



This Cover Page is an important document.

- It highlights the key features and risks of this product and should be read together with the Policy Illustration, Product Summary and Bundled Product Disclosure Document, where it applies.
- It is important to read the Policy Illustration, Product Summary and Bundled Product Disclosure Document, where it applies, before deciding whether to purchase this product. If you do not have a copy of these documents, please contact us at 1800 333 0333 or a representative of either Prudential Singapore or a distributor duly appointed by Prudential Singapore to ask for them.
- You should not purchase this product if you do not understand or are not comfortable with the risks of this product.

PruMum

Product Type	Non-Participating Term Plan
Premium Payment Term	Single Premium
Policy Term	4 Years
Name of Insurer	Prudential Assurance Company Singapore (Pte) Limited
Policy Currency	Singapore Dollars

WHAT ARE YOU PURCHASING?

This is a non-participating term plan which offers you insurance cover. It comprises guaranteed benefits only.

HOW MUCH WILL YOU NEED TO PAY FOR ADVICE?

The total distribution cost of this product is the amount that you will pay for advice and for other distribution related expenses. It includes cash payments in the form of commissions and benefits paid to the distribution channel and its representative(s) who have provided you with financial advice. This is not an additional cost to you as it has been included in the premiums payable for this plan.

The Total Distribution Cost for this plan is \$543 as shown in the Policy Illustration. This makes up 21.1% of the total premiums payable.

Financial Consultant's Signature

Proposer's Signature

Prepared by _____ on 12 Nov 2019

Page 1 of 21

MAS issued Rep. No: _____

SQS V7.4.0 B1.100 E E. & O.E 0

Underwritten by Prudential Assurance Company Singapore (Pte) Limited (Reg. No 199002477Z)



WHAT HAPPENS IF YOU SURRENDER YOUR POLICY EARLY?

As buying a life insurance policy is a long-term commitment, an early termination of the policy usually involves high costs and the surrender value, if any, that is payable to you may be zero or less than the total premiums paid.

As this product has no savings or investment feature, there is no cash value if the policy ends or if the policy is terminated prematurely.

OTHER IMPORTANT INFORMATION

After purchasing a life insurance policy, you have a 14-day free-look period - starting from the day you receive your policy documents to review the documents carefully. During this time, if you choose to cancel your policy, Prudential Singapore will refund you the premiums you have paid, less any medical fees and other expenses, such as payments for medical check-ups and medical reports, paid by Prudential Singapore.

compareFIRST is an online portal that enables you to easily compare the premiums and features of life insurance products available to the retail market in Singapore. compareFIRST empowers you to make informed decisions when purchasing life insurance products. You can access the portal at www.comparefirst.sg before making a life insurance purchase. You can also find out more about life insurance products at www.moneysense.gov.sg.

Financial Consultant's Signature

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Prepared by _____ on 12 Nov 2019

Page 2 of 21

MAS issued Rep. No: _____

SQS V7.4.0 B1.100 E E. & O.E 0

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Introduction

Prudential Singapore believes that it is important that you fully appreciate the benefits of your policy. You should also understand how the cost of your insurance cover and the expenses of administration and sales affect the benefits that you will receive.

The illustration that follows shows how the value of your policy progresses over time and the sum(s) that would be payable. The methods used to derive the values shown follow guidelines established by the Life Insurance Association, Singapore, to ensure that a fair and consistent approach is used in preparing this illustration.

As buying a life insurance policy is a long-term commitment, an early termination of the policy usually involves high costs and the surrender value, if any, that is payable to you may be zero or less than the total premiums paid.

If you need clarification, please do not hesitate to ask your representative of either Prudential Singapore or a distributor duly appointed by Prudential Singapore.

Financial Consultant's Signature

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Prepared by _____ on 12 Nov 2019

Page 3 of 21

MAS issued Rep. No: _____

SQS V7.4.0 B1.100 E E. & O.E 0

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PruMum

Specially prepared for: **YOU**

Age next birthday: **42 Female / Non Smoker**

Occupation: **Administrative Exec / Manager
(Class 1)**

	Sum Assured (\$)	Policy Term (Years)	Single Premium (\$)
PruMum - Plan D*	20,000	4	2,576.00

* Please refer to product summary for details of benefits under PruMum.

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Prepared by _____ on 12 Nov 2019

Page 4 of 21

MAS issued Rep. No: _____

SQS V7.4.0 B1.100 E E. & O.E 0

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POLICY ILLUSTRATION
Specially prepared for: **YOU**

End of Policy Year/ Age	Total Premiums Paid To-date (\$)	Guaranteed Death Benefit (\$)
1/43	2,576	20,000
2/44	2,576	20,000
3/45	2,576	20,000
4/46	2,576	20,000



How much are you paying for the distribution cost?

This table shows the total costs of distribution that Prudential Singapore expects to incur in relation to your policy, including the cost of any financial advice provided to you.

TOTAL DISTRIBUTION COST		
End of Policy Year/ Age	Total Premiums Paid To-date (\$)	Total Distribution Cost To-date (\$)
1/43	2,576	543
2/44	2,576	543
3/45	2,576	543
4/46	2,576	543

What does the last column represent?

1. The Total Distribution Cost To-date is the sum of each year's expected distribution-related costs, without interest. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel.
2. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.
3. You can obtain the Total Distribution Cost of each of the supplementary benefits (if applicable) from your representative of either Prudential Singapore or a distributor duly appointed by Prudential Singapore.

Financial Consultant's Signature

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Prepared by _____ on 12 Nov 2019

Page 6 of 21

MAS issued Rep. No: _____

SQS V7.4.0 B1.100 E E. & O.E 0

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Notes

Life Insurance is a contract of utmost good faith and a proposer is required to disclose in proposal form fully and faithfully all the facts, which you know or ought to know, as otherwise the policy issued may be void.

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Prepared by _____ on 12 Nov 2019

Page 7 of 21

MAS issued Rep. No: _____

SQS V7.4.0 B1.100 E E. & O.E 0

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PRODUCT SUMMARY : PruMum

This Product Summary and Policy Illustration are for illustrative purposes only and shall not constitute a contract. The following is a simplified description of the key product features. The exact terms can be found in your policy document.

Details of Product Provider:

Prudential Assurance Company Singapore (Pte) Limited ("Prudential Singapore"), 30 Cecil Street, #30-01 Prudential Tower, Singapore 049712. Tel: 1800-3330 333

Prudential Singapore is responsible for the product features and contractual provisions and these will be explained to you by a representative of either Prudential Singapore or a distributor duly appointed by Prudential Singapore.

This policy and its Supplementary benefit(s) (if any) is/are protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy and its Supplementary benefit(s) (if any) is/are 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 General Insurance Association (GIA) /Life Insurance Association (LIA) or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

The Proposer acknowledges receipt of all the pages of the Product Summary for the Main plan and Supplementary benefits (where applicable). The contents have been explained to his/her satisfaction.

Nature and Objective of the Plan:

PruMum is a single premium plan that provides financial protection for pregnant women and their newborn babies. It covers the pregnant woman for death, pregnancy complications, hospital care, hospital care accelerator, psychological consultation, postpartum depression, gestational diabetes mellitus and the new born baby for congenital illness and hospital care. Your PruMum policy terminates on the cover end date as shown in your certificate of life assurance, or when the life assured dies and this results in the foetus' death.

Financial Consultant's Signature

Proposer's Signature

Prepared by _____ on 12 Nov 2019

Page 8 of 21

MAS issued Rep. No: _____

SQS V7.4.0 B1.100 E E. & O.E 0

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Benefits under the plan:

We provide the following basic benefits listed below.

For the life assured (the mother):

- a) **Death benefit** – pays the sum assured for your type of plan if the life assured dies
- b) **Pregnancy complications** – pays the sum assured for your type of plan if the life assured is diagnosed with any one of the covered pregnancy complications.
- c) **Hospital care benefit** – pays 1% of the sum assured for your type of plan, per day if the life assured is hospitalised with any one of the respective lists of covered conditions. Includes the **Hospital care accelerator** benefit that pays 50% of the sum assured if the life assured is hospitalised for a continuous period of 30 days or warded in the intensive care unit for at least one day.
- d) **Psychological consultation** – pays \$100 a session (up to two sessions) if the life assured requires psychological or psychiatric consultation.
- e) **Postpartum depression** – pays 5% of the sum assured for your type of plan if the life assured is diagnosed with postpartum depression.
- f) **Gestational diabetes mellitus** – pays 10% of the sum assured for your type of plan if the life assured is diagnosed with gestational diabetes mellitus.

For the child:

- g) **Congenital illness** – pays the sum assured for your type of plan when the child is diagnosed with any of the covered congenital illnesses.
- h) **Hospital care benefit** – pays 1% of the sum assured for your type of plan, per day if the child is hospitalised with any one of the respective lists of covered conditions.

There are four plan types with their respective sums assured, that you can choose.

PruMum	Plan A	Plan B	Plan C	Plan D
Sum Assured	\$5,000	\$10,000	\$15,000	\$20,000

What do we pay for Death benefit ?

We will pay the sum assured for your type of plan if the life assured dies during the term of the PruMum policy. If that happens, all the benefits for the life assured automatically ends while the other benefits under PruMum continue.

This benefit automatically ends once we pay the sum assured or when the policy reaches the fourth policy anniversary, whichever is earlier.



What do we pay for Pregnancy complications ?

We pay the pregnancy complications sum assured for your type of plan when the life assured is diagnosed with any one of the following pregnancy complications:

Types of pregnancy complications

1. Abruptio placentae
 2. Amniotic fluid embolism
 3. Choriocarcinoma
 4. Disseminated intravascular coagulation
 5. Ectopic pregnancy
 6. HELLP syndrome
 7. Miscarriage due to an accident
 8. Placenta increta or percreta
 9. Postpartum haemorrhage requiring hysterectomy
 10. Severe acute fatty liver of pregnancy
 11. Severe pre-eclampsia or eclampsia
 12. Still birth
 13. Uterine rupture
-

This benefit automatically ends when we pay the sum assured or 60 days from the birth of the child, whichever is earlier. However, the other benefits covered under PruMum continue on the life of the child after the benefit ends.

Even if the life assured has twins, we pay this benefit once only.

Abruptio Placentae is the separation of the normally implanted placenta after the 20th week of gestation and prior to the birth of the foetus, resulting in life threatening foetal distress and/ or maternal shock. The diagnoses of Abruptio Placentae must be confirmed by a gynaecologist or obstetrician, supported with medical evidence of Abruptio Placentae necessitating an emergency Caesarian section.

Amniotic Fluid Embolism is a syndrome in which, following the leakage of amniotic fluid into the maternal circulation, there is the sudden development of acute respiratory distress and shock. The diagnosis must be confirmed by a consultant physician and supported with medical evidence of any combination of respiratory distress, cardiovascular collapse and disseminated intravascular coagulation.

Choriocarcinoma means a highly malignant neoplasm derived from placental syncytial trophoblasts which form irregular sheets and cords, with neoplastic cells invading blood vessels.

The diagnosis must be made by an appropriate medical specialist and confirmed by histological evidence.

Disseminated intravascular coagulation means a life-threatening complication of pregnancy, consisting of a systemic thrombo-hemorrhagic disorder, that is characterised by generalised bleeding and end organ damage. The diagnosis must be confirmed by a gynaecologist or obstetrician as disseminated intravascular coagulation and supported by laboratory tests showing a combination of significant thrombocytopenia, pro-coagulant activation, fibrinolytic activation and inhibitor consumption.

Ectopic pregnancy is the development of a fertilised ovum outside of the uterine cavity (ovary, fallopian tube, abdominal cavity).

The ectopic pregnancy must be confirmed by an appropriate medical specialist and have been terminated by laparotomy or laparoscopic surgery.



HELLP syndrome (Haemolysis, elevated liver enzymes, low platelet count) is a severe complication of a pregnancy as diagnosed by an obstetrician with evidence of Haemolysis, Elevated Liver enzymes and Low Platelets, which results in foetal death.

Miscarriage due to accident is when the life assured sustains an accidental injury and as a result, suffers miscarriage within 24 hours after a road traffic accident and from week 13 of pregnancy. The miscarriage should not be attributed to any natural causes and/or sickness relating to pregnancy or childbirth.

Placenta increta or percreta refers to the abnormal adherent of the placenta to the myometrium resulting in severe haemorrhage requiring surgical removal of the placenta.

The diagnosis of placenta increta or placenta percreta must be established via histological evidence and confirmed by an appropriate specialist.

Postpartum haemorrhage requiring hysterectomy is the ongoing bleeding secondary to an unresponsive and atonic uterus, a ruptured uterus, or a large cervical laceration extending into the uterus requiring surgical intervention in the form of hysterectomy. Confirmation of undergoing hysterectomy is required.

Severe acute fatty liver of pregnancy is a severe acute fatty liver occurring during pregnancy and associated with acute liver failure where all of the following diagnostic conditions must be met:

- bilirubin is persistently elevated above 150 umol/L (10 mg/dL) for a period of at least 5 days; and
- there is associated hepatic encephalopathy.

Severe Pre-Eclampsia or eclampsia. Severe Pre-eclampsia refers to hypertension developing after 20 weeks of pregnancy with a systolic blood pressure of 160mmHg or more and/or diastolic blood pressure of 110 mmHg recorded in 2 successive measurements of at least 4 hours apart as well as proteinuria of more than 3+ on random urine sample or >2.5 g in a 24-hour urine specimen.

Eclampsia refers to the development of grand mal seizures in a woman with preeclampsia and in the absence of other neurologic conditions that could account for the seizure. The diagnosis of pre-eclampsia or eclampsia must be confirmed by a gynaecologist or obstetrician.

Still birth refers to the birth of a baby after 28 weeks gestation, who has not, at any time after being expelled completely from the life assured, breathed or showed any sign of life. Elective termination of pregnancy and abortion are specifically excluded.

Uterine rupture refers to the rupture of the uterus during pregnancy or childbirth that requires a hysterectomy or results in foetal death.



What do we pay for Hospital care benefit for the life assured ?

We pay 1% of the sum assured for your type of plan for each day the life assured is hospitalised for any one of the following pregnancy-related conditions:

Types of Pregnancy-related conditions

1. Complications of lactational mastitis
 2. Inpatient psychiatric treatment
 3. Post-natal anaemia
 4. Puerperal pyrexia
 5. Pulmonary embolism
 6. Repair of 4th degree perineal tear
 7. Septic pelvic thrombophlebitis
 8. Surgical site infection following caesarean section
 9. Uterine infection or transfusion due to retained placenta following childbirth
-

We will pay this benefit up to 50% of the sum assured for your type of plan per policy. This benefit automatically ends once the limit is reached or 60 days from the birth of the child, whichever is earlier. However, the other benefits covered under PruMum continue after this benefit ends.

Complications of lactational mastitis refers to hospitalisation for treatment of lactational mastitis with incision and drainage surgery within 60 days of childbirth. The diagnosis must be confirmed by an appropriate medical specialist.

Treatment with simple needle aspiration is specifically excluded.

Inpatient psychiatric treatment is when the life assured is diagnosed with peripartum psychosis as per the DSM-5 criteria and hospitalised. The diagnosis must be confirmed by a psychiatrist registered with the Singapore Medical Council.

Admission for postpartum depression or any other pre-existing mental disorders including but not limited to bipolar disorders, depression and schizophrenia are excluded from this benefit.

Post-natal anaemia refers to hospitalisation for treatment of postpartum anaemia with blood transfusion during the period 1 to 4 weeks after childbirth. The anaemia must be evidenced by Hb levels < 70 g/l prior to transfusion.

The diagnosis must be confirmed by an appropriate medical specialist.

Puerperal pyrexia refers to admission to the Intensive Care Unit in a hospital for treatment of infection causing puerperal pyrexia (fever). Symptoms and signs of this condition will include high fever, abdominal pain, hypotension and shock. The diagnosis must be confirmed by an appropriate medical specialist.

Pulmonary embolism refers to hospitalisation for treatment of confirmed pulmonary embolism which is characterised by chest pain, difficulty in breathing and low arterial oxygen level. The diagnosis of pulmonary embolism must be confirmed by medical specialist with appropriate investigations which may include D-dimer test, CT pulmonary angiography and ventilation perfusion scan.

Repair of a fourth-degree perineal tear refers to the repair under general anaesthetic of a fourth-degree perineal tear sustained during childbirth. Surgery must have been done and the diagnosis must be confirmed by an appropriate medical specialist.

Septic pelvic thrombophlebitis is this condition that happens after childbirth when an infected blood clot (thrombus) causes inflammation (phlebitis) in the pelvic vein.

The diagnosis must be confirmed by an appropriate medical specialist and supported by imaging finding such as ultrasound, CT scan or MRI. The life assured must also receive inpatient treatment with antibiotics and anticoagulation.



Surgical site infection following caesarean section refers to the infection of the caesarean section surgical site following childbirth. The life assured should be hospitalised for at least two days for treatment.

The life assured must be treated with incision and drainage (of abscess) at the surgical site and intravenous antibiotics.

The diagnosis must be confirmed by an appropriate medical specialist.

Uterine infection or transfusion due to retained placenta following childbirth is the surgical removal of and subsequent complications for a retained placenta after a term vaginal delivery.

Surgery must have been done and complications must be treated inpatient with intravenous antibiotics or a transfusion for excessive blood loss.

The diagnosis must be confirmed by an appropriate medical specialist.

Surgery or other treatment for incomplete uterine evacuation following miscarriage or termination of pregnancy is excluded.

What do we pay for Hospital care accelerator ?

We pay up to 50% of the sum assured for your type of plan when the life assured is hospitalised:

- for a continuous period of 30 days in one hospital admission; or
- in the intensive care unit for at least one day

The hospitalisation should happen within the period the life assured was in her 13th week of pregnancy until 60 days from the birth of the baby. We will only consider hospitalisation in Singapore-registered hospitals.

This hospital care accelerator benefit is paid out from the same sum assured as that of the hospital care for the life assured benefit. If the hospital care benefit for the life assured was claimed previously, the amount we pay under this benefit will be 50% of the original sum assured less the claim amount previously paid out.

This benefit automatically ends once the benefit sum assured is paid out or 60 days from the birth of the baby, whichever is earlier. The hospital care benefit for the life assured automatically ends. However, the other benefits covered under PruMum continue after this benefit ends.

What do we pay for Psychological consultation ?

We pay \$100 for each session (up to two sessions) that the life assured has to go for psychological or psychiatric consultation.

This benefit automatically ends once the limit is reached or 60 days from the birth of the baby, whichever is earlier. However, the other benefits covered under PruMum continue after this benefit ends.

What do we pay for Postpartum depression condition ?

We pay 5% of the sum assured for your type of plan when the life assured is diagnosed with postpartum depression.

This benefit automatically ends once the limit is reached or 60 days from the birth of the baby, whichever is earlier. However, the other benefits covered under PruMum continue after this benefit ends.

Postpartum depression is a mood disorder in the life assured which develops as a reaction from the pregnancy and newborn baby. Postpartum depression must be diagnosed by a registered psychiatrist. The diagnosis should be made within the first 60 days from birth of the baby.



What do we pay for Gestational diabetes mellitus ?

We pay 10% of the sum assured for your type of plan when the life assured is diagnosed with any one of the conditions related to gestational diabetes mellitus:

1. Gestational diabetes mellitus resulting in foetal macrosomia and neonatal hypoglycaemia
2. The life assured developing type II diabetes mellitus six to eight weeks after giving birth.
3. Pregnancy complications accompanied by gestational diabetes mellitus.

This benefit automatically ends once the limit is reached or 60 days from the birth of the baby, whichever is earlier. However, the other benefits covered under PruMum continue after this benefit ends.

Gestational diabetes mellitus resulting in foetal macrosomia and neonatal hypoglycaemia refers to Gestational Diabetes Mellitus (GDM) which is diabetes that is diagnosed for the first time during pregnancy that meets any of the following values for GDM screening test results:

- Fasting Plasma Glucose 5.1 - 6.9 mmol/L
- 1-hour Plasma Glucose \geq 10.0 mmol/L following a 75 gram oral glucose load
- 2-hour Plasma Glucose 8.5 - 11.0 mmol/L following a 75 gram oral glucose load

This benefit will be paid if the life insured is confirmed to be diagnosed with Gestational Diabetes Mellitus and fulfils the following conditions:

- gives birth to a child with foetal macrosomia defined as a baby having a birthweight of at least 4500gm regardless of gestational age; and
- neonatal hypoglycaemia where the newborn is documented to have a plasma glucose level of less than 1.65 mmol/L (30mg/dL) in the first 24 hours of life.

Diagnosis of gestational diabetes and related outcomes must be confirmed by specialists in the relevant field.

Those with pre-existing diabetes is specifically excluded.

The life assured developing type II diabetes mellitus six to eight weeks after giving birth.

The first diagnosis of Diabetes Mellitus during pregnancy which persisted after delivery.

Diagnosis of Diabetes Mellitus type 2 must be made by a physician based on the following criteria:

- Symptoms of Diabetes Mellitus plus a random plasma glucose concentration of at least 200 mg per dL (11.1 mmol per L);
- A fasting plasma glucose level of at least 8 hours of 126 mg per dL (7.0 mmol per L) or higher;
- A two-hour plasma glucose level of 200 mg per dL or more during an oral glucose tolerance test; or
- HbA1c above 6.5%

In this regard, the insured must be examined and diagnosed for diabetes based on at least two of the above criteria, such diagnosis must be confirmed and tested in a laboratory at least twice.

Type 1 Diabetes Mellitus is specifically excluded.

Pregnancy complications accompanied by gestational diabetes mellitus.

Gestational Diabetes Mellitus (GDM) is diabetes that is diagnosed for the first time during pregnancy that meets any of the following values for GDM screening test results:

- Fasting Plasma Glucose 5.1 - 6.9 mmol/L
- 1-hour Plasma Glucose \geq 10.0 mmol/L following a 75 gram oral glucose load
- 2-hour Plasma Glucose 8.5 - 11.0 mmol/L following a 75 gram oral glucose load

Diagnosis of gestational diabetes and related outcomes must be confirmed by specialists in the relevant field.

Those with pre-existing diabetes is specifically excluded.

For Pregnancy complications, refer to the "Pregnancy Complications benefit"



What do we pay for Congenital illness ?

We pay the congenital illness benefit sum assured for your type of plan if the child is diagnosed by a registered medical practitioner as having any one of the congenital illnesses listed below.

We can ask for a medical examination to be carried out by a medical practitioner registered with the Singapore Medical Council if we decide the medical reports you give us are not enough for our purposes.

Types of Congenital Illnesses

1. Absence of two limbs
 2. Anal atresia
 3. Atrial septal defect with surgery
 4. Biliary atresia
 5. Cerebral palsy
 6. Cleft palate / cleft lip
 7. Club foot
 8. Coarctation of the aorta
 9. Congenital blindness
 10. Congenital cataract
 11. Congenital deafness
 12. Congenital diaphragmatic hernia
 13. Congenital dislocation of the hip
 14. Congenital hypertrophic pyloric stenosis
 15. Development dysplasia of the hip
 16. Down's syndrome
 17. Infantile hydrocephalus
 18. Patent ductus arteriosus with surgery
 19. Retinopathy of prematurity
 20. Spina bifida
 21. Tetralogy of fallot
 22. Tracheoesophageal fistula or oesophageal atresia
 23. Transposition of the great vessels
 24. Truncus arteriosus
 25. Ventricular septal defect with surgery
-

This benefit automatically ends once we pay the sum assured or when the child (see note below) reaches three years old, whichever is earlier. However, the other benefits covered under PruMum continue after this benefit ends.

Note: If the life assured has twins, this benefit will apply to both twins separately. This means that if both twins have any of the congenital illnesses, we will pay the sum assured for your type of plan to each twin. If the claim is made on one of the twins only, this benefit continues to be available for the other twin.

We pay only if:

- the congenital illness is diagnosed within three years from the date of delivery of the child; and
- the child with the congenital illness survives at least 30 days from the date of delivery.

Absence of Two Limbs refers to the absence of 2 arms (above the wrist), 2 legs (above the ankle) or an arm (above the wrist) and a leg (above the ankle) from birth.

Anal Atresia is an anatomical malformation involving the absence of the anus or the absence of the canal between the rectum and anus. The diagnosis must be made by a medical specialist and surgery must have been performed to correct the abnormality.



Atrial Septal Defect with surgery means a hole in the partition (septum) between the left and right atrium (upper chambers) of the heart permitting abnormal circulation from the left side of the heart to the right side. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and invasive surgery must have been performed to correct the condition.

Biliary atresia is the congenital absence of or abnormally narrowed or blocked bile ducts leading to disorder or disease of the liver.

For the benefit to be payable, all the following should be satisfied.

- Presence of jaundice for 2-3 weeks after birth or appearance of jaundice after 2 weeks of birth;
- Marked increase of direct bilirubin as evidenced by laboratory report;
- Evidence of biliary atresia on imaging scans or liver biopsy;
- Diagnosis is confirmed by an appropriate medical specialist; and
- Surgery – portoenterostomy or liver transplantation must be performed.

All other causes of neonatal jaundice or liver disease are excluded.

Cerebral Palsy is a persisting, non-progressive disorder of movement resulting from damage to the brain before, during or after birth. The diagnosis of cerebral palsy must be confirmed by a medical specialist.

Cleft Palate/Cleft Lip and Palate is the diagnosis of Cleft Palate and/or Cleft Lip by a medical specialist. Surgery must have been performed to correct the abnormality.

Payment will be made for cases with cleft palate, or cleft lip and cleft palate. We will not pay claims for those with cleft lip only.

Club Foot is a congenital abnormality of the lower extremity which consists of plantar flexion, inversion of the heel hindfoot and forefoot and adduction of the forefoot. The benefit will only be paid if the condition is bilateral.

Coarctation of the aorta is a congenital heart defect involving a narrowing of the aorta. The diagnosis must be confirmed by a cardiologist supported by an echocardiogram and invasive surgery must be performed to correct the condition.

Congenital Blindness is the complete absence of the sense of sight in both eyes from birth. The diagnosis must be confirmed by a medical specialist.

Congenital cataract means clouding of the lens of both eyes that is present at birth. Benefits shall only be payable if cataract removal surgery has been performed.

Congenital Deafness is the complete absence of the sense of hearing from birth. The diagnosis must be confirmed by a medical specialist.

Congenital Diaphragmatic Hernia is medically necessary treatment taken for a congenital malformation of the diaphragm resulting in the protrusion of abdominal contents through a development defect of the diaphragm into the chest cavity. The diagnosis must be made by a medical specialist supported by the characteristic chest radiograph finding of herniated abdominal contents into the thorax.

Surgery must have been performed to correct the abnormality.

Congenital Dislocation of the Hip is the displacement of the femoral head from the acetabulum of the pelvis. The diagnosis must be made by a medical specialist and surgery must have been performed to correct the abnormality.

Congenital hypertrophic pyloric stenosis refers to a congenital disorder in which the pylorus is thickened causing obstruction of the gastric outlet (to the duodenum) and leading to projectile vomiting.

The diagnosis must be confirmed by an appropriate medical specialist and surgery must have been performed to correct the abnormality.



Development dysplasia of the hip is also known as congenital hip dysplasia. It is characterised by the abnormal development of one or more components of a baby's hip joint so that the head of the femur is easily manipulated out of the hip socket.

The diagnosis must be confirmed by appropriate medical specialist and surgery must be performed to correct the abnormality.

Down's Syndrome (also known as Trisomy 21 or Mongolism) means a specific chromosomal abnormality, specifically an autosomal aberration, identified by an extra chromosome 21 and characterised by muscular hypotonicity, microcephaly, brachycephaly and a flattened occiput. Such diagnosis shall be based solely on the accepted currently applicable criteria of Down's Syndrome after full examination by the appropriate medical specialist practitioner.

Infantile Hydrocephalus is the excessive and life-threatening accumulation of cerebrospinal fluid within the cerebral ventricles, which in the opinion of a consultant neurologist, necessitates the insertion of an extra-cranial shunt.

Patent ductus arteriosus with surgery refers to the surgical correction for the failure of closure of ductus arteriosus (a foetal vessel connecting the pulmonary artery with the aorta).

The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and invasive surgery must have been performed to correct the abnormality.

Retinopathy of Prematurity requiring laser, cryotherapy or other forms of surgical treatment is covered. Confirmation of treatment by ophthalmologist and proof of actual undergoing of the laser, cryotherapy or surgical procedure is required.

Spina Bifida means defective closure of the spinal column due to a neural tube defect with a resultant meningocele or meningocele and associated neurological deficit.

Tetralogy of Fallot means an anatomic abnormality with severe or total right ventricular outflow tract obstruction and a ventricular septal defect allowing right ventricular unoxygenated blood to bypass the pulmonary artery and enter the aorta directly. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and invasive surgery must have been performed to correct the condition.

Tracheoesophageal fistula or oesophageal atresia refers to:

- Congenital esophageal atresia (EA) represents a failure of the esophagus to develop as a continuous passage. Instead, it ends as a blind pouch.
- Tracheo-esophageal fistula (TEF) represents an abnormal opening between the trachea and esophagus. EA and TEF can occur separately or together.

The diagnosis must be confirmed by an appropriate medical specialist and supported with radiologic evidence. Surgery must have been performed to correct the abnormality.

Transposition of the Great Vessels means complete transposition of the aorta and pulmonary artery such that the right ventricle of the heart pumps blood from the systemic veins into the aorta and the left ventricle pumps blood from the pulmonary veins into the pulmonary artery. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram, and invasive surgery must have been performed to correct the condition.

Truncus arteriosus is a congenital disorder characterised by a single great vessel (truncus) which arises over a ventricular septal defect.

The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram. Invasive surgery must have been performed to correct the abnormality.

Ventricular Septal Defect with surgery is a hole in the partition (septum) between the left and right ventricle (lower chambers) of the heart permitting the abnormal circulation from the left side of the heart to the right side. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and invasive surgery must have been performed to correct the condition.



What do we pay for Hospital care benefit for the child ?

We pay 1% of the sum assured for your type of plan for each day the child is hospitalised in Singapore for any one of the following conditions:

Conditions

1. Bronchitis
 2. Dengue haemorrhagic fever
 3. Incubation immediately after birth for more than three consecutive days
 4. Inpatient hospitalisation due to hand, foot and mouth disease
 5. Other infectious diseases
 6. Phototherapy or blood transfusion for severe neonatal jaundice
 7. Pneumonia
 8. Premature birth
-

We will pay the hospital care benefit up to 50% of the sum assured for your type of plan. This hospital care benefit automatically ends once the limit is reached or when the child reaches three years old, whichever is earlier. However, the other benefits covered under the PruMum continue after this benefit ends.

If the life assured has twins, this hospital care benefit limit will apply to each twin.

Bronchitis means when the insured child is admitted into an intensive care unit (ICU) or high dependency unit (HDU) in a hospital for at least one day as a result of bronchitis.

The diagnosis must be confirmed by an appropriate medical specialist.

Dengue haemorrhagic fever means when the insured child is admitted into an intensive care unit (ICU) or high dependency unit (HDU) in a hospital as a result of severe type of dengue virus infection characterised by high fever, haemorrhagic phenomena, hepatomegaly and circulatory failure.

The diagnosis must be confirmed by an appropriate medical specialist.

Non-haemorrhagic dengue fever is excluded.

Incubation of the newborn baby for more than three consecutive days immediately following birth is the medically necessary incubation of the newborn baby in the Neonatal Intensive Care Unit (NICU) for more than three consecutive days following birth. The benefit is only payable for births in Hospitals.

Inpatient hospitalisation due to Hand, Foot and Mouth Disease is when the child is hospitalised as a result of Hand, Foot and Mouth Disease which must be diagnosed by a physician.

Phototherapy for severe neonatal jaundice refers to cases requiring hospitalisation for treatment with phototherapy within 60 days after birth and the presence of neonatal jaundice must be confirmed and supported with relevant blood tests results including but not limited to total serum bilirubin levels of $> 250 \mu\text{mol/L}$ (micromol/litre). The treating pediatrician must confirm the requirement of phototherapy as Medically Necessary.

Pneumonia The insured child is admitted into an intensive care unit (ICU) or high dependency unit (HDU) in a hospital for at least one day as a result of pneumonia.

The diagnosis must be confirmed by an appropriate medical specialist.

Premature birth requiring neonatal ICU is the birth of the insured child with a gestation period shorter than 37 weeks requiring medically necessary confinement in a neonatal intensive care unit (NICU) or high dependency unit (HDU) in a hospital.

The diagnosis must be confirmed by an appropriate medical specialist.



Other infectious diseases include:

- 1. Severe measles** - A multi-systemic viral infection caused by Measles virus. For the purpose of this Policy the measles infection must be confirmed by a treating Physician and the condition must have resulted in one of the following complications – pneumonia, encephalitis, convulsions or hepatitis.
- 2. Severe hand foot and mouth disease** - A viral syndrome associated with exanthemenanthem caused by Coxsackie A17 and Enterovirus 71. For the purpose of this Policy, only severe hand, foot and mouth disease associated with either encephalitis and/ or myocarditis will be covered. Positive isolation of the causative virus to support the diagnosis has to be provided together with documented evidence of the presence of encephalitis and/or myocarditis.

A claim for this benefit will only be made with evidence of neurological deficit at least 30 days after the event.
- 3. Chikungunya fever** - The definite diagnosis of Chikungunya fever must be confirmed with the positive isolation of Chikungunya Virus and associated with any one of the following severe complications confirmed by the treating Specialist:
 - a. myocarditis;
 - b. ocular disease (uveitis, retinitis);
 - c. hepatitis;
 - d. severe bullous lesions; or
 - e. neurologic disease, such as meningoencephalitis, Guillian-Barré syndrome, myelitis or cranial nerve palsies.
- 4. Typhoid fever** - The definite diagnosis of Typhoid Fever must be confirmed with positive culture of Salmonella typhi from blood (by the Widal test (titer $\geq 1/320$) and/or the Tubex test (+4)) or stool sample and associated with any one of the following complications confirmed by the treating Specialist:
 - a. internal bleeding;
 - b. intestinal perforation; or
 - c. severe neuropsychiatric symptoms namely delirium or psychosis.
- 5. Rabies** - An infection by Rabies virus associated with all of these following signs and symptoms of Rabies namely muscle fasciculations, delirium, psychosis, seizures and aphasia. We will not pay for this condition of Rabies if the child undergoes only the prophylactic post exposure vaccination, without having developed the aforementioned symptoms.

When the child is hospitalised for:

- 1. Zika virus** - The clinical diagnosis of Zika Virus Infection must be established and confirmed with the positive isolation of Zika virus and certified by an Infectious Disease Specialist and requiring hospitalisation for at least 1 day.
- 2. MERS-CoV** - In the presence of active respiratory symptoms and definitive diagnosis of MERS-CoV as confirmed by the following validated test in a reference laboratory and certified by an Infectious Disease Specialist and requiring hospitalisation for at least one day.

A positive detection of MERS CoV RNA via reverse-transcription polymerase chain reaction (RT-PCR) assay validated by the Communicable Disease Centre (CDC), with confirmation in a reference laboratory, from:

- a. At least two specific genomic targets, or
 - b. A single positive target with sequencing of a second target
- 3. Ebola** - The clinical diagnosis of Ebola Virus Infection must be established and confirmed with the positive isolation of Ebola virus and certified by an Infectious Disease Specialist and requiring hospitalisation for at least 1 day.
 - 4. SARS** - In the presence of active respiratory symptoms and definitive diagnosis of SARS-CoV as confirmed by any one of the following validated tests in a reference laboratory and certified by an Infectious Disease Specialist and requiring hospitalisation for at least one day.



Isolation in cell culture of SARS-CoV from a clinical specimen, with confirmation using a test validated by the Communicable Disease Centre (CDC) or equivalent health protection agency.

A positive detection of SARS-CoV RNA via reverse transcriptase polymerase chain reaction (RT-PCR) assay validated by the CDC, with confirmation in a reference laboratory, from:

- a. At least two clinical specimens from different sources or
- b. At least two clinical specimens collected from the same source on 2 different days.

5. Influenza A – Avian influenza A (H7N9 and A(H5N1)) - The definite diagnosis of Avian Influenza must be confirmed with the positive isolation of A(H7N9) or A(H5N1) virus using the appropriate diagnostic test and certified by an Infectious Disease Specialist and requiring hospitalisation for at least 1 day.

6. Nipah virus encephalitis - Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by Nipah virus infection requiring hospitalisation for at least 3 days. The diagnosis must be confirmed by a positive isolation of the virus via reverse transcriptase polymerase chain reaction (RT-PCR) and certified by a consultant neurologist or Infectious Disease Specialist.

Encephalitis in the presence of HIV infection is specifically excluded.

7. Japanese encephalitis - The definite diagnosis of Japanese Encephalitis must be confirmed with positive culture of Japanese Encephalitis Virus (JEV) from cerebrospinal fluid and certified by a consultant neurologist or Infectious Disease Specialist and requiring hospitalisation for at least 1 day.

8. Creutzfeldt-Jakob disease - A neurological disease, fatal spongiform encephalopathy accompanied by signs and symptoms of:

- a. uncontrolled muscular spasm or tremor;
- b. severe progressive dementia;
- c. cerebellar dysfunction; and
- d. athetosis.

The diagnosis must be made by a consultant neurologist and must be based on conclusive Electroencephalography (EEG) and Cerebrospinal Fluid (CSF) findings as well as Computed Tomography (CT) scan and Magnetic Resonance Imaging (MRI) and requiring hospitalisation for at least 1 day.

9. Malaria - The definite diagnosis of Malaria must be confirmed with light microscopy with a parasitaemia of $\geq 100,000$ parasites/mL of blood and certified by the Specialist in the relevant field and requiring hospitalisation for at least 1 day.

10. Dengue haemorrhagic fever - It covers Dengue Haemorrhagic Fever Stage 3 or Stage 4, based on the World Health Organisation case definition, with unequivocal evidence of the Dengue Shock Syndrome and confirmation of dengue infection, with confirmatory serological testing of dengue; and as may be exemplified by the following findings:

- history of continuous high fever (for two (2) or more days),
- minor or major haemorrhagic manifestations,
- thrombocytopenia (less than or equal to 100000 per mm³), haemoconcentration (haematocrit increased by 20% or more), evidence of plasma leakage (i.e. pleural effusion, ascites or hypoproteinaemia, etc.), and
- evidence of the Dengue Shock Syndrome (DSS), confirmed by a consultant physician, with the following criteria being met:
 - hypotension (less than 80 mm Hg) or narrow pulse pressure (20 mm Hg or less), and
 - evidence of tissue hypoperfusion such as cold, clammy skin, oliguria, or a metabolic acidosis.



What is not covered ?

We do not pay in any of the following circumstances:

- Any benefit that is due directly or indirectly to a pre-existing condition.
- A deliberate act like taking intoxicating liquor, drugs or poison, suicide or attempted suicide or intentional self-injury while sane or insane;
- AIDS, AIDS-related complex or infection by HIV;
- Using unprescribed drugs if the drugs are required by law to be prescribed by a registered medical practitioner;
- The illness of the life assured or life assured's child arises directly or indirectly due to any complication resulting from fertility treatments excluding In-Vitro Fertilisation (IVF), Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination (ICI).
- An activity under special exclusion and special terms and conditions shown in your certificate of life assurance;
- If the mother is carrying 3 or more babies in a single pregnancy;
- Pregnancy complications if:
 - the death of the foetus is due to abortion; or
 - the life assured opts for elective termination of pregnancy other than for medical reasons.

Validity of Contract:

This policy will not be valid if the birth of the child takes place before the issuance of this policy.

Premiums:

The single premium is payable before the cover start date of your policy. This policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.

What is the impact of early surrender ?

As this product has no savings or investment feature, there is no cash value if the policy ends or if the policy is terminated prematurely.

Free Look Period

After purchasing a life insurance policy, you have a 14-day free-look period - starting from the day you receive your policy documents to review the documents carefully. During this time, if you choose to cancel your policy, we will refund you the premiums you have paid (without interest), less any medical fees and other expenses, such as payments for medical check-ups and medical reports, incurred by us.

If we make your policy document and all other documents from us available electronically via PRUaccess, we consider they have been delivered and received when you receive the relevant SMS or email telling you that the documents are accessible on PRUaccess. Otherwise, we consider your policy and all other documents from us as delivered and received seven days from the date of posting to the last-known address you gave us.

If you decide this policy is not suitable for your needs, simply write to us within the 14-day free-look period.