

# Totalsafe

*Prepare yourself for life's uncertainties*

In this ever-changing world, the only certainty in life is uncertainty. Even when our lives are secure and life's events are within our control, accidents do happen and, more often than not, in the most unexpected circumstances.

How prepared are you for life's uncertainties? Will your family or loved one's life ever be the same, following an accident?

Your road to recovery is made less painful with Insurance from Allianz.

## Coverage

- Death
- Permanent Disablement
- Temporary Disablement (Total and Partial)
- Medical Expenses
- Due to accidental means.



## Benefits Scale

Benefits	Percentage of Sum Insured
• Death	100%
• Permanent Total Disablement from gainful employment	100%
• Loss of Sight of both Eyes	100%
• Loss of one or more Limbs	100%
• Loss of Speech	75%
• Loss of a Lens of one Eye or Loss of Sight of one Eye	50%
• Loss of Hearing – both ears.	75%
– one ear	15%
• Removal of lower jaw by surgical operation	50%
• Loss of Thumb – both phalanges	25%
– one phalanx	10%
• Loss of Index Finger – three phalanges	10%
– two phalanges	8%
– one phalanx	4%
• Loss of other Finger – three phalanges	6%
– two phalanges	4%
– one phalanx	2%
• Loss of big Toe – both phalanges	10%
– one phalanx	5%
• Loss of other Toe	2%
• Loss of Sense of Smell or Taste	2%

Note: Where the Bodily Injury is not indicated in the Benefits Scale, we will alter consulting our appointed Doctor, adopt a percentage of disablement without reference to Your occupation.

The total percentage of Sum Insured payable in respect of the Benefits Scale due to the same Accident resulting in more than one (1) Benefit cannot exceed 100% of the Sum Insured.

## Eligibility

Singapore citizens, work permit or employment pass holders who are domiciled in the Republic of Singapore and who are aged between 16 and 65 on their next birthday. Renewable up to age 70 years old.

## Comprehensive Plans and Premiums

Benefits	Bronze (S\$)	Silver (S\$)	Gold (S\$)	Platinum (S\$)
Accidental Death / Permanent Disablement	50,000	100,000	200,000	300,000
Temporary Total Disablement (Per Week)	100	100	100	100
Temporary Partial Disablement (Per Week)	50	50	50	50
Medical Expenses	1,000	2,000	3,000	5,000
Reparation of Mortal Remains	5,000	5,000	5,000	5,000
Emergency Medical Evacuation	20,000	20,000	20,000	20,000
Hospital Cash – Up to 30 days (Per Day)	50	50	50	50
Bereavement Cash	1,000	1,000	1,000	1,000
Animal Bites	500	500	500	500
Mobility Aids	2,000	2,000	2,000	2,000
<b>Annual premium</b>	<b>Bronze (S\$)</b>	<b>Silver (S\$)</b>	<b>Gold (S\$)</b>	<b>Platinum (S\$)</b>
Occupational Class I & Class II	\$S135.00	\$S173.00	\$S241.00	\$S316.00
Occupational Class III	\$S238.00	\$S324.00	\$S484.00	\$S656.00
Occupational Class IV	\$S288.00	\$S396.00	\$S598.00	\$S816.00

Note: Premium rates are non-guaranteed and the Company may, at its sole discretion, amend the premium rates from time to time depending on its claims experience.

*Premiums subject to current GST*

## Special Extensions

Accidental loss of life or injury as a result of the following are covered:

- Strikes, riots, civil commotion
- Hijack, murder and assault
- Drowning, suffocation by smoke, poisonous fumes and gas
- Exposure to natural elements & disappearance as a result of an accident
- Animal bites
- Reservist training
- Motor cycling

## Accident Medical Reimbursement & Emergency Evacuation

We provide reimbursement for medical expenses due to accidents. Furthermore, coverage is extended to include medical treatment by Registered Chinese Physicians (limit S\$100).

In the event of an emergency medical evacuation as advised by our emergency medical assistance provider Doctor(s), we will reimburse you on the costly expenses up to the benefits level stated.

## Special Features

- 24-hrs Worldwide cover
- No medical examination required
- Hospital, Bereavement and Mobility Aids Cash
- Emergency Medical Evacuation
- Repatriation of Mortal Remains Expenses
- 24-hrs Worldwide Emergency Medical Assistance by Mondial Assistance Group
- Medical expenses payable in addition to main benefits
- Automatic increase in Accidental Death and Permanent Disablement Benefits (from 5% yearly on 1st year limit up to a maximum of 25% provided that there is no claim).

## Main Exclusions

Loss of life or injury as a result of the following are excluded:

- Acts of war, terrorism, nuclear and asbestos, military, naval or air force service or operations
- Racing, aviation, mountain and rock climbing, bungee jumping, aerial activities, winter sports, underwater activities requiring underwater breathing apparatus (except group leisure diving)
- Professional sports
- Pre-existing conditions
- Childbirth or Pregnancy, curative treatments or interventions on your body
- AIDS, sexually transmitted and infectious diseases
- Suicide or self inflicted injuries
- Provoked assault, insanity by natural causes
- Intoxication and drugs

## Classification of Occupations

**Class I :** Professionals and persons engaged in indoor work mainly of sedentary (desk bound) nature and non-manual work in non-hazardous places. Some travelling, visiting sites or production lines is allowed but this should not exceed 15% of a person's time. e.g.

Accountants, Actuaries, Advertising Agents, Architects (no landscaping), Auctioneers, Auditors, Bank Tellers, Barristers, Brokers, Chief Executive Officers, Clerks, Computer Analysts / Consultants / Programmers, Chiropractors, Doctors, Dentists, Economists, Editors, In-house Engineers, Executives, Judges, Lawyers, Managers (office-based), Ministers of Religion, Nurses, Reflexologists, Receptionists, Secretaries, Surgeons (not Veterinary), Teachers, Tele-Marketers, Lecturers and Writers.

**Class II :** Professionals and persons engaged in work of an outdoor or supervisory nature or involves occasional manual work whose duties do not involve the use of tools or machinery or exposed to any special hazards and senior supervisory positions for light manufacturing companies. e.g.

Landscape Architects, Curators, Civil & Structural Engineers and Architects (with over 15% site time), M&E Engineers, Motor Vehicle Engineers, Foremen, Financial Planners, Housewives, Interior Designers, Insurance Agents, Manufacturing Supervisors, Optometrists, Photographers, Chauffeurs, Real Estate Agents, Reporters, Shop Managers, Students (full time), Tuition Teachers, Travel Agents, Outdoor Salesmen and Surveyors (onshore).

**Class III :** Professionals and persons engaged in manual work not of particularly hazardous nature but involving the use of tools or machinery and those working in retail shops. e.g.

Bakers, Builders (not using woodworking machinery), Barbers, Bar Staff, Beauticians, Butchers (not slaughtering), Chefs, Cooks, Carpenters (not using woodworking machinery), Farmers, Florists, Fishmongers, Grocers, Hair Stylists, Hydraulic Engineers, Light Commercial Drivers (Class 3 Licence), Mail Sorters, Mechanics, Motor Vehicle Dealers, Masseurs, Painters, Plumbers, Porters, Qualified Technicians, Skilled Production Line Operators, Shop Assistants (occasional light manual duties), Taxi Drivers, Tour Guides, Veterinary Surgeons, Waiters and Waitresses.

**Class IV :** Occupations involving semi-skilled or un-skilled manual work of a medium to heavy nature. e.g.

Baggage Handlers, Cleaners, Domestic Workers, Driveway Attendants, Gardeners, Hawkers, Heavy Commercial Drivers (Class 4 & above Licence), Motor Cycle Delivery and Despatch Riders, Postmen, Security Guards (unarmed) and Unqualified Technicians.

## About Allianz Insurance Company of Singapore Pte Ltd

Allianz Insurance Company of Singapore is a member of the Allianz AG Group, a global insurance, banking and asset management group, founded in 1890, headquartered in Munich, Germany. Allianz AG and its subsidiaries have more than € 1 Trillion in Assets under management.

This is a buyer's guide and as such, does not detail all aspects of the cover and exclusions. Please refer to a copy of our policy wordings, which is available upon request, for details of the coverage, exclusions, conditions and limits.

**TOTALSAFE PROPOSAL FORM**

**IMPORTANT NOTICE TO THE PROPOSER OR INSURED PERSON**

1. Pursuant to Section 25(5) of the Insurance Act (Chap 142) and any replacement thereof, you are to disclose in this Proposal Form all the facts, which you know or ought to know, otherwise the Policy issued hereunder may be void.
2. All questions in this Proposal Form must be answered before this proposal can be considered. Any question not answered will be taken as answered in the negative. The liability of the Company does not commence on respect of this proposal until acceptance has been communicated by the Company to the Proposer or his Agent or Broker.
3. If the space provided is insufficient, please write the details on a separate sheet of paper and attach it to this Proposal Form.

<b>INSURED PERSON'S PARTICULARS</b>	Full Name: <u>Mr./Ms./Dr./Mrs./Prof</u>	Occupation: _____
	Address: _____	
	Date of Birth: _____	NRIC: _____
	Mobile Tel: _____	Office Tel: _____
	Home Tel: _____	Email: _____

PROPOSER'S PARTICULARS	Contact No	NRIC	Address	Relationship to Insured Person
<ol style="list-style-type: none"> <li>1. Have you / the person to be insured ever been declined or given special terms in respect of life, health or accident insurance? If yes, please provide details: _____</li> <li>2. Do you / Does the person to be insured suffer from fits of any kind or from any nervous or recurring disease or have / has any physical defect or infirmity? If yes, please provide details: _____</li> <li>3. Have you / the person to be insured ever sustained serious bodily injury by accident or ever made a claim in respect of accidental bodily injury for the past 3 years? If yes, please provide details: _____</li> <li>4. Are there any circumstances connected with your occupation / the occupation of the person to be insured, health or sporting activities, which render you or the insured person particularly liable to injury? If yes, please provide details: _____</li> <li>5. Do you / the person to be insured ride a motorcycle (whether for work or leisure)? _____</li> <li>6. Please give details of any Personal Accident Insurance covering you or the person to be insured, in addition to the proposed policy. _____</li> <li>7. Period of Insurance (DD/MM/YYYY) of existing policy: _____</li> </ol>				

**DECLARATION**

From: \_\_\_\_\_ To: \_\_\_\_\_

**PLAN REQUIRED**

**BRONZE**    
  **SILVER**    
  **GOLD**    
  **PLATINUM**

**PROPOSER'S / INSURED PERSON'S DECLARATION**

I / We hereby declare that the above statements made by me / us or on my / our behalf are to the best of my / our knowledge, true and complete. I / We agree that this application shall be the basis of the contract between Allianz Insurance Company of Singapore Pte Ltd and me / us.

Proposer's / Insured Person's Signature \_\_\_\_\_ Date: \_\_\_\_\_

