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This brochure is not a contract of insurance. The specific terms, conditions and exclusions applicable to this insurance are set out in the Policy, a copy of which is available upon request.



Bring on tomorrow

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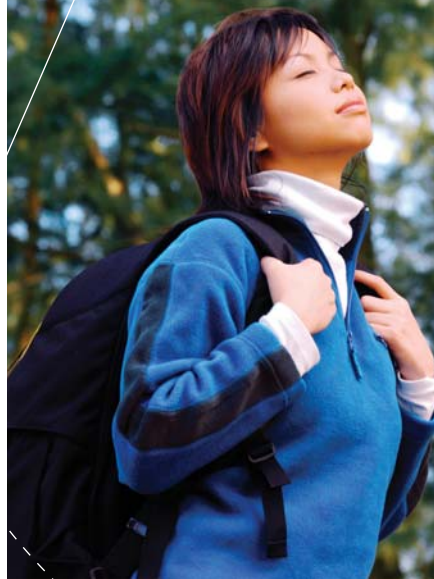
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TGC/SBE/oXXXA

# TRAVEL GUARD

Student Assist





## It's Reassuring To Know We Are There

Congratulations on embarking on your studies overseas! As you explore the exciting world of education abroad. It's the beginning of many hopes, dreams and aspirations that will be fulfilled.

Just before you set off on your journey of experience and opportunities, have you ensured that you are well protected should the unexpected affect your long-term plans?

You may worry about your studies being interrupted due to unforeseen circumstances. Perhaps you fancy trying out some amateur sports and leisure activities while you're away. And since you're overseas, why not travel and see the world during your vacation?

Don't wait. Make the important decision to enjoy complete peace of mind during your studies abroad. While it's great to know that life will always surprise us, it helps to be prepared! Choose to be reassured. Choose Student Assist.

## About Travel Guard

Travel Guard, an AIG company and worldwide leader in travel insurance and assistance, provides products and services to millions of travellers around the globe, including a wide range of emergency services through its wholly-owned assistance centers located in Asia, Europe and the Americas. Travel Guard helps leisure and business travelers alike solve problems and manage risks. Travel Guard's global reach, unparalleled service quality and proven operational capabilities allows clients to receive best-in-class care. Travel Guard's suite of technology platforms enables seamless integration with all major travel distribution systems and supplier channels. The travel insurance products marketed by Travel Guard are underwritten by insurance company subsidiaries and affiliates of AIG.

## Description of Basic Coverages

### Accident Medical Expenses

Covers medical expenses incurred overseas for injury due to an accident whilst overseas.

### Emergency Medical Evacuation

Covers all Travel Guard emergency medical evacuation expenses.

### Repatriation Expenses

Covers all Travel Guard expenses incurred in returning Your remains to Singapore or Your Country Of Origin in the event You suffer death during Your stay overseas.

### Felonious Assault & Battery

Compensates You for accidental death or injury which You suffer as a result of illegal or unlawful acts such as felonious assault or any criminal act of violence directed at You.

### Hospital Visit (2-way)

Covers travel and accommodation expenses incurred by a relative to stay with You if You are hospitalized overseas for more than 5 days. Covers the travel expenses incurred by You to return to Singapore to stay with Your immediate family member who is hospitalised for more than 5 days.

### Compassionate Visit (2 Ways)

Covers travel and accommodation expenses incurred for sending a relative or friend if assistance is required overseas in the repatriation arrangement of Your remains. Covers the travel expenses incurred by You to return to Singapore in the event of the death of Your immediate family member.

### Accidental Death & Permanent Disablement

Worldwide coverage for accidental death or injury resulting in permanent disablement while You are studying aboard or on vacation anywhere in the world.

### Study Interruption

Covers the tuition fees paid in advance for the current semester in the event You are unable to continue with Your studies overseas if You suffer from an injury or sickness requiring hospitalization for more than 1 month, a terminal sickness or in the event of the death of an immediate family member.

### Sponsor Protection

Covers Your unpaid tuition fees in the event of the accidental death or permanent disablement of Your sponsor who is responsible for paying such tuition fees.

### Travel Inconvenience Benefits

#### Loss of Personal Baggage (whilst travelling on Common Air Carrier)

Covers loss sustained overseas to Your personal baggage due to theft or misdirection whilst in the care, custody and control of a common air carrier. Maximum limit of \$200/- for any article or pair or set of articles.

#### Laptop Computer

Covers loss sustained overseas to Your laptop computer due to burglary, theft or natural disasters occurring at Your permanent place of residence overseas or hotel accommodation whilst You are travelling overseas.

#### Loss of Travel Document

Covers the cost incurred overseas of obtaining replacements passports and other relevant travel documents including travel and accommodation expenses in the event such travel documents are lost due to robbery, burglary, theft or natural disasters whilst overseas.

#### Baggage Delay

Pays \$50/- for each full 6 consecutive hours that Your baggage is delayed whilst overseas and a maximum of \$50 if Your baggage is delayed in Singapore.

#### Travel Delay

Pays \$50/- for each full 6 consecutive hours that the public transport You are arranged to travel in is delayed whilst overseas on a holiday and a maximum of \$50 if such delay is in Singapore.

#### Personal Liability Abroad

Covers You against liability to third parties or damage to their property caused by Your negligence whilst overseas.

#### Overseas Residence Guard

Covers You for damage (due to fire) to household contents at Your permanent place of residence overseas which was left vacant while You were away for a holiday.

#### Accident & Sickness Medical Expenses

Covers Medical expenses incurred overseas for injury due to an accident or sickness whilst overseas. Covers medical expenses incurred in Singapore for follow-up medical treatment for such injury or sickness up to a maximum of \$5,000.

(Applicable in Optional Benefits - Plan A, Plan B or Plan C)

## Core Benefits

A) Personal Benefits	Max Benefit (\$)
1. Accident Medical Expenses	\$15,000
2. Emergency Medical Evacuation	Unlimited
3. Repatriation Expenses	Unlimited
4. Felonious Assault & Battery	\$75,000
5. Hospital Visit (2 Ways)	\$5,000
6. Compassionate Visit (2 Ways)	\$5,000
7. Accidental Death & Permanent Disablement	\$150,000
8. Study Interruption	\$10,000
9. Sponsor Protection	\$15,000

### B) Travel Inconvenience Benefits

10. Loss of Personal Baggage (Whist travelling in a Common Air Carrier)	\$2,000
11. Laptop Coverage	\$1,000
12. Loss of Travel Documents	\$500
13. Baggage Delay	\$500
14. Travel Delay	\$500
15. Personal Liability Abroad	\$300,000
16. Overseas Residence Guard	\$3,000
17. Travel Guard Worldwide 24-Hour Assistance Service	Included

A full range of 24-hour worldwide emergency & assistance services is available to you absolutely free by calling a reverse call charges to Travel Guard any time of the day.

## Optional Benefits

	Plan A	Plan B	Plan C
Accident & Sickness Medical Expenses	\$20,000	\$80,000	\$120,000
Excess Per Claim	\$100	\$100	\$100

### Important Notes:

1. Eligible Persons – Any individual between fifteen (15) and forty-five (45) years of age, who is enrolled and attending full-time, a registered education institution of higher learning, whilst overseas, and who has paid the appropriate premium for this Insurance.
2. The Insured Person can only be covered under one such policy for the same period.

### Main Exclusions:

- Acts of war;
- Participation in illegal acts;
- Professional and/or competitive sports;
- Pregnancy or childbirth;
- Suicide or self-inflicted injury;
- AIDS;
- Mental and nervous disorders;
- Pre-Existing Medical Condition (i) for a 6-Months Per Trip Plan Policy shall mean any illness, disease or other condition which You suffer and within a 12-month period preceding the effective date of this Policy (a) first manifested itself, worsened, became acute or exhibited symptoms which would have caused an ordinary prudent person to seek diagnosis care or treatment; (b) requires You to take prescribed drugs or medicine; or (c) was treated by a Medical Practitioner or treatment was recommended by a Medical Practitioner and

(ii) for 1 Year Plan Policy shall mean any illness, disease or other condition for which a claim is payable under the Policy in respect of a previous Trip within 12 months prior to Your travel or any illness, disease or other condition which You suffer and within a 12-month period preceding the effective date of this Policy (a) first manifested itself, worsened, became acute or exhibited symptoms which would have caused an ordinary prudent person to seek diagnosis care or treatment; (b) requires You to take prescribed drugs or medicine; or (c) was treated by a Medical Practitioner or treatment was recommended by a Medical Practitioner.

# Study with complete peace of mind - Apply Now



## Student Assist Application Form

### The Student

Name: \_\_\_\_\_  
Passport/NRIC No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Tel: \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP) \_\_\_\_\_  
Email: \_\_\_\_\_  
Country: \_\_\_\_\_  
Name of Institution: \_\_\_\_\_

### Spouse (Applicable for Family Plan)

Name: \_\_\_\_\_  
Passport/NRIC No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Number of Accompanying Child(ren): \_\_\_\_\_  
(For Family Plan, Child or Children shall mean a person below 18 years of age and must not be employed during the Policy period)

### The Sponsor (The individual financing the student's overseas education)

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Passport/NRIC No.: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_

### Choice of Plan (S\$) (Please tick accordingly)

#### Individual

Duration	Type of Plan				Premium
	Core Plan	Core + Plan A	Core + Plan B	Core + Plan C	
6 months (182 days)	<input type="checkbox"/> 321.00	<input type="checkbox"/> 433.35	<input type="checkbox"/> 770.40	<input type="checkbox"/> 995.10	
1 Year	<input type="checkbox"/> 385.20	<input type="checkbox"/> 572.45	<input type="checkbox"/> 1,134.20	<input type="checkbox"/> 1,508.70	

(Inclusive of 7% GST)

#### Family

Duration	Type of Plan				Premium
	Core Plan	Core + Plan A	Core + Plan B	Core + Plan C	
6 months (182 days)	<input type="checkbox"/> 706.20	<input type="checkbox"/> 953.37	<input type="checkbox"/> 1,694.88	<input type="checkbox"/> 2,189.22	
1 Year	<input type="checkbox"/> 847.44	<input type="checkbox"/> 1,259.39	<input type="checkbox"/> 2,495.24	<input type="checkbox"/> 3,319.14	

(Inclusive of 7% GST)

#### Country Exclusion

AIG Asia Pacific Insurance Pte. Ltd. will not cover any loss, injury, damage or legal liability arising directly or indirectly from travel in, to, or through Afghanistan, Cuba, Democratic Republic of Congo, Iran, Iraq, Liberia, Sudan or Syria.

Effective Date: \_\_\_\_\_ (DD/MM/YY)

### Mode of Payment (Please tick accordingly)

Cash Payment Bank \_\_\_\_\_  
 Cheque Payment Cheque No. \_\_\_\_\_

This will serve as an official receipt once cheque clears.

Credit Card Payment  MasterCard  Visa  Amex  Diners

Card Expiry Date: \_\_\_\_\_ Card Account No: \_\_\_\_\_  
M M Y Y

NB: Policy will be issued upon receipt of approval from the respective credit card company.

Parent/Guardian (for students below 16 years old)

Name: (Mr/Ms/Mrs/Dr) \_\_\_\_\_

Passport/NRIC No.: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

### Warranty and Declaration:

The Insured Person(s) hereby warrant and declare for themselves and on behalf of all members of the travelling party as follows:

- (I) I/We hereby declare that I/We have received, read and understood, or have been advised of and understand, the contents of the brochure and any information material relating to this insurance product.
- (II) I/We understand and agree that no insurance is in force until an Application is accepted by the Company, payment received in full and a Policy is issued.
- (III) I/We are aware of and agree to abide by the Policy's terms, conditions and exclusions.
- (IV) I/We are not travelling contrary to the advice of a Qualified Medical Practitioner or for the purpose of obtaining medical treatment.
- (V) I/We are currently in good health, free from all physical impairment and deformity.
- (VI) I/We agree and authorise any medical source (including hospitals and clinics), insurance officer or any other organisation to release to the Company at any time any information concerning the Insured Person(s) if required.
- (VII) I hereby declare that I am ordinarily resident in Singapore as defined by "Insurance Act (Chapter 142) (First Schedule)".

### Important Notice:

1. Statement pursuant to the Insurance Act or any amendments thereof: You are to disclose in this Form, fully and faithfully, all the facts that you know or ought to know, otherwise, the policy issued may be void and you may receive nothing from the policy.
2. Neither the brochure nor the Application Form is a contract of insurance. However, your warranties, declarations and disclosures therein and herein shall form the basis of the policy. The specific terms, conditions and exclusions applicable to the insurance are set out in the policy.
3. This product 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 AIG Asia Pacific Insurance Pte. Ltd. or visit the AIG, GIA or SDIC web-sites ([www.AIG.com.sg](http://www.AIG.com.sg) or [www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).
4. Pre-existing medical

I/We agree that any information collected or held by AIG (whether contained in the Application or otherwise obtained) may be used and disclosed by AIG to its associated individuals/ companies or any independent third parties (within or outside Singapore) for any matters relating to this application, any policy issued and to provide advice or information concerning products and services which AIG believes may be of interest to me/us and to communicate with me/us for any purpose.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Insured Person or His/Her Authorised Representative \_\_\_\_\_ Date \_\_\_\_\_

Producer Name:	Loh Leng Ngah
Producer Code:	501055