



Member of the UOB Group

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Co. Reg. No. 197100152R

## Cancer Care Plan

This Policy, the Schedule and any Endorsement or Memorandum thereon, shall be considered as one document and any word or expression to which a specific meaning has been attached in any of them, shall bear such meaning throughout.

### Section A

You, the Insured, and We, the Company, agree that

1. The Proposal shall be incorporated in and be the basis of the contract.
2. You will pay the Premium.
3. We will provide the insurance subject to the terms of this Policy.
4. The following shall be conditions precedent to any liability on Our part:
  - (a) Observance of the terms of this Policy relating to anything to be done or complied with by You or the Insured Person.
  - (b) The truth of the Proposal.

### Insurance

We agree to insure the Insured Person during the Period of Insurance for the Benefits as stated in Section C of the Policy.

### Section B: Interpretations

For the purpose of this Policy

1. 'AIDS' or "Acquired Immune Deficiency Syndrome" shall have the meanings assigned to it by the World Health Organization. AIDS includes Opportunistic Infection, Malignant Neoplasm or any disease or sickness in the presence of a sero-positive test for HIV and shall include H.I.V. (Human Immune Deficiency Virus) encephalopathy (dementia) and H.I.V. (Human Immune Deficiency Virus) Wasting Syndrome. Opportunistic Infection shall include but not be limited to pneumocystis carinii pneumonia, organism or chronic enteritis virus and/ or disseminated fungi infection. Malignant Neoplasm shall include but not be limited to Kaposi's sarcoma, central nervous system lymphoma and/ or other malignancies now

known or which become known as immediate causes of death, an illness, or disability, in the presence of Acquired Immune Deficiency.

2. **Child** shall mean biological child, legal step-child or legally adopted child of the Policyholder, who is below the age of twenty-one (21) years old.
3. **Company/ We/ Us/ Our / Ourselves** shall mean United Overseas Insurance Limited ("UOI").
4. **Diagnosis or Diagnosed** shall mean the diagnosis made by a Physician based upon such specific evidence as referred to in Your Policy in the definition of the particular Cancer concerned, or in the absence of such specific evidence, based upon radiological, clinical, histological, or laboratory evidence acceptable to Us.
5. **Early Cancer** shall mean one (1) or more of the conditions set out in parts (a) to (f) below:

(a) **Carcinoma in situ (CIS)** means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/ or destruction of surrounding tissues. 'Invasion' means an infiltration and/ or active destruction of normal tissue beyond the basement membrane. The Diagnosis of the Carcinoma in situ must always be supported by a histopathological report.

Furthermore, the Diagnosis of Carcinoma in situ must always be positively Diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.

In the case of the cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with the cervical biopsy report clearly indicating presence of CIS. Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II, and CIN III (severe dysplasia without carcinoma in situ) does not meet the required

definition and are specifically excluded. Carcinoma in situ of the skin (both Melanoma & Non-melanoma) and Carcinoma in situ of the biliary system is also specifically excluded. This coverage is available to the first occurrence of Carcinoma in situ (CIS) only.

**(b) Early Prostate Cancer**

Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.

**(c) Early Thyroid Cancer**

Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of thyroid that is less than two (2) cm in diameter.

**(d) Early Bladder Cancer**

Bladder Cancer that is histologically described using the TNM Classification as T1N0M0 as well as papillary microcarcinoma of Bladder.

**(e) Early Chronic Lymphocytic Leukaemia**

Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. RAI stage CLL 0 or lower is excluded.

**(f) Gastro-Intestinal Stromal Tumours**

All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) with tumour diameter less than two (2) cm and with mitotic count of more than 5/50 HPFs.

6. **First Incidence of Hospitalisation Confinement** refers to the first Hospital Confinement which must commence within six (6) months from the first Diagnosis of Early Cancer, Intermediate Cancer or Major Cancer. Any subsequent Hospital Confinement due to the same Early Cancer, Intermediate Cancer or Major Cancer must be within twelve (12) months from the first day period of the first Hospital Confinement.

7. **Hospital** shall mean an establishment which meets all the following requirements:

- holds a licence as a hospital (if licensing is required in the state or governmental jurisdiction);
- operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;
- provides twenty-four (24) hours a day nursing service by registered or graduated nurses;

- has a staff of one or more licensed Physicians or Surgeons available at all times;
- provides organized facilities for diagnosis and major surgical facilities; and
- is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not other than incidentally, a place for alcoholics or drug addicts.

8. **Hospital Confinement** shall mean a period not less than twenty-four (24) hours in length for which the Hospital makes a charge for room and board to the Insured Person during the Period of Insurance.

9. **Insured/ You/ Your/ Yourself** shall mean the person named in the Policy Schedule as the Policyholder.

10. **Insured Person** shall mean the person or persons named in the Policy Schedule as the Insured Person and shall also include Child, Spouse or Parent/ Parent-in-law of Yours.

11. **Intermediate Cancer** shall mean Carcinoma in situ (CIS) of specified organs treated with Radical Surgery.

The actual undergoing of a Radical Surgery to arrest the spread of malignancy in that specific organ, which must be considered as appropriate and necessary treatment.

“Radical Surgery” is defined in this Policy as the total and complete removal of one of the following organs as specified: breast (mastectomy), prostate (prostatectomy), corpus uteri (hysterectomy), ovary (oophorectomy), fallopian tube (salpingectomy), colon (partial colectomy with end-to-end anastomosis) or stomach (partial gastrectomy with end-to-end anastomosis). The Diagnosis of the Carcinoma in situ must always be positively Diagnosed upon the basis of a microscopic examination of fixed tissues additionally supported by a biopsy of the removed organ. Clinical diagnosis does not meet this standard.

Early Prostate Cancer that is histologically described using the TNM Classification as T1a, T1b, T1c or Prostate cancers described using another equivalent classification is also covered if it has been treated with a radical prostatectomy. All grades of cervical intraepithelial neoplasia (CIN) and prostatic intraepithelial neoplasia (PIN) are specifically excluded.

The actual undergoing of the surgeries listed above and the surgery must be certified to be absolutely necessary by a consultant oncologist. Partial surgical removal such as lumpectomy and partial mastectomy and partial prostatectomy are specifically excluded.

Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/ or destruction of surrounding tissues. 'Invasion' means an infiltration and/ or active destruction of normal tissue beyond the basement membrane. The Diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the Diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.

**12. Major Cancer** shall mean a malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term Major Cancer includes, but is not limited to, leukaemia, lymphoma and sarcoma.

Major Cancer Diagnosed on the basis of finding tumour cells and/ or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
  - Pre-malignant;
  - Non-invasive;
  - Carcinoma-in-situ (Tis) or Ta;
  - Having borderline malignancy;
  - Having any degree of malignant potential;
  - Having suspicious malignancy;
  - Neoplasm of uncertain or unknown behaviour; or
  - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;
- Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;

- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified T1N0M0 (TNM Classification) or below;
- All Neuroendocrine tumors histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, hematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of HIV infection.

**13. Second Medical Opinion** shall mean an advice given by a Physician recommended by our appointed service provider, on the advisability of any other alternate course of treatment for the Early Cancer, Intermediate Cancer or Major Cancer and/ or the outcome(s) of a course of treatment.

**14. Parent** shall mean biological parent or legal step-parent of the Insured.

**15. Parent-in-law** shall mean Insured's Spouse's biological parent or legal step-parent of the Spouse.

**16. Physician or Surgeon** shall mean a practitioner of occidental medicines registered under the Medical Register of the Ministry of Health, Singapore. In the event the claim arises outside of Singapore, Physician or Surgeon shall mean a practitioner of occidental medicines registered under the laws of the country in which the claim arises. The attending Physician or Surgeon shall not be the Insured Person, the Insured Person's Spouse, or a person who is related to the Insured Person.

**17. Pre-existing Condition** shall mean any illness, condition, manifestation or symptom:

- (i) for which the Insured Person had previously received treatment, medication or advice from a Physician; or
- (ii) which the Insured Person was aware of, or should reasonably have been aware of; or
- (iii) which would cause an ordinary prudent person to seek Diagnosis, treatment, care or test; prior to the Effective Date of Insurance.

**18. Proposal** shall mean any consent to sign up or signed proposal form and declaration and any information supplied by You, or on Your behalf, or on behalf of the Insured Persons.

**19. Spouse** shall mean legal husband or wife of the Policyholder.

### Section C: Benefits

#### 1. Lump Sum Benefit for Early Cancer, Intermediate Cancer or Major Cancer

We will pay the Insured Person or the Insured Person's legal personal representative a lump sum as specified in Benefit 6.1 of the Policy Schedule if the Insured Person is Diagnosed to be suffering from Early Cancer, Intermediate Cancer or Major Cancer during the Period of Insurance.

Provided that the Early Cancer, Intermediate Cancer or Major Cancer suffered by the Insured Person is the first Diagnosis of that Early Cancer, Intermediate Cancer or Major Cancer; subject to the Insured Person surviving for more than thirty (30) days after such Diagnosis and the Policy has been in force for more than ninety (90) days from Effective Date of Insurance.

#### 2. Daily Hospital Cash Benefit

If, as a result of Diagnosis of Early Cancer, Intermediate Cancer or Major Cancer, the Insured Person shall be necessarily confined within a Hospital as a resident patient under the professional care of a registered Physician or Surgeon but not for the purpose of convalescent rest, We will pay the Insured Person the cash benefit stated in Benefit 6.2 of the Policy Schedule for each Hospital Confinement, up to 30 days.

Provided always that:

- (a) It is the first Diagnosis of Early Cancer, Intermediate Cancer or Major Cancer; and
- (b) It is on the First Incidence of Hospitalisation Confinement; and

- (c) The Policy has been in force for more than ninety (90) days from Effective Date of insurance.

#### 3. Bereavement Benefit for Death due to Major Cancer

We will pay the Insured Person's legal personal representative a lump sum as specified in Benefit 6.3 of the Policy Schedule if during the Period of Insurance, the Insured Person shall be Diagnosed to be suffering Major Cancer which shall independently of any other cause, result in death within thirty (30) days from the date of Diagnosis.

Provided that the Policy has been in force for more than ninety (90) days from Effective Date of Insurance.

#### 4. Second Medical Opinion Benefit

If, during the Period of Insurance and after ninety (90) days from the Effective Date as stated in the Policy Schedule, an Insured Person is advised by a Physician that he is Diagnosed with Early Cancer, Intermediate Cancer or Major Cancer as defined above in the Policy, he may contact Our appointed service provider to obtain a Second Medical Opinion and this Policy shall pay for the cost of such service up to the limit stated in Benefit 6.4 of the Policy Schedule and any cost exceeding such limit shall be borne by the Insured Person.

The Insured Person shall at his own expenses provide Our appointed service provider all the necessary documents including without limitation a claim form, past medical history, surgical summaries, pathology and laboratory reports, x-rays reports and/ or other documents requested by the specialist to whom the case has been referred to for obtaining a Second Medical Opinion. The Second Medical Opinion will be relayed to the Insured Person by a Physician recommended by Our appointed service provider or, if the Insured Person so elects and at his own cost, by his own Physician.

UOI 24-Hour Assist Hotline: 6222 7737.

#### 5. Get Well Benefit (For Deluxe and Premier Plan only)

We will pay Insured Person or the Insured Person's legal personal representative a lump sum as specified in Benefit 6.5 of the Policy Schedule if the Insured Person is Diagnosed to be suffering from Early Cancer, Intermediate Cancer or Major Cancer during the Period of Insurance.

Provided that the Early Cancer, Intermediate Cancer or Major Cancer suffered by the Insured Person is the first Diagnosis of that Early Cancer, Intermediate Cancer or Major Cancer; subject to the Insured Person surviving for more than thirty (30) days after such Diagnosis and the Policy has been in force for more than ninety (90) days from Effective Date of Insurance.

This Benefit is payable in addition to Benefit (1) whenever applicable

#### PROVISIONS

- (a) All Benefits shall cease upon payment of Benefit 6.1 and 6.5 (For Deluxe and Premier Plan) of the Policy Schedule or Benefit 6.3 of the Policy Schedule for that Insured Person.
- (b) All Benefits stated in the Policy Schedule will be payable only once during the lifetime of this Policy in respect of each Insured Person.

#### Section D: Exceptions

We will not pay any Benefit under this Policy that is:

1. Due to Pre-existing Condition as specifically defined in the Policy.
2. Caused or contributed by:
  - (a) Suicide or self-inflicted injuries while sane or insane
  - (b) Pre-existing physical or mental defect or infirmity
  - (c) AIDS or any related diseases or infection by any Human Immunodeficiency Virus (HIV)
  - (d) Alcohol abuse or having taken a drug, unless the Insured Person prove that the drugs was taken in accordance to proper medical prescription and directions, and not for treatment of drug addiction
  - (e) Mental or psychiatric disorders
  - (f) Cosmetic or plastic surgery or any elective surgery or congenital anomalies
  - (g) General check-up, convalescence, custodial or rest cure
  - (h) Unreasonable failure to seek or follow medical advice and/or prescribed treatment from a Physician
  - (i) Any sexually transmitted diseases
3. Caused by war, invasion, act of foreign enemy hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power.

4. Arising from or in consequence of nuclear reaction, nuclear radiation or radioactive contamination.

#### Section E: Conditions

##### 1. Alteration of Risks

###### (a) Change in Country of Residence

It is a condition precedent to liability under this Policy that We must be informed in writing of any change in the Insured Person's Country of Residence. A change in the Country of Residence shall be deemed to mean the Insured Person living or intending to live in another country other than Singapore in excess of twelve (12) consecutive calendar months.

###### (b) Others

The Insured Person shall give us notice, in writing, of any material alteration affecting the risk insured and of any variation in the Insured Person's health or activities.

We reserve the right to continue cover on prevailing terms and conditions or decline to continue cover under this Policy upon receipt of such information.

##### 2. Premium

(a) The Company reserves the right to make amendments to the premiums based on underwriting considerations by giving You thirty (30) days prior written notice, mailed or delivered to You at the address shown in the Policy.

(b) Premium shall be increased as and when the age of the Insured Person falls into the next age band. Premium shall be amended on the renewal of Your Policy at either Monthly Renewal or Annual Renewal, based on the attained age of the Insured Person. The attained age is determined by the Insured Person's birthday month and year against the premium billing due month and year.

##### 3. Automatic Renewal of Coverage

###### (a) If Premium is Paid Annually - Annual Renewal

Unless We give thirty (30) days prior written notice, mailed or delivered to You at the address shown in the Policy to reduce limits, increase premiums or eliminate coverage or decline renewal of this Policy on any anniversary date, this Policy will be

automatically renewed on the anniversary date of the Policy by the payment of premium subject to all terms, conditions and exclusions of this Policy. Our acceptance of premium shall constitute Our consent to renewal. In any event, coverage shall terminate when this Policy terminates.

**(b) If Premium is Paid Monthly - Monthly Renewal**

Unless We give thirty (30) days prior written notice, mailed or delivered to You at the address shown in the Policy to reduce limits, increase premiums or eliminate coverage or decline renewal of this Policy on any month of the Policy, this Policy will be automatically renewed by the payment of premium subject to all terms, conditions and exclusions of this Policy. Our acceptance of Premium shall constitute Our consent to renewal. In any event, coverage shall terminate when this Policy terminates.

**4. Automatic Termination of Coverage**

Coverage under this Policy will automatically expire and the Policy shall cease:

- (a) On the premium due date when any premium is not paid or when authorisation for payment for any premium is not given by bank processing centre on its due date;
- (b) When the Policy is not renewed in accordance with the provisions stated in Conditions 3(a) or 3(b), on the dates specified therein;
- (c) When the Policy is cancelled by You in accordance with the provisions stated in Condition 5, on the dates specified therein;
- (d) Upon the expiry of the warranty period referred to in the Payment Before Cover Warranty if any premium is not paid on its due date;
- (e) On the date when the Insured Person attains eight-six (86) years of age;
- (f) Upon the death of Insured Person; or
- (g) On admission of liability by Us upon payment of Benefits 6.1 and 6.5 (if applicable) or Benefit 6.3 of the Policy Schedule.

In any event, coverage for the Insured Person shall terminate when the Policy terminates.

**5. Cancellation**

You may cancel this Policy by giving thirty (30) days' notice in writing to the Company and shall be entitled to a return of premium in accordance with Our short period

scale provided that no claim has been made in the then current Period of Insurance.

**6. Force Majeure**

The Company may, on such notice in writing, terminate this Policy if the Company is or becomes prevented from performing its obligation under the Policy due to:

- (a) acts of God;
- (b) outbreaks of war, hostilities, riot, civil commotion, strikes, acts of terrorism;
- (c) the act of any government or authority (including sanctions, embargoes, refusals or revocations of any licence or consent);
- (d) outbreak of any communicable disease;
- (e) fire, storm, tempest or flood;
- (f) default or failure of a third-party; or
- (g) any cause or circumstance whatsoever beyond the Company's reasonable control.

**7. Claims**

- (a) No claim shall be admissible whilst the Premiums are in arrears.
- (b) If anything occurs likely to give rise to a claim under this Policy, You or the Insured Person's legal personal representative shall, as soon as reasonably possible and in any case within thirty (30) days, notify Us in writing and shall, when required by Us, with all reasonable speed and at Your own expense, give Us such further particulars as We may require.
- (c) Either You or the Insured Person's legal personal representative's receipt shall discharge Us. You or the Insured Person's legal personal representative shall have no right to claim from or sue Us. If there is more than one (1) party having an interest in the You or Insured Person, the Benefit shall represent the total amount payable, in respect of that You or Insured Person, for all interests covered by this Policy.
- (d) No sum payable under the Policy shall carry interest.

**8. Fraud**

Any fraud, misstatement or concealment in respect of this insurance or of any claim shall render this Policy null and void and any benefit due shall be or become forfeited.

## 9. Arbitration

All differences arising out of this Policy shall be referred to the decision of an Arbitrator to be appointed in writing by the parties in difference or if they cannot agree upon a single Arbitrator, to the decision of two Arbitrators, one to be appointed in writing by each of the parties, within one (1) calendar month after having been required in writing to do so by either of the parties or in case the Arbitrators do not agree, of an Umpire appointed in writing by the Arbitrators before entering upon the reference. The Umpire shall sit with the Arbitrators and preside at their meetings and the making of an award shall be a condition precedent to any right of action against Us. If We disclaim liability to You for any claim hereunder and such claim shall not, within twelve (12) calendar months from the date of such disclaimer, have been referred to arbitration under the provisions herein contained, then the claim shall, for all purposes, be deemed to have been abandoned and shall not thereafter, be recoverable hereunder.

## 10. Misstatement of Age

If the age of an Insured Person has been misstated, any benefit payable under this Policy with respect to such Insured Person shall be the benefit the premium paid would have purchased if the age had been correctly stated. In the event that the age of an Insured Person has been misstated and if, according to the correct age of the Insured Person, the cover provided by this Policy would not have become effective, or would have ceased prior to the acceptance of any premium or premiums, then the liability of the Company during the period of the Insured Person is not eligible for the cover shall be limited to the refund, upon request, of that part of such premium paid for the period not covered by the Policy without interest.

## Section F: Memorandum applicable to all Sections

### 1. Contracts (Rights of Third Parties) Act 2001

It is hereby understood and agreed that a person who is not a party to this Policy contract shall have no right under the contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.

### 2. Payment Before Cover Warranty

(a) The premium due must be paid to the Insurer (or the intermediary through whom this Policy or Bond was effected) on or before the Effective Date of Insurance ("the effective date") or the renewal date

of the coverage. Payment shall be deemed to have been effected to the Insurer or the intermediary when one of the following acts takes place:

- (i) Cash or honoured cheque for the premium is handed over to the Insurer or the intermediary;
- (ii) A credit or debit card transaction for the premium is approved by the issuing bank;
- (iii) A payment through an electronic medium including the internet is approved by the relevant party;
- (iv) A credit in favour of the Insurer or the intermediary is made through an electronic medium including the internet.

(b) In the event that the total premium due is not paid to the Insurer (or the intermediary through whom this Policy or Bond was effected) on or before the effective date or the renewal date, then the insurance shall not attach and no benefits whatsoever shall be payable by the Insurer. Any payment received thereafter shall be of no effect whatsoever as cover has not attached.

(c) In respect of insurance coverage with the Free Look provision, the policyholder may return the original policy document to the Insurer or intermediary within the Free Look period if the policyholder decides to cancel the cover during the Free Look period. In such an event, the policyholder will receive a full refund of the premium paid to the Insurer provided that no claim has been made under the insurance and the cover shall be treated as if never put in place. Free Look provision does not apply to Bond.

### 3. Personal Data Protection Act 2012 Clause

In accordance to the provisions of the Personal Data Protection Act 2012 ("PDPA"), the UOI's Privacy Notice shall form part of the terms and conditions of this Policy. A copy of UOI's Privacy Notice can be found at [www.uoi.com.sg](http://www.uoi.com.sg).

### 4. Policy Owners' 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 or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

#### 5. Sanction Limitation and Exclusion Clause

No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Singapore, the European Union, United Kingdom or United States of America.

#### 6. Terrorism Exclusion

Notwithstanding any provision to the contrary within this insurance or any endorsement thereto it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This endorsement also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to any act of terrorism.

If the Company allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance the burden of proving the contrary shall be upon the Insured.

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.