



Personal Accident Protector

Providing you and your family
protection when you need it most

Personal Accident Protector

Whether you're single or married with kids, Personal Accident Protector* is a flexible worldwide plan that meets your needs at an affordable price. And because the effects of an accident can last long after the event, we've made sure the plan covers various stages and types of rehabilitation treatment as well as lifestyle adjustments.



Free Coverage for Your Children

Your under-18 children are covered free for Accidental Death, Permanent Total Disablement, Medical Expenses for in-hospital and out-patient treatment as well as Traditional Chinese Medicine (TCM) Expenses.



Alleviate Your Financial Burden

Beside hospitalisation fees for accidents, follow up out-patient treatment expenses are also covered, up to \$10,000. In addition, Weekly Benefit of up to \$500 provides peace of mind for those requiring longer recovery period for Temporary Total Disablement. This plan also removes the financial burden of ambulance and Medical Report charges.



Supporting Your Recovery Journey

The costs of treatment for Scarring & Disfigurement of the Face or purchase of Prosthetics & Mobility Aids to help you adjust to life-changing injuries, are covered.

ENHANCED BENEFITS ADD-ONS!

For a nominal fee, enjoy additional benefits:

- Increase Sum Insured
- Receive daily allowance while in hospital
- Finance costly lifestyle adjustments and more!

SUMMARY OF BENEFITS

BENEFITS	MAXIMUM BENEFIT (\$\$)			
	Plan 1	Plan 2	Plan 3	Plan 4
1. Accidental Death	50,000	100,000	200,000	500,000
2. Permanent Total Disablement	50,000	100,000	200,000	500,000
3. Weekly Benefit for Temporary Total Disablement to the Insured up to 104 weeks	50 per week	100 per week	200 per week	500 per week
4. Scarring & Disfigurement of the Face	2,500	5,000	10,000	25,000
5. Accidental Medical Expenses for in-hospital or out-patient treatment	1,500	3,000	5,000	10,000
6. Traditional Chinese Medicine Expenses	750	750	750	750
7. Prosthetics and Mobility Aid	1,000	2,000	2,000	2,000
8. Ambulance Charges	500	500	500	500
9. Medical Report Charges	100	100	100	100
10. Child Coverage for Benefit 1, 2, 5 and 6	10%	10%	10%	10%
Annual Premium inclusive of 9% GST for Class 1 and Class 2 Occupations	S\$111	S\$126	S\$216	S\$573
Annual Premium inclusive of 9% GST for Class 3 Occupations	S\$220	S\$250	S\$433	NA
Enhanced Benefits	A		B	
11. Additional Sum Insured for Accident Medical Expenses (Plan Benefit 5)	1,000		2,000	
12. Additional Sum Insured for Traditional Chinese Medicine Expenses (Plan Benefit 6)	500		1,000	
13. Daily Hospitalisation Allowance for up to 60 days per accident	100 per day		200 per day	
14. Emergency Medical Evacuation	10,000		As Charged	
15. Repatriation Expenses for returning the Insured's mortal remains	10,000		As Charged	
16. Compassionate Allowance for Accidental Death	2,500		5,000	
17. Parents Shield for each dependant parent in the event of Accidental Death	2,500		5,000	
18. Lifestyle Maintenance for Permanent Total Disablement	2,500		5,000	
19. Home and Vehicle Retrofitting Expenses for Permanent Total Disablement	2,500		5,000	
20. Credit Card Indemnity in the event of Accidental Death or Permanent Total Disablement	500		1,000	
21. Bereavement Counselling for Insured's Family in the event of Accidental Death to the Insured Person	2,500		5,000	
22. Rehabilitation Counselling for Insured Person suffering from Permanent Disablement	2,500		5,000	
Additional Annual Premium inclusive of 9% GST for Class 1 and Class 2 Occupations	S\$41		S\$89	
Additional Annual Premium inclusive of 9% GST for Class 3 Occupations	S\$82		NA	

Classification of Occupation

Class 1

Professional and administrative duties of mainly sedentary nature, e.g. Accountants, Administrators, Architects, Auditors, Bankers, Clergymen, Clerks, Dentist, Indoor Sales Representatives, Lawyers, Merchants, Medical Practitioners, Secretaries, Stockbrokers, Surgeons (not veterinary), and Teachers.

Class 2

Outdoor non-manual occupation or which involves occasional light manual work excluding the use of tools or machinery, e.g. Outdoor Salesmen, Civil Engineers, Commercial Travellers, Decorators (superintending), Grocers, Hairdressers, Pharmacists, and Surveyors.

Class 3

Manual labour and work but not related to offshore risk or great heights or depths, e.g. Carpenters (Not using woodworking machinery), Chefs, Couriers, Domestic Helpers, Electrician, Factory Production Workers, Furniture Movers, Hawkers/Stallholders, Cleaners, Taxi Drivers, and Technicians.

About Allied World

Allied World Assurance Company Holdings, Ltd, through its subsidiaries, is a global provider of insurance and reinsurance solutions. We operate under the brand Allied World and have supported clients, cedents and trading partners with thoughtful service and meaningful coverages since 2001. We are a subsidiary of Fairfax Financial Holdings Limited, and we benefit from a worldwide network of affiliated entities that allow us to think and respond non-traditional ways. Our capital base is strong, our solutions anticipate rather than react to changing trends, and our teams are focused on establishing long-term relationships that are mutually beneficial.

Learn more about how we can help you manage your risk by visiting:

Website: www.awac.com | LinkedIn: <https://www.linkedin.com/company/allied-world>



Allied World Assurance Company, Ltd
(incorporated in Bermuda with limited liability)

2 Central Boulevard West Tower #36-01
IOI Central Boulevard Towers Singapore 018916
UEN: T09FC0142D

T. +(65) 6423 0888 E. sg.customerservice@awac.com
www.alliedworldinsurance.com/Singapore

Coverage will be underwritten by the Singapore branch office of Allied World Assurance Company, Ltd, which is regulated by the Monetary Authority of Singapore. Coverage is only offered subject to local regulatory requirements. Actual coverage is subject to the terms, conditions and exclusions of the actual policy issued. © 2025 Allied World Assurance Company Holdings, Ltd. All rights reserved.



2 Central Boulevard West Tower #36-01
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Personal Accident Protector Proposal Form

Statement pursuant to the Insurance Act 1966 or any amendments thereof:
You have a duty to fully and faithfully disclose every fact you know or ought to know, otherwise, the policy issued may be void and you may receive nothing from the policy.

Particulars of Insured Person

Name of Insured Person:

NRIC/Employment Pass No:

Date of Birth (DD/MM/YYYY):

Marital Status:

Gender:

☐

Male

☐

Female

Occupation:

Occupation Class:

☐

1

☐

2

☐

3

Correspondence Address:

Tel (Mobile):

Tel (Home):

Email:

Name of Proposer (if different):

Relationship to Insured:

Cover Required

Proposed insurance start date

From (DD/MM/YYYY):

To (DD/MM/YYYY):

Type:

☐

Individual

☐

Individual and Spouse

Individual Plan:

☐

1

☐

2

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3

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4

Enhanced:

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A

☐

B

Spouse Plan:

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1

☐

2

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3

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4

Enhanced:

☐

A

☐

B

Details of Spouse (If Enrolling)

Name:

NRIC/Employment Pass No:

Date of Birth (DD/MM/YYYY):

Gender:

☐

Male

☐

Female

Occupation:

Occupation Class:

☐

1

☐

2

☐

3

Tel (Mobile):

Email:

Number of Child(ren) To Be Enrolled

Number of Child(ren):

Note: Child means any legal & unmarried child of the Insured Person between the age of 6 months to 18 years or up to age 25 years if in full time education and not engaged in full-time national service.

QUESTIONS RELEVANT TO INSURED PERSON AND SPOUSE

1. Are you now insured or proposing to be insured against Life, Accident or Medical Insurance?

☐

Yes

☐

No

If "Yes", please state details.

Name of Insurer:

Type of Policy:

2. Have you ever been declined or accepted on special terms for Life, Accident or Medical Insurance, or has any insurer ever cancelled or refused to renew your policy or desired to amend the conditions or benefits?

☐

Yes

☐

No

If "Yes", please state details.

Declaration

Please check your Proposal carefully before signing the declaration below. This is especially important if the proposal is not completed in your own hand.

I/ We declare to the best of my/our knowledge and belief that:

- a) all the answer given in this proposal are true;
- b) all material factors affecting the assessment of the risk have been disclosed;
- c) all persons proposed are in good health, free from any physical defect infirmity, are not receiving medical treatment of any kind and are not suffering nor have suffered from a recurring illness.

I/We agree that this Proposal and Declaration shall be the basis of the contract between me/us and Allied World Assurance Company, Ltd (Singapore Branch) and shall be deemed to be incorporated in such contract, subject to the terms and conditions of the Policy. No insurance will be in force until this Proposal has been accepted by Allied World Assurance Company, Ltd (Singapore Branch).

I/We undertake to advise the Company of any change in occupation, health, habits or pursuits of the Insured Person or of the effecting of other insurance (except Travel insurance) against Accident or Sickness as soon as possible. If this Proposal has not been completed by me/us personally, I/we declare also that I/we have read the completed form and accept full responsibility for the answers.

I/We consent to Allied World Assurance Company, Ltd (Singapore Branch) ("Allied World") collecting, using, processing and disclosing my/our personal data in accordance with the Allied World Singapore Personal Data Privacy Statement available at <https://alliedworldinsurance.com/singapore/>, including disclosing my/our personal data to Allied World's third party service providers and agents, and transferring personal data outside Singapore. If I/we have provided or will provide information to Allied World about any other individuals, I/we confirm that I/we are authorised to disclose his or her personal data and also give this consent on both my/our and their behalf.

I/we consent to Allied World sending me/us marketing, promotional or other messages via telephone:

☐ Voice call ☐ Text message

Please note that if you decide you no longer wish to receive offers from us via telephone by voicecall and/or text message, you can opt out at any time by submitting a request via our website at <https://alliedworldinsurance.com/singapore/>. For further information, please contact our Data Protection Officer at sg.customerservice@awac.com or +(65) 6423 0888.

Signature of Proposer

Date

Payment Instructions

☐

By Credit Card

Please invoice S\$:

Email address to send invoice with payment link to:

Please check your email as an invoice will be sent to you to make payment online. Do note that payment must be made before the start date of the policy.

☐

By Cheque

I enclose my Cheque/Bank No.:

for S\$:

crossed and made payable to **Allied World Assurance Company, Ltd.**

I/We agree to pay the premium in accordance with the mode of payment chosen. Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to its use.

Additional Notes

Intermediary Name/Code/Email

Policy Owner's 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 your insurer or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).