

## PRODUCT SUMMARY

### STUDENT MEDICAL INSURANCE - GROUP HOSPITAL AND SURGICAL (GHS)

#### Coverage

- a) Necessary and reasonable medical treatment/hospital charges incurred due to illness and/or injury
- b) Twenty-four (24) hours coverage in Singapore and Overseas (if Insured Person is involved in school-related activities)

SCHEDULE OF BENEFITS	PLAN 1 (S\$)
<b>Annual Limit Per Insured Person Per Policy Period (Item 1 to 13)</b>	<b>S\$20,000</b>
1. Singapore Government/Restructured Hospital - 4 to 6 Bed (B1/B2/C Ward) a) Daily Room and Board b) Intensive Care Unit c) High Dependency Ward (inclusive of meals provided by hospital, up to 120 days)	As Charged
2. Hospital Miscellaneous Services	As Charged
3. Surgical Fees	As Charged
4. In-Hospital Physician's Visits	As Charged
5. Pre-Hospitalisation Specialist Consultation Fees (up to 120 days before hospitalisation or day surgery)	As Charged
6. Pre-Hospitalisation Diagnostic X-Ray & Laboratory Test (up to 120 days before hospitalisation or day surgery)	As Charged
7. Emergency Outpatient Treatment due to Accident (treatment must be sought in a hospital/clinic within 24 hours from time of Accident and up to 31 days for follow up treatment of the same condition from date of Accident) Extended to cover dengue fever, insect/ animal bites, food/drinks poisoning	As Charged
8. Emergency Dental Treatment / Registered Traditional Chinese Physician (TCM) Treatment due to Accident (treatment must be sought in a hospital/clinic within 24 hours from time of Accident and up to 31 days for follow up treatment of the same condition from date of Accident)	S\$1,000
9. Post-Hospitalisation Treatment (up to 120 days after discharge from hospital)	As Charged
10. Ambulance Fee	S\$150
11. Medical Report Fee	S\$100
12. Hospitalisation expenses arising from infectious diseases including COVID-19	As Charged
13. Pro-Ration Factor (the policy will pay the stated percentage if the Insured Person is admitted to a higher ward in Singapore Government/Restructured Hospital OR in a private hospital in Singapore OR in an overseas hospital during school-related activities)	65%
<b>FREE COVER - ADDITIONAL BENEFITS</b>	
14. Outpatient Kidney Dialysis and Cancer Treatment	S\$3,000
15. Inpatient Psychiatric Treatment (admission to Institute of Mental Health only)	S\$1,000
16. Special Grant	S\$5,000
17. Personal Accident (Death/Permanent Disablement Scale II)	S\$20,000



## Product Information

This is a medical expense reimbursement policy in the event the Insured Person is hospitalised as result of illness or injury. The Company will reimburse the eligible medical expenses incurred according to the compensation limits set out in the Schedule of Benefits.

## Key Product Provisions

The following are some key provisions extracted from the Policy Wording. This is only a brief product summary, and Insured Person is advised to refer to the terms and conditions stated in the Policy Wording.

## Cover to Resident of Singapore

The policy covers Resident of Singapore only.

Resident of Singapore refers to Singapore Citizens and Permanent Residents (holders of re-entry permits) as well as holders of employment passes, work permits, students' passes or dependants' passes and ordinarily residing in Singapore.

If the Insured Person is overseas for a period more than one hundred and eighty (180) days, the insurance cover will cease automatically.

## Eligibility

A person will be eligible for cover under the Policy if such person:

- a) is a registered student with the policyholder; and
- b) is before age 65 (age next birthday); and
- c) is studying on a full-time or part-time basis; and
- d) is a Resident of Singapore; and
- e) is not otherwise disqualified from participating in the Policy under our prevailing terms and conditions.

## Pro-Ration Factor

If the Insured Person received medical treatment or is admitted to a ward or Hospital type higher than what the Insured Person is entitled to under the policy, either as an Inpatient or for Day Surgery, the policy will pay up to stated limit of the eligible Reasonable and Customary charges (excluding Daily Room and Board) subject to the maximum limit stated in the Policy Schedule. For upgrade in bed type or hospital type, the Daily Room & Board amount will be capped at the highest amount charged by a Hospital in Singapore for the entitled bed type and Hospital type. Please refer to the Schedule of Benefits on the pro-ration amount.

## Government Restructured Hospital

For the full list of Government Restructured Hospital, please refer to website: ([gov.sg](http://gov.sg) | [Hospitals \(sgdi.gov.sg\)](http://Hospitals.sgdi.gov.sg)). The following Government Restructured Hospitals includes but not limited to as follows:

- a) Alexandra Hospital
- b) Changi General Hospital
- c) Institute of Mental Health
- d) Khoo Teck Puat Hospital
- e) KK Women's and Children's Hospital
- f) National University Hospital
- g) Ng Teng Fong General Hospital/Jurong Community Hospital
- h) Sengkang General Hospital
- i) Singapore General Hospital
- j) Tan Tock Seng Hospital
- k) Woodlands Health Campus
- l) Yishun Community Hospital
- m) Yishun Health



### **Private Hospital**

The following Private Hospitals includes but not limited to as follows:

- a) Concord International Hospital
- b) Farrer Park Hospital
- c) Gleneagles Hospital
- d) Mount Alvernia Hospital
- e) Mount Elizabeth Hospital
- f) Mount Elizabeth Novena Hospital
- g) Parkway East Hospital
- h) Raffles Hospital
- i) Thomson Medical Centre

### **Policy Exclusions**

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

1. Charges which are not for actual, necessary and Reasonable and Customary expenses incurred for the treatment of the Illness or Injury.
2. The pre-existing illnesses and conditions during the first twelve (12) months of continuous cover. Outpatient Kidney Dialysis and Cancer Treatment Benefits arising from conditions being a Pre-Existing Illness will be permanently excluded under the Policy.
3. Outpatient treatment not related to in-patient treatment or day surgery, except Emergency Outpatient Treatment due to Accident as stated in the Schedule of Benefits.
4. Costs resulting from influence of alcohol, narcotics or drugs, suicide, attempted suicide or self-inflicted Injuries regardless of the Insured Person's mental condition, criminal act of the Insured Person and sexually transmitted diseases, or treatment which in anyway arises from, is attributable to, or is consequential upon Acquired Immune Deficiency Syndrome (AIDS), AIDS related Complex Syndrome (ARCS) and all diseases caused by and/or related to the virus HIV positive.
5. Treatment for Injuries or diseases arising from or consequent upon war (whether declared or undeclared), riot, civil commotion, civil war, invasion, acts of foreign enemies, hostilities, rebellion, mutiny, revolution, insurrection or military or usurped power confiscation or nationalization by or under the order of any government or public or local authority nuclear energy (nuclear reactions radiation contamination) illegal act and full-time service in any of the uniform groups except reservist duty or training.
6. Routine medical examination (including vaccinations, the issue of medical certificates and attestations), routine eye and ear examinations, refractive errors of the eyes constructive or plastic surgery, cosmetic treatment and other elective treatment for beautification purposes.
7. Gender reassignment surgery or therapy.
8. Confinement in Hospital to facilitate the taking of x-ray or conduct of routine tests, eye examinations, refractive errors of the eyes (including spectacles & lenses), or tests of the ear (including hearing/conduction tests).
9. Procurement or use of special braces, implants, prosthesis, appliances or equipment such as artificial limbs, hearing aids, spectacles, special braces, lenses, wheelchairs and other prosthetic device.
10. Dental care and treatment (including oral surgeries) except Emergency Dental Treatment due to Accident to sound natural teeth as stated in the Schedule of Benefits.
11. Pregnancy including childbirth, caesarean operation, abortion, ectopic pregnancy, hydatidiform mole, miscarriage, treatments against infertility, sterilization and contraception.



12. Treatments relating to birth defects, congenital illness or abnormalities and hereditary conditions.
13. Charges for private nursing, consultation with a general practitioner, routine health checks, precautionary services or preventive care, acupuncture and inoculation and charges for administrative expenses, telephone, television, newspapers and other ineligible non-medical items whilst as an in-patient.
14. Services or treatment of any institution that is mainly long term care facility like convalescent and nursing homes, nature cure clinics, spa, hydro-clinic or sanatorium and establishments that provides only incidental or limited Hospital services.
15. Treatment arising from any physiotherapy, geriatric, psycho- geriatric, psychiatric conditions except Inpatient Psychiatric Treatment (admission to Institute of Mental Health only) as stated in the Schedule of Benefits.
16. Acquisition of any organ itself and all expenses incurred by the donor.
17. Treatment by a family member.
18. Treatment that is not scientifically/medically recognized.
19. Expenses recoverable from a third party, including Workmen's Compensation Insurance or any other group or Individual Insurance policies, any governmental programme or Insurance provided by law.
20. Weight management related treatment including obesity, weight reduction and weight improvement.
21. All types of sleep disorder including snoring, insomnia, obstructive sleep apnea or sleep study test
22. Racing of any form other than on foot and Injury related to participation in professional sports.
23. Air travel other than as a fare-paying passenger on a licensed commercial aircraft.
24. Violation or attempted violation of law, or resistance to lawful arrest or imprisonment.
25. Any diagnosis, procedure, treatment, care or other medical services which are not necessary or not recommended by a Medical Practitioner or Specialist.

**Co-ordination of Benefits /Subrogation**

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.

We must be informed without delay of circumstances where a claim against a third-party can be made. The recipients of benefits shall use their best endeavors to recover the amount of benefit paid from any third-party against whom a claim for recovery can be made and shall account and pay over to Us for any amount so recovered from the third-party.



## Termination of Cover

Cover ceases for the Insured Person:

- a) on the date of termination of the Policy; or
  - b) on Insured Person's 65<sup>th</sup> birthday; or
  - c) on the premium due date if the Insured fails to pay the required premium for the Insured Person; or
  - d) on the date on which the Insured Person 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
  - e) if the Insured Person dies, regardless of the cause of death; or
  - f) when the Company terminate the Policy due to war (declared or undeclared); or
  - g) if the Insured Person remains outside of Singapore for a period more than one hundred and eighty (180) consecutive days,
- whichever occurs first.

## Claim Procedures

Written notice and proof of the claim must be given to Us within thirty (30) days from:

- a) the date of the death; or
- b) the date of discharge from hospitalisation; or
- c) the date on which the expenses were incurred for which the claim is made

We will only consider a claim if:

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

We reserve the right to require the Insured Person or Insured Person's legal representative to furnish at own expense all original documents as reasonably required regarding the claim and to instruct any Medical Practitioner, Hospital etc. presently or previously treating the Insured Person to release such information to Us, also concerning previous medical history of the Insured Person as may be required.

It is explicitly stipulated that failure to perform any of the above-mentioned obligations by the Insured Person or Insured Person's legal representative results in loss of entitlement to benefits under the terms of this Policy. Payment of all claims and benefits will be made in Singapore currency.

## Sanction Limitation and Exclusion Clause

This Policy shall not be deemed to provide any cover or benefit, or pay any claim, to the extent that the provision of such cover or benefit or payment of such claim would expose the Company to any sanction, prohibition or restriction under the United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or any jurisdiction applicable to the Company.

## 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 us ([servicecenter@libertyinsurance.com.sg](mailto:servicecenter@libertyinsurance.com.sg)) or visit the GIA/LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg))

**Please refer to the policy wording for the terms and conditions of the Group Student Medical Insurance Policy issued by Liberty Insurance Pte Ltd.**

**For more information on Student Medical Insurance, please contact our exclusive agency: Enrich Advisory Pte Ltd, (Agency Code: A1195):**

Genna Ang	Mobile: 96715922	Email: <a href="mailto:genna@enrichadvisory.com">genna@enrichadvisory.com</a>
Christina Chng	Mobile: 97602569	Email: <a href="mailto:christina@enrichadvisory.com">christina@enrichadvisory.com</a>



## PRODUCT SUMMARY

### STUDENT MEDICAL INSURANCE - GROUP PERSONAL ACCIDENT INSURANCE (GPA)

#### Product Information

Group Personal Accident is a Free Cover attaching to STUDENT MEDICAL INSURANCE - GROUP HOSPITAL AND SURGICAL (GHS). This insurance plan will pay a lump sum benefit when the Insured Person sustains accidental bodily injury listed in the attached Schedule of Benefits. Bodily injury must be injury caused solely and directly by accident only within twelve (12) months from the date of such accident.

#### Key Product Provisions

The following are some key provisions extracted from the Policy Wording. This is only a brief product summary and Insured Person is advised to refer to the terms and conditions stated in the Policy Wording.

#### Policy Exclusions

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

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



## Claim Procedures

We will only consider a claim if:

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

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

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

THE TABLE OF BENEFITS	
ITEM	THE COMPENSATION
1.DEATH	THE CAPITAL SUM
2.PERMANENT DISABLEMENT resulting in:	PERCENTAGES OF THE SUM INSURED (Scale II)
Loss of two limbs	100%
Loss of both hands or of all fingers and both thumbs	
Total loss of sight of one eye or both eyes	
Total paralysis	
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	50%
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	25%
- both phalanges	
- one phalanx	10%
Loss of index finger	10%
- three phalanges	
- two phalanges	
- one phalanx	8%
Loss of middle finger	6%
- three phalanges	
- two phalanges	
- one phalanx	4%
Loss of ring finger	5%
- three phalanges	
- two phalanges	
- one phalanx	4%
Loss of little finger	4%
- three phalanges	
- two phalanges	
- one phalanx	3%
Loss of metacarpals	3%
- first or second (additional)	
- third, fourth or fifth (additional)	2%
Loss of toes	15%
- all	
- great, both phalanges	
- great, one phalanx	
- other than great, if more than one toe lost, each	5%
	2%
	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%	50%
	Equals to or greater than 5% but less than 8%	75%
	Equals to or greater than 8%	100%
- Body	Equals to or greater than 10% but less than 15%	50%
	Equals to or greater than 15% but less than 20%	75%
	Equals to or greater than 20%	100%
Permanent total loss of use of member shall be treated as loss of member Where the injury is not specified under Scale II the Company will adopt a percentage of disablement which in its opinion is not inconsistent with provisions of Scale II		
The company shall not be liable to pay in respect of items 1 and 2 together more than 100% of the capital sum in respect of the same accident or in any one period of insurance.		
Death or permanent disablement in respect of items 1 or 2 respectively must occur within twenty-four months of the event giving rise to the injury.		

#### Sanction Limitation and Exclusion Clause

This Policy shall not be deemed to provide any cover or benefit, or pay any claim, to the extent that the provision of such cover or benefit or payment of such claim would expose the Company to any sanction, prohibition or restriction under the United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or any jurisdiction applicable to the Company.

#### 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 us (servicecenter@libertyinsurance.com.sg) or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or [www.sdic.org.sg](http://www.sdic.org.sg))

**Please refer to the policy wording for the terms and conditions of the Group Student Medical Insurance Policy issued by Liberty Insurance Pte Ltd.**

**For more information on Student Medical Insurance, please contact our exclusive agency: Enrich Advisory Pte Ltd, (Agency Code: A1195):**

Genna Ang	Mobile: 96715922	Email: genna@enrichadvisory.com
Christina Chng	Mobile: 97602569	Email: christina@enrichadvisory.com

