

GENERAL PROVISIONS

1. Basis of the Contract

The proposal form, declaration form, enrolment form, statement to the medical officer (if any), declaration and such other forms/documents as NTUC Income may from time to time reasonably require, duly signed and/or submitted by the Policyholder shall form the basis of this contract.

The Policyholder shall furnish the total number of persons who are to be covered as Members to NTUC Income at the time the enrolment form is submitted and the actual total number of Persons who were covered prior to the expiry of the policy term. The Policyholder shall also declare to NTUC Income any other information which NTUC Income may require for the purposes of providing cover under this Policy.

2. Alteration of the Contract

This Policy shall form the entire contract between the parties.

No variation in the terms of this Policy shall bind NTUC Income unless this is endorsed on or appended to this Policy and signed by a Director or any other duly authorised officer of NTUC Income. Any amendment to this contract as shall be agreed between NTUC Income and the Policyholder and endorsed or appended to this Policy shall be binding on all Members insured under this Policy.

3. Eligibility and Commencement of Members' Insurance

3.1 A Member shall mean any of the following:

- (a) any full-time student registered with the Policyholder between the ages of 6 years and 25 years (age last birthday); and
- (b) any other person who fulfills the eligibility criteria and conditions specified in the Special Provisions.

3.2 A Member who is a full time student shall be covered from the Member's first day of school.

3.3 Any person, other than a full time student, shall be covered from the time that person fulfills the eligibility criteria and conditions of being a Member as specified in the Special Provisions.

4. Termination of Members' Insurance

The insurance under this Policy in respect of a Member shall automatically terminate if any of the following events occur:

- a. in the case of a full-time student, when that Member ceases to be a full-time student with the Policyholder for any reason whatsoever, or, at the end of the policy year during which that Member attains the age of 25 years;
- b. in the case of a Member other than a full-time student, when that Member ceases to fulfill any of the eligibility criteria and conditions of being a Member specified in the Special Provisions;
- c. the maximum compensation for all the Benefits under the Policy in respect of that Member has been paid to that Member for that Policy Year;
- d. non-payment of Premium for more than 60 days from the date on which the premium becomes due;
- e. the date on which this Policy is terminated; or
- f. the death of the Member.

5. Premium Payment Warranty

- 5.1 Subject to clause 5.2 below, it is agreed and declared that if the period of insurance is 60 days or more, any premium due must be paid and actually received in full by NTUC Income (or the intermediary through whom this Policy was effected) within 60 days of:
- (a) the inception date of the coverage under the Policy, Renewal Certificate or Cover Note; or
 - (b) the effective date of each Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note.

- 5.2 In the event that any premium due is not paid and actually received in full by NTUC Income (or the intermediary through whom this Policy was effected) within the 60-day period referred to above, then:-
- (a) the cover under this Policy is automatically terminated immediately after the expiry of the said 60-day period;
 - (b) the automatic termination of the cover shall be without prejudice to any liability incurred within the said 60-day period; and
 - (c) NTUC Income shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$25.00.
- 5.3 If the period of insurance is less than 60 days, any premium due must be paid and actually received in full by NTUC Income (or the intermediary through whom this Policy was effected) within the period of insurance.

6. Premium Modification

NTUC Income shall be entitled to modify the premium rates listed in the Schedule:-

- 6.1 on any Renewal Date; or
- 6.2 by giving at least three months' notice to the Policyholder.

The modified premium rates shall apply in respect of all Members covered under this Policy either from the Renewal Date or upon expiry of the period of notice.

7. Premium Administration

This Policy is administered on a per Member basis. Any billing due to a change in the number of Members covered will be made at the end of the Policy Year.

The Policyholder will be charged only if the revision in the number of Members covered results in an increase in premium of more than S\$30.

No refund of premium shall be payable by NTUC Income in the event of termination of this Policy or any Member's insurance unless the refund in the premium is more than \$30.

8. Termination of the Policy

The Policyholder and/or NTUC Income may terminate this Policy by giving three months' notice to the other party. Upon expiry of the period of notice, all insurance granted under this Policy shall cease immediately and no new Members shall be accepted under this Policy.

9. Renewal

This Policy is issued for a term of one year and, upon expiry of the term, may be renewed each year thereafter for a further term of one year subject to the consent of NTUC Income, the payment of the premium applicable at the time of renewal and any further terms and conditions as determined by NTUC Income at that time.

10. Arbitration

Any dispute as to any matter arising under, out of or in connection with this Policy shall be referred to and finally resolved by arbitration in Singapore in accordance with the Arbitration Rules of the Singapore International Arbitration Centre for the time being in force, which rules are deemed to be incorporated by reference in this Clause 10. The obtaining of an arbitral award by the Policyholder shall be a condition precedent to NTUC Income's liability under this Policy.

11. Exclusion of Third Party Rights

A person who is not party to this agreement shall have no right under the Contracts (Rights of Third Parties) Act (Chapter 53B) to enforce any of its terms.

12. Notices

Any notice under this Policy shall be in writing and shall be sufficiently served on the Policyholder if sent by ordinary post to the Policyholder's last known address in Singapore.

SPECIAL PROVISIONS

1. Definitions

These terms, wherever used in this Policy, are defined as follows:

- 1.1 "Accident" means an incident caused by accidental, violent, external and visible means.
- 1.2 "Ambulance Fees" shall mean expenses incurred for ambulance services to and/or from the Hospital.
- 1.3 "Any One Accident" means all Accidents arising from the same cause including any disease, injury or loss arising from that cause.
- 1.4 "Emergency" means a serious injury or the onset of a serious condition which requires immediate medical intervention to prevent death and serious impairment of health.
- 1.5 "Hospital" means any of the following:
 - (a) a Restructured Hospital
 - (b) a licensed private hospital in Singapore
 - (c) a Community Hospital
 - (d) any other hospital acceptable to Us
- 1.6 "Hospitalisation" means that a person is registered as a bed patient in a Hospital and incurs a daily room and board charge, or, is attending day care surgery at a Hospital at the order of a Registered Medical Practitioner.
- 1.7 "Physiotherapy" shall mean the treatment of physical dysfunction or injury by the use of therapeutic exercise and the application of modalities, intended to restore or facilitate normal function or development.
- 1.8 "Policy Year" means a period of one year from the Commencement Date stated in the Schedule.
- 1.9 "Reasonable and Customary" shall be deemed to refer to a charge for medical care which shall be considered reasonable and customary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality.
- 1.10 "Registered Medical Practitioner" means a person qualified by a degree in western medicine to practice medicine. Additionally, they must be legally authorised in the geographical area of their practice to render that medical or surgical services. This excludes the Member or a member of the Member's immediate family.

2. Benefits Payable

We will pay the applicable Benefits specified in the Schedule of Benefits if the Member suffers any loss resulting from a bodily injury caused by an Accident while the insurance in respect of the Member is in force, but only if the loss occurs within 365 days after the date of the Accident. If the Member dies as a result of the said Accident, we will pay the Special Grant specified in the Schedule.

Subject to the exclusions stated in this Policy, we will pay the Benefit for Loss of Life if a Member, who is a full-time student only, dies as a result of :

- a. being struck by lightning;
- b. drowning; or
- c. taking part in any co-curricular activity (CCA), physical education lesson or school competition.

Our maximum liability shall not exceed :

- a. the amounts or rates stated ; or
- b. the maximum number of days claimable

against each Benefit in the Schedule of Benefits as a result of Any One Accident suffered by the Member.

Our maximum aggregate liability under this Policy shall not exceed the total Sum Assured stated in the Schedule.

2.1 Daily Room and Board

We will pay an amount equal to the Reasonable and Customary charges of the Hospital for daily room and board or up to an amount not exceeding the rate of daily benefit and the maximum number of days provided in the Schedule of Benefits, whichever is lesser.

We will only pay if the Member's Hospitalisation is recommended by a Registered Medical Practitioner, and the charges are incurred by the Member during the Member's hospitalisation.

2.2 Intensive Care Unit

We will pay an amount equal to the Reasonable and Customary charges of the Hospital for intensive care or up to an amount not exceeding the rate of daily benefit and the maximum number of days provided in the Schedule of Benefits, whichever is lesser.

We will only pay if the Member's confinement to the Intensive Care Unit (ICU) of the Hospital is recommended by a Registered Medical Practitioner, and the charges are incurred by the Member during the Member's confinement to ICU.

2.3 Other Hospital Services

We will pay an amount equal to the Reasonable and Customary charges of the Hospital for any of the following services rendered during the Member's Hospitalisation or up to the amount shown in the Schedule of Benefits, whichever is lesser:

- a) Use of Operating Room;
- b) Drugs and Medicines consumed on premises;
- c) Dressings, Ordinary Splints and Plaster Casts;
- d) Laboratory Examinations;
- e) Electrocardiograms;
- f) Basal Metabolism Tests;
- g) Physical Therapy;
- h) Anaesthesia and Oxygen and their administration;
- i) X-ray Examinations;
- j) Intravenous Infusion;
- k) Administration of Blood or Blood Plasma, but not the cost of Blood or Blood Plasma.

2.4 Surgical Benefit

We will pay an amount equal to the Reasonable and Customary charges incurred for surgeries performed by a Registered Medical Practitioner or up to the amount shown in the Schedule of Benefits, whichever is lesser.

2.5 In-Hospital Consultation

We will pay an amount equal to the Reasonable and Customary charges for the services provided by a Registered Medical Practitioner or up to the amount shown in the Schedule of Benefits, whichever is lesser.

2.6 Post-Hospitalisation Treatment

We will pay an amount equal to the Reasonable and Customary charges incurred for all medical treatment following the Member's discharge from Hospital or up to the amount shown in the Schedule of Benefits, whichever is lesser.

We will only pay if the medical treatment is for the same medical condition for which the Member was hospitalised and provided by the same Registered Medical Practitioner who recommended the Member for hospitalisation.

2.7 Accidental Emergency Out-patient Treatment

We will pay an amount equal to the Reasonable and Customary charges incurred for ambulance fees and the treatment of injuries caused by an Accident, or up to the amount shown in the Schedule of Benefits, whichever is lesser. This Benefit is also limited to the overall limit for Out-patient Benefits.

We will only pay if :

- (a) the Member seeks treatment from a Registered Medical Practitioner at medical clinics, polyclinics, specialist outpatient clinics (SOC) at restructured hospitals in Singapore; and
- (b) the initial treatment was received by the Member as an out-patient within twenty-four hours of the Accident and the eligible expenses for follow-up treatment, including physiotherapy at SOC or Singapore Sports Council, was incurred within 31 days from the date of the Accident.

2.8 Traditional Chinese Medicine

We will pay an amount equal to the Reasonable and Customary charges incurred for any treatment administered by a person registered under the Traditional Chinese Medicine (TCM) Practitioners Act (Cap. 333A) as a TCM Practitioner at the time of such treatment or up to the amount specified in the Schedule of Benefits, whichever is lesser. This Benefit is also limited to the overall limit for Out-patient Benefits.

We will only pay for this treatment if the Member suffers bodily injury caused by an Accident and if the expenses for this treatment is incurred within one year from the date of the Accident.

2.9 Accidental Dental Treatment

We will pay an amount equal to the Reasonable and Customary charges incurred for any dental treatment by a licensed dentist, or up to the amount specified in the Schedule of Benefits, whichever is lower. This Benefit is also limited to the overall limit for Out-patient Benefits.

We will only pay for this treatment if the Member suffers bodily injury caused by an Accident and if the expenses for this treatment is incurred within one year from the date of the Accident.

2.10 Hospital Benefit

We will pay a daily Hospital Benefit for each complete day of Hospitalisation in a Hospital subject to the limit provided in the Schedule of Benefits.

3. Geographical Limits

The coverage under this Policy is 24 hours worldwide unless otherwise endorsed or specified in the Schedule.

4. Extensions of Eligibility and Cover

This Policy is extended to cover the following classes of persons as Members from the time they fulfill the below eligibility criteria and conditions and are aged 69 years and below (age last birthday):

4.1 Any principal and teacher of the Policyholder:

- (a) against an Accident while they are on the Policyholder's premises during official school operating hours or while they are assisting in any organized school activities including supervising or accompanying any Member, who is a full-time student, during any co-curricular activities (CCA), physical education lessons or school competitions; or
- (b) against Loss of Life which occurs while they are supervising or accompanying any Member, who is a full-time student, for or assisting in any CCA, physical education lesson or school competitions only.

4.2 Any non-teaching and non-academic staff of the Policyholder against an Accident while they are on the Policyholder's premises during official school operating hours.

4.3 Any parent who is registered as a volunteer under the Policyholder's parent volunteer scheme against an Accident while the registered parent volunteer is assisting in any organized school activities including supervising or accompanying any Member, who

is a full-time student, during any co-curricular activities (CCA), physical education lessons or school competitions..

5. Extensions

This policy is extended to cover Members, who are full-time students, in respect of any loss covered under this Policy arising from any of the following events:

- 5.1 Rock climbing on a rock wall as a supervised CCA of the Policyholder
- 5.2 Food poisoning on the Policyholder's school premises or during any school activity organized by the Policyholder
- 5.3 Participating in any approved job attachments recommended by the Policyholder
- 5.4 Riding as a pillion on motorcycle to and from school with the parent or guardian
- 5.5 Horse riding as a supervised CCA of the Policyholder
- 5.6 Injuries caused by lightning
- 5.7 Dog bites, bee, wasp & hornet stings
- 5.8 Sailing, canoeing & other supervised CCA water activities of the Policyholder
- 5.9 Assault except for any claim arising out of or in connection with the Member's own participation or provocation of any such act.
- 5.10 Dengue Fever

The Member, who is a full-time student, is covered against any loss resulting from a bodily injury caused by an Accident while the insurance in respect of the Member is in force, but only if the loss occurs within 365 days after the date of the Accident.

6. Exclusions

We will not pay for any loss or disability suffered by the Member if caused directly or indirectly, wholly or partly by the following:

- 6.1 wilful exposure to needless perils (except in an attempt to save human life) or the Member's criminal act.
- 6.2 self-inflicted injuries or other attempt while sane or insane, under the influence of alcohol or drugs.
- 6.3 being in or on entering into or descending from any aircraft other than a fully licensed passenger-carrying aircraft in which the Member is travelling as a passenger (and not as a member of the crew or for the purpose of undertaking any trade or technical operation on or in the aircraft).
- 6.4 climbing or mountaineering necessitating ropes or guides, except whilst taking part in rock climbing (rock wall) under the direct supervision of the Policyholder.
- 6.5 participating in professional football competitions, horse riding (except while taking part in horse riding under the direct supervision of the Policyholder), hunting, scuba or skin diving or any under-water activities involving the use of under-water breathing apparatus, racing other than on foot, and other hazardous adventure.
- 6.6 motor cycling as rider
- 6.7 engaging in or taking part in peacetime naval, military or air forces services or operations or participating in operations of an offensive nature planned or conducted by the civil or military authorities.
- 6.8 ionising radiations or contamination by radioactivity from any nuclear fuel or any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission.
- 6.9 nuclear weapons material.
- 6.10 any consequence of war invasion, act of foreign enemies, hostility or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, martial law or terrorism.
- 6.11 participating in a riot, committing an assault or felony.
- 6.12 special nursing care, general dental care and treatment except as necessitated by accidental injuries to sound natural teeth occurring during the period of insurance.
- 6.13 routine physical examinations, health check-ups or tests not incident to treatment or diagnosis of an actual injury or any treatment which is not medically necessary.
- 6.14 injuries due to insanity or conditions related to functional disorders of the mind, rest care or sanatoria care.

- 6.15 treatment of an optional nature, for example, plastic surgery or cosmetic surgery for purposes of beautification; non-medical personal services such as radio, telephone and the like.
- 6.16 procurement of use of special braces, appliances, equipment or other prosthetic devices.

7. Per Event Limit

The total amount payable for all Members due to any one event shall be the total Sum Assured or S\$40,000,000, whichever is lesser.

If the total amount due to any one event is payable, we will pay the total Sum Assured or S\$40,000,000 to the Policyholder who will then decide on the distribution of the Benefits to the Members.

8. Notice of Claim

Notice of any loss on which a claim may be based must be submitted to NTUC Income within 30 days from the happening of the loss.

Notice given by or on behalf of the Member to NTUC Income with particulars sufficient to identify the Member shall be deemed to be notice to NTUC Income. Failure to furnish notice within the time provided in the Policy shall not invalidate any claim if it shall be shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as was reasonably possible.

9. Proof of Loss

All documents including certification by Registered Medical Practitioner, for which claim may be made together with a fully completed claim form supplied by NTUC Income must be furnished by the Policyholder to NTUC Income within 30 days after the termination of the period for which claim is made, or as soon thereafter as may be consistent with the Policyholder's internal administrative procedure.

The Member, when and as often as may be required, shall submit to medical examination by a Registered Medical Practitioner appointed by NTUC Income in respect of any condition on which a claim is based.

10. Payment of Claim

Compensation shall be payable only when the claim shall have been proved to the satisfaction of NTUC Income.

If the claim shall be in any respect fraudulent; or if any false declaration be made or used in support of such a claim; or if any fraudulent means or devices are used by the Policyholder and/or Member or any one acting on the Policyholder's or Members' behalf to obtain any compensation under this Policy, all compensation shall be forfeited.

All benefits that are payable to the Member shall be paid by cheque or by internet GIRO to the order of the Policyholder, or, with the written approval of the Policyholder to the Member or the Member's parent or guardian if the Member is below the age of majority.

