

GROUP STUDENT MEDICAL INSURANCE POLICY

1. INTRODUCTION

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

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

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

2. GEOGRAPHICAL COVER

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

3. POLICY PERIOD

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

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

The Policy is renewable at the option of the Company.

4. DEFINITIONS

- a) "Accident" shall mean an unexpected, unforeseen and unintentional event.
- b) "Age" shall mean Age next birthday.
- c) "Course" shall mean a study or training programme offered or provided by the Private Education Institute and enrolled by the Insured Member.
- d) "The Company" shall mean "Liberty Insurance Pte Ltd".
- e) "Day Surgery" shall mean Surgery on an Insured Member for the treatment of an Illness or Injury and which is carried out by a Physician, at a Hospital or clinic, but not on an Inpatient basis.
- f) "Hospital" shall mean only an establishment duly constituted and registered as a Hospital for the care and treatment of sick and injured persons, as bed-paying patients, and which
 - i) has facilities for diagnosis and major surgery;
 - ii) provides 24 hours a day nursing services by registered graduate nurses;
 - iii) is under the supervision of a Medical Practitioner; and
 - iv) is not primarily a nature cure clinic, a place for alcoholics or drugs addicts, a nursing, rest or convalescent home or similar establishment, or home for the aged.
- g) "Hospitalisation" shall mean the period during which a person is registered as an inpatient at a Hospital to receive Medical Treatment as recommended by a Medical Practitioner or Specialist.

- h) "Overseas Hospitalisation" shall mean Hospitalisation outside of Singapore and which must be the result of Illness or Injury suffered by the Insured Member whilst participating in school related assignments/activities. Subject to Pro-Ration Factor as stated in the Policy Schedule. No benefits will be payable under this Policy if the Insured Member is hospitalised overseas for non-school related assignments/activities.
- i) "Illness" shall mean a physical condition, marked by a pathological deviation from the normal healthy state.
- j) "Injury" shall mean bodily Injury caused solely and directly by an Accident. Except for internal Injury which can only be revealed by an autopsy, the Injury can be seen as a visible contusion or wound on the exterior of the body.
- k) "Insured Member" shall mean a member(s) who is insured under this Policy.
- l) "Insured" shall mean the Policyholder, the owner(s) of the Policy as named in the Policy Schedule.
- m) "International Student" shall mean student who holds a valid student's pass issued by the Immigration and Checkpoints Authority (ICA) bearing the name of the Policyholder. It does not include student who hold other passes issued by the Immigration and Checkpoints Authority (ICA).
- n) "Local Student" shall mean Singapore Citizen / Singapore Permanent Resident student and International student who hold passes other than student's pass.
- o) "Mental Illness" shall mean a psychological or behavioral pattern that is generally associated with distress or disability and which is not considered part of normal development or a person's culture. Assessment must be carried out by psychiatrists or psychologists.
- p) "Medical Practitioner" or "Surgeon" shall mean only a person qualified by degree in western medicine and legally licensed and duly qualified to practice medicine and surgery authorised in the geographical area of his practice.
- q) "Medical Treatment" shall mean any consultation, diagnosis, procedure, treatment, care or other medical services provided by a Medical Practitioner or Specialist.
- r) "Necessary and Reasonable Charges" shall mean the charges incurred for Medical Treatment and imposed by a Hospital or a Medical Practitioner which is appropriate, consistent with the accepted medical standards and could not have been omitted without adversely affecting a person's medical condition. The charges must not exceed the general level of the charges of other Hospitals or Medical Practitioners providing the same Medical Treatment.
- s) "Pre-Existing Illness" shall mean any condition which existed or have developed symptoms or there exist manifestation of Illness or Medical Treatment have been sought on drugs and medicine have been prescribed before the commencement date of cover in respect of any Insured Member of which the Insured Member was aware or should reasonably have been aware or based on normal medically accepted physical or pathological development of the Illness or Illnesses.
- t) "Pro-Ration Factor" shall mean if the Insured Member received treatment or is admitted to a ward or Hospital type higher than what he is entitled to under the policy, either as an Inpatient or for Day Surgery, the policy will pay the stated percentage 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.

- u) "Policy" shall mean this agreement, all schedule riders, endorsements and any amendments signed by an authorised officer of the Company the application (if any) of the Insured and any individual health declaration form or any other form signed by the Insured Member or the Insured constituting the entire contract.
- v) "Policy Schedule" shall mean the schedule attached to this Policy which sets out the key terms like the name of the Insured or Policyholder, period of insurance, schedule of benefits, overall maximum limit per Policy year, etc.
- w) "Period of Insurance" shall mean the period of cover shown in the Policy Schedule and for any following period, for which cover is extended by mutual agreement.
- x) "Private Education Institution (PEI)" refers to the private education institution registered with the Council for Private Education (CPE) / Singapore Authorities.
- y) "Resident of Singapore" shall mean Singapore Citizens and Permanent Residents (holders of re-entry permits) as well as holders of employment passes, work permits, students' passes or dependants' passes.
- z) "Specialist" shall mean a Medical Practitioner who is registered and licensed as such and who is categorised by the relevant health authorities as a Medical Practitioner with special expertise in a specific area of medicine.

5. DESCRIPTION OF BENEFITS

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

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

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

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

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

The Schedule of Surgical Benefits will not apply where :-

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

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

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

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

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

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

Outpatient Kidney Dialysis Treatment

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

Outpatient Cancer Treatment

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

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

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

6. EXCLUSIONS

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

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

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

- c) outpatient treatment not related to in-patient treatment or day surgery, except as a result of an Accident.

- d) costs resulting from influence of alcohol, narcotics or drugs, suicide, attempted suicide or self-inflicted Injuries regardless of the Insured Member's mental condition, criminal act of the Insured Member and sexually transmitted diseases, or treatment which in anyway arises from, is attributable to, or is consequential upon Acquired Immune Deficiency Syndrome (AIDS), AIDS related Complex Syndrome (ARCS) and all diseases caused by and/or related to the virus HIV positive.
- e) treatment for Injuries or diseases arising from or consequent upon war (whether declared or undeclared), riot, civil commotion, civil war, invasion, acts of foreign enemies, hostilities, rebellion, mutiny, revolution, insurrection or military or usurped power confiscation or nationalization by or under the order of any government or public or local authority nuclear energy (nuclear reactions radiation contamination) illegal act and full-time service in any of the uniform groups except reservist duty or training.
- f) routine medical examination (including vaccinations, the issue of medical certificates and attestations), routine eye and ear examinations, refractive errors of the eyes constructive or plastic surgery, cosmetic treatment other elective treatment for beautification purposes.
- g) procurement or use of special braces, implants, prosthesis, appliances or equipment such as artificial limbs, hearing aids, spectacles, special braces, lenses, wheelchairs and other prosthetic device.
- h) dental care and treatment (including oral surgeries) except emergency treatment to sound natural teeth damaged during an Accident.
- i) pregnancy including childbirth, caesarean operation, abortion, ectopic pregnancy, hydatidiform mole, miscarriage, treatments against infertility, sterilization and contraception.
- j) treatments relating to birth defects, congenital illness or abnormalities and hereditary conditions.
- k) charges for private nursing, consultation with a general practitioner, routine health checks, precautionary services or preventive care, acupuncture and inoculation and charges for administrative expenses, telephone, television, newspapers and other ineligible non-medical items whilst as an in-patient.
- l) services or treatment of any institution that is mainly long term care facility like convalescent and nursing homes, nature cure clinics, spa, hydro-clinic or sanatorium and establishments that provides only incidental or limited Hospital services.
- m) treatment arising from any physiotherapy, geriatric, psycho-geriatric, psychiatric conditions other than covered under Mental Illness under Description of Benefits section.
- n) acquisition of any organ itself and all expenses incurred by the donor.
- o) treatment by a family member.
- p) treatment that is not scientifically/medically recognized.
- q) expenses recoverable from a third party, including Workmen's Compensation Insurance or any other group or Individual Insurance policies, any governmental programme or Insurance provided by law.
- r) treatment for obesity, weight reduction and weight improvement.
- s) sleep apnoea

- t) participating in racing on wheels
- u) air travel other than as a fare-paying passenger on a licensed commercial aircraft.
- v) violation or attempted violation of law, or resistance to lawful arrest or imprisonment.
- w) any diagnosis, procedure, treatment, care or other medical services which are not necessary or not recommended by a Medical Practitioner or Specialist.

7. MEMBER'S PARTICIPATION / ELIGIBILITY

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

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

"Resident of Singapore" means Singapore Citizens and Permanent Residents (holders of re-entry permits) as well as holders of employment passes, work permits, students' passes or dependants' passes.

An Insured Member who is not a Resident of Singapore, (eg. students on online courses), will be covered subject to review. For students residing overseas/ in home country, please provide details (Name / NRIC or Fin no. or ID / Nationality / Country of residence) for our review and we reserve to rights to decline cover.

An Insured Member's Cover will cease automatically if he remains outside of Singapore for a period in excess of one hundred eighty (180) consecutive days.

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

- Applicable to those students who arrives in Singapore with an in-principle approval (IPA) for student pass document from Immigration & Checkpoint Authority (ICA) bearing the Insured's name:-
 - i) After completion of the Stay-Home-Notice (SHN) and tested negative for swab test performed for Covid-19
 - ii) After completion of swab test and confirmed negative for Covid-19 if the student is not required to serve Stay-Home-Notice (SHN).
- Course commencement date – applicable to all other students.

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

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

8. LIMITATION OF BENEFITS

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

9. MINIMUM PERIOD OF HOSPITALISATION

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

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

10. DECLARATION OF STUDENT ENROLMENT AND PREMIUM ADJUSTMENT

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

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

11. TERMINATION OF COVER

Cover ceases for the Insured Member:-

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

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

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

12. CANCELLATION

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

13. PREMIUM PAYMENT

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

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

14. NOTICE AND PROOF OF CLAIM

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

- the date of the death; or
- the date of discharge from Hospitalisation; or

- the date on which the expenses were incurred for which the claim is made.

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

The Company will only consider a claim if:

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

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

15. FRAUD

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

16. CURRENCY EXCHANGE RATE

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

17. OTHER INSURANCE

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

18. LEGAL PROCEEDINGS

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

No legal action may be brought against us:

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

19. ALTERATIONS

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

20. CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 2001

A person who is not a party to this Policy contract shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.

21. NON GUARANTEED PREMIUM

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

22. DESPATCH OF DOCUMENTS, CHEQUES AND NOTICES



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

23. REINSTATEMENT

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

24. RENEWAL

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

25. PROPER RECORDS

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

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

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

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

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

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

26. ASSIGNMENT

The Benefits under this Policy may not be assigned.

27. NOTICES

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

28. PREMIUM WARRANTY CLAUSE

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

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

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

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



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

OR

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

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

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

OR

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

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

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

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

Description of Surgical Benefits	Surg %
1. Abdomen	
Appendectomy	50
Biopsy of pancreas	45
Cholecystotomy, drainage of removal of calculus/gall stones	60
Cholecystotomy, removal of gall bladder	65
Colon resection, partial with or without colostomy	50
Colon resection, total	100

Gastric or duodenal ulcer, perforation, closure of	75
Gastro-enterostomy/Gastro-jejunostomy	75
Gastroscopy and/or duodenoscopy, diagnostic	15
Gastroscopy and/or duodenoscopy, operative	30
Gastrostomy (opening into the stomach / with exploration or foreign body removal)	60
Gut, resection of	100
Gastrectomy, total or partial resection of stomach	100
Hepatectomy (resection of liver) partial lobectomy	75
Intestinal obstruction, acute	100
Laparotomy, exploratory	55
Liver Biopsy	20
Pancreatectomy, total or sub-total	75
Splenectomy, removal of spleen	65

2. Abscess	
Incision and drainage of abscess, boil, Furuncle or carbuncles; one or more	

- Simple, not requiring hospitalization	5		
- Requiring hospitalization	20		
3. Amputation of			
Arm, upper, forearm, entire hand or foot	55		
fingers, thumbs or toes; primary or secondary, any joint or phalanx, single, including neurectomies with direct closure	20		
Hip joints	100		
Leg, through tibia and fibula	55		
Shoulder joint or blade (interscapulo-thoracic)	100		
Thigh, between hip and knee	75		
Wrist, distal to metacarpals	30		
4. Breasts			
Biopsy of breasts, incisional	20		
Excision of cyst, fibro-adenoma or other benign tumor, aberrant breast tissue, duct lesion or nipple lesions	25		
Mastectomy, simple	50		
Mastectomy, radical, including breast, pectoral muscles and axillary lymph nodes, unilateral	75		
5. Chest			
Artificial pneumothorax, induction of initial	12		
Refills, each but not more than six	5		
Bronchoscopy, diagnostic, rigid bronchoscope	20		
Bronchoscopy, operative, excluding Biopsy	30		
Cardiomyolysis (removal of portion of chest walls)	100		
Cardiac heart, requiring sutures of wall/repair with bypass	100		
Intrathoracic or intra-abdominal aneurysm	100		
Lobectomy, total or sub-total/segmental	90		
Hepatectomy partial Lobectomy, wedge resection or enucleation of lesion, single or multiple	75		
Lung, complete removal or portion of	90		
Pericardium, opening and draining	75		
Pneumonectomy, total	100		
Thoracoplasty, complete	100		
Thoracotomy, exploratory	50		
Thoracotomy, removal of pus, tapping excepted	12		
6. Circulatory System			
Intra-abdominal aortic aneurysm (circumscribed dilation of aorta/with or without ileo-femoral)	100		
Intrathoracic aortic aneurysm-transverse arch graft	100		
Transvenous placement of endocardial pacemaker	30		
7. Dislocations and Joints			
Ankle dislocation, closed or open, reduction	60		
Arthroscopy	20		
Hip dislocation, closed or open, reduction	65		
Knee dislocation, open with uncomplicated Soft tissue closure, manipulative reduction	40		
Shoulder dislocation, open, with uncomplicated soft tissue closure, manipulative reduction	30		
Tarsal bone dislocation, closed or open reduction with or without skeletal fixation	35		
Wrist dislocation, closed or open reduction			
8. Ear			
Ear operation for epithelioma of Fenestration, one or both sides	20	100	
Mastoidectomy			
- simple	50		
- radical	80		
Myringoplasty	65		
Myringotomy for otitis media	15		
Removal of adenoids alone	10		
Removal of aural polypi	5		
Stapes, mobilisation	60		
Tympanoplasty, with mastoidectomy	100		
Tympanoplasty, with ossicular chain reconstruction	100		
9. Esophagus			
Esophagoscopy	20		
Esophagus, operation for stricture	37.5		
Esophagus, resection of	100		
10. Excision of Fixation by Cutting			
Ankle dislocation, closed or open, Reduction	50		
Bone, removal of, diseased position of femur, tibia, humerus or fibula	40		
Hip joint, shoulder or spine	75		

Lesser bones	20	lymphadenectomy	100
Synovectomies of ankle and toes	40	Cystoscopy – diagnostic	5
11. Eye		- with minor endoscopic procedure (e.g. biopsy)	10
Cataract, removal of	60	Dilation and curettage, non-puerperal	25
Detached retina, operation of	75	Exploration for undescended testis, unilateral	40
Eyeball, removal of	45	Evacuation of foreign bodies from the bladder	25
Foreign body, removal of, from cornea	5	Hydrocele, radical care of	30
Glaucoma or trauma	45	Hysterectomy, radical for cancer with complete removal of tubes and ovaries	75
Pterygium, excision or transposition or removal of	15	with or without appendectomy	65
Style or chalazion, incision of	7	Kidney hemorrhage due to accident	75
12. Fractures, Treatment of		Fixation of	75
Simple, closed reduction :		Removal of, with total ureterectomy & bladder cuff	85
Ankle, carpal bone, metacarpal, phalanges, tarsal bone	20	Removal of stone	50
Elbow	15	Laparascopy	20
Hip	65	Myomectomy, single or multiple, excision of fibroid tumor of uterus-abdominal approach	60
Lower jaw or patella	15	Orchidectomy, simple, unilateral	30
Radius & ulna	20	Renal homotransplantations with Unilateral recipient neprectomy	100
Shoulder, knee	50	Salpingectomy or oophorectomy or both, unilateral or bilateral, independent procedure	55
Thoracic or lumbar spine (closed or open)	95	Testicles – Castration for growth or tuberculosis of	33
Tibia and Fibula	20	- Open testicular biopsy	10
Wrist	15	Transurethral resection of prostate	75
Compound fracture – the limit is twice the amount for the corresponding simple fracture treated by closed reduction subject to a max of 100% Hallux Valgus (Bunion), operation for Single	25	Endoscopic means – partial removal	30
Bilateral	50	Ureter, removal of stone	85
Meniscectomy (removal of semilunar cartilage of knee)	50	Urethra, Stricture of, open operation	30
Osteomyelitis of long bones, Acute	75	Intra-urethral cutting operation	15
Chronic	60	Varicocele, epididymectomy	
Release of carpal tunnel	30	Excision of - single	25
13. Genito – Urinary Tract		- bilateral	35
Cystorrhaghy: suture of bladder wound, Injury or rupture, simple	60	14. Goitre	
Bladder, removal of growths by abdominal surgery	60	Hemithyroidectomy	40
Bladder, removal of growths by diathermy	40	Lymphatic glands	
Bladder, removal of stone	75	- Removal of malignant tumours of	100
Circumcision, surgical excision other than clamp or dorsal slit, except newborn	15	- Removal of tumours for diagnosis or adenoma of thyroid	50
Curettage or cauterization of cervix, non- puerperal	12.5	Thyroidectomy, sub-total	50
Cystectomy – with ureteroileal conduit or sigmoid with bilateral pelvic		total	65

15. Heart

Thoracic aortic aneurysm, transverse arch graft	100
Abdominal aortic aneurysm with or without ileo-femoral	100
Coronary Angioplasty	100
Coronary Artery Bypass Grafting	100
Coronary Angiography	55

16. Hernia

Herniorhapy	35
Herniotomy	50
Strangulated hernia	75

17. Kidney

Nephrolithotomy, removal of calculus	75
Nephrectomy, including partial ureterectomy, any approach including rib resection	75
Nephrectomy with total ureterectomy and bladder cuff	85
Renal homotransplantations with unilateral recipient nephrectomy	100

18. Ligaments and Tendons

Tendon, lengthening or shorting	20
Repair and suture	25
Transplantation	50
Extensive grafting	50
Deep suppuration in palm, forearm, arm sole, leg or thigh involving multiple incisions or drainage	30
Repair of the tendoachilles	40

19. Nail

Excision of nail and nail matrix, partial or complete (e.g. ingrown nail)	15
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20. Nose

Antrum puncture	5
Extranasal sinus operation	17.5
Intranasal sinus operation	25
Mastoid, radical cue for	60
Nose, reconstruction of	70
Polypus, removal, one or more	10
Sarcoma, operation for, or epithelioma of nose	60
Submucous resection, nasal septum, classic	40
Toilet and suture	5
Turbinectomy	10

21. Paracentesis

Tapping of – Abdomen	12.5
Chest or bladder, cauterization excepted	7.5
Ear drum, hydrocele, joints or spine	5

22. Pilonidal Cyst or Sinus

Removal of	30
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23. Rectum

Colonoscopy with or without biopsy	20
Fissure-in-ano, cutting operation for - Independentt Procedure	40
Fistulotomy or fistulectomy - simple	35
- multiple	45
Hemorrhoidectomy, internal & external, complex or extensive	55
Hemorrhoidectomy and fistulotomy or Fistulectomy	60
Incision & drainage of ischiorectal and/or Perirectal/perianal abscess	15
Papillectomy, single or multiple procedure	7.5
Other cutting operation of rectum	25
Rectum, excision of	100
Sigmoidectomy	20

24. Skull

Cutting into cranial cavity, trephining and tapping excepted	100
Removal of bone trephining or Decompression	40
Trephining for fracture middle meningeal or other intracranial hemorrhage	100
Tumor or abscess of the brain, cerebral Of cerebellar tumor	100

25. Spine or Spinal Cord

Division of posterior spinal tracts or roots	100
Gasserian ganglion, resection of	75
Ontervetebral disc, excision of - without spinal fusion	75
- with spinal fusion	100
Laminectomy	100
Nerve grafting	50
Spinal cord tumor, operation for	100

26. Throat

Adenoidectomy, independent procedure	15
Excision of tumor of cords & epiglottis/ or stripping of vocal cords	35

Jaw, total excision of upper or lower	100
Partial excision	50
Laryngectomy, without neck dissection	75
Laryngoscopy, direct operative with biopsy	
Parotidectomy	60
Removal of lower lip for cancer	50
Tongue, total excision of for cancer	100
Tonsillectomy with or without adenoidectomy	20
Tracheotomy, independent procedure	20
Turbineotomy	10

27. Tumors

Benign tumors of the testicles	20
Benign tumors one or more, except as otherwise herein provided;	
Requiring hospital confinement	20
Not requiring hospital confinement	5
Excision of Bartholin's tumor or cyst	25
Incision or drainage of cyst	5
Lesion of tendon or fibrous sheath or capsule (e.g. cyst or ganglion) foot or toe	20
Lesion of tendon sheath – wrist	20
Malignant tumors of the mucous membrane, skin and subcutaneous tissue	25
Malignant tumors, surgical removal of, except those of the mucous membrane,	

skin and subcutaneous tissue	50
Warts or moles	5

28. Varicose Veins

Aneurysm in large arteries	50
Cutting operating cinokete oricedyre	
One leg	25
Both legs	40
Injection treatment, complete procedure one or both legs	20
Ligation of small arteries, smaller aneurysms	
Stripping of varicose vein, one leg	30

DESCRIPTION OF BENEFITS - PERSONAL ACCIDENT BENEFIT

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

1. Definitions

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

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

2. Benefits

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

While the Policy is in force;

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

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

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

Disappearance and Exposure

- a. If the Insured Person is exposed to the elements due to an Accident and as a result of such exposure suffers an Injury, We will pay compensation subject to the terms of this Policy.
- b. If the Insured Person's body has not been found within twelve (12) months after the date of the disappearance, sinking or wrecking of the aircraft or other conveyance in which the Insured Person was travelling in and it is reasonable to believe that the Insured has died as a result of Injury caused by an Accident, Section 1 (ACCIDENTAL DEATH BENEFIT) shall become payable subject to a signed undertaking by the Insured Person's legal representative that if this belief is subsequently found to be wrong, such benefit shall be refunded to Us.

3. Exclusions

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

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

4. Conditions

a) Notice and Proof of Claim

We will only consider a claim for Personal Accident if:

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



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

b) Medical Examination

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

c) Termination Of Cover

Cover ceases for the Insured Member:-

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

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

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

d) Terms of the Policy

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

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

Benefits Schedule

THE TABLE OF BENEFITS ONLY IN FORCE IF THE AMOUNTS OF COMPENSATION ARE SHOWN IN THE SCHEDULE	
ITEM	THE COMPENSATION
1.DEATH	THE CAPITAL SUM
2.PERMANENT DISABLEMENT resulting in :-	PERCENTAGES OF THE SUM INSURED (Scale II)
Loss of two limbs	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	
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%	50%
	Equals to or greater than 5% but less than 8%	75%
	Equals to or greater than 8%	100%
- Body	Equals to or greater than 10% but less than 15%	50%
	Equals to or greater than 15% but less than 20%	75%
	Equals to or greater than 20%	100%
Permanent total loss of use of member shall be treated as loss of member Where the injury is not specified under Scale II the Company will adopt a percentage of disablement which in its opinion is not inconsistent with provisions of Scale II		
The company shall not be liable to pay in respect of items 1 and 2 together more than 100% of the capital sum in respect of the same accident or in any one period of insurance.		
Death or permanent disablement in respect of item 1 or 2 respectively must occur within twenty-four months of the event giving rise to the injury.		

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 web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg)