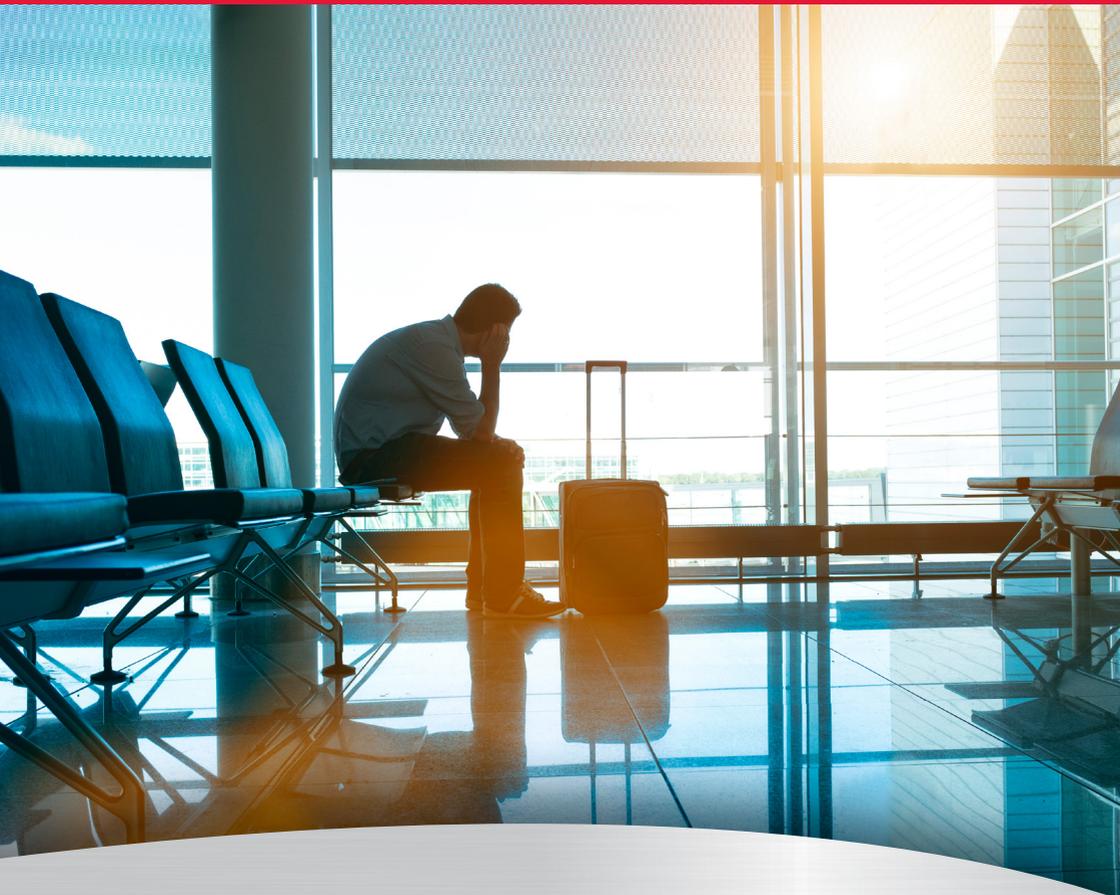


Great Travel Insurance



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GAIC.com.sg


GREATAMERICAN[®]
INSURANCE COMPANY

GREAT Travel

Great American Insurance Company's **Travel Insurance** protects insureds when traveling overseas.

For the frequent traveler, our Annual Travel Insurance provides great value. You do not have to arrange a separate policy every time you travel, thus giving you one less thing to worry about.

Our Ultimate Plan includes the following key benefits:

- Emergency medical evacuation (provides emergency and travel assistance anytime, anywhere)
- Personal accident coverage
- Overseas hospital allowance
- Coverage for travel inconveniences including trip cancellation expenses, flight diversion and damage or loss to personal baggage
- Damage or loss to personal baggage or portable business equipment

Policy Owners' Protection Scheme

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 Great American Insurance Company, Singapore Branch or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).





Great Travel Insurance Product Summary

Summary of Coverage
Maximum Benefits (S\$)*

Medical And Travel Benefits	Ultimate	Elite	Classic
1. Medical Expenses incurred Overseas for Sickness or Injury			
Insured Person (up to 70 years old)	1,000,000	500,000	200,000
Insured Person (above 70 years old)	200,000	75,000	50,000
Insured Child in a Family Plan	300,000	200,000	200,000
2. Post Trip Medical Expenses incurred in Singapore			
Insured Person (up to 70 years old)	50,000	25,000	10,000
Insured Person (above 70 years old)	5,000	2,500	1,000
Insured Child in a Family Plan	10,000	5,000	2,500
3. Medical Expenses – Women’s Benefit			
Reimburse medical expenses incurred overseas due to pregnancy-related sickness	8,000	5,000	2,000
4. Treatment by Physician	500	300	100
5. Overseas Hospital Allowance			
Pays S\$200 per continuous 24-hour period on hospitalization confinement Overseas	50,000	30,000	10,000
6. Hospital Allowance in Singapore			
Pays S\$100 per continuous 24-hour period on hospitalization confinement in Singapore	1,000	800	500
7. Emergency Medical Evacuation	Unlimited	Unlimited	Unlimited
8. Repatriation	Unlimited	Unlimited	Unlimited
9. Direct Repatriation	Unlimited	Unlimited	Unlimited
10. Hospital Visitation			
Pays travel expenses of a relative or friend in event no adult family member already accompanying insured person Overseas	15,000	10,000	5,000
11. Compassionate Visit			
Pays travel expenses of a relative or friend in event no adult family member present at the death of insured person occur Overseas	10,000	5,000	3,000

Medical And Travel Benefits *Continued*

12. Child Guardian Pays travel expenses of a relative or friend in event no adult family member already accompanying insured person Overseas to accompany child back to Singapore	10,000	5,000	3,000
13. Emergency Mobile Phone Charges Pays mobile phone charges for medical emergency while Overseas	300	250	100
14. Automatic Extension of Policy Period Automatically extends the Policy for up to 30 days from the last day of the period of insurance due to hospitalization or quarantined Overseas	Yes	Yes	Yes

Personal Accident Benefits	Ultimate	Elite	Classic
15. Accidental Death & Permanent Disablement Insured Person (up to 70 years old) Insured Person (above 70 years old) Insured Child in a Family Plan	500,000 200,000 100,000	300,000 100,000 75,000	200,000 50,000 50,000
16. Common Carrier Double Cover Insured Person (up to 70 years old) Insured Person (above 70 years old) Insured Child in a Family Plan	1,000,000 400,000 200,000	600,000 200,000 150,000	NA NA NA
17. Child Education Grant Pays S\$5,000 per child up to 4 children	20,000	20,000	NA

Travel Inconvenience Benefits	Ultimate	Elite	Classic
18. Trip Cancellation Covers cancellation due to specified events occur within 60 days before departure	15,000	10,000	5,000
19. Trip Postponement Covers postponement due to specified events occur within 60 days before departure	2,000	1,000	500
20. Trip Cancellation due to Insolvency Covers loss of irrecoverable travel deposit or fares incurred in the event of insolvency of Travel Agent	5,000	3,000	1,000
21. Trip Curtailment Covers travel expenses incurred due to disruption of trips from specified events	15,000	10,000	5,000
22. Fraudulent Credit Card Usage	1,000	1,000	1,000

Travel Inconvenience Benefits Continued

23. Personal Baggage and Belongings (including laptop computer)	8,000	5,000	3,000
24. Jewelry Coverage Covers loss of jewelry due to robbery, theft or burglary occur Overseas	1,000	500	100
25. Baggage Delay Pays S\$200 for every 6 consecutive hours of delay Overseas. Pays a maximum of S\$200 occur in Singapore	1,000	1,000	1,000
26. Travel Documents Pays the cost of replacement of specified travel documents and expenses incurred	5,000	5,000	3,000
27. Travel Delay Pays S\$100 for every 6 consecutive hours of delay while Overseas. Pays a maximum of S\$100 occur in Singapore	1,000	1,000	1,000
28. Flight Diversion Pays S\$100 for every 6 consecutive hours of delay	1,000	1,000	1,000
29. Travel Misconnection	500	200	100
30. Flight Overbooking	100	100	NA
31. Kidnap & Hostage	10,000	5,000	3,000
32. Personal Liability Abroad	1,000,000	1,000,000	1,000,000

Supplementary Benefits**Ultimate****Elite****Classic**

33. Golfing Perks			
a. Damage or Loss of Golfing Equipment	750	500	300
b. Hole-in-One	250	NA	NA
c. Loss of use of Green Fees	250	NA	NA
34. Car Rental Excess Charges Pays for excess or deductibles which insured person is liable due to loss or damage by accident to rental vehicle during Overseas	1,000	750	250
35. Home Protect Covers loss or damage of Home Content while insured person is Overseas	5,000	5,000	NA
36. Pet Care Covers additional cost of placing your dog/cat in pet boarding house for extended period	500	250	NA
37. Cover in the event of Terrorism	Yes	Yes	Yes

24 hours Emergency Assistance Helpline +65 6804 6002

Area Of Coverage **Countries**

Zone A	All ASEAN Countries
Zone B	Inclusive of all countries in Zone A, People’s Republic of China, Bahrain, Bangladesh, Bhutan, India, Kuwait, Mongolia, Nepal, Oman, Pakistan, Qatar, Saudi Arabia, Sri Lanka, Taiwan, United Arab Emirates, Hong Kong, Maldives, Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay, Venezuela
Zone C	Worldwide, inclusive of all countries in Zone A and Zone B (excluding Afghanistan, Cuba, Democratic Republic of Congo, Iran, Iraq, North Korea, Liberia, Sudan, Syria)

Premium For Single Trip (\$\$)

Number of Days	Zone A		Zone B		Zone C	
	Individual	Family	Individual	Family	Individual	Family
Ultimate Plan						
1 to 3 days	40	100	54	136	75	189
4 to 7 days	51	127	66	166	93	233
8 to 14 days	90	170	110	276	140	350
15 to 22 days	117	293	137	343	185	463
23 to 31 days	142	357	171	429	212	531
Any additional 7 days exceeding 31 days	32	78	45	110	48	117
Elite Plan						
1 to 3 days	29	72	38	95	55	136
4 to 7 days	35	89	46	117	68	168
8 to 14 days	62	154	77	193	102	253
15 to 22 days	79	197	93	233	125	313
23 to 31 days	96	239	117	293	153	382
Any additional 7 days exceeding 31 days	20	51	27	68	32	80
Classic Plan						
1 to 3 days	22	55	28	69	36	92
4 to 7 days	26	66	34	85	52	130
8 to 14 days	42	108	55	136	63	159
15 to 22 days	58	146	69	173	105	262
23 to 31 days	78	195	85	212	132	331

Any additional 7 days exceeding 31 days	16	40	22	55	27	68
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Premium For Annual Trip (\$\$)

	Zone A		Zone B		Zone C	
	Individual	Family	Individual	Family	Individual	Family
Ultimate	240	588	300	660	380	836
Elite	200	440	270	594	350	770
Classic	170	374	220	484	320	704

Major Exclusions

1. Illegal or unlawful intentional act of the Insured Person or confiscation, detention, destruction by customs or other authorities or any breach of government regulation.
2. Act of Terrorism and all related activities.
3. War and nuclear related events.
4. Failure to take reasonable precautions to avoid a claim under the Policy following warning of any Major Travel Event through or by general mass media.
5. Any prohibition or regulations by any government.
6. Mysterious disappearance.
7. The effect or influence of alcohol or of non-prescription drugs or medication.
8. Unfit to travel or travelling against the medical advice of a Medical Practitioner.
9. Armed or Air Forces, Navy, Police, Fire Service, Civil Defense Forces.
10. 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.
11. 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.
12. Activities like private hunting, expedition, skiing, water rafting grade 4 and above, mountaineering, rock climbing, trekking above 3000 meters.
13. Suicide, attempted suicide, self-inflicted injuries or any attempt thereof while sane or insane.
14. Pregnancy, childbirth or its complications.
15. AIDS and disease associated with HIV.
16. Criminal act, provoked assault, intoxication, use of drugs, violation or attempted violation of law and resistance to lawful arrest or any imprisonment resulting therefrom.
17. Travel in, to, or through Afghanistan, the Crimean Region, Cuba, Democratic Republic of Congo, Iran, Iraq, Liberia, Sudan or Syria.
18. All pre-existing conditions.
19. Refer to policy wordings for the full exclusion clauses.



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Great Travel 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.

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 Travel 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 Travel 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 _____

Nature of Business (for Corporate Policy Only) _____

Business Registration No. _____

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	For Corporate only	
					Occupation	Zone

Selection Of Plan

<input type="checkbox"/> Annual (90 days/trip)	Individual	<input type="checkbox"/> Ultimate	<input type="checkbox"/> Elite	<input type="checkbox"/> Classic
	Family	<input type="checkbox"/> Ultimate	<input type="checkbox"/> Elite	<input type="checkbox"/> Classic
<input type="checkbox"/> Single Trip (182 days/trip)	Individual	<input type="checkbox"/> Ultimate	<input type="checkbox"/> Elite	<input type="checkbox"/> Classic
	Family	<input type="checkbox"/> Ultimate	<input type="checkbox"/> Elite	<input type="checkbox"/> Classic
<input type="checkbox"/> Corporate	Group Size: _____	<input type="checkbox"/> Ultimate	<input type="checkbox"/> Elite	<input type="checkbox"/> Classic
<input type="checkbox"/> Corporate (Included leisure)	Group Size: _____	<input type="checkbox"/> Ultimate	<input type="checkbox"/> Elite	<input type="checkbox"/> Classic
Area of Travel:	<input type="checkbox"/> Zone A	<input type="checkbox"/> Zone B	<input type="checkbox"/> Zone C	
Period of Insurance (DD/MM/YY):				
From _____ To _____				
Total Premium Payable (Inclusive of GST) : S\$ _____				

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 the travelling party as follows:

- a. I / 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 Great Travel Insurance Policy.
- b. I / We understand and agree that no insurance is in force until an Application is accepted by the Company and a Policy is issued.
- c. I / 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 on 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”)

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.

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

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

*All amounts shown are in Singapore dollars (S\$)

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. © 2020 Great American Insurance Company. All rights reserved. 4903-SGP (06/20)