

CHOICE PROTECT360 BENEFIT TABLE

Sections	Benefits	Maximum Benefit Payable (S\$)			
		Basic	Silver	Gold	Platinum
	PERSONAL A	CCIDENT			
PA 1	Accidental Death & Permanent Disablement	100,000	200,000	300,000	500,000
PA 2	Accident Medical Reimbursement	2,000	6,000	8,000	10,000
PA 3	Mobility Aid & Ambulance Services Reimbursement	4,000			
PA 4	Daily Hospital Income	50 per day	100 per day	150 per day	250 per day
PA 5	Purchase Protection	5,000			
PA 6	Bill Protector	5,000			
PA 7	Funeral Expenses	5,000			
PA 8	Parent(s) Support Grant	1,000	3,000	4,000	5,000
PA 9	Dependent Child Cover	25% of 30% of PA 1, PA 2, PA 3 PA 1, PA 2, PA 3			
	PERSONAL ACCIDENT (OPTIONAL TOP-	UP)		
PA 10	Emergency Medical Evacuation	Unlimited			
PA 11	Home Modifications	5,000			
PA 12	Dental Correction and/or Corrective Cosmetic Surgery	5,000			
PA 13	Entertainment Disruptions	200	400	600	1,000
PA 14	Weekly Benefit for Temporary Total Disablement	100 per week	150 per week	200 per week	300 per week
	HOME CONTENTS (OF	PTIONAL ADD-ON	۱)		
HC 1	Household Contents, Renovation, Fixtures and Fittings	200,000			
HC 2	Alternative Accommodation Expenses	15,000			
HC 3	Valuables Coverage	30,000			
HC 4	Personal Liability	1,000,000			
HC 5	Home Assistance Concierge Services	Included			
	HOSPITAL INCOME (O	PTIONAL ADD-O	N)		
HI 1	Hospitalization Cash (Up to 365 days)	100 per day			
HI 2	Triple Hospital Cash (ICU) (Up to 30 days)	300 per day			
HI 3	Recuperation Benefit (Up to 30 days)	50 per day			
	ANNUAL TRAVEL (OP	TIONAL ADD-ON	1)		
AT 1	Overseas Medical Expenses	100,000			
AT 2	Medical Expenses in Singapore	10,000			
AT 3	Emergency Medical Evacuation	Unlimited			
AT 4	Trip Cancellation	10,000			
AT 5	Travel Delay	1,000			
AT 6	Baggage Delay	1,000			
AT 7	Loss or Damage to Baggage and Personal Effects	1,000			
AT 8	Worldwide Personal Liability	1,000,000			