

Group Hospital & Surgical Insurance Product Summary – Student Medical Insurance

Product Information

This is an expense reimbursement plan that helps to reduce the financial burden on the family of the Insured Member (herein known as a member who is insured under the Policy) in event he/she is hospitalized as result of illness or injury. The Company (herein known as Liberty Insurance Pte Ltd) will reimburse the following eligible expenses incurred according to the compensation 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 Insured Member is advised to refer to the actual terms and conditions in the Policy contract. Insured member is to consult his/her servicing agent should he/she requires further explanation.

Eligibility For Cover

Insured Member must be :-

- of age between 1 to 65 years; &
- a fee-paying student studying full or part-time in the Course by the Insured (herein known as The Policyholder); &
- covered under the IWC Scheme or Fee Protection Scheme (FPS)

Terms of Renewal

Coverage may be renewed on the Policy anniversary date by payment of the full annual premium. Premium will not be billed on pro-rated basis.

Non-Guaranteed Premium

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

Waiting Period

This plan does not have a waiting period in which benefits will not be payable.

Deductibles

There are no deductibles for this plan.

Co-Insurance

There is a co-insurance, payable by the Insured Member, if he/she is hospitalized in a ward higher than B1 in Singapore Government / Singapore Government Restructured Hospital or in a private hospital in Singapore or hospitalized in a hospital outside Singapore. Please refer to the Benefit Schedule on the co-insurance amount.

Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the Policy contract. The following is a list of some of the exclusions for this plan. The exclusions for this plan include, but are not limited to, the following conditions. Insured Member is advised to read the Policy contract for the full list of exclusions.

- **Pre-existing condition** – The pre-existing illness and conditions will only be covered after 12 months of continuous insurance commencing from the effective date of cover. Outpatient Kidney Dialysis and Cancer Treatment benefits arising from conditions being a pre-existing condition will be permanently excluded under the Policy.
- **Congenital Anomalies or Defect** – This plan does not cover congenital anomalies, sterilisation of either gender, pregnancy including childbirth, cesarean operation, miscarriage, abortion and any medical complications arising therefrom, medical complications arising from treatment relating to birth control, treatment to correct condition of infertility, impotency and varicocele.

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- **War or Military Service** – This plan does not cover injuries or sickness arising directly or indirectly from war, declared or undeclared, or any warlike operation, or from full time military, naval or air service (including national service).
- **Routine Examination, Drug, Alcoholism or Oral Treatment** – This plan does not cover routine physical examination; drug addiction or alcoholism; services for care and treatment of oral cavity.
- **Eye Refraction, Braces, Artificial Limbs, Hearing Aids or Non-Medical Personal Services** – This plan does not cover eye refraction or fitting of glasses, contact lens; procurement or use of special braces, prosthetic, appliances or equipment such as artificial limbs, hearing aids and non-medical personal services.
- **Plastic Surgery** – This plan does not cover reconstructive or plastic surgery, cosmetic treatment or surgery for beautification purposes.
- **Medical Check-up** – This plan does not cover hospitalization for the primary purposes of investigation and medical check-up.
- **Reasonable & Customary Charges** – This is defined as the general level of charges applicable in Singapore when furnishing similar or comparable treatment, services or supplies to individuals of the same gender and comparable age, for similar disease or injury. The benefit payable under this plan shall be the lower of the Reasonable and Customary in Singapore and those in the foreign country in which the Insured Member seeks similar medical treatment. .

Co-ordination of Benefits

The benefits payable under this plan shall be limited to the balance of expenses not covered by Work Injury Compensation Act, other group or individual insurance, any government programme or insurance

provided by any statute, subject to the limit as shown in the benefits schedule.

Termination of Insured Member's 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 Insured; or
- 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.

Claims Procedure

Insured Members are to submit the following documents to The Company within 30 days from the date of discharge from hospitalization, from the date of death or from the date the expenses were incurred for which the claim is made, whichever is applicable:

- Completed and duly signed Hospital & Surgical Claim Form;
- Final, original hospital bills / outpatient bills / receipts;
- Discharge summary / medical report

For more information, please contact:

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Group Hospital & Surgical Insurance Product Summary – Student Medical Insurance

Benefits Schedule

Coverage

- Necessary and reasonable medical charges incurred as a result of hospitalization and/or injury
- 24 hours coverage in Singapore and overseas (if student is involved in school-related activities)

Benefits Schedule	S\$
1. a) Daily Room & Board (R&B) ¹ b) Intensive Care Unit ¹	As charged in B2 ⁷ ward in Singapore Government / Singapore Government Restructured Hospitals
2. Hospital Miscellaneous Services	
3. Surgical Fees (Subject to Surgical Schedule – applicable to Private Hospitals only) ²	
4. In-Hospital Physician's Visits	
5. Pre-Hospitalization Specialist Consultation Fees ³	
6. Pre-Hospitalization Diagnostic X-Ray & Laboratory Test ³	
7. Emergency Outpatient Accidental Treatment ⁴	
8. Post Hospitalization Treatment ⁵	
9. Medical Report Fee ⁶	
10. Co-insurance will apply if Insured Member is warded in a higher ward in Singapore Government/ Restructured Hospitals or in private hospitals in Singapore or in hospitals outside Singapore	35%
Overall Maximum Limit Per Policy Period (S\$) (Item 1 to 9)	20,000
Additional Benefits (S\$)	
11. Outpatient Kidney Dialysis and Cancer Treatment	3,000
12. Mental Illness (admission to Institute of Mental Health only)	1,000
13. Special Grant	5,000
14. Personal Accident (Death / Permanent Disablement Scale II)	20,000

¹ Inclusive of meals, subject to overall maximum limit of 90 days including R&B

² For surgery procedures performed in private hospitals, the reimbursable amount is based on a percentage of the compensation limit as stated in the Schedule of Surgical Fees in the Policy. You may obtain a copy of the Schedule of Surgical Fees from The Company

³ Must lead to hospitalization and/or surgical procedure within 90 days.

⁴ Treatment must be sought in a hospital or clinic within 24 hours from time of accident and with proof of treatment received

⁵ For expenses incurred within 90 days from the date of discharge from hospital or day surgery

⁶ Reimbursement of medical report fee (maximum up to S\$100)

⁷ Free upgrade to B1 Ward in Singapore Government / Singapore Government Restructured Hospital

This Product Summary is subject to the terms and conditions of the Group Student Medical Insurance Policy issued by Liberty Insurance Pte Ltd.

Group Student Medical Insurance Frequently Asked Questions (FAQs)

1. What does the medical insurance cover?

The Policy provides cover for necessary and reasonable medical expenses incurred as a result of hospitalization and/or surgery arising from illness or injury.

2. Do I get my insurance certificate for the medical cover?

This is a group student medical insurance Policy, no individual insurance certificate will be given to Insured Members.

3. Which wards can I stay in and which Singapore Government/Restructured Hospitals can I go to for treatment?

You can seek treatment up to B1 ward at Singapore Government/Restructured Hospitals which are:

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

4. Will I be covered if I stay in a higher ward or private hospital?

There is co-insurance, payable by the Insured Member, if he/she is hospitalized in a ward higher than B1 in Singapore Government / Singapore Government Restructured Hospital or in a private hospital in Singapore or hospitalized in a hospital outside Singapore.

Co-insurance is the percentage amount of eligible medical expenses that Insured Member needs to bear and The Company will pay the remaining eligible medical expenses, subject to the maximum limit stated in the benefits schedule.

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

No. The Policy covers 24 hours coverage in Singapore and overseas (if Insured Member is involved in school-related activities).

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

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

7. Are pre-existing conditions covered?

The pre-existing illnesses and conditions will only be covered after twelve (12) months of continuous insurance commencing from the effective date of cover.

Outpatient Kidney Dialysis and Cancer Treatment benefits arising from conditions being a pre-existing condition will be permanently excluded under the Policy.

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

This is a medical expenses reimbursement plan that helps to reduce the financial burden of the Insured Member in event he/she is hospitalized.

Insured Member needs to settle the medical bills and any cash deposits directly with the hospital and retain all original bills and receipts to be submitted to The Company.

9. Can I claim for outpatient services or treatment for illness?

Hospital/GP outpatient services for illness (eg. consultation for common cold or fever) are not covered.

Group Student Medical Insurance Frequently Asked Questions (FAQs)

10. Is outpatient treatment after an accident covered?

Yes, treatment must be sought in a hospital or clinic within 24 hours from time of accident and must be supported by attending doctor's statement. Eligible expenses incurred thereafter for follow-up treatment will be reimbursed up to 31 days from the date of the Accident.

11. How and when do I make a claim?

Please submit the following documents within 30 days from the date of discharge from hospital through Insured Member's private education institution/school:

- Completed and duly signed Hospital & Surgical Claim Form;
- Final, original hospital bills / outpatient bills/ receipts;
- Discharge summary / medical report

12. How will I be reimbursed?

Insured Member will receive the claim amount in cheque or via GIRO payment to his/her designated bank account stated on the claim form.

If Medisave savings was used, The Company will credit the respective amount to CPF Board accordingly.

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

Upon submission of all required documents, approved claims will be settled within 30 days.

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

Insured Member will be notified through his/her private education institution/school.

15. When will my insurance end?

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 Insured; or
- 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.

16. If I terminate my cover, can I get a refund?

There is no premium refund for early termination of the Insured Member or Policy before the expiry date.

For more information, please contact:

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The Policy is subjected to the terms and conditions of the Group Student Medical Insurance Policy issued by Liberty Insurance Pte Ltd.

Group Personal Accident Insurance

Product Summary

(Additional Benefit to Student Medical Insurance)

Product Information

This insurance plan will pay a lump sum benefit when the Insured Member sustains accidental bodily injury listed in the attached Schedule of Benefits. Bodily injury must be injury caused solely and directly by accident only within 12 months from the date of such accident.

Key Product Provisions

The following are some key provisions found in the Policy contract of this product. This is only a brief summary and Insured Member is advised to refer to the actual terms and conditions in the contract. Insured Member is to consult his/her servicing agent should he/she requires further explanation.

Eligibility For Cover

Insured Member must be :-

- of age between 1 to 65 years ; &
- a fee-paying student studying full or part-time in the Course by the Insured ; &
- covered under the IWC Scheme or Fee Protection Scheme (FPS)

Commencement of Coverage

The cover will commence on the date that The Company approves Insured Member's insurance application.

Terms of Renewal

Coverage may be renewed on the Policy anniversary date by payment of the full annual premium. Premium will not be billed on pro-rated basis.

Non-guaranteed Premium

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

Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the Policy contract. The following is a list of some of the exclusions for this plan. The exclusions for this plan include, but are not limited to, the following conditions. Insured Member is advised to read the Policy contract for the full list of exclusions.

- **Self-inflicted Injury** – No benefits will be payable if the Insured Member deliberately causes his/her own injury while sane or insane.
- **War or Military Service** – No benefits will be payable for injuries arising directly or indirectly from war, declared or undeclared or any warlike operation.
- **Participation in racing on wheels** – No benefits will be payable for injuries arising directly from participation in racing on wheels.
- **Direct participation in a riot, civil commotion or committing a criminal offence** No benefits will be payable for injuries arising directly from participation in a riot or civil commotion, violation or attempted violation of law, resistance to lawful arrest or imprisonment.
- **Crews of aircraft or air travel (other than as a passenger in a fully licensed passenger aircraft)** No benefits will be payable for injuries arising directly or indirectly from traveling in any type of aircraft other than as a fare-paying passenger on a licensed commercial aircraft.

Free Look Period

There is no free look period.

Group Personal Accident Insurance

Product Summary

(Additional Benefit to Student Medical Insurance)

Claim Procedure

To make a claim under the Policy, the claimant making the claim must send us:

- a completed claim form;
- death certificate (if it is for death claim);
- a copy of police report;
- medical report from the doctors who treated the Insured Member at his/her own expense;

For more information, please contact:

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Termination of Insured Member's 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
- 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.

Group Personal Accident Insurance Product Summary (Additional Benefit to Student Medical Insurance)

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	
<u>Area</u>	<u>Damage as a Percentage of Total Body Surface Area</u>
- Head	Equals to or greater than 2% but less than 5%
	Equals to or greater than 5% but less than 8%
	Equals to or greater than 8%
- Body	Equals to or greater than 10% but less than 15%
	Equals to or greater than 15% but less than 20%
	Equals to or greater than 20%
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.	

This Product Summary is subject to the terms and conditions of the Group Student Medical Insurance Policy issued by Liberty Insurance Pte Ltd.