

The cover under this Certificate of Insurance is subject to and governed by the terms of the Policy.

15. PAYMENTS

It is an essential term of the Policy and this Certificate of Insurance that any benefits payable by the Insurer under this Certificate of Insurance will be paid to DBS by cheque and such payment will constitute good discharge of the Insurer's liability under the Policy and this Certificate of Insurance.

DBS shall use the sums received from the Insurer to reduce your Indebtedness, and any remainder will be paid by DBS to you or your legal representative.

16. POLICY OWNERS' PROTECTION SCHEME

This Policy is protected under the Policy Owners' Protection Scheme, and 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 Manulife (Singapore) Pte. Ltd. or visit the LIA or SDIC web-sites (www.lia.org.sg or www.sdic.org.sg).