

Income Insurance Limited
Group Hospital & Surgical Insurance
Product Summary – Private Education Institution

Product Information

This is an expense reimbursement plan that helps to reduce your financial burden in event of you being hospitalised. The insurer will reimburse the following eligible expenses incurred according to the limits set out in the Benefits Schedule.

Key Product Provisions

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the policy. Please consult Howden Insurance Brokers (S.) Pte. Limited or your Private Education Institution should you require further explanation.

Members' Eligibility for Coverage

The entry age of the Insured Member must not exceed 69 at last birthday.

Non-Guaranteed Premium

Premiums payable for this coverage are not guaranteed and may be increased at policy renewal at the full discretion of the Insurance Company.

Deductibles

There are no deductibles for this plan.

Pro-Ration Factors/ Co-Insurance

A pro-ration factor is applied if you are hospitalised:

- a) in a ward higher than that specified in the Benefits Schedule in Singapore Government / Singapore Government Restructured Hospital or
- b) in a private hospital in Singapore

Overseas Treatment

This policy covers an insured member while he is outside his country of residence for a period not exceeding 185 consecutive days at a time subject to the following conditions:

- a) where emergency treatment is received, our liability is capped at the limits specified in the policy schedule and
- b) where non-emergency treatment is received or where an insured member travels expressly for treatment outside the country of Singapore, no benefit shall be payable.

Minimum Period of Confinement

For day surgery cases, there are no minimum hours to be eligible for claim. However, for non-surgical admissions, when you are charged for a full day room and board, you can submit the claim for assessment.

Exclusions

The following services, expenses, treatment items, procedures, conditions, activities and their related complications are not covered under **your policy**, except as specifically covered under **this policy**.

- (a) **Pre-existing condition**, unless the **insured member** has been insured continuously for 12 months under **this policy** or any group hospital and surgical insurance issued in Singapore provided that the period between the last resignation date and the commencement of his/her insurance coverage under **this policy** is not more than 30 days from the last resignation date.
- (b) All health screening related examinations including multiphasic health screening, laboratory tests and X-rays, screening mammograms; services (irrespective of whether there is hospital confinement) for the primary purpose of diagnosis, medical check-up, genetic screening; pap smear; cytology test; any treatment of a preventive nature including but not limited to immunisation/vaccinations.
- (c) Rest cures, hospice care, home or outpatient nursing or palliative care, community hospital, nursing homes, sanatoria or similar establishments; stay in any healthcare establishment for social or non-medical reasons.
- (d) Outpatient rehabilitation services including but not limited to physiotherapy, occupational therapy, speech therapy (unless recommended by the same **Registered Medical Practitioner** treating him/her during his/her hospital confinement and all charges are payable under and subject to Post Hospitalisation Treatment **benefit**); heat therapy; counselling or education; Traditional Chinese Medicine (TCM); hydrotherapy; osteopathic; podiatric; chiropractic; dietician; naturopath; homeopath; foot reflexology; alternative or complementary treatments.
- (e) Expenses, administrative or other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services.
- (f) Developmental delay and/or learning disabilities.
- (g) Eye examination, surgical procedure for correction of eye refraction, procurement or use of contact lenses or eye-glasses; surgical procedure for correction of squint or other eye misalignment.
- (h) Any dental treatment including but not limited to crowning, dentures, bridges tooth implantation or re-implantation, oral surgery, orthognathic surgery, temporo-mandibular joint disorder; oral and maxillofacial surgery except where such surgery is for the repair or damage caused solely by an **accident** covered under **this policy**.
- (i) Implants that are not surgically implanted and prostheses of any kind; dental implants; purchase or rental for home or outpatient use of braces, appliances, equipment, machines and other devices including but not limited to wheel-chair, walking or home aids of any kind, dialysis machine, oxygen machine and any other hospital-type equipment; stem cell support; homograft; heterograft and artificial organ.
- (j) Pregnancy or complication arising from pregnancy; childbirth, conditions and its complication arising during or after childbirth; prenatal or postnatal care, post-delivery confinement; abortion or termination of pregnancy or any form of related stay in **hospital** or treatment.

(k) Infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment; ligation; medical services or supplies provided or surgical procedures required or recommended subsequent to consultations at fertility clinics, In-Vitro Fertilisation clinics, reproductive assistance clinics or centres, clinics or centres for reproductive medicine.

(l) Circumcision unless **medically necessary**.

(m) Birth defects; congenital **illness** or abnormalities.

(n) Admission for sleep test for diagnostic purposes unless it is followed by **surgery**; any **surgery** or treatment for obesity, weight reduction or weight improvement including but not limited to bariatric surgery, gastric balloon, gastric banding, gastrectomy, gastric bypass regardless of whether it is caused (directly or indirectly) by a medical condition or whether treatment is **medically necessary**.

(o) Venereal Diseases, Acquired Immunodeficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV).

(p) Conditions relating to skin including but not limited to mole, acne, pigmentation, scars, xanthelasma or vitiligo; conditions relating to hair; enhancement of bodily function or appearance including but not limited to plastic surgery, cosmetic treatment and treatment for beautification purposes, except for plastic **surgery** which are **medically necessary** arising from an **illness** or **injury** while the **insured member** is insured under **this policy**.

(q) Intentional, self-inflicted injuries or attempted suicide whether the **insured member** is sane or insane; psychological disorders, personality disorders, behavioural disorders, emotional or mental conditions and any **illness or injury** resulting from such disorders or mental conditions; drug addiction or alcoholism and any **illness or injury** resulting from or under the influence of alcohol or drugs.

(r) Use of medical drugs or any treatment not licensed by an official governmental control agency of the country in which drug is given, or drugs used in any circumstances other than in accordance with their licensed indications.

(s) Hormone Replacement Therapy, health supplements or vitamins, toiletries including but not limited to moisturiser, cream, gel, lotion whether prescribed or non-prescribed.

(t) Injuries arising directly or indirectly from war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, strike, riot, civil commotion, military or usurped power; Full-time service in any of the armed forces including National Service under Section 10 of the Enlistment Act, Cap. 93 of the Republic of Singapore except National Service reservist duty or training under Section 14 of the Enlistment Act, Cap. 93 of the Republic of Singapore.

Termination of Insured Member's Cover

There are other circumstances whereby the cover of the Insured Member will terminate.

The following is a list of some of these circumstances:

- Insured Member attains age stated in the policy;
- Insured Member ceases to be a student with the school;
- Insured Member dies;
- Insured Member's maximum policy limits have been exhausted.

Cover on the Insured Member automatically ceases once the master policy contract is terminated due to non-payment of premiums or other causes specified in the policy contract. No premium refund for early termination of Insured Member or Policy before the expiry date.

Expenses covered by other sources

In the event an **insured member** is covered under:

- a) Any occupational insurance including but not limited to any insurance effected pursuant to the Work Injury Compensation Act (cap.354) and any revisions thereof;
- b) Any insurance coverage under the government legislation; or
- c) Other group or individual insurance excluding Integrated Shield Plan and its rider

The **benefits** payable under **this policy** shall be limited to the balance of the medical expenses incurred which are not covered or payable by the above listed (a) to (c), subject to the benefit limits computed in accordance to the **table of insured benefits** and terms and conditions of **this policy**.

Right of recovery

The insurer may recover any amount **they** paid for charges that are not covered under **this policy** or exceeded the maximum benefits limit as specified in the **table of insured benefits**. The **policyholder** and/or the **insured member** shall fully indemnify and reimburse **us** for such amount within 30 days from the date of notice given by **us** requesting for reimbursement.

Claims Procedure

(a) Claimants to notify school via email or call for an upcoming claim submission and to provide the following details:

1. Name as per NRIC/Passport
2. NRIC/Fin No.
3. School Admission Date
4. Date of Birth
5. Gender
6. Nationality
7. Email Address

(b) A welcome email from Howden MediHub will be sent to the email address provided in 6 to 7 working days.

(c) Claimants are to register and log into the **Howden MediHub mobile application** to submit the following documents through the **app** within 30 days from the date of discharge from hospitalisation, from the date of death or from the date expenses were incurred for which the claim is made, whichever is applicable:

Admission to Government/Restructured Hospitals (Alexandra, Changi, KK Women's & Children, National University, Singapore General and Tan Tock Seng, Ng Teng Fong, Khoo Teck Puat, Sengkang General Hospital & Woodlands Health Campus)

- Duly Completed Claim Form (within Howden MediHub mobile application)
- A copy of the Inpatient Discharge Summary given to patient upon discharge
- A copy of the Day Surgery Authorization Form signed by the patient before surgery
- A copy of the Referral Letter, if any
- Final Original Hospital Bill showing the Medisave deduction
- Original Pre/Post Hospitalisation Medical Bills

Admission to a Private Hospital (Parkway East, Gleneagles, Mount Alvernia, Mount Elizabeth, Raffles, Thomson Medical Centre and Day Surgery Centers/Clinic)

- Duly Completed Claim Form (within Howden MediHub mobile application)
- Attending Physician's Statement to be completed by the attending physician/surgeon
- A copy of Referral Letter if any
- Final Original Detailed Hospital Bills
- All Other Original Medical Bills related to admission/surgery

Frequently Asked Questions (FAQs)

Private Education Institution (PEI) Group Hospitalisation & Surgical Insurance

1. What does the insurance cover?

The insurance covers mainly medical expenses incurred for hospitalisation and/or surgery due to illness or accident in a Singapore Government/Restructured hospital.

Please refer to the Benefits Schedule given to your school for the details.

2. Which hospital can I seek treatment at?

You can seek treatment at the following Singapore Government/Restructure Hospitals:

- Singapore General Hospital
- Alexandra Hospital
- KK Women's & Children's Hospital
- National University Hospital
- Tan Tock Seng Hospital
- Changi General Hospital
- Khoo Teck Puat Hospital
- Ng Teng Fong General Hospital
- Sengkang General Hospital
- Woodlands Health Campus

Please note that hospitalisation in a Ward higher than that you are entitled to or in Private Hospitals is subject to a pro-ration factor. For hospitalisation in overseas hospitals, you will only be covered up to the reasonable and customary cost of treatment in Singapore Government / Restructured Hospital for similar or comparable treatment or the cost incurred in the foreign hospital, whichever is lower. In such cases, you may not be fully reimbursed for such claims incurred.

3. Will I be covered if I go back to my home country or travel during vacation?

Yes, you will be covered as long as you are a registered student of your school pursuing a course of study. Hospitalisation and/or surgery expenses incurred will be covered up to the reasonable and customary cost of treatment in Singapore Government/Restructured Hospital, whichever is lower, subject to the policy limits applicable.

***Cover does not apply:** where non-emergency treatment is received or where an insured member travels expressly for treatment outside the country of Singapore, no benefit shall be payable.

4. I am a part-time student who opted to be covered. Am I covered during work?

No, you will not be covered for illness or injury sustained during work.

5. Are pre-existing conditions covered?

For students on compulsory scheme, pre-existing conditions are covered after you have been insured for 12 consecutive months.

6. What should I do if I need to stay in the hospital or have surgery? Do I have to pay the medical costs myself?

Please settle the medical bills directly with the hospital and retain all **ORIGINAL** bills to be submitted to the insurance company. Please note that you may have to pay the cash deposit determined by the hospital and should you choose to stay in a higher class of ward or a private hospital, your claim may not be fully covered.

For pre or post hospitalisation / surgery and emergency outpatient treatment, please pay first and claim reimbursement.

7. Are outpatient services or treatment for illness covered?

GP outpatient services for illness (e.g. common cold, fever etc.) are not covered under the GHS policy.

8. Is outpatient treatment after an accident covered?

Yes, only if treatment is sought at a clinic or hospital within 48 hours from the time of accident. Follow-up treatment by the same physician is covered up to 31 days from date of accident subject to the policy limit in the benefits schedule.

9. How do I make a claim?

Please refer to claim procedure on page 5.

10. When I utilize my Medisave/Medishield Integrated Plan to pay for my treatment, how will my claim be reimbursed (for Singapore citizens and PRs only)?

Payment made by Medisave will be refunded to the respective Medisave Account holder and Medishield Integrated Plan.

11. When do I need to submit the claim?

You should submit the claim or give notice that you will be making a claim as soon as possible but within 30 days from discharge. For late submission/notification, please provide a valid reason.

12. I have submitted my hospitalisation/surgery claim earlier. I wish to submit follow-up treatment bills. What should I do?

Please submit the additional follow-up documents via 'Claims Modification' module through Howden MediHub mobile application.

13. How long does it usually take to process my claim?

Upon receipt of all required documents including **ORIGINAL** bills, approved claims will be settled within 6 to 8 weeks.

14. How will I be notified of the result of my claim?

You may check your claims status through the Howden MediHub mobile application. Reimbursement for approved claims will be made via bank transfer to your bank account (details provided in Howden MediHub mobile application).

15. When will my insurance end?

The insurance will end when one of the following occurs, whichever happens first:

- when you cease to be a registered student of your school
- exhaustion of the policy limit applicable to you during the policy year

- expiry of the insurance policy

16. If I have questions or need assistance, who should I contact?

Howden Insurance Brokers (S.) Pte. Limited

Tel : (65) 6258 1919

Email : Eileen.Lim@howdengroup.com

Website : <https://www.howdengroup.com/sg-en>

Howden MediHub (24/7 helpline)

Tel : (65) 6715 6400

Email : howden.medihub@ihp.com.sg

Website : https://eclaim.ihp.com.sg/eclaim/howden_Login.asp

Important - The information contained in this FAQ is subject to the actual terms and conditions of the policy contract your school has with '*Income Insurance Limited*'.

Conditions for Group Personal Accident policy

Your policy

This is **your** Group Personal Accident policy. It contains:

- (i) These conditions for Group Personal Accident policy;
- (ii) The **schedule**;
- (iii) The **table of insured benefits** (if any);
- (iv) The **schedule of lives/insured interest** (if any);
- (v) The **endorsements** (if any).

In addition to item (i) to (v) above, the full agreement between **us** and **you** is made up of these documents:

- (a) The information declared in the Group Insurance Fact Finding Form (if any);
- (b) All statements made by the **insured members** (if any); and
- (c) Declarations and questionnaires relating to the **insured members'** occupational or medical conditions which **you** or the **insured members** provided to **us** for **our** underwriting purposes (if any).

We refer to item (i) to (v) and (a) to (c) above collectively as '**your policy**' or '**this policy**'. Please examine them to make sure the **insured members** have the protection needed. It is important that **you** read them together to avoid any misunderstanding.

Words **we** have defined in these conditions have the meanings given to them in the definitions section and the same definitions apply if the defined words are used in any of the documents in **your policy** or any correspondence between **you** and **us**.

This policy covers the **insured members** for death, disablement or charges associated with treatment of **injury**, due to an **accident** which occur while his/her coverage is in-force. **You** will find details of what **we** cover in **your policy**.

This policy may be void if any information **you** provided to **us** is incomplete or inaccurate or if **you** do not comply with the conditions of **this policy**.

Who is eligible?

This policy shall cover the following **insured members**:

- (a) **Your** employees whose **age** is 69 years old and below. Cover is renewable up to **age** 75 years old;
- (b) Person(s) as agreed and endorsed in **your policy**.

All full-time employees of the **policyholder** who are not **actively at work** on the dates they would otherwise become eligible for insurance coverage under **your policy** shall not be eligible until they return to active service at work.

You shall provide **us** with the particulars of the persons to be insured and particulars of persons who ceased to be insured under **your policy** within 30 days in writing from the date they are eligible or ceased to be insured.

Definitions

Accident/Accidental

Accident or Accidental means a sudden, unexpected physical event, which happens during the **period of insurance** and which must be the only and direct cause of **injury**.

Act of terrorism

Act of terrorism means an act (which may include using or threatening force or violence) by any person or group, committed for political, religious, ideological or similar purposes, with the aim of influencing any government or to put the public, or any section of the public, in fear.

Actively at work

Actively at work means reporting for work at the place assigned by you and can perform expected regular duties of his/her employment with you. This includes periods when he/she is on annual leave but not on medical grounds.

Activities of daily living

Activities of daily living means dressing, feeding, mobility, toileting, transferring and washing as described below:

- Dressing means the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical or medical appliances.
- Feeding means the ability to feed oneself food after its preparation and being made available.
- Mobility means the ability to move indoors from room to room on level surfaces.
- Toileting means the ability to use lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate.
- Transferring means the ability to move from a bed to an upright chair or wheelchair, and vice versa.
- Washing means the ability to wash in the bath, or wash by other means.

Age

Age means the age on the last birthday of the person at the time his/her cover under **this policy** commences or upon renewal

Benefit(s)

Benefits means the benefits set out in the **table of insured benefits** or **schedule** page, and **your policy**.

Child(ren)

Child(ren) means the unmarried dependent child(ren), including step or legally adopted child(ren), of the **insured member** who is unemployed, as long as they are **age** 24 years old and below.

Chinese physician

Chinese physician means a registered practitioner who is licensed to practice traditional Chinese medicine, including herbalist, acupuncturist or bone-setter, in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the **insured member** or the **insured member's family member**, or his/her business associates including any business partner, employers or employees.

Chiropractor

Chiropractor means a registered practitioner who is licensed to practice chiropractic medicine in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the **insured member** or the **insured member's family member**, or his/her business associates including any business partner, employers or employees.

Comatose state

Comatose state means a state of profound unconsciousness, characterised by the absence of spontaneous eye openings, response to painful stimuli, and vocalisation. The diagnosis must be supported by evidence of all of the following:

- No response to external stimuli for at least 30 days;
- Life support measures are necessary to sustain life;
- Brain damage resulting in **permanent** neurological deficit which must be assessed at least 30 days after the onset of the coma; and
- The **comatose state** must be confirmed by our **registered medical practitioner**.

Commencement date

Commencement date means the date from which the cover under **your policy** begins.

Dental treatment

Dental treatment means treatment to restore sound and natural teeth and which is necessary due to an **accident**.

Effective date

Effective date means the date from which the insurance coverage of the **insured member** has become effective.

Endorsement

Endorsement means any written statement or notice issued by **us** to confirm and record changes to the terms and conditions of the policy as agreed between **you** and **us**.

Excess

Excess means the amount that the insured member is required to pay before we will pay any benefit to such insured member.

Family member

Family member means the **insured member's** husband or wife, children, parents, siblings, parents-in-law, brothers-in-law, sisters-in-law, grandparents, grandparent-in-law, daughters-in-law, sons-in-law or grandchildren.

Home country

Home Country means the country of which the **insured member** holds a passport. If the **insured member** holds more than one (1) passport, the **home country** means the country declared to **us**.

Hospital

Hospital means an establishment which is registered under the relevant national laws and regulations to care for and treat sick and injured people as bed-paying patients and which:

- (a) Has organised facilities for diagnosis, treatment and major **surgery**;
- (b) Provides nursing services by registered nurses 24 hours a day;
- (c) Is under the supervision of one or more **registered medical practitioners**; and
- (d) Is not mainly a clinic, a secure place to care for alcoholics or drug addicts, a nursing or rest or community hospital, a palliative care centre, or a home for the elderly or similar establishment.

Injury

Injury means damage or harm caused to the body by an external force suffered during the **period of insurance** and which is caused only and directly by an **accident**. This does not include all medical conditions, diseases, sickness, bacterial infections or viral infections, even if these conditions resulted from, or are connected with, the **accident**.

Insured member/insured person

Insured member/member/insured person means the individual (or individuals) named in the **schedule of lives** as the person (or people) insured under **this policy**.

Loss of fingers or toes

Loss of fingers or toes means loss by complete physical severance through or above a metacarpophalangeal or metatarsophalangeal joint.

Loss of hearing

Loss of hearing means total and irrecoverable loss of hearing which is beyond remedy by surgical or other treatment.

Loss of limb

Loss of limb means loss by complete physical severance of a hand at or above the wrist or of a foot at or above the ankle.

Loss of sight

Loss of sight means total and irrecoverable loss of all sight in any eye rendering the **insured member** absolutely blind in that eye and beyond remedy by surgical or other treatment.

Loss of speech

Loss of speech means total loss of the ability to speak and is beyond remedy by surgical or other treatment.

Medically necessary

Medically necessary means that a medical service or supply is necessary and appropriate for the diagnosis or treatment of an **injury** of the **insured member** based on generally accepted western medical practice in Singapore. A medical service or supply will not be considered medically necessary if:

- (a) It is provided only as a convenience to the **insured member** or medical provider;
- (b) It is not appropriate treatment for the **insured member's** diagnosis or symptoms;
- (c) It exceeds (in scope, duration or intensity) the level of care that is necessary to provide safe, adequate and appropriate diagnosis or treatment;
- (d) It is experimental;
- (e) It is for social or domestic reasons or for reasons which are not directly connected with treatment; or
- (f) It is a matter of personal choice.

Medical expenses

Medical expense means **reasonable expenses** incurred for treatment as a result of an **injury** for medical, surgical, **hospital** and nursing fee prescribed by a **registered medical practitioner**.

Mobility Expenses

Mobility expenses means charges incurred for renovation to the **insured member's** principal home for the purpose of coping with the disablement or purchases of any of the following mobility aids prescribed by a **registered medical practitioner**

- (a) self-powered climbing wheelchair;
- (b) motor vehicle with the controls suitably adjusted lifts, ramps, railings and holds at usual place of residence.

Natural Catastrophe

Natural Catastrophe means any event or force of nature such as earthquake, tsunami, volcanic eruption, flood, typhoon or hurricane that has catastrophic consequences in terms of financial, environmental or human losses. Bad weather conditions that cause little or no effect on financial, environmental or human losses will not be considered as **natural catastrophe**.

Other fracture

Other fracture means any fracture other than a **simple fracture**.

Period of insurance

Period of insurance means the period of cover as shown in the **schedule**.

Permanent

Permanent means having lasted 12 consecutive months and at the expiry of that period, being beyond hope of improvement.

Permanent disablement

Permanent disablement means disablement that results solely, directly and independently of all other causes from the **injury** and which occurs within 12 months of the **accident** in which **injury** was sustained, and:

- (a) Falls into one of the categories listed in the Table of Compensation; or
- (b) Is a disablement which, having lasted for a continuous and uninterrupted period of at least 12 months, is at the expiry of that period, beyond hope of improvement.

Permanent total disablement

Permanent total disablement means disablement that results solely, directly and independently of all other causes from the **injury** and which occurs within 12 months of the **accident** in which **injury** was sustained which, having lasted for a continuous and uninterrupted period of at least 12 months, will in all probability entirely prevent the **insured member** from engaging in employment or take part in any paid work of any and every kind for the remainder of his/her life and from which there is no hope of improvement.

Physiotherapist

Physiotherapist means a registered practitioner who is licensed to practice physiotherapy in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the **insured member** or the **insured member's family member**, or his/her business associates including any business partner, employers or employees.

Policyholder

Policyholder means the owner of **this policy** named in the **schedule**.

Pre-existing conditions

Pre-existing condition means any **injury** which the **insured member** has had symptoms; has been diagnosed; known or unknown; regardless of whether treatment or medical advice was actually received, prior to the commencement of his/her insurance cover under **this policy**.

Prohibited person

Prohibited person means a person or entity who is, or who is **related** to a person or entity:

- subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict **us** from providing insurance or carrying out any transaction under this policy, or
- who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.

Reasonable expenses

Reasonable expenses means expenses paid for medical services or treatment which are appropriate and consistent with the diagnosis and according to accepted medical standards, and which could not have reasonably been avoided without negatively affecting the **insured member's** condition. These expenses must not be more than the general level of charges made by other medical service suppliers of similar standing in Singapore for the services and supplies.

Registered Medical Practitioner

Registered Medical Practitioner means a doctor qualified in western medicine who is licensed and authorised in the geographical area they are practicing in to provide medical or surgical services. They cannot be the **insured member** or the **insured member's family member** or his/her business associates including any business partner, employers or employees.

Related

Related includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.

Relevant person

Relevant person includes persons and entities such as the policyholder, **insured member**, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of the application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.

Renewal date

Renewal date means the date on which **your policy** is to be renewed for a further **period of insurance**.

Schedule

Schedule means the document which proves that **you** have the insurance cover, listing among other things, the **policyholder**, **commencement date**, and policy **endorsement**.

Schedule of lives

Schedule of lives means a listing attached to **this policy** stating the names, particulars and coverage of the **insured members** under **this policy**.

Second degree burns

Second degree burns means a burn which both the epidermis and the underlying dermis are damaged. **We** will not pay if the **second degree burns** is caused directly or indirectly by:

- a) any **pre-existing conditions**; or
- b) sunburn, in-door tanning, cosmetic tanning, or anaesthetic procedure.

Simple fracture

Simple fracture means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a **registered medical practitioner** requires minimal and uncomplicated medical treatment.

Sum assured/sum insured

Sum assured/sum insured means the benefit amount payable by **us** as stated in **your policy**.

Table of insured benefits

Table of insured benefits means the **benefits** attached to these conditions (or any revised **table of insured benefits** which **we** may issue in an **endorsement to your policy**, or when renewing **your policy**).

Temporary partial disablement/ temporary partial disability

Temporary partial disablement means where, in the opinion of a **registered medical practitioner**, the **insured member** is temporarily unable to engage in a substantial part of his/her usual occupation or business duties, while he/she is under the regular care of and acting in accordance with the instructions or advice of a **registered medical practitioner**.

Temporary Total Disablement/ temporary total disability

Temporary total disablement/ temporary total disability means where, in the opinion of a **registered medical practitioner**, the **insured member** is temporarily unable to engage in his/her usual occupation or business duties, while he/she is under the regular care of and acting in accordance with the instructions or advice of a **registered medical practitioner**.

We/us/our

We/us/ our means Income Insurance Limited.

You/Your

You and your means the **policyholder** referred to in the **schedule**.

SPECIMEN

What your policy covers

I. Basic Benefits

1) Accidental Death

We shall pay the **sum assured** as specified in the **schedule** in the event of death of the **insured member** as a direct result of an **accident**. Death must occur within 12 months from the date of such **accident**.

2) Permanent Disablement

We shall pay the corresponding **sum assured**, as specified in the table of compensation below, in the event if **injury** is sustained.

Table of Compensation for Permanent Disablement

Item	Description	Percentage of sum assured as shown in the schedule
1	Permanent Total Disablement	150%
2	Loss of two limbs	150%
3	Loss of sight of both eyes	150%
4	Loss of sight of one eye, except perception of light	100%
5	Loss of one limb	125%
6	Loss of speech	75%
7	Loss of hearing in both ears	100%
8	Loss of four fingers and thumb of one hand	85%
9	Loss of four fingers	55%
10	Loss of hearing in one ear	30%
11	Loss of thumb	- both phalanges 40%
	- one phalanx	25%
12	Loss of index finger	- three phalanges 20%
	- two phalanges	15%
	- one phalanx	10%
13	Loss of any one other finger	- three phalanges 20%
	- two phalanges	15%
	- one phalanx	10%
14	Loss of metacarpals	- first or second 5%
	- third, fourth or fifth	3%
15	Loss of all toes of one foot	25%
16	Loss of great toes	- two phalanges 10%
	- one phalanx	5%
17	Loss of any other toe	5%

Third Degree Burns		
18a	Head - Damage as a percentage of total body surface area:	
	➤ equals to or greater than 8%	100%
	➤ equals to or greater than 5% but less than 8%	75%
	➤ equals to or greater than 2% but less than 5%	50%
18b	Body - Damage as a percentage of total body surface area:	
	➤ equals to or greater than 20%	100%
	➤ equals to or greater than 15% but less than 20%	75%
	➤ equals to or greater than 10% but less than 15%	50%
The aggregate of all percentages payable in respect of any one accident shall not exceed 150% of the Sum Assured.		

II. Additional Benefits, where applicable

All **benefits** will be applied on per **accident** basis, unless otherwise stated and the **benefits** shall subject to the maximum benefits limits of each item as specified in the **table of insured benefits** or **schedule** page, and any **excess**, if applicable.

In any event, **we** shall only pay the **benefits** specified in **your table of insured benefits** or **schedule** page.

1) Accidental Medical Expenses Reimbursement

- We** shall pay the **medical expenses** incurred and charges incurred for **dental treatment** in the event that the **insured member** sustained an **injury**, up to limit shown in the **schedule** or up to 12 months from the date of the **accident**, whichever comes first.
- We** shall pay the charges incurred for treatment by a **Chinese Physician, Chiropractor** or **Physiotherapist**, whichever is lower, and up to the limit for this **benefit** or S\$1,000 in the event that the **insured member** seeks such treatment for an **injury** sustained.

The total amount payable under (a) and (b) shall not exceed the limit shown in the **schedule**.

2) Temporary Total Disablement

We shall pay the weekly cash **benefit** as shown in the **schedule**, up to 104 weeks, in the event that the **insured member** sustained an **injury** resulting in his/her **temporary total disability**, and provided he/she is still covered under **this policy**.

In the event that the **temporary total disability** results in **permanent disablement**, no further payment will be payable under this **benefit**.

3) Temporary Partial Disablement

We shall pay the weekly cash **benefit** as shown in the **schedule**, up to 104 weeks, in the event that the **insured member** sustained an **injury** resulting in his/her **temporary partial disability**, and provided he/she is still covered under **this policy**.

In the event that the **temporary partial disability** results in **permanent disablement**, no further payment will be payable under this **benefit**.

III. Standard Extensions

All the extensions of **benefits** will be applied on per **accident** basis, unless otherwise stated and the **benefits** shall be subject to the maximum benefits limits of each item as specified in the **table of insured benefits** or **schedule** page, and any **excess**, if applicable.

1) Accidental Death due to Natural Catastrophe

We shall pay an additional 10% of the **sum assured** under Accidental Death **benefit** or the maximum **sum assured** as shown in the **schedule**, whichever is lower, in the event of death of the **insured member** as a result of a **natural catastrophe**.

2) Ambulance Cost

We shall pay the actual ground ambulance cost, up to the **sum assured** as specified in the **schedule**, in the event that the **insured member** sustained an **injury**, requiring an ambulance for transportation to the **hospital**.

3) **Accidental Hospital Recuperation**

We shall pay the **sum assured** as specified in the **schedule** in the event if the **insured member** sustained an **injury**, and within 30 days from the date of the **accident**, was confined in a **hospital** for at least 24 hours.

Subsequent hospitalisation resulting from the same **injury** will not be payable.

4) **Burial Expenses**

We shall pay the **sum assured** as specified in the **schedule** in the event of death of the **insured member** as a direct result of an **accident**.

5) **Comatose State Lump Sum Benefit**

We shall pay an additional 10% of the **sum assured** under Accidental Death **benefit** or the maximum **sum assured** shown in the **schedule**, whichever is lower, in the event that the **insured member** sustained an **injury**, and within 30 days from the date of the **accident**, was confined in a **hospital**, in a **comatose state**.

In the case of successive **comatose state** by the same **accident** which takes place less than 10 days from one to the other, the **comatose state** will be deemed as one.

We will not pay if the **comatose state** results directly from alcohol or drug abuse.

6) **Child Education Fund**

We shall pay the **sum assured** as specified in the **schedule** in the event of death of the **insured member** as a direct result of an **accident**, for the provision of continuous education for each **child** of the **insured member**, provided that on the date of the **accidental** death, such **child(ren)** was enrolled in a kindergarten, primary or secondary school, institution for vocational or tertiary education licensed by the local government.

7) **Automatic increase in benefit**

We shall pay an additional 5% of the **sum assured** under Accidental Death and **Permanent Disablement benefit**, in the event of death or **permanent total disablement** of the **insured member** as a direct result of an **accident**, up to a maximum of 25% of the original **sum assured** or S\$500,000 for each **insured member**, whichever is lower, subject to the table below and provided that no claim has been made under **this policy** during the previous preceding **period of insurance** as indicated in the table below.

Condition	Automatic Increase
If no claims have been made during the previous period of insurance	5% increase of original sum insured
If no claims have been made during the previous 2 period of insurance	10% increase of original sum insured
If no claims have been made during the previous 3 period of insurance	15% increase of original sum insured
If no claims have been made during the previous 4 period of insurance	20% increase of original sum insured
If no claims have been made during the previous 5 or more period of insurance	25% increase of original sum insured

8) **Disappearance**

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event that the **insured member** disappears and after 12 months, it is reasonable to believe that the **insured member** has suffered death as a result of an **accident**.

This **benefit** is subject to the **policyholder** giving us a signed undertaking that if the **insured member** is subsequently found to be alive, any amount paid to the **policyholder** will be repaid to us.

9) **Exposure**

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event of death or **injury** of the **insured member** as a result of him/her being unavoidably exposed to the elements due to an **accident**.

10) **Food poisoning**

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event of death or **injury** of the **insured member** as a result of **accidental** food poisoning.

11) **Miscarriage due to an accident**

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event that the **insured member** sustained an **injury** and as a result, suffered an **accidental** miscarriage.

12) **Motorcycling**

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event of death or **injury** of the **insured member** sustained while riding a motorcycle (whether as rider or pillion-rider).

This **benefit** is payable only if at the time of the **accident**, the **insured member** was wearing a safety helmet, has a valid motorcycle license (unless riding as a pillion rider), and not engaging in or practicing for racing and hill climbing contests and reliability trials and speed or duration testing.

13) **Riot, strike, civil commotion, hijack, murder, assault and act of terrorism**

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event of death or **injury** of the **insured member** as a result of riot, strike, civil commotion, hijack, murder, assault or **act of terrorism**.

This **benefit** is payable only if it did not arise as a result of or in connection with the **insured member's** collaboration or provocation of such act, and death or **injury** as a consequence of such act could not reasonably have been avoided by the **insured member**.

14) **Suffocation by smoke, poisonous fumes, gas and drowning**

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event of death or **injury** of the **insured member** as a result of suffocation by smoke, poisonous fumes, gas or drowning.

This **benefit** is payable only if it did not arise as a result of the **insured member's** wilful and intentional act and death or **injury** as a consequence of such event could not reasonably have been avoided by the **insured member**.

15) **Unscheduled Flights**

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event of death or **injury** if the **insured member** travelling as a fare-paying passenger in any properly licensed private aircraft and/or helicopter.

IV. **Additional Extensions of Benefits, where applicable**

All the extensions of **benefits** will be applied on per **accident** basis, unless otherwise stated and the **benefits** shall subject to the maximum benefits limits of each item as specified in the **table of insured benefits** or **schedule** page, and any **excess**, if applicable.

In any event, we shall only pay the additional extensions of **benefits** specified in **your table of insured benefits** or **schedule** page.

1) **Critical Income**

We shall pay an additional 0.5% of the **sum assured** under Accidental Death **benefit** or the maximum **sum assured** shown in the **schedule**, whichever is lower, for a maximum of 12 consecutive months, in the event of death of the **insured member** as a direct result of an **accident**, provided the **insured member** is survived by a spouse or parent.

2) **Mobility Expense and Home Renovation Expenses**

We shall pay the **mobility expenses**, up to 10% of the **sum assured** under Accidental Death **benefit** or the maximum **sum assured** shown in the **schedule**, whichever is lower, in the event that the **insured member** sustained an **injury**, resulting in **permanent disablement** of 50% and above as specified in the table of compensation for **permanent disablement**.

3) **Emergency Evacuation and Repatriation**

We shall pay the expenses incurred in the event if the **insured member** sustained an **injury** while outside Singapore, and in our opinion, it is necessary to move him or her to the nearest medical facility for treatment (whether overseas or in Singapore).

In the event that the **insured member** is moved to a medical facility outside Singapore, we shall also pay for the expenses incurred for moving him or her back to Singapore.

Expenses payable under this **benefit** refers to cost of transportation by any suitable means to the nearest medical facility for treatment, whether overseas or in Singapore, medical services and medical supplies necessarily incurred as a result of such evacuation.

4) **Repatriation of Mortal Remains**

We shall pay the expenses incurred to return the mortal remains of the **insured member** to Singapore or to his/her **home country** in the event of death as a direct result of an **accident** while outside Singapore.

5) **Scarring of the Face**

We shall pay the **sum assured** as specified in the **schedule** in the event if the **insured member** sustained an **injury** resulting in **permanent** disfigurement or **permanent** scarring of his/her face of at least one square centimeter or two centimeters in length.

6) **Visitors Benefit**

We shall pay the **sum assured** as specified in the **schedule** in the event of death of a third party, as a direct result of an **accident**, while visiting the **policyholder's** premises in a business capacity.

7) **Replacement Staff and Recruitment Expenses**

We shall pay the charges incurred by the **policyholder**, up to the **sum assured** specified in the **schedule**, for recruitment of replacement of the deceased **insured member**, in the event of death of the **insured member** as a direct result of an **accident**. Charges must be incurred within 45 days from the date of the **accident** and be necessary for the continuation of the **policyholder's** business.

This **benefit** is subject to the **policyholder** giving us a signed undertaking that any amount paid to the **policyholder** will be repaid to us, if it is later found that a valid claim did not or will not eventuate.

8) **Physiotherapy benefit**

We shall pay for the expenses incurred for any physiotherapy treatment by a **physiotherapist**, up to a maximum of S\$2,000.00 per **accident**, in the event if the **insured member** sustained an **injury**, resulting in **permanent disablement** of 100% and above as specified in the table of compensation for **permanent disablement**.

9) **HIV due to Blood Transfusion**

We shall pay an additional 10% of the **sum assured** under Accidental Death **benefit** or the maximum **sum assured** shown in the **schedule**, whichever is lower, in the event that the **insured member** sustained an **injury**, requiring a blood transfusion, and as a result of the transfusion, he/she was infected with the Human Immunodeficiency Virus (HIV) within 30 days from the date of the **accident**.

We shall pay this **benefit** provided:

- The blood transfusion was **medically necessary** or given as part of a medical treatment;
- The blood transfusion was received in Singapore during the **period of insurance** that the **insured member** is covered under this **policy**;
- The source of the infection is established to be from the institution that provided the blood transfusion and the institution is able to trace the origin of the HIV tainted blood;
- The **insured member** does not suffer from Thalassaemia Major or Haemophilia;
- Proof of the **accident** is reported to us within 30 days of the **accident** taking place;
- Proof that the **accident** giving rise to the need for a blood transfusion which is the source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented **accident**. This proof must include a negative HIV antibody test conducted within 5 days of the **accident**; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This **benefit** will not apply where a treatment has rendered the HIV inactive or non-infectious.

10) **Major Head Trauma**

We shall pay up to 10% of the **sum assured** under Accidental Death **benefit** or the maximum **sum assured** shown in the **schedule**, whichever is lower, in the event if the **insured member** sustained a major head **injury** resulting in **permanent** neurological deficit within 30 days from the date of the **accident**.

The major head **injury** resulting in **permanent** neurological deficit must be assessed no later than 6 weeks from the date of the **accident**. This diagnosis must be confirmed by a consultant neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

This **benefit** will not be payable if the major head **injury** is caused by any spinal cord **injury** and head **injury** due to any other causes.

11) **Trauma counselling benefit**

We shall pay for the expenses incurred by the spouse or **child(ren)** of an **insured member** to undergo trauma counselling by a certified counsellor, up to a maximum of S\$1,000.00 per **accident**, in the event of death or **permanent total disablement** of the **insured member** as a direct result of an **accident**.

12) **Terrorism Benefit**

We shall pay an additional 15% of the **sum assured** under Accidental Death **benefit** or S\$75,000, whichever is lower, in the event of death of the **insured member** resulting from an **act of terrorism**

13) **Simple or Other Fractures**

We shall pay the corresponding **sum assured**, as specified in the table of compensation below, in the event that the **insured member** sustained an **injury**, resulting in a **simple fracture** or **other fracture**, provided:

- The **insured member** has not been diagnosed as having osteoporosis prior to the date on which he/she was first covered under **this policy**; and
- If the **insured member** is diagnosed as having osteoporosis after the date on which he/she was first covered under **this policy**, we shall only pay this **benefit** for the first **simple fracture** or **other fracture** sustained, and no further payments will be made under this **benefit**.

Table of Compensation for Simple or Other Fractures

Item	Description	Percentage of sum assured as shown in the schedule
a	Neck, skull or spine (complete fracture)	100%
b	Hip	75%
c	Jaw, pelvis, leg, ankle or knee (other fracture)	50%
d	Cheekbone, shoulder or hairline fracture of skull or spine	30%
e	Arm, elbow, wrist or ribs (other fracture)	25%
f	Jaw, pelvis, leg, ankle or knee (simple fracture)	20%
g	Nose or collar bone	20%
h	Arm, elbow, wrist or ribs (simple fracture)	10%
i	Finger, thumb, foot, hand or toe	7.5%
The aggregate of all percentages payable in respect of any one accident shall not exceed 100% of the Simple or Other Fractures' sum assured .		

14) **Second Degree Burns**

We shall pay the corresponding **sum assured**, as specified in the table of compensation below, in the event that the **insured member** sustained an **injury**, resulting in **second degree burns**.

Table of Compensation for Second Degree Burns

Item	Description	Percentage of sum assured as shown in the schedule
a	Head - Damage as a percentage of total body surface area: - equals to or greater than 8% - equals to or greater than 5% but less than 8% - equals to or greater than 2% but less than 5%	100% 75% 50%
b	Body - Damage as a percentage of total body surface area: - equals to or greater than 20% - equals to or greater than 15% but less than 20% - equals to or greater than 10% but less than 15%	100% 75% 50%
The aggregate of all percentages payable in respect of any one accident shall not exceed 100% of the second degree burns' sum assured .		

15) **Credit card indemnity**

We shall pay the **insured member's** outstanding credit card expenses, up to a maximum of S\$1,000.00 per **accident**, in the event of death or **permanent total disablement** of the **insured member** as a direct result of an **accident**.

16) **Domestic assistance benefit**

We shall pay the cost of hiring a caregiver, up to a maximum of S\$1,000.00 per **accident**, in the event if the **insured member** sustained an **injury**, and is unable to perform at least 3 out of the 6 **activities of daily living**.

17) **Emergency travel expenses**

We shall pay the emergency travel expenses, up to a maximum of S\$2,500.00 per **accident**, in the event that the **insured member** sustained an **injury**, and is confined in a **hospital**.

- a. Up to a maximum of S\$250.00 per **accident** if the **insured member** is hospitalised for more than 3 consecutive days in Singapore; or
- b. Up to a maximum of S\$2,500.00 per **accident** if the **insured member** is hospitalised for more than 5 consecutive days while overseas.

Emergency travel expenses means the additional transport and accommodation expenses incurred by an **insured member** and any person who needs to travel to remain with, or escort the injured **insured member**.

18) **Non-elective surgery**

We shall pay for the expenses incurred for any non-elective surgery, up to a maximum of S\$5,000.00 per **accident**, in the event if the **insured member** sustained an **injury**, resulting in **permanent disablement** of 100% and above as specified in the table of compensation for **permanent disablement**.

What you need to be aware of

A. Liability

We will not pay any **benefits** under **this policy** if **you** or any **insured member**:

- (a) Fail to fully and truthfully disclose to **us**, all material information known (or which could reasonably be expected to be known) by **you** or any **insured member**, before inception of **this policy** and upon each renewal;
- (b) Fail to properly observe and fulfill the terms and conditions of **this policy**;
- (c) Make any untrue statement;
- (d) Omit, suppress or incorrectly state any material information affecting the risk; or
- (e) Make any claim that is fraudulent or exaggerated, or make any false declaration or statement in support of a claim.

To avoid doubt, **you** or the **insured member** must fully and truthfully disclose to **us** all material information even if such information has been disclosed previously to **us** in other records. If it is discovered later that material information is not disclosed, **you** will not be entitled to rely on the defence that the information was disclosed for or in other records.

We shall have the discretion to terminate **your policy**, to refuse the renewal of **your policy**, to void cover for the **insured member**, or to impose terms and conditions as **we** may require and/or to take any action as **we** think necessary. **You** will have to repay to **us** all amounts **we** have paid out under the policy and **we** will refund all premiums to **you**.

B. Misstatement

If the date of birth or other relevant facts relating to any **insured member** are found to have been misstated and if such misstatement affects the **benefits** entitlement or any provisions of **your policy**, the true **age** and facts shall be used to determine whether cover would have been in force under the provisions of **your policy** and whether the **benefits** are payable. Any excess premium paid for current policy period shall be refunded to the **policyholder** and any shortfall in the premium for current policy period shall be paid by the **policyholder**.

C. Policy renewal

Your policy may be renewed on the anniversary of the policy **commencement date** or such other dates as may be agreed in writing between **you** and **us**, subject to **our** consent and the payment of the renewal premium.

Terms, conditions and premium rates are not guaranteed and will be reviewed by **us** at each renewal.

D. Expenses covered by other sources

In the event an **insured member** is covered under:

- a) Any occupational insurance including any insurance effected pursuant to the Work Injury Compensation Act (Cap.354) and any revisions thereof;
- b) Any insurance coverage under the government legislation; or
- c) Other group or individual insurance excluding Integrated Shield Plan and its rider,

the **benefits** payable under **this policy** shall be limited to the balance of the **medical expenses** incurred which are not covered or payable by any of the above listed policy under (a) to (c), subject to the benefit limits computed in accordance to the **table of insured benefits** or **schedule** page, and terms and conditions of **this policy**.

E. Subrogation

We can take over any rights to defend or settle any claim and to take proceedings in **your** name or any **insured member's** to enforce **your** or any **insured member's rights**, or **our** rights against any other person.

You and the **insured member** shall cooperate fully with **us** in this respect and shall not do anything to prejudice **our** rights.

F. Right of recovery

We may recover any amount **we** paid for charges that are not covered under **this policy** or exceeded the maximum benefits limit as specified in the **table of insured benefits** or **schedule** page. The **policyholder** and/or the **insured member** shall fully indemnify and reimburse **us** for such amount within 30 days from the date of notice given by **us** requesting for reimbursement.

G. Change of terms and conditions

We may vary the premiums, **benefits** and/or cover or amend the terms and conditions of **your policy** by giving **you** 30 days' prior written notice at **your** last known address.

H. Ownership of policy

We shall treat the **policyholder** as the absolute owner of **this policy** and shall not be bound to recognise any equitable or other claim or interest in **this policy**.

I. Governing law

This policy is governed by and interpreted according to the laws of the Republic of Singapore.

J. Exclusion of third party rights

Any person who is not a party to **this policy** shall have no right under the Contracts (Rights of Third Parties) Act (Cap. 53B) to enforce any of its terms.

K. Difference in opinions

In the event of any differences in opinions between **our Registered Medical Practitioner** and **your Registered Medical Practitioner**, **our Registered Medical Practitioner's** opinion shall prevail.

L. Legal proceedings

No action in law or in equity shall be brought to recover **this policy** prior to the expiration of 60 days after proof of claim has been filed in accordance with the requirements of **this policy**, nor shall such action be brought at all unless brought within 2 years from the expiration of time within which such proof of claim is required by **this policy**.

M. Geographical limit

This policy provides the **insured member** with 24-hour worldwide coverage whether such **insured member** is in Singapore or outside Singapore.

N. Aggregate limit of liability

The maximum aggregate limit payable under **this policy** for all of the sections arising out of 1 single event shall not be more than S\$5,000,000, unless otherwise endorsed in **this policy**.

In the event if the claims from all the **insured members** arising out of 1 such event exceed the aggregate limit, the amount shall be pro-rated among the **insured members**, subject to the maximum limit as shown in the **schedule** for each of the **insured member**.

What is not covered

This policy does not cover claims directly or indirectly caused by or arising from:

- (a) Self-inflicted injuries or any attempt thereat, while sane or insane.
- (b) Insurrection, declared or undeclared war or any warlike operations, military or naval service in time of declared or undeclared war or while under orders for warlike operations or restoration of public order.
- (c) Participating in riot, committing an assault or felony.
- (d) Participation in competitive racing on wheels.

Our responsibilities to you

A. Claims conditions

Before any **benefits** are payable under **your policy**, the **insured member** has to ensure that the following requirements are being met.

- (a) It shall be a condition precedent to **our** liability under **this policy** that all claims shall be notified to us within 60 days from the date of **accident**. All claims shall be made on **our** prescribed forms and submitted to **us** together with the original copies of receipts and itemised bills
- (b) Any information required by **us** for assessing the claim shall be furnished by the **policyholder** at the **policyholder's** expense.
- (c) Any **benefits** payable under **this policy** shall be paid to **you** or the **insured member** (or legal representative). Any payment to **you** or the **insured member** (or legal representative), and the **insured member** or **your** receipt of any **benefit** payable under **your policy** shall in all cases be deemed final and complete discharge of **our** liability under this **policy**.

Failure to furnish notice within the time provided in **this policy** shall invalidate the claim unless claimant shows that it was not reasonably possible to give such notice within such required time and that notice was subsequently given as soon as reasonably possible.

B. Currency

We will pay all claims in Singapore dollars. If the insured member suffers a loss which is in a foreign currency, we will convert the amount into Singapore dollars based on the exchange rate on the date of the loss.

Your responsibilities

A. Premium

The premium is not guaranteed and may be reviewed and varied by **us** upon next renewal. Once the premium is varied, the new premium shall apply in respect of all **insured members** under **your policy**.

Short period extensions of the policy (less than 12 months) computed from the expiry date, if agreed by **us**, shall be based on the renewal premium and terms.

B. Cancellation of policy

You and/or **us** may cancel **this policy** by giving the other party 30 days' written notice. Once the notice period has expired, all cover under this **policy** shall terminate. **We** may also cancel the cover on any **insured member** for failing to comply with the terms and conditions of this **policy**.

If this **policy** is cancelled by **us**, there shall be a pro-rated refund of premiums to **you** for the unexpired part of the **period of insurance** under **your policy**.

If the policy is cancelled by **you**, the following short period rates are applicable:

<u>Period of cover not exceeding</u>	<u>Short period rates</u>
1 week	1 month
1 month	3 months
2 months	4 months
3 months	6 months
4 months	7 months
6 months	9 months
8 months	10 months
> 8 months	12 months

C. Premium Warranty Clause

- (a) If the **period of insurance** is 60 days or more, **we** shall receive the full premium within 60 days of the **commencement date**, the **renewal date** or effective date of each **endorsement** issued under the **policy**, failing which, the **policy** shall be terminated automatically at the end of the 60-day period.
- (b) Termination of the **policy** shall not affect **your** right to claim for an event covered by the **policy** that happens during the 60-day period. **We** shall be entitled to a pro-rata premium for the 60-day period where the risk is insured under the **policy**, subject to a minimum premium of S\$50 + GST.

- (c) If the **period of insurance** is less than 60 days, **we** shall receive the full premium within the **period of insurance**, failing which, the **policy** will not be valid.

D. Condition Precedent

The validity of this **policy** is subject to the condition precedent that:

- (a) for the same risk insured, **you** have never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or
- (b) if **you** have declared that **you** have breached any premium payment condition in respect of a previous **policy** taken up with another insurer in the last twelve (12) months:
 - (i) **You** have fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy; and
 - (ii) a copy of the written confirmation from the previous insurer to this effect is first provided by **you** to **us** before cover incept under this **policy**.

E. Prohibited persons

If **you** are or any **relevant person** is found to be a **prohibited person**:

- (a) **we** are entitled not to accept the application; and
- (b) if any **policy** or cover of any **insured member** is issued, **we** are entitled to end the **policy** or cover of any **insured member**, not pay any benefit or not allow any transaction to be carried out under the **policy**. **We** will not refund any unutilised premium when the **policy** is ended.

You will need to inform **us** immediately if there is any change in **your** or any **relevant person's** identity, status or identity documents.

Our decision in every respect of the above will be final.

F. Termination of cover of insured member

The cover for an **insured member** under **this policy** shall terminate and all **benefits** shall cease for that **insured member** if any of the following occurs:

- (a) The date on which the policy is terminated;
- (b) At the end of the policy year during which the **insured member** reaches the maximum **age** of coverage as stated in the **policy schedule**;
- (c) When the **insured member** ceases to be eligible as an **insured member**;
- (d) At the expiry of the period for which the last premium payment is made on account of the **insured member's** cover;
- (e) The date the **insured member** enters full-time military, naval, air or police service except any period of National Service reservist duty or training;
- (f) On the death of the **insured member**;
- (g) Non-payment of the premium after the grace period; or
- (h) Any condition under Clause A of What you need to be aware– arises.

G. 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 Income or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

H. Dealing With disputes

Any dispute arising out of or in connection with this **policy** shall be referred to and finally resolved by arbitration administered by the Singapore International Arbitration Centre ("SIAC") in accordance with the Arbitration Rules of the Singapore International Arbitration Centre ("SIAC Rules") for the time being in force, which rules are deemed to be incorporated by reference in this clause. **You** must refer any dispute under **this policy** to arbitration within two (2) years from the date an event giving rise to the claim in dispute arises.

The seat of the arbitration shall be Singapore. The language of the arbitration shall be English. The Tribunal shall consist of one (1) arbitrator. Either party may propose to the other the name or names of one or more persons to be an arbitrator and if no agreement is reached within thirty (30) days after receipt by one party of such a proposal from the other, the arbitrator shall be appointed by the Chairman of the Singapore International Arbitration Centre. **We** will not be legally responsible under **this policy** unless **you** have first received an award under arbitration.

BENEFITS SCHEDULE – BEACON INTERNATIONAL COLLEGE PTE LTD

(A) Group Hospitalisation & Surgical Insurance Policy No. 2100515573

Benefits Schedule	Limits (SGD)
1) Daily Room & Board (max 120 days, incl. ICU)	⁴As charged in B1 wards (4-bedder) in Singapore Government / Singapore Government Restructured Hospitals up to the overall maximum limit per policy period
2) Intensive Care Unit	
3) Other Hospital Services (including surgical implants up to the benefit limit of \$500, whichever is lower)	
4) Surgical Expenses	
5) Daily In-hosp Physician's Consultation (max 120 days)	
6) Pre-hospitalisation Specialist Consultation (up to 90 days before admission) ¹	
7) Pre-hospitalisation Diagnostic X-ray & Lab Fees (up to 90 days before admission) ¹	
8) Post- hospitalisation Treatment (up to 90 days from discharge) ²	
9) Emergency Outpatient Treatment ³ (due to accident only) - includes dental treatment due to accident up to \$500 per year	
10) Ambulance Fee	
11) Claim Medical Report Fees	
12) Pro-ration factor will apply if student is admitted into a higher ward in Singapore Government / Restructured Hospitals or in private hospitals in Singapore	65%
13) Inpatient Psychiatric Treatment (with referral by General Practitioner or Specialist)	1,000
14) Death Benefit	5,000
15) Overall Maximum Limit Per Policy Period (Item 1 to 14)	30,000

¹ Must lead to hospitalisation and/or surgical procedure within 90 days

² For expenses incurred within 90 days from the date of discharge from hospital or day surgery.

³ Treatment must be sought by a Registered Medical Practitioner in a hospital/clinic or by a Chinese Physician or physiotherapist within 48 hours from time of accident; Follow-up charges incurred by a Registered Medical Practitioner or a Chinese Physician are covered up to 31 days from date of accident and for Chinese Physician not exceeding \$500 per accident.

⁴ Policy extends to cover eligible medical expenses arising from Covid-19 in a Community Hospital in Singapore

(B) Group Personal Accident Insurance Policy No. 2100515573

Benefits Schedule	Sum Assured Per Student (S\$)
Death or Permanent Disablement	\$20,000