

### Standard Definitions for Critical Illness - Ladies Lifestyle Protection & Lifestyle Protection

Existing Definitions	New Definitions with effect from 1 April 2016
<p><b>Cancer</b>            A malignant tumour characterised by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. This includes leukaemia, Hodgkin's Disease and lymphoma but excludes Kaposi's Sarcoma in the presence of any Human-Immuno Deficiency Virus, non invasive cancer in situ and any skin cancer other than invasive malignant melanoma.</p> <p>To support a claim, precise histological evidence of cancer must be produced.</p>	<p><b>Cancer</b>            Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma.</p> <p>For the above definition, the following are not covered:</p> <p>(i) All cancers which are histologically classified as any of the following:            - pre-malignant            - non-invasive            - carcinoma in situ            - having borderline malignancy            - having malignant potential</p> <p>(ii) All tumours of the prostate histologically classified as T1N0M0 (TNM classification)</p> <p>(iii) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification)</p> <p>(iv) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)</p> <p>(v) Chronic Lymphocytic Leukemia less than RAI Stage 3</p> <p>(vi) All cancers in the presence of HIV</p> <p>(vii) Any skin cancer other than malignant melanoma.</p>
<p><b>Stroke</b>            A cerebrovascular incident resulting in permanent neurological damage. Transient Ischaemic Attacks are specifically excluded.</p>	<p><b>Stroke</b>            Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolization from an extra cranial source resulting in permanent neurological deficit with persisting clinical symptoms. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a neurologist. A minimum Assessment Period of three (3) months applies.</p> <p>For the above definition, the following are not covered:</p> <p>(i) Transient ischemic attacks            (ii) Cerebral symptoms due to migraine            (iii) Traumatic injury to brain tissue or blood vessels            (iv) Vascular disease affecting the eye or optic nerve or vestibular functions.</p>
<p><b>Heart Attack</b>            The death of a portion of heart muscle as a result of inadequate blood supply as evidenced by an episode of typical chest pain, new electrocardiographic changes and by an elevation of cardiac enzymes.</p>	<p><b>Heart Attack</b>            Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:</p>

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	<p>(i) A history of typical chest pain;</p> <p>(ii) New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block and</p> <p>(iii) Elevation of the cardiac biomarkers, inclusive of CPK-MB above the generally accepted normal laboratory levels or Troponins recorded at the following levels or higher: - Cardiac Troponin T or Cardiac Troponin I &gt; / = 0.5 ng/ml</p> <p>The evidence must show the occurrence of a definite acute myocardial infarction which should be confirmed by a cardiologist or physician.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> <li>• occurrence of an acute coronary syndrome including but not limited to unstable angina.</li> <li>• a rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease.</li> </ul>
<p><b>Coronary Artery Bypass Surgery</b>            The actual undergoing of open-heart surgery on the advice of a Consultant Cardiologist registered in the Insured Person's Usual Country of Residence to correct narrowing or blockage of one or more coronary arteries with bypass grafts but excluding balloon angioplasty, laser or any other procedures.</p> <p>If the degree of obstruction in two or more coronary arteries is at least 70% then treatment to two or more affected arteries by balloon angioplasty, atherectomy or laser will also constitute a claim under this Condition.</p>	<p><b>Coronary Artery Bypass Surgery</b>            Refers to the actual undergoing of open-chest surgery to correct or treat Coronary Artery Disease (CAD) by way of coronary artery by-pass grafting.</p> <p>For the above definition, the following are not covered:</p> <p>(i) angioplasty;</p> <p>(ii) other intra-arterial or catheter based techniques;</p> <p>(iii) keyhole procedures;</p> <p>(iv) laser procedures.</p>
<p><b>Kidney Failure</b>            End stage renal failure, presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplant is initiated.</p>	<p><b>Kidney Failure</b>            End-stage kidney failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular dialysis is initiated or kidney transplantation is carried out.</p>
<p><b>Parkinson's Disease</b>            Confirmation of a Consultant Neurologist registered in the Insured Person's Usual Country of Residence of a definite diagnosis before the Life Assured's 60th birthday of idiopathic Parkinson's Disease (paralysis agitans) requiring treatment with a dopamine precursor. All other types of Parkinsonism are</p>	<p><b>Parkinson's Disease</b>            A definite diagnosis of Parkinson's Disease by a neurologist where all the following conditions are met:</p> <p>(i) Cannot be controlled with medication;</p> <p>(ii) Shows signs of progressive impairment; and</p> <p>(iii) Confirmation of the permanent inability of the Insured Person to perform without assistance three (3)</p>

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specifically excluded.	or more of the Activities of Daily Living.  Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are not covered.
<b>Multiple Sclerosis</b> Confirmation by a Consultant Neurologist registered in the Insured Person's Usual Country of Residence of a definite diagnosis of Multiple Sclerosis producing at least moderate neurological abnormalities which have persisted for a continuous period six months.	<b>Multiple Sclerosis</b> A definite diagnosis of multiple sclerosis by a neurologist. The diagnosis must be supported by all of the following: <ul style="list-style-type: none"> <li>- Investigations which confirm the diagnosis to be Multiple Sclerosis;</li> <li>- Multiple neurological deficits resulting in impairment of motor and sensory functions occurring over a continuous period of at least 6 months; and</li> <li>- Well documented history of exacerbations and remissions of said symptoms or neurological deficits.</li> </ul>
<b>Motor Neurone Disease</b> Motor Neurone Disease diagnosed, with the appropriate supporting evidence, by a Consultant Neurologist registered in the Insured Person's Usual Country of Residence.	<b>Motor Neurone Disease</b> A definite diagnosis of motor neuron disease by a neurologist with reference to either spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be permanent neurological deficit with persisting clinical symptoms.
<b>Paralysis / Paraplegia</b> Total and permanent loss of the use of two or more limbs resulting from paralysis.	<b>Paralysis of Limbs</b> Total, permanent and irreversible loss of use of both arms or both legs, or of one arm and one leg, through paralysis caused by illness or injury. A minimum Assessment Period of six (6) months applies.
<b>Terminal Illness</b> Advanced or rapidly progressing incurable disabling terminal illness where, in the opinion of the Company's medical adviser the life expectancy is no greater than twelve months.	<b>Terminal Illness</b> The conclusive diagnosis of a condition that is expected to result in death of the Insured Person within twelve (12) months. The Insured Person must no longer be receiving active treatment other than that for pain relief. The diagnosis must be supported by written confirmation from an appropriate specialist and confirmed by the Company's appointed doctor.
<b>Loss of Hearing</b> The total and permanent loss of hearing in both ears which must be established for a continuous period of twelve months.	<b>Deafness</b> Permanent and irreversible loss of hearing as a result of accident or illness to the extent that the loss is greater than 80 decibels across all frequencies of hearing in both ears. Medical evidence in the form of an audiometry and sound-threshold tests result must be provided and certified by an Ear, Nose, and Throat (ENT) specialist.
<b>Loss of Independent Existence</b> Loss of Independent Existence will mean a permanent inability to perform independently three or more Activities of Daily Living, after attaining age	<b>Loss of Independent Existence</b> Confirmation by an appropriate specialist of the loss of independent existence and resulting in a permanent inability to perform at least three (3) of the Activities of

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60, with or without the use of mechanical equipment, special devices or other aids.	Daily Living. A minimum Assessment Period of six (6) months applies.
<p><b>Complete Liver Failure</b>            End stage liver failure evidenced by jaundice, encephalopathy and ascites as diagnosed by an appropriate consultant holding an appointment in a major hospital in the Insured Person's Usual Country of Residence.</p>	<p><b>End-stage Liver Failure</b>            End-stage liver failure as evidenced by all of the following:            - Permanent jaundice;            - Ascites (excessive fluid in peritoneal cavity); and,            - Hepatic encephalopathy.</p> <p>Liver failure secondary to alcohol or drug abuse is not covered.</p>
<p><b>Muscular Dystrophy</b>            A hereditary muscular dystrophy confirmed by a recognised Consultant Neurologist registered in the Insured Person's Usual Country of Residence resulting in permanent and total disability.</p>	<p><b>Muscular Dystrophy</b>            The definite diagnosis of a Muscular Dystrophy by a Neurologist which must be supported by all of the following:            (i) Clinical presentation of progressive muscle weakness            (ii) No central/peripheral nerve involvement as evidenced by absence of sensory disturbance            (iii) Characteristic electromyogram and muscle biopsy findings</p> <p>No benefit will be payable under this Covered Event before the Insured Person has reached the age of 12 years next birthday.</p>
<p><b>HIV Resulting from Blood Transfusion</b>            Infection with any Human Immuno-deficiency (HIV) through a blood transfusion given as part of medical treatment received in the Insured Person's Usual Country of Residence, after the start of the Policy. There must be clear evidence satisfactory to the Company's medical adviser that the infection was acquired in this way and provided further that the institution which provided the transfusion admits liability and the Insured Person is not a haemophiliac.</p>	<p><b>HIV Infection Due to Blood Transfusion</b>            Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:            (i) The blood transfusion was medically necessary or given as part of a medical treatment;            (ii) The blood transfusion was received in Malaysia or Singapore after the commencement of the policy;            (iii) The source of the infection is established to be from the institution that provided the blood transfusion and the institution is able to trace the origin of the HIV tainted blood;            (iv) The Insured Person does not suffer from hemophilia; and            (v) The Insured Person is not a member of any high risk groups including but not limited to intravenous drug users.</p>
<p><b>Aorta Surgery</b>            The actual undergoing of open heart surgery for a disease of or an injury to the aorta needing excision and surgical replacement of the aorta with a graft.</p>	<p><b>Surgery to Aorta</b>            The actual undergoing of surgery via a thoracotomy or laparotomy (surgical opening of thorax or abdomen) to repair or correct an aortic aneurysm, an obstruction of</p>

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<p>For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.</p>	<p>the aorta or a dissection of the aorta. For this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> <li>(i) angioplasty;</li> <li>(ii) other intra-arterial or catheter based techniques;</li> <li>(iii) other keyhole procedures;</li> <li>(iv) laser procedures</li> </ul>
<p><b>Heart Valve Surgery</b>            The actual undergoing of open-heart surgery to repair or replace one or more abnormal heart valves.</p>	<p><b>Heart Valve Surgery</b>            The actual undergoing of open-heart surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> <li>(i) Repair via intra-arterial procedure</li> <li>(ii) Repair via key-hole surgery or any other similar techniques.</li> </ul>
<p><b>Major Organ Transplant(s)</b>            The actual undergoing, as the recipient, of a transplant of a heart, liver, lung, pancreas or bone marrow. The definition includes simultaneous transplantation of more than one of the above organs. Transplantation of kidney is included provided a claim has not been admitted under kidney failure.</p>	<p><b>Major Organ / Bone Marrow Transplant</b>            The receipt of a transplant of:</p> <ul style="list-style-type: none"> <li>- Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or</li> <li>- One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end-stage failure of the relevant organ.</li> </ul> <p>Other stem cell transplants are not covered.</p>
<p><b>Blindness</b>            The total and permanent loss of sight in both eyes.</p>	<p><b>Blindness</b>            Permanent and irreversible loss of sight as a result of accident or illness to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test and the result must be certified by an ophthalmologist.</p>
<p><b>Alzheimer's Disease</b>            A clinically established diagnosis of Alzheimer's Disease or Pre-Senile Dementia before attaining age 60 resulting in a permanent inability to perform independently three or more Activities of Daily Living.</p> <p>Alzheimer's Disease and Pre-Senile Dementia will mean the deterioration or loss of intellectual capacity or abnormal behaviour (as evidenced by the clinical state and accepted standardised</p>	<p><b>Alzheimer's Disease/Severe Dementia</b>            Deterioration or loss of intellectual capacity confirmed by clinical evaluation and imaging tests arising from Alzheimer's Disease or Severe Dementia as a result of irreversible organic brain disorders. The covered event must result in significant reduction in mental and social functioning requiring continuous supervision of the Insured Person. The diagnosis must be clinically confirmed by a neurologist.</p> <p>From the above definition, the following are not</p>

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<p>questionnaires or tests) arising from irreversible organic degenerative disorders, excluding neurosis and psychiatric illnesses, resulting in significant reduction in mental and social functioning requiring continuous supervision. The diagnosis must be made by a Consultant Neurologist registered in the Insured's Person's Usual Country of Residence and be supported by the Company's medical adviser.</p>	<p>covered:</p> <ul style="list-style-type: none"> <li>(i) Non organic brain disorders such as neurosis</li> <li>(ii) Psychiatric illnesses</li> <li>(iii) Drug or alcohol related brain damage</li> </ul>
<p><b>Coma</b>            A state of unconsciousness with no reaction to external stimuli or internal needs persisting continuously with the use of life-support systems for a period of at least ninety six hours and resulting in permanent neurological deficit.</p>	<p><b>Coma</b>            A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least ninety six (96) hours, requiring the use of life support systems and resulting in a permanent neurological deficit with persisting clinical symptoms. A minimum Assessment Period of thirty (30) days applies. Confirmation by a neurologist must be present.</p> <p>The following is not covered:</p> <ul style="list-style-type: none"> <li>(i) Coma resulting directly from alcohol or drug abuse.</li> </ul>
<p><b>Loss of Speech</b>            The total and permanent loss of the ability to speak due to physical damage to vocal cords which must be established for a continuous period of twelve months.</p>	<p><b>Loss of Speech</b>            Total, permanent and irreversible loss of the ability to speak as a result of injury or illness. A minimum Assessment Period of six (6) months applies. Medical evidence to confirm injury or illness to the vocal cords to support this disability must be supplied by an Ear, Nose, and Throat specialist.</p> <p>All psychiatric related causes are not covered.</p>
<p><b>Major Burns</b>            Third degree burns covering at least 20% of the surface area of the Insured Person's body</p>	<p><b>Third Degree Burns</b>            Third degree (i.e. full thickness) skin burns covering at least twenty percent (20%) of the total body surface area.</p>
<p><b>Encephalitis</b>            Inflammation of the membranes of the brain or spinal cord resulting in significant permanent neurological deficit. The diagnosis must be confirmed by a recognised Consultant Neurologist. Encephalitis in the presence of HIV infection is excluded.</p>	<p><b>Encephalitis</b>            Severe inflammation of brain substance, resulting in permanent functional impairment. The permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies. The covered event must be certified by a neurologist.</p> <p>Encephalitis in the presence of HIV infection is not covered.</p>
<p><b>Pulmonary Hypertension</b>            Primary Pulmonary Arterial Hypertension as</p>	<p><b>Primary Pulmonary Arterial Hypertension</b>            A definite diagnosis of primary pulmonary arterial</p>

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<p>established by clinical and laboratory investigations including cardiac catheterisation and as diagnosed by a Consultant Cardiologist registered in the Insured Person's Usual Country of Residence.</p> <p>The following diagnostic criteria must be met:-</p> <ul style="list-style-type: none"> <li>a. dyspnoea and fatigue; and</li> <li>b. increased left atrial pressure (at least 20 unit or more); and</li> <li>c. pulmonary resistance of at least 3 units above normal; and</li> <li>d. pulmonary artery pressure of at least 40mmHg; and</li> <li>e. pulmonary wedge pressure of at least 6mmHg; and</li> <li>f. right ventricular end-diastolic pressure of at least 8mmHg; and</li> <li>g. right ventricular hypertrophy, dilation and signs of right heart failure and decompensation.</li> </ul>	<p>hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent physical impairment to the degree of at least Class III of the New York Heart Association (NYHA) classification of cardiac impairment.</p> <p>Pulmonary arterial hypertension resulting from other causes shall be excluded from this benefit.</p> <p>The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:        Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.        Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p>
<p><b>Benign Brain Tumour</b>        A non-cancerous intracerebral tumour. Cysts, granulomas, malformations in or of the arteries or veins in the brain, haematomas and tumours of the pituitary gland or spine are specifically excluded.</p>	<p><b>Benign Brain Tumour</b>        A benign tumour in the brain or meninges within the skull, where all of the following conditions are met:</p> <ul style="list-style-type: none"> <li>(i) It is life threatening.</li> <li>(ii) It has caused damage to the brain.</li> <li>(iii) It has undergone surgical removal or has caused permanent neurological deficit with persisting clinical symptoms; and</li> <li>(iv) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on MRI, CT or other reliable imaging techniques.</li> </ul> <p>The following are not covered:</p> <ul style="list-style-type: none"> <li>(i) Cysts</li> <li>(ii) Granulomas</li> <li>(iii) Malformations in or of the arteries or veins of the brain</li> <li>(iv) Hematomas</li> <li>(v) Tumours in the pituitary gland</li> <li>(vi) Tumours in the spine</li> <li>(vii) Tumours of the acoustic nerve.</li> </ul>
<p><b>Accidental Head Injury Resulting in Major Head Trauma</b>        Physical injury to the head as a result of an accident resulting in residual brain damage. There must be permanent neurological deficit causing significant functional impairment as defined by a recognised</p>	<p><b>Major Head Trauma</b>        Physical head injury resulting in permanent functional impairment verified by a neurologist. The permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of three (3) months</p>



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<p>Consultant Neurologist registered in the Insured Person's Usual Country of Residence.</p>	<p>applies.</p>
<p><b>Activities of Daily Living</b>            Transferring : The ability to move from a bed to an upright chair or wheelchair and vice versa, or to get on and off a toilet or commode.            Continence : The ability to manage bowel and bladder functions such that an adequate level of personal hygiene can be maintained.            Dressing : The ability to put on, take off, secure and unfasten all necessary garments and any braces, artificial limbs or other surgical appliances.            Mobility : The ability to move indoor from one room to another on a level surface in the Insured Person's normal place of residence.            Feeding : The ability to feed oneself once food and drink which has been prepared and made available.            Washing : The ability to wash in the bath or shower (including getting into and out of the bath or shower) such that an adequate level of personal hygiene can be maintained.</p>	<p><b>Activities of Daily Living (ADL) are as follows:</b>            (i) Transfer            Getting in and out of a chair without requiring physical assistance.            (ii) Mobility            The ability to move from room to room without requiring any physical assistance.            (iii) Continence            The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.            (iv) Dressing            Putting on and taking off all necessary items of clothing without requiring assistance of another person.            (v) Bathing/Washing            The ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means.            (vi) Eating            All tasks of getting food into the body once it has been prepared.</p>