

Group Student Medical Insurance Policy

1. INTRODUCTION

In consideration of the payment of the premiums, the Company agrees to indemnify or compensate the Insured, details of which are set out in the application form, or other supporting document submitted in the manner and extent of the Schedule of Benefits selected for hospital and surgical expenses in respect of Illnesses or Injuries incurred during the Period of Insurance.

The Policy Schedule, conditions, exclusions and endorsements and memoranda shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part shall bear the same meaning wherever it appears.

The proposal or statements made to the Company by the Insured in connection with this insurance shall be the basis of and shall form part of this contract.

2. GEOGRAPHICAL COVER

Coverage of the Policy is 24 hours within Singapore only, or whilst the Insured Member is participating in school assignment/activities on worldwide basis.

3. POLICY PERIOD

Insurance shall commence from the date specified on the Policy schedule.

The Policy is an annual contract, renewable each year on the due date, subject to the renewal terms of the Company.

The Policy is renewable at the option of the Company.

4. DEFINITIONS

- a) "Accident" shall mean an unexpected, unforeseen and unintentional event.
- b) "Course" shall mean a study or training programme offered or provided by the Private Education Institute and enrolled by the Insured Member.
- c) "Co-Insurance" shall mean the percentage of each and every claim for which the Insured is liable to pay, subject to the overall maximum limit stated in the Policy Schedule.
- d) "The Company" shall mean "Liberty Insurance Pte Ltd".
- e) "Hospital" shall mean only an establishment duly constituted and registered as a Hospital for the care and treatment of sick and injured persons, as bed-paying patients, and which
 - i) has facilities for diagnosis and major surgery;
 - ii) provides 24 hours a day nursing services by registered graduate nurses;
 - iii) is under the supervision of a Medical Practitioner; and
 - iv) is not primarily a nature cure clinic, a place for alcoholics or drugs addicts, a nursing, rest or convalescent home or similar establishment, or home for the aged.

- f) "Hospitalisation" shall mean the period during which a person is registered as an inpatient at a Hospital to receive Medical Treatment as recommended by a Medical Practitioner or Specialist.
- g) "Overseas Hospitalisation" shall mean Hospitalisation outside of Singapore and which must be the result of Illness or Injury suffered by the Insured Member whilst participating in school related assignments/activities. Subject to Co-Insurance percentage as stated in the Policy Schedule. No benefits will be payable under this Policy if the Insured Member is hospitalised overseas for non-school related assignments/activities.
- h) "Illness" shall mean a physical condition, marked by a pathological deviation from the normal healthy state.
- i) "Injury" shall mean bodily Injury caused solely and directly by an Accident. Except for internal Injury which can only be revealed by an autopsy, the Injury can be seen as a visible contusion or wound on the exterior of the body.
- j) "Insured Member" shall mean a member(s) who is insured under this Policy.
- k) "Insured" shall mean the Policyholder, the owner(s) of the Policy as named in the Policy Schedule.
- l) "International Student" shall mean student who holds a valid student's pass issued by the Immigration and Checkpoints Authority (ICA) bearing the name of the Policyholder. It does not include student who hold other passes issued by the Immigration and Checkpoints Authority (ICA).
- m) "Local Student" shall mean Singapore Citizen / Singapore Permanent Resident student and International student who hold passes other than student's pass.
- n) "Mental Illness" shall mean a psychological or behavioral pattern that is generally associated with distress or disability and which is not considered part of normal development or a person's culture. Assessment must be carried out by psychiatrists or psychologists.
- o) "Medical Practitioner" or "Surgeon" shall mean only a person qualified by degree in western medicine and legally licensed and duly qualified to practice medicine and surgery authorised in the geographical area of his practice.
- p) "Medical Treatment" shall mean any consultation, diagnosis, procedure, treatment, care or other medical services provided by a Medical Practitioner or Specialist.
- q) "Necessary and Reasonable Charges" shall mean the charges incurred for Medical Treatment and imposed by a Hospital or a Medical Practitioner which is appropriate, consistent with the accepted medical standards and could not have been omitted without adversely affecting a person's medical condition. The charges must not exceed the general level of the charges of other Hospitals or Medical Practitioners providing the same Medical Treatment.
- r) "Pre-Existing Illness" shall mean any condition which existed or have developed symptoms or there exist manifestation of Illness or Medical Treatment have been sought on drugs and medicine have been prescribed before the commencement date of cover in respect of any Insured Member of which the Insured Member was aware or should reasonably have been aware or based on normal medically accepted physical or pathological development of the Illness or Illnesses.
- s) "Policy" shall mean this agreement, all schedule riders, endorsements and any amendments signed by an authorised officer of the Company the application (if any) of the Insured and any individual health declaration form or any other form signed by the Insured Member or the Insured constituting the entire contract.
- t) "Policy Schedule" means the schedule attached to this Policy which sets out the key terms like the name of the Insured or Policyholder, period of insurance, schedule of benefits, overall maximum limit per Policy year, etc..

- u) "Period of Insurance" shall mean the period of cover shown in the Policy Schedule and for any following period, for which cover is extended by mutual agreement.
- v) "Private Education Institution (PEI)" refers to the private education institution registered with the Council for Private Education (CPE).
- w) "Specialist" shall mean a Medical Practitioner who is registered and licensed as such and who is categorised by the relevant health authorities as a Medical Practitioner with special expertise in a specific area of medicine.

5. DESCRIPTION OF BENEFITS

PLEASE REFER TO THE POLICY SCHEDULE FOR THE BENEFITS AND LIMITATIONS APPLICABLE.

THE MAXIMUM AGGREGATE AMOUNT OF BENEFITS PAYABLE UNDER THE POLICY IN RESPECT OF ANY ONE INSURED MEMBER PER POLICY YEAR IS SPECIFIED IN THE POLICY SCHEDULE.

- a) i) Daily Room and Board – charges for room and board accommodation inclusive of meals and general nursing services for each day of confinement as a patient in the Hospital.
- ii) Intensive Care Unit – payable when necessitated by an intensive care phase of critical Illness or Injury. The number of days for which charges incurred are payable in respect of daily room and board and ward charges for intensive care unit &/or high dependency ward (if applicable) shall not in the aggregate exceed the maximum number of days provided under Daily Room and Board benefit
- iii) High Dependency Ward (if applicable) – refers to a ward, section or wing of a Hospital, which is an intermediary ward between an intensive care unit and an ordinary ward. Under the constant supervision by the medical staff of the high dependency ward are patients who:
 - are not required to be warded under intensive care unit; but
 - are in an unstable condition, and need more intensive care than that provided in the ordinary wards
- b) Hospital Miscellaneous Services – Hospital charges for operating room x-ray examinations medicines dressings ordinary splints and plaster casts electrocardiograms basal metabolism tests laboratory tests intravenous infusions blood transfusions physiotherapy and other customary services rendered or supplied during the confinement period, including anaesthetist fees actually charged will be reimbursed at up to 25% of the surgical reimbursement (if not shown as a separate item), and ambulance transport to and from the Hospital.
- c) Surgical Fees – Fees necessarily and reasonably incurred on surgical performed during the Hospitalisation or at a clinic by a Medical Practitioner or Specialist, including the In-Hospital Surgeon's Hospital Visit. The maximum level payable as benefit is assessed accordingly to the amount provided in the Schedule of Surgical Benefits (if applicable), depending on the nature of operation performed. Day surgery is also subject to the usual interpretation.

If two or more procedures were performed during one single operation through the same incision, the amount payable may not exceed the Necessary and Reasonable Charges incurred for the procedure which cost more.

If surgery for a disability is performed in various stages over a period of time, then all surgical fees charged in the various stages will be aggregated in computing the maximum amount payable under the Schedule of Surgical Benefits (if applicable).

The Schedule of Surgical Benefits will not apply where :-

- i) the eligible surgical fees is below S\$500.00; or
 - ii) the Insured Member is admitted to Singapore Government / Government Restructured Hospitals.
- d) Anaesthetist fees actually charged will be reimbursed at up to 25% of the surgical reimbursement, unless this is shown as a separate item under the Schedule of Benefits (if applicable). Eligible anaesthetist fees of less than S\$75 are covered in full.
- e) In-Hospital Physician's Visits – If the Insured Member was treated by a Medical Practitioner or Specialist during the Hospitalisation for Illness or Injury which was caused solely and directly by an Accident, The Company will pay the Necessary and Reasonable Charges incurred for the In-Hospital Doctor's Visit. The amount payable will be limited to the maximum number of days as stated in the Policy Schedule (if applicable).
- f) Pre-Hospitalisation Specialist Consultation - If the Insured Member received Medical Treatment by a Specialist on a Medical Practitioner's recommendation prior to the Hospitalisation, the Necessary and Reasonable Charges incurred for the Pre-Hospitalisation Specialist Consultation will be paid in respect of :
- outpatient Specialist consultations; and
 - medication prescribed by the Specialist

provided that hospitalisation or surgical procedure took place within 90 days from the date of the Pre-Hospitalisation Specialist Consultation. Expenses incurred for treatment will not be reimbursed.

- g) Pre-Hospitalisation Diagnostic X-Ray and Laboratory Tests – If the Insured Member underwent diagnostic x-ray and laboratory tests as recommended by a Medical Practitioner or Specialist, we will pay the Necessary and Reasonable Charges incurred, provided that Hospitalisation or surgical procedure took place within 90 days of the x-ray or laboratory tests.
- h) Emergency Outpatient Accidental Treatment – charges for services and medical supplies provided by the Hospital or clinic or registered Traditional Chinese Physician for emergency treatment of an Injury as a result of an Accident and received as an outpatient within 24 hours after the Accident.

Eligible expenses incurred thereafter for follow-up treatment by the same Medical Practitioner or registered Traditional Chinese Physician, will be reimbursed up to 31 days from the date of the Accident.

This section is extended to cover dengue fever, insect/animal bites and food/drinks poisoning.

- i) Post-Hospitalisation Treatment – expenses for follow-up treatment by the same Medical Practitioner or recommended by the same Medical Practitioner or Specialist who attended to the Insured Member at the Hospital or the clinic up to a period of 90 days immediately following discharge from Hospital.
- j) Outpatient Kidney Dialysis and Cancer Treatment

Outpatient Kidney Dialysis Treatment

The Company shall pay the amount actually charged for kidney dialysis performed at a legally registered dialysis centre or unit but this benefit shall not exceed the maximum limit as stated in the Policy Schedule.

Outpatient Cancer Treatment

Cancer means a disease manifested by the presence of a malignant tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The term cancer also includes leukemia and malignant disease of the lymphatic system such as Hodgkin's disease. Any non-invasive cancer in situ and all skin cancers except invasive melanoma are excluded.

The Company shall pay the amount actually charged for outpatient cancer treatment provided by the outpatient department of a hospital or a registered cancer treatment centre including examinations and tests ordered by Medical Practitioner but this benefit shall not exceed the maximum limit as stated in the Policy Schedule.

- k) Mental Illness – If the Insured Member is admitted as a registered inpatient to the Institute of Mental Health, The Company will pay the amount actually incurred during the hospitalization up to the maximum limit as stated in the Policy Schedule. There is no cover provided if the Insured Member is hospitalized in other hospitals.
- l) Ambulance Fees - Charges for ambulance services (inclusive of charges for attending medical personnel) to and/or from the Hospital. Payment will not be made if the Insured Member is not hospitalised.
- m) Medical Report Fees – Charges incurred by an Insured Member in respect to any medical reports requested by the Company in respect of an Illness or Injury suffered or sustained by the Insured Member in relation to a claim submitted to The Company under this Policy. Maximum amount payable is S\$100.00.
- n) Co-Insurance will apply if Insured student is admitted to a higher ward in Singapore Government / Singapore Government Restructured Hospitals or in Private Hospitals in Singapore or in Hospitals outside Singapore provided the Insured Member is on school attachment outside Singapore.
- o) Special Grant – the special grant is payable to the Insured, to be used as the Insured deems appropriate so as to assist the dependents or the next-of-kin of the Insured Member with any expenses incurred over and above the eligible medical expenses covered under this Policy, at the time of death of the Insured Member.
- p) Personal Accident (Death/Permanent Disablement Scale II) - (Refer to Supplementary Contract as attached)

6. EXCLUSIONS

The following treatments directly or indirectly, conditions, activities, items, and their related expenses and any complications relating thereto are excluded from this insurance and the Company shall not be liable for :-

- a) charges which are not for actual, Necessary and Reasonable Expenses incurred in the treatment of the Illness or Injury.
- b) Pre-Existing Illness or Injuries during the first 12 months of continuous cover.

Outpatient Kidney Dialysis and Cancer Treatment Benefits arising from conditions being a Pre-Existing Illness will be permanently excluded under the Policy.

- c) outpatient treatment not related to in-patient treatment or day surgery, except as a result of an Accident.
- d) costs resulting from influence of alcohol, narcotics or drugs, suicide, attempted suicide or self-inflicted Injuries regardless of the Insured Member's mental condition, criminal act of the Insured Member and sexually transmitted diseases, or treatment which in anyway arises from, is attributable to, or is consequential upon Acquired Immune Deficiency Syndrome (AIDS), AIDS related Complex Syndrome (ARCS) and all diseases caused by and/or related to the virus HIV positive, and any communicable diseases requiring isolation or quarantine by law.
- e) treatment for Injuries or diseases arising from or consequent upon war (whether declared or undeclared), riot, civil commotion, civil war, invasion, acts of foreign enemies, hostilities, rebellion, mutiny, revolution, insurrection or military or usurped power confiscation or nationalization by or under the order of any government or public or local authority nuclear energy (nuclear reactions radiation contamination) illegal act and full-time service in any of the uniform groups except reservist duty or training.

- f) routine medical examination (including vaccinations, the issue of medical certificates and attestations), routine eye and ear examinations, refractive errors of the eyes constructive or plastic surgery, cosmetic treatment other elective treatment for beautification purposes.
- g) procurement or use of special braces, implants, prosthesis, appliances or equipment such as artificial limbs, hearing aids, spectacles, special braces, lenses, wheelchairs and other prosthetic device.
- h) dental care and treatment (including oral surgeries) except emergency treatment to sound natural teeth damaged during an Accident.
- i) pregnancy including childbirth, caesarean operation, abortion, ectopic pregnancy, hydatidiform mole, miscarriage, treatments against infertility, sterilization and contraception.
- j) treatments relating to birth defects, congenital illness or abnormalities and hereditary conditions.
- k) charges for private nursing, consultation with a general practitioner, routine health checks, precautionary services or preventive care, acupuncture and inoculation and charges for administrative expenses, telephone, television, newspapers and other ineligible non-medical items whilst as an in-patient.
- l) services or treatment of any institution that is mainly long term care facility like convalescent and nursing homes, nature cure clinics, spa, hydro-clinic or sanatorium and establishments that provides only incidental or limited Hospital services.
- m) treatment arising from any physiotherapy, geriatric, psycho- geriatric, psychiatric conditions other than covered under Mental Illness under Description of Benefits section.
- n) acquisition of any organ itself and all expenses incurred by the donor.
- o) treatment by a family member.
- p) treatment that is not scientifically/medically recognized.
- q) expenses recoverable from a third party, including Workmen's Compensation Insurance or any other group or Individual Insurance policies, any governmental programme or Insurance provided by law.
- r) treatment for obesity, weight reduction and weight improvement.
- s) sleep apnoea
- t) participating in racing on wheels
- u) air travel other than as a fare-paying passenger on a licensed commercial aircraft.
- v) violation or attempted violation of law, or resistance to lawful arrest or imprisonment.
- w) any diagnosis, procedure, treatment, care or other medical services which are not necessary or not recommended by a Medical Practitioner or Specialist.

7. MEMBER'S PARTICIPATION / ELIGIBILITY

a) Eligibility for participation

A Member will be eligible to participate in the Policy if he/she:

- is student studying in Singapore; &
- is between 1 and 65 years of age; &
- is a fee-paying student who has applied and accepted into the Course by the Insured; &
- is covered under the Industry-Wide Course Fee Protection Insurance Scheme (IWC Scheme) or Fee Protection Scheme (FPS) during the Policy Period; &
- is studying on a full-time or part-time basis; &
- is not otherwise disqualified from participating in the Policy under our prevailing terms and conditions

The Insured Member's cover under this Policy will commence on either one of the following circumstances:-

- Date of arrival in Singapore - applicable to those students who arrives in Singapore with an in-principle approval (IPA) for student pass document from Immigration & Checkpoint Authority (ICA) bearing the Insured's name; or
- Course commencement date – applicable to all other students.

If the Insured Member ceases full time studies, his membership will be terminated, but if he is studying on part-time basis temporarily or if he is absent from studies because of Illness or bodily Injury, his membership continues provided that:

- the Premiums for his cover continue to be paid; and
- the period during which he ceases full-time studies due to studying on part-time basis or his absence from studies because of Illness or bodily Injury does not exceed 6 months.

8. LIMITATION OF BENEFITS

If the Insured Member's cover terminates during the period when the Insured Member was Hospitalised or underwent surgical procedure, our liability under the Policy will continue only up to and including the last effective date of the Insured Member's cover.

9. MINIMUM PERIOD OF HOSPITALISATION

The Benefits will be payable only if the period of Hospitalisation was at least 6 consecutive hours. This minimum period of Hospitalisation does not apply if:

- the Hospitalisation was required for surgical procedure; or
- the Hospitalisation was in relation to emergency treatment sought within 24 hours after an Accident; or
- Room and Board charges were incurred.

10. DECLARATION OF STUDENT ENROLMENT AND PREMIUM ADJUSTMENT

The premium payable shall be based on the actual student enrolment during the Period of Insurance, to be declared from the date of declaration. The frequency of declaration shall be determined by Liberty Insurance at the inception of the Policy.

If the actual student enrolment at the expiry of the Period of Insurance differs from the student enrolment on which the premium was calculated at the commencement of the Period of Insurance, the difference in the premium shall be met by an additional premium payment or by a refund as the case may be, subject to a minimum & deposit premium payment (as agreed in the quotation).

11. TERMINATION OF COVER

Cover ceases for the Insured Member:-

- on the date of termination of the Policy; or
 - on his/her 65th birthday; or
 - on the premium due date if the Insured fails to pay the required premium for the Insured Member; or
 - on the date on which the Insured Member enters full-time military, naval, air or police service except during National Service reservist duty or training, or ceases to be a student with the school; or
 - if the Insured Member dies, regardless of the cause of death; or
 - when the Company terminate the Policy due to war (declared or undeclared),
- whichever occurs first.

The liability of this Policy shall cease on the last day of the cover for the Insured Member.

No premium refund for early termination of Insured Member cover or Policy before the expiry date.

12. CANCELLATION

This Policy may be cancelled by either the Company or the Insured by giving 30 days notice in writing and no premium will be refunded.

13. PREMIUM PAYMENT

This Policy is deemed to have lapsed automatically if no premium is received within 60 days from the commencement or renewal date of the Policy. Notwithstanding the termination of the Policy, the Insured shall be liable for the payment of all premium due while the Policy has been in force including the grace period.

If there are any unpaid premiums or other amounts owing to us when a claim is made, the Benefits will not be paid until the total outstanding sum is paid to us.

14. NOTICE AND PROOF OF CLAIM

Written notice and proof of the claim must be given to the Company within 30 days from:

- the date of the death; or
- the date of discharge from Hospitalisation; or
- the date on which the expenses were incurred for which the claim is made.

Failure to give notice as specified in these provisions will not invalidate the claim if it can be shown that there is good reason for the failure and that the notice and proof of claim were given as soon as reasonably possible.

The Company will only consider a claim if:

- all required documents, evidence and information are provided at the claimant's own expense; and
- all documents, evidence and information provided satisfy our requirements on notice and proof of claim.

If the claim is for reimbursement of expenses incurred, the notice and proof of claim must be submitted with original copies of receipts and itemised bills as evidence of the expenses.



15. FRAUD

If any claim shall in any respect be false or fraudulent or if any fraudulent means or devices are used by the Insured or anyone acting on his behalf to obtain benefits hereunder then the Policy shall be cancelled immediately and all benefits and premiums will be forfeited.

16. CURRENCY EXCHANGE RATE

In the event of Hospitalization outside Singapore, bill rendered in terms of currency other than Singapore dollars, will be converted to the currency of Singapore dollars on the basis of quoted exchange rate (open market rate if a free market, official rate if not a free market) in effect on the date of discharge from hospital of the Claimant.

17. OTHER INSURANCE

If the Insured Member included in this Policy carries other insurance covering Injury or Illness that is also covered by this Policy, the Claimant must inform the Company of such duplicate cover at the time of claiming. The total benefit payable for each claim, for which more than one insurance Policy is applicable, shall not exceed the total of eligible expenses incurred.

18. LEGAL PROCEEDINGS

The parties hereto agree that the Laws of Singapore shall govern and control in the event of any conflict or dispute between the parties with regard to the Plan and that the parties submit themselves to the exclusive venue and jurisdiction of the courts of Singapore for the resolution of any conflict or dispute.

No legal action may be brought against us:

- until 60 days have passed since the date the notice and proof of claim were filed; and
- if more than 2 years have passed since notice and proof of claim were required to be submitted.

19. ALTERATIONS

No alteration to this Policy shall be valid unless authorized and endorsed by the Company.

20. CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 2001

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.

21. NON GUARANTEED PREMIUM

Premium payable for this coverage are not guaranteed and may be revised at Policy renewal at the full discretion of the Company.

22. DESPATCH OF DOCUMENTS, CHEQUES AND NOTICES

Any document, cheque or written notice will be sent by post to the Insured's address held in our records at the relevant time. We will not be responsible for any consequences resulting from the Insured's failure to notify us of any change of address.



23. REINSTATEMENT

If the Policy or any cover issued to an Insured Member has terminated, the Insured may write to the Company to apply for Reinstatement. If the application for Reinstatement is approved, the Company may impose conditions on the Reinstated Policy or cover.

24. RENEWAL

At the end of each Period of Insurance, the Insured may apply to renew the Policy. If the application is approved, the Company will advise the Premium rate for the new Period of Insurance.

25. PROPER RECORDS

The Insured must keep proper records of every Insured Member's:

- name and sex;
- passport number;
- date of birth;
- cover, particularly the date it started

and any other information which may be relevant to this Policy.

The Company may at anytime request for the records or information of any Insured Member to be provided.

Any information or documents provided by the Insured Members to the Insured and other records relating to the Policy should be kept available for our inspection at reasonable times.

The terms of the Policy will not be affected or invalidated by clerical errors in the records kept by the Insured, if the terms are otherwise valid and in force.

26. ASSIGNMENT

The Benefits under this Policy may not be assigned.

27. NOTICES

Any notice sent to the Company for the purposes of this Policy will only be considered accepted if it is received at our registered office at the relevant time.

28. PREMIUM WARRANTY CLAUSE

1) Notwithstanding anything herein contained to the contrary and subject only and without prejudice to Clause 2 hereinafter set out it is hereby declared and agreed that it is a condition precedent to liability under this Policy, Renewal Certificate Endorsement or Cover Note that any premium due must be paid and actually received in full by the Company, the registered broker or registered agent through whom this Policy was effected

a) When the period of insurance is 60 days or more within SIXTY (60) days from the

(i) INCEPTION date of the coverage under the Policy Renewal Certificate or Cover Note or

(ii) EFFECTIVE date of the coverage stated on each Endorsement if any issued under the Policy Renewal Certificate or Cover Note when the effective date of coverage stated on the Endorsement is on or after the issuance date of the Endorsement or



(iii) ISSUANCE date of each Endorsement if any issued under the Policy Renewal Certificate or Cover Note where the effective date of coverage under the Endorsement is before the issuance date

OR

b) where the total premium under any single Policy exceeds S\$50,000 and the Company has allowed payment of that premium by installments within SIXTY (60) days from the

(i) INCEPTION date of the cover under the Policy Renewal Certificate of Cover Note for the first instalment and thereafter from the agreed dates on which the subsequent instalments become payable and

(ii) EFFECTIVE date of coverage of any Endorsement issued under such Policy for the first instalment and thereafter from the agreed dates on which the subsequent instalments become payable

OR

c) when the period of insurance is LESS than SIXTY (60) days, within the period of insurance specified in the Policy Endorsement Renewal Certificate of Cover Note

2) In the event any of the abovementioned premium is not paid in full to the Company, registered broker or registered agent as described above in the manner and within the time stipulated above (the “premium warranty period”) the cover under this Policy Renewal Endorsement or Cover note shall deemed to have terminated from the expiry of the premium warranty period and the Company shall be discharged from all liability therefrom but without prejudice to any liability incurred before that date and the Company will be entitled to a pro-rate time on risk premium subject to a minimum of S\$25/-.

Group Student Medical Insurance Policy

SCHEDULE OF SURGICAL BENEFITS (Applicable if stated in the Policy Schedule)

The limits for any surgical procedure will be determined by the amounts shown herein. If the operation is not shown in this table the Company reserves the right to determine the limit for such operation which is consistent with the amounts listed herein; taking into account the nature and complexity of the procedure involved and the Policy exclusions and/or other restrictions applicable.

Description of Surgical Benefits	Surg %
1. Abdomen	
Appendectomy	50
Biopsy of pancreas	45
Cholecystotomy, drainage of removal of calculus/gall stones	60
Cholecystotomy, removal of gall bladder	65
Colon resection, partial with or without colostomy	50
Colon resection, total	100
Gastric or duodenal ulcer, perforation, closure of	75
Gastro-enterostomy/Gastro-jejunostomy	75
Gastroscopy and/or duodenoscopy, diagnostic	15
Gastroscopy and/or duodenoscopy, operative	30
Gastrostomy (opening into the stomach / with exploration or foreign body removal)	60
Gut, resection of	100
Gastrectomy, total or partial resection of stomach	100
Hepatectomy (resection of liver) partial lobectomy	75
Intestinal obstruction, acute	100
Laparotomy, exploratory	55
Liver Biopsy	20
Pancreatectomy, total or sub-total	75
Splenectomy, removal of spleen	65
2. Abscess	
Incision and drainage of abscess, boil, Furuncle or carbuncles; one or more	
- Simple, not requiring hospitalization	5
- Requiring hospitalization	20
3. Amputation of	
Arm, upper, forearm, entire hand or foot	55
fingers, thumbs or toes; primary or secondary, any joint or phalanx, single, including neurectomies with direct closure	20
Hip joints	100
Leg, through tibia and fibula	55
Shoulder joint or blade (interscapula-thoracic)	100
Thigh, between hip and knee	75
Wrist, distal to metacarpals	30
4. Breasts	
Biopsy of breasts, incisional	20
Excision of cyst, fibro-adenoma or other benign tumor, aberrant breast tissue, duct lesion or nipple lesions	25
Mastectomy, simple	50
Mastectomy, radical, including breast, pectoral muscles and axillary lymph nodes, unilateral	75
5. Chest	
Artificial pneumothorax, induction of initial	12
Refills, each but not more than six	5
Bronchoscopy, diagnostic, rigid bronchoscope	20
Bronchoscopy, operative, excluding Biopsy	30
Cardiomyolysis (removal of portion of chest walls)	100
Cardiac heart, requiring sutures of wall/repair with bypass	100
Intrathoracic or intra-abdominal aneurysm	100
Lobectomy, total or sub-total/segmental	90
Hepatectomy partial Lobectomy, wedge resection or enucleation of lesion, single or multiple	75
Lung, complete removal or portion of	90
Pericardium, opening and draining	75
Pneumonectomy, total	100

Thoracoplasty, complete	100	femur, tibia, humerus or fibula	40
Thoracotomy, exploratory	50	Hip joint, shoulder or spine	75
Thoracotomy, removal of pus, tapping excepted	12	Lesser bones	20
		Synovectomies of ankle and toes	40
6. Circulatory System		11. Eye	
Intra-abdominal aortic aneurysm (circumscribed dilation of aorta/with or without ileo-femoral)	100	Cataract, removal of	60
Intrathoracic aortic aneurysm-transverse arch graft	100	Detached retina, operation of	75
Transvenous placement of endocardial pacemaker	30	Eyeball, removal of	45
		Foreign body, removal of, from cornea	5
		Glaucoma or trauma	45
		Pterygium, excision or transposition or removal of	15
		Style or chalazion, incision of	7
7. Dislocations and Joints		12. Fractures, Treatment of	
Ankle dislocation, closed or open, reduction	60	Simple, closed reduction :	
Arthroscopy	20	Ankle, carpal bone, metacarpal, phalanges, tarsal bone	20
Hip dislocation, closed or open, reduction	65	Elbow	15
Knee dislocation, open with uncomplicated soft tissue closure, manipulative reduction	40	Hip	65
Shoulder dislocation, open, with uncomplicated soft tissue closure, manipulative reduction	30	Lower jaw or patella	15
Tarsal bone dislocation, closed or open reduction with or without skeletal fixation	35	Radius & ulna	20
Wrist dislocation, closed or open reduction		Shoulder, knee	50
		Thoracic or lumbar spine (closed or open)	95
		Tibia and Fibula	20
		Wrist 35	15
		Compound fracture – the limit is twice the amount for the corresponding simple fracture treated by closed reduction subject to a max of 100% Hallux Valgus (Bunion), operation for Single	25
		Bilateral	50
		Menisectomy (removal of semilunar cartilage of knee)	50
		Osteomyelitis of long bones, Acute	75
		Chronic	60
		Release of carpal tunnel	30
8. Ear		13. Genito – Urinary Tract	
Ear operation for epithelioma of	20	Cystorrhaghy: suture of bladder wound,	
Fenestration, one or both sides	100	Injury or rupture, simple	60
Mastoidectomy		Bladder, removal of growths by abdominal surgery	60
- simple	50	Bladder, removal of growths by diathermy	40
- radical	80	Bladder, removal of stone	75
Myringoplasty	65	Circumcision, surgical excision other than clamp or dorsal slit, except newborn	15
Myringotomy for otitis media	15	Curettage or cauterization of cervix, non-puerperal	12.5
Removal of adenoids alone	10	Cystectomy – with ureteroileal conduit or sigmoid with bilateral pelvic	
Removal of aural polypi	5		
Stapes, mobilisation	60		
Tympanoplasty, with mastoidectomy	100		
Tympanoplasty, with ossicular chain reconstruction	100		
9. Esophagus			
Esophagoscopy	20		
Esophagus, operation for stricture	37.5		
Esophagus, resection of	100		
10. Excision of Fixation by Cutting			
Ankle dislocation, closed or open, Reduction	50		
Bone, removal of, diseased position of			

lymphadenectomy	100	graft	100
Cystoscopy – diagnostic	5	Abdominal aortic aneurysm with or without ileo-femoral	100
- with minor endoscopic procedure (e.g. biopsy)	10	Coronary Angioplasty	100
Dilation and curettage, non-puerperal	25	Coronary Artery Bypass Grafting	100
Exploration for undescended testis, unilateral	40	Coronary Angiography	55
Evacuation of foreign bodies from the bladder	25	16. Hernia	
Hydrocele, radical care of	30	Herniorhapy	35
Hysterectomy, radical for cancer with complete removal of tubes and ovaries	65	Herniotomy	50
	75	Strangulated hernia	75
with or without appendectomy	65	17. Kidney	
Kidney hemorrhage due to accident	75	Nephrolithotomy, removal of calculus	75
Fixation of	75	Nephrectomy, including partial ureterectomy, any approach including rib resection	75
Removal of, with total ureterectomy & bladder cuff	85	Nephrectomy with total ureterectomy and bladder cuff	85
Removal of stone	50	Renal homotransplantations with unilateral recipient nephrectomy	100
Laparoscopy	20	18. Ligaments and Tendons	
Myomectomy, single or multiple, excision of fibroid tumor of uterus-abdominal approach	60	Tendon, lengthening or shorting	20
Orchidectomy, simple, unilateral	30	Repair and suture	25
Renal homotransplantations with		Transplantation	50
Unilateral recipient neprectomy	100	Extensive grafting	50
Salpingectomy or oophorectomy or both, unilateral or bilateral, independent procedure	55	Deep suppuration in palm, forearm, arm sole, leg or thigh involving multiple incisions or drainage	30
Testicles – Castration for growth or tuberculosis of	33	Repair of the tendoachilles	40
- Open testicular biopsy	10	19. Nail	
Transurethral resection of prostate	75	Excision of nail and nail matrix, partial or complete (e.g. ingrown nail)	15
Endoscopic means – partial removal	30	20. Nose	
Ureter, removal of stone	85	Antrum puncture	5
Urethra, Stricture of, open operation	30	Extranasal sinus operation	17.5
Intra-urethral cutting operation	15	Intranasal sinus operation	25
Varicocele, epididymectomy		Mastoid, radical cue for	60
Excision of - single	25	Nose, reconstruction of	70
- bilateral	35	Polypus, removal, one or more	10
14. Goitre		Sarcoma, operation for, or epithelioma of nose	60
Hemithyroidectomy	40	Submucous resection, nasal septum, classic	40
Lymphatic glands		Toilet and suture	5
- Removal of malignant tumours of	100	Turbinectomy	10
- Removal of tumours for diagnosis or adenoma of thyroid	50	21. Paracentesis	
Thyroidectomy, sub-total	50	Tapping of – Abdomen	12.5
total	65	Chest or bladder, cauterization excepted	7.5
15. Heart			
Thoracic aortic aneurysm, transverse arch			

Ear drum, hydrocele, joints or spine	5	Tongue, total excision of for cancer	100
22. Pilonidal Cyst or Sinus		Tonsillectomy with or without	
Removal of	30	adenoidectomy	20
23. Rectum		Tracheotomy, independent procedure	20
Colonoscopy with or without biopsy	20	Turbinectomy	10
Fissure-in-ano, cutting operation for -		27. Tumors	
Independent Procedure	40	Benign tumors of the testicles	20
Fistulotomy or fistulectomy - simple	35	Benign tumors one or more, except as	
- multiple	45	otherwise herein provided;	
Hemorrhoidectomy, internal & external,		Requiring hospital confinement	20
complex or extensive	55	Not requiring hospital confinement	5
Hemorrhoidectomy and fistulotomy or		Excision of Bartholin's tumor or cyst	25
Fistulectomy	60	Incision or drainage of cyst	5
Incision & drainage of ischiorectal and/or		Lesion of tendon or fibrous sheath or	
Perirectal/perianal abscess	15	capsule (e.g. cyst or ganglion) foot or toe	20
Papillectomy, single or multiple procedure	7.5	Lesion of tendon sheath – wrist	20
Other cutting operation of rectum	25	Malignant tumors of the mucous	
Rectum, excision of	100	membrane, skin and subcutaneous tissue	25
Sigmoidectomy	20	Malignant tumors, surgical removal of,	
24. Skull		except those of the mucous membrane,	
Cutting into cranial cavity, trephining		skin and subcutaneous tissue	50
and tapping excepted	100	Warts or moles	5
Removal of bone trephining or		28. Varicose Veins	
Decompression	40	Aneurysm in large arteries	50
Trephining for fracture middle meningeal		Cutting operating cinokete oricedyre	
or other intracranial hemorrhage	100	One leg	25
Tumor or abscess of the brain, cerebral		Both legs	40
Of cerebellar tumor	100	Injection treatment, complete procedure	
25. Spine or Spinal Cord		one or both legs	20
Division of posterior spinal tracts or roots	100	Ligation of small arteries, smaller aneurysms	
Gasserian ganglion, resection of	75	Stripping of varicose vein, one leg	30
Intervertebral disc, excision of			
- without spinal fusion	75		
- with spinal fusion	100		
Laminectomy	100		
Nerve grafting	50		
Spinal cord tumor, operation for	100		
26. Throat			
Adenoidectomy, independent procedure	15		
Excision of tumor of cords & epiglottis/			
or stripping of vocal cords	35		
Jaw, total excision of upper or lower	100		
Partial excision	50		
Laryngectomy, without neck dissection	75		
Laryngoscopy, direct operative with biopsy			
Parotidectomy	60		
Removal of lower lip for cancer	50		

Group Student Medical Insurance Policy

Description of Benefits - Personal Accident Benefit

**This Supplementary Contract is to form part of the Student Medical Insurance
(Only applicable if stated in the Policy Schedule)**

1. Definitions

The following are meanings of words and expressions used in this Supplementary Contract, unless otherwise stated:

Accident	An event or occurrence which is unintended, sudden, fortuitous and unforeseen.
Accidental Death	Injury sustained which results, solely and independently of any other causes, in death within twelve (12) calendar months from the date of the Accident.
Injury	Bodily injury sustained by an Insured Person during the Period of Insurance and is caused by an Accident solely and independently of any other causes within twelve (12) calendar months from date of such Accident.
Loss	Complete severance or permanent functional disablement.
Permanent Disablement	Injury which: a. falls into one of the categories listed in the Permanent Disablement (Scale of Benefits) Table and b. having lasted for a continuous period of twelve (12) calendar months from the date of Accident and at the end of that period, beyond hope of improvement.

2. Benefits

If the Insured Member sustains an Injury which results in Accidental Death or Loss, the Personal Accident Benefits becomes payable if the Injury is sustained:-

While the Policy is in force;

- Before the expiry of the Personal Accident Benefit;
- Before the Insured Member reaches the Age of 65 years; and
- Within 12 months of the date of the Accident.

The amount to be paid will depend on the effects of the Injury. If the Injury leads to Accidental Death as well as Loss, the Personal Accident Benefit will not be paid for the Loss.

The amount payable is stated in this Supplementary Contract as a percentage of the Sum Insured.

Disappearance and Exposure

- If the Insured Person is exposed to the elements due to an Accident and as a result of such exposure suffers an Injury, We will pay compensation subject to the terms of this Policy.
- If the Insured Person's body has not been found within twelve (12) months after the date of the disappearance, sinking or wrecking of the aircraft or other conveyance in which the Insured Person was travelling in and it is reasonable to believe that the Insured has died as a result of Injury caused by an Accident, Section 1

(ACCIDENTAL DEATH BENEFIT) shall become payable subject to a signed undertaking by the Insured Person's legal representative that if this belief is subsequently found to be wrong, such benefit shall be refunded to Us.

3. Exclusions

We will not pay the Personal Accident Benefit if the Injury was in any way caused or contributed directly or indirectly arising from:

- AIDS (Acquired Immunisation Deficiency Syndrome) & ARC (AIDS Related Complex) & HIV (Human Immunodeficiency Virus) infection.
- Any consequence whether direct or indirect of war invasion act of foreign enemy hostilities or warlike operations (whether war be declared or not) civil war, civil rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising military, or usurped power.
- Any Pre Existing Condition.
- Any unlawful or intentional act of an Insured Person, or his/her wilful exposure to danger (other than in an attempt to save human life), intentional self-injury, suicide or attempted suicide, while sane or insane.
- Effect or influence of alcohol or drugs not prescribed by a qualified medical practitioner and the effect or influence of drugs prescribed by a qualified medical practitioner for the treatment of drug addiction.
- Flying or other aerial activity except as a fare-paying passenger, not as an operator or crew member, in a properly licensed aircraft operated by a licensed commercial air carrier or recognised charter company; or as passenger, not as an operator or crew member in a properly licensed private aircraft, as part of a business air travel.
- Illness, disease, mental defect or infirmity, or insanity, bacterial or viral infections even if contracted by accident.
- Ionising radiations or contamination by radioactivity from any irradiated nuclear fuel, or from any nuclear waste from the combustion of nuclear fuel, radioactive toxic explosive, or other hazardous properties of any explosive nuclear assembly, or of its nuclear component.
- Pregnancy, childbirth, abortion, miscarriage and all complications arising from such conditions.
- The Insured Person participating in any professional sports, deep sea diving utilizing hard helmet with air hose attachments, any kind of speed contest or racing (other than on foot), motor rallies, hunting, potholing, parachuting, sky diving, competitive snow or ice sports, caving, or hang gliding .
- The following except undertaken on a leisure basis will not be covered: bungee jumping, ballooning, mountaineering or rock climbing necessitating the use of guides.
- The Insured Person participating in any sports or activities in a professional capacity from which he or she could earn an income or remuneration.

4. Conditions

a) Notice and Proof of Claim

We will only consider a claim for Personal Accident if:

- written notice of the claim is given to us within 30 days from the date the Loss occurred;
- all required documents, evidence and information are provided at the claimant's own expenses; and
- all documents, evidence and information provided satisfy our requirements on notice and proof claim.



Failure to give notice as specified in these provisions will not invalidate the claim if it can be shown that there is a good reason for the failure and that the notice and proof of claim were given as soon as reasonably possible.

b) Medical Examination

To assess a claim, the Company reserves the right to require the Insured Member to be examined by our appointed Medical Practitioner at any time and in any manner which is reasonable.

c) Termination Of Cover

Cover ceases for the Insured Member:-

- on the date of termination of the Policy; or
- on his/her 65th birthday; or
- on the premium due date if the Insured fails to pay the required premium for the Insured Member.
- on the date on which the Insured Member enters full-time military, naval, air or police service except during National Service reservist duty or training, or ceases to be a student with the school; or
- if the Insured Member dies, regardless of the cause of death; or
- when The Company terminates the Policy due to war (declared or undeclared), whichever occurs first.

The liability of this Policy shall cease on the last day of the cover for the Insured Member.

No premium refund for early termination of the Insured Member cover or Policy before the expiry date.

d) Terms of the Policy

All the terms and provisions of the Policy to which the Supplementary Contract is attached will apply, provided that they are not inconsistent with the provisions of this Supplementary Contract.

In the event of any inconsistency, the terms of this Supplementary Contract will prevail.

Benefits Schedule

THE TABLE OF BENEFITS ONLY IN FORCE IF THE AMOUNTS OF COMPENSATION ARE SHOWN IN THE SCHEDULE	
ITEM	THE COMPENSATION
1.DEATH	THE CAPITAL SUM
2.PERMANENT DISABLEMENT resulting in :-	PERCENTAGES OF THE SUM INSURED (Scale II)
Loss of two limbs	
Loss of both hands or of all fingers and both thumbs	
Total loss of sight of one eye or both eyes	
Total paralysis	100%
Injuries resulting in being permanently bedridden	
Any other injury causing permanent total disablement	
Loss of one arm between or at shoulder to wrist	
Loss of one leg between or at hip to ankle	
Loss of sight of eye except perception of light	50%
Loss of lens of eye	50%
Loss of four fingers and thumb of one hand	50%
Loss of four fingers	40%
Loss of thumb	
- both phalanges	25%
- one phalanx	10%
Loss of index finger	
- three phalanges	10%
- two phalanges	8%
- one phalanx	4%
Loss of middle finger	
- three phalanges	6%
- two phalanges	4%
- one phalanx	2%
Loss of ring finger	
- three phalanges	5%
- two phalanges	4%
- one phalanx	2%
Loss of little finger	
- three phalanges	4%
- two phalanges	3%
- one phalanx	2%
Loss of metacarpals	
- first or second (additional)	3%
- third, fourth or fifth (additional)	2%
Loss of toes	
- all	15%
- great, both phalanges	5%
- great, one phalanx	2%
- other than great, if more than one toe lost, each	1%
Loss of hearing	
- both ears	75%
- one ear	15%
Loss of speech	50%
Third degree burns	
Area	<u>Damage as a Percentage of Total Body Surface Area</u>
Head	Equals to or greater than 2% but less than 5%
	50%
	Equals to or greater than 5% but less than 8%
	75%
	Equals to or greater than 8%
	100%
Body	Equals to or greater than 10% but less than 15%
	50%
	Equals to or greater than 15% but less than 20%
	75%
	Equals to or greater than 20%
	100%
Permanent total loss of use of member shall be treated as loss of member Where the injury is not specified under Scale II the Company will adopt a percentage of disablement which in its opinion is not inconsistent with provisions of Scale II	
THE COMPANY SHALL NOT BE LIABLE TO PAY IN RESPECT OF ITEMS 1 AND 2 TOGETHER MORE THAN 100% OF THE CAPITAL SUM IN RESPECT OF THE SAME ACCIDENT OR IN ANY ONE PERIOD OF INSURANCE.	
DEATH OR PERMANENT DISABLEMENT IN RESPECT OF ITEM 1 OR 2 RESPECTIVELY MUST OCCUR WITHIN TWENTY-FOUR MONTHS OF THE EVENT GIVING RISE TO THE INJURY.	