

SIRIUS Personal Accident ~ Premium Charts



SIRIUS

Personal Accident Insurance

Adults				
Benefits	Platinum	Gold	Silver	Bronze
Accidental Death	\$500,000	\$300,000	\$150,000	\$50,000
Accidental Permanent Disablement	\$250,000	\$150,000	\$75,000	\$25,000
Accidental Medical Expenses, including - Dengue Fever, insect and animal bites - Food Poisoning - Chinese Physician Expenses up to \$200 / year	\$8,000	\$5,000	\$2,500	\$1,000
Daily Accidental Hospitalisation Cash Benefit up to 90 days	\$100	\$100	\$100	\$50
Premium per year including GST				
Insured	\$368.00	\$268.00	\$168.00	\$68.00
Spouse	\$298.00	\$218.00	\$138.00	\$58.00
Children				
Benefits	Platinum	Gold	Silver	Bronze
Accidental Death	\$250,000	\$150,000	\$75,000	\$25,000
Accidental Permanent Disablement	\$125,000	\$75,000	\$37,500	\$12,500
Accidental Medical Expenses, including - Dengue Fever, insect and animal bites - Food Poisoning - Chinese Physician Expenses up to \$200 / year	\$4,000	\$2,500	\$1,250	\$500
Daily Accidental Hospitalisation Cash Benefit up to 90 days	\$50	\$50	\$50	\$25
Premium per year including GST				
Per child	\$218.00	\$158.00	\$98.00	\$38.00

FACT FILE

There is 50% more admission to hospital for accident & poisoning than cancer treatment.

~ Source MOH

LOYALTY BONUS

ENJOY 5% INCREMENTAL SUM ASSURED FOR ACCIDENTAL DEATH & TOTAL DISABLEMENT EVERY YEAR FOR UP TO 15%!

Age Limit

Adults – 19 to 65 yrs old, renewable up to age 75 yrs old
Children – 6 mths to 18 yrs old & up to 24 yrs if in tertiary institution

Free Additional Extension

- ✓ Food poisoning
- ✓ Insect & animal bites
- ✓ Suffocation by smoke, gas & poisonous fumes
- ✓ Drowning
- ✓ Terrorism (excl. the use of nuclear, chemical and/or biological substance)
- ✓ Murder & assault
- ✓ Kidnapping & hijacking
- ✓ Strike, riot & civil commotion
- ✓ Disappearance
- ✓ Exposure
- ✓ Motorcycling
- ✓ Peace-time reservist training

Main Exclusion

- War, warlike perils & nuclear risks
- Suicide or self-inflicted injury
- Professional sports
- Pre-existing conditions

Star Capital Insurance Pte. Ltd.

Registration No. 200722398W

167, Jalan Bukit Merah Tower 4

#06-12 The Connection

Singapore 150167

Tel: (65) 627 627 35

Fax: (65) 627 627 57

Email: enquiry@starcapitalinsurance.com

Website: www.starcapitalinsurance.com

Table of Benefits

Description Of Permanent Disablement	Percentages Of The Sum Insured
1 Total and Permanent Disablement from engaging in or attending to employment or occupation of any and every kind.	100%
2 Total and Permanent Loss of all sight in both eyes.	100%
3 Total Loss by physical severance or total and permanent loss of use of	
a) both hands at wrist	100%
b) both arms at shoulder	100%
c) both arms between shoulder and elbow	100%
d) both arms at or below elbow	100%
e) both legs at hip	100%
f) both leg between knee and hip	100%
g) both leg at or below knee	100%
4 Total and Permanent Loss of	
a) sight in both eyes except perception of light	100%
b) lens of both eyes	50%
5 Total loss by physical severance or total and permanent loss of use of	
a) thumb and 4 fingers of one hand	50%
b) 4 fingers of one hand	40%
c) thumb - 2 phalanges	25%
- 1 phalanx	10%
d) index finger - 3 phalanges	15%
- 2 phalanges	10%
- 1 phalanx	5%
e) middle finger - 3 phalanges	10%
- 2 phalanges	7%
- 1 phalanx	3%
f) ring finger - 3 phalanges	10%
- 2 phalanges	7%
- 1 phalanx	3%
g) little finger - 3 phalanges	10%
- 2 phalanges	7%
- 1 phalanx	3%
h) all toes of one foot	18%
i) great toe - 2 phalanges	6%
- 1 phalanx	3%
j) any other toe	3%
6 Total and Permanent Loss of	
a) hearing in both ear	75%
b) hearing in one ear	20%
7 Total and Permanent Loss of speech	50%
8 Third Degree Burns	
a) Head – Damage as a Percentage of Total Body Surface Area	
i) equals to or greater than 2% but less than 5%	50%
ii) equals to or greater than 5% but less than 8%	75%
iii) equals to or greater than 8%	100%
b) Body – Damage as a Percentage of Total Body Surface Area	
i) equals to or greater than 10% but less than 15%	50%
ii) equals to or greater than 15%, but less than 20%	75%
iii) equals to or greater than 20%	100%

* Where the injury is not specified in the benefit scale above, we will adopt a percentage of disability based on the assessment by our appointed doctor, which in our opinion is consistent with the benefit scale above.

Important Note:

Benefits will only be payable upon death or injury as a result of an accident occurring. This product brochure is not a contract of insurance. The specific details applicable to this insurance are set out in the policy. You may request a specimen copy of the policy wording from our office should you require.

Underwritten by:

EQ Insurance

A Member of the Citystate Group of Companies

SIRIUS Proposal Form

IMPORTANT NOTICE						
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 Star Capital.						
3. If the space provided is insufficient, please write the details on a separate sheet of paper and attach it to this Proposal Form.						
Proposer / Insured Particulars						
Name: Mr / Ms / Mdm			Occupation: (Class I / II)			
NRIC / Passport No.:		Date of Birth:		Nationality:		
Address:						
Contact : (Home) (Office)						
(Mobile) (Email)						
Spouse Particulars						
Name: Mr / Ms / Mdm			Occupation: (Class I / II)			
NRIC / Passport No.:		Date of Birth:		Nationality:		
Child 1 Particulars						
Name: Mr / Ms			Occupation: (Class I / II)			
NRIC / Passport No.:		Date of Birth:		Nationality:		
Child 2 Particulars						
Name: Mr / Ms			Occupation: (Class I / II)			
NRIC / Passport No.:		Date of Birth:		Nationality:		
Period of Insurance			Declaration			
Start Date:			I hereby declare and warrant answers given above in every respect are true and correct and I have not withheld any information likely to affect acceptance of this Proposal, and agree that this Proposal Declaration shall be the basis of the Contract between the Company and myself, and I further agree to accept the Company's Policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto. <input type="checkbox"/> I enclose a cheque for S\$_____ (incl. GST) payable to Star Capital Insurance Pte. Ltd. Bank/ Cheque No.: _____			
Choice of Plan (please tick)						
Plan	Platinum	Gold			Silver	Bronze
Individual						
Spouse						
Child 1						
Child 2						
* This plan is for occupational Class 1 and 2 only.						
Class 1: Persons engaged in indoor and non-manual work in non-hazardous places.						
Class 2: Persons engaged in work of an outdoor or supervisory nature or involves manual work whose duties does not involve the use of tools or machinery or exposed to any special hazards.						
Signature of Proposer/Insured			Date			