PA Extra

The policy that offers more protection!

ASIA PACIFIC
SPECIALIST INSURANCE SOLUTIONS
QBE SINGAPORE

TABLE OF BENEFITS FOR EACH INSURERD PERSON

SECTION	BENEFITS	PLAN A (S$)	PLAN B (S$)	PLAN C (S$)
a)	Capital Sum Insured for Death and Permanent Disablement	100,000	200,000	300,000
b)	Accidental Medical Expenses (Excess: S$50)	3,000	5,000	7,000
c)	Weekly Benefit (up to 104 weeks)	100 per week	200 per week	300 per week
EXTRA COVERAGES				
a)	Chinese Physician / Chiropractor Treatment Expenses (Excess: S$50)	100	100	100
b)	Hospital Allowance (up to 104 weeks)	100 per week	200 per week	300 per week
c)	Funeral Expenses	3,000	3,000	3,000

TABLE OF BENEFITS FOR EACH CHILDREN (APPLICABLE TO FAMILY UNIT ONLY)

SECTION	BENEFITS	PLAN A (S$)	PLAN B (S$)	PLAN C (S$)
a)	Capital Sum Insured for Death and Permanent Disablement (each person)	10,000	20,000	30,000
b)	Accidental Medical Expenses (Excess: S$50)	300	500	700
EXTRA COVERAGES				
a)	Chinese Physician / Chiropractor Treatment Expenses (Excess: S$50)	100	100	100
b)	Funeral Expenses	300	300	300

Eligibility: 16 to 65 years of age, renewable up to 75 years old.

PA EXTRA

- No medical examination required
- Family plan with free cover for up to 3 children
- No Claim Bonus (applicable to Family Plan)
- Free cover for non professional motor-cycling, mountaineering and winter sports
- *Sum Insured increased by 50% for serious injury such as total paralysis or permanently bedridden or total-and permanently loss of speech or hearing (both ears) or loss of two whole limbs or two feet or hands

Family Plan: *Both Parents must be insured under PA Extra. In cases where the parents' plans are different, the lowest Plan is applicable for the child/children. Free cover for up to 3 dependent children, ages ranging from 6 months to 18 years old (up to 25 years old if studying full time in a recognised institution).*

Explanation of Benefits

1. Death and Permanent Disablement - This item covers death and permanent disablement caused directly and solely by Accident which means a fortuitous, unforeseen and unintended event. Payment for permanent disablement will be in accordance with the Table of Benefits (available upon request).
2. Weekly Benefits - This item is payable if the Insured Person is unable to continue with his business or occupation temporarily following an accident as defined in the policy.
3. Accidental Hospital Income - This item is payable if the Insured Person is hospitalised or granted hospitalisation leave following an accident.
4. Accidental Medical Expenses - This item is payable for medical expenses incurred for treatment received from a Western Medical Practitioner for injuries sustained as a result of an accident as defined in the policy.
5. Chinese Physician/Chiropractor Treatment Expenses - This item is payable for treatment received from a Chinese Physician for injuries sustained as a result of an accident defined in the policy.
6. Funeral Expenses Subsidy - This is a lump sum payment following death (due to an accident as defined in the policy) of the Insured Person and/or his child/children.

Some examples of coverage

Assault, murder, disappearance, drowning, exposure to natural perils, hijack of aircraft, incurable insanity caused by an accident, motor cycling, non-professional sports, peacetime reservist training, accidental food poisoning, strike riot or civil commotion (if no involvement of the Insured Person), suffocation by smoke, poisonous fumes or gases

Major exclusions

Sickness, suicide, any race (other than on foot), speed testing &/or stunts, parachuting, bungee jumping or other aerial activities, underwater activities involving use of under-water breathing apparatus except snorkeling, pregnancy, war and kindred risks, nuclear and atomic hazards.

APPLICATION FORM

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Statement pursuant to Section 25 (5) of The Insurance Act (Cap 142) or any subsequent amendments thereof, you ought to disclose in this form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

THE PROPOSER

Name		
Postal Address		
Telephone Number	Office:	Home:
Nature of Business (if a company)		

THE PERSON(S) TO BE INSURED

	Name	Sex	Date of Birth	NRIC / Passport No.	Occupation	Class	Plan
1							
2							
3							
4							
5							

N.B. Rows 1 - 5 above are to be used for individual or group (non-family).
For insurance on family plan, row 1 above is for the particulars of the Principal Insured Person and rows 6 - 9 are to be used for spouse and child/children

FAMILY PLAN - SPOUSE AND CHILDREN

	Name	Sex	Date of Birth	NRIC / Passport No.	Occupation	Class	Plan
6							
7							
8							
9							

ANNUAL PREMIUM S$ (INCLUSIVE OF 5% GST)

Each Insured Person	PLAN A	PLAN B	PLAN C
Class I	105.00	187.95	267.75
Class II	136.50	244.65	348.60
Class III	178.50	320.25	525.00
Each Additional Child	26.25	36.75	52.50

Class I: Occupations that are generally desk-bound and in-door.
Class II: Occupations that require frequent outdoor or site work or frequent travelling. Little or no manual work.
Class III: Occupations that require manual work without cutting machinery or require driving of commercial vehicles.

PERIOD OF INSURANCE: From _____ to _____ (both dates are inclusive)

PREMIUM PAYABLE: S$ _____ (inclusive of GST)

EXCLUDED OCCUPATIONS:
Occupations that are hazardous such as those involving the use of cutting equipment, professional sports, divers, welders, military service, crew of sailing vessels or aircraft, ship repairers, construction workers, external work involving height above 60 feet, manual work involving use of cutting machinery.

PAYMENT INSTRUCTIONS: (Please tick accordingly)

I will pay by ☐ Credit Card Payment: Master/Visa Card No. _____

Cardmember's Signature: _____ Card's expiry date: _____

☐ Cheque Payment: Bank _____ Cheque No. _____

(For credit card payments, Policy will be issued upon receipt of approval from the respective credit card company.)

Declaration : I/We hereby declare that the statements and particulars given by me/us in this reply form are true and that nothing materially affecting the risks to be insured has been concealed by me/us. I/we am/are all in good health and free from physical or mental defect or infirmity.

Account No./Name of agent/broker:

Signature (Main applicant) _____ Date _____

QBE INSURANCE (INTERNATIONAL) LIMITED
Registration No. F00047G
65 Chulia Street # 36-01, OCBC Centre (West Lobby) Singapore 049513
Tel: (065) 6224 6633 Fax: (065) 6223 6652