

STUDENT ASSIST

In consideration of the payment of the agreed premium, American Home Assurance Company, Singapore Branch (herein called "The Company"), agrees to insure the Insured Person, to the extent herein provided and subject to all of the exceptions, limitations and provisions of this Policy.

SECTION I

1. Eligible Persons:

Any individual, between fifteen (15) and forty five (45) years of age, who is enrolled and attending full-time, a registered educational institution for higher learning, outside of his Home Country, and who has paid the appropriate premium for this insurance.

"Home Country" shall mean any country in which the Insured Person is normally resident or in which the Insured Person resides for at least 6 months in a calendar year, and / or his country of embarkation for the Insured stay.

2. Period of Coverage:

Effective Date of Insurance

Coverage will begin on the later of the following:

- The Insured Person's departure from his Home Country; or
- The date the Application and premium are received by the Company or its designated representative; or
- The date requested on the Application.

Expiration Date of Insurance

Coverage will end on the earlier of the following:

- The Insured Person's permanent return to his Home Country;
- The date the Insured Person ceases to be an Eligible Person; or
- The date requested in the Enrolment for which premium has been paid.

The minimum initial Period of Coverage shall be for one month. When the initial Period of Coverage is seven months or more, coverage may be renewed. Coverage may also be renewed for up to twelve months at a time to a maximum of five years, at the premium rate in force at the time of renewal. The Company, or its designated representative is to be contacted if the initial term of coverage is less than six months and there is a need to extend the term.

3. Schedule of Benefits

The insurance afforded hereunder is only with respect to such indemnities as are indicated by a specific amount listed in this Schedule and is only with respect to Insured Persons as defined herein applying for the Long-Term Student Plan:

3a. Long-Term Student Plan (7 months or longer in duration) Benefits

	Maximum Limits (in S\$)		
	Classic Plan	Elite Plan	
Study Interruption	\$10,000	\$20,000	
Sponsor Protection	\$15,000	\$20,000	
Accidental Medical Expenses	\$10,000	\$15,000	
Compassionate Visit	\$7,000	\$10,000	
Accidental Death & Disablement (AD&D)	\$100,000	\$180,000	
Emergency Medical Evacuation & Repatriation of Remains	Unlimited	Unlimited	
Travel Guard Worldwide 24-Hour Assistance Services	Included	Included	
Felonious Assault	\$50,000	\$90,000	
(Resulting in Injury. Benefit payable in addition to basic AD&D if Accidental Death and/or Disablement occurs)			
Lost Luggage & Personal Effects (Registered with common carrier)	\$1,000	\$2,000	
Excess per claim	\$50	\$50	
Maximum Limits per article/pair/set	\$250	\$500	
Maximum Limit per Lap-Top Computer	\$750	\$1,500	
Personal Liability Abroad	\$160,000	\$240,000	
Optional Benefit			
Emergency Accident & Sickness Medical Expenses	Plan A	Plan B	Plan C
Excess per Claim	\$50,000	\$80,000	\$160,000
	\$100	\$100	\$100

3a. i) Premium Table (for Long-Term Student Plan)

Core Plan	Classic Plan	Elite Plan
1-Year Plan	\$385.20	\$719.04
2-Years Plan	\$695.50	\$1,202.68
3-Years Plan	\$1,016.50	\$1,763.36
4-Years Plan	\$1,309.68	\$2,444.95

3a. ii) "Optional Benefits" Premium Additional Annual Premium per person

	Plan A	Plan B	Plan C
1-Year Plan	\$700.85	\$821.76	\$1,129.92
2-Years Plan	\$1,399.56	\$1,643.52	\$2,259.84
3-Years Plan	\$2,095.06	\$2,465.28	\$3,389.76
4-Years Plan	\$2,796.98	\$3,287.04	\$4,519.68

The insurance afforded hereunder is only with respect to such indemnities as are indicated by a specific amount listed in this Schedule and is only with respect to Insured Persons as defined herein applying for the Short-Term Student Plan:

3b. Short-Term Student Plan (Up to 6 Months in Duration) Benefits

	Maximum Limits (in S\$)
Study Interruption	\$3,200
Accident & Sickness Medical Expenses	\$35,000
Excess per Claim	\$100
Compassionate Visit	\$6,400
Accidental Death & Disablement (AD&D)	\$80,000
Emergency Medical Evacuation & Repatriation of Remains	Unlimited
Travel Guard World-wide 24-Hour Assistance Services	Included
Felonious Assault	\$40,000
(Resulting in Injury. Benefit payable in addition to basic AD&D if Accidental Death and/or Disablement occurs)	
Lost Luggage & Personal Effects (Registered with common carrier)	\$800
Excess per Claim	\$50
Maximum Limits per Article/Pair/Set	\$250
Maximum Limit per Lap-Top Computer	\$750
Personal Liability Abroad	\$160,000

3b. i) Premium Table (for Short-Term Student Plan)

Core Plan	Premiums (in S\$)
Monthly Premium per Person	\$64.20

SECTION II - DEFINITIONS

The term "Hospital" as used in this Policy shall mean, except as may otherwise be provided, a hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing services and medical supervision.

The term "Physician" as used in this Policy shall mean a doctor of western medicine or doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the state where such professional services are performed; however, such definition will exclude chiropractors and physiotherapists.

The term "Injury" wherever used in this Policy shall mean bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in loss covered by this Policy.

The term "Sickness" wherever used in this Policy shall mean sudden and unexpected sickness or disease of any kind contracted and commencing after the effective date of this Policy and causing loss covered by this Policy.

The term "Immediate Family Member" wherever used in this Policy shall refer to the Insured Person's spouse, child, parent, brother, sister, parent-in-law, or grandparent.

The term "Tuition" wherever used in this Policy shall include all legally required registration fees for the registered educational institution, costs for required courses (and any applicable laboratory fees for participation in said courses, exclusive of any extra-curricular course fees), and any costs for the use of facilities for attending said courses. For the purpose of this definition, costs associated with room and board and/or text books (whether required or not) are not covered.

The term "Terminal Sickness" wherever used in this Policy shall mean that the Insured Person must be suffering from a condition, which in the opinion of an appropriate medical consultant is highly likely to lead to death within twelve (12) months.

The term "Felonious Assault" as used in this Policy means any willful or unlawful use of force upon the Insured Person that is a felony or a misdemeanor in the jurisdiction in which it occurs and which results in bodily harm to the Insured Person.

The term "Common Carrier" shall mean any bus, coach, ferry, hovercraft, hydrofoil, ship, train or underground train provided and operated by a carrier duly licenced for the regular transportation of fare-paying passengers, and any fixed-wing aircraft provided or operated by an airline or an air charter company which is duly licenced for the regular transportation of fare-paying passengers and any helicopter provided and operated by an airline which is duly licenced for the regular transportation of fare-paying passengers and operating only between established commercial airports of licenced commercial heliports on fixed routes and schedules.

The policy is extended to cover ALL amateur leisure sports but excludes riding or driving in any kind of race, participating in any professional sports or in any sport whereby the Insured Person(s) would or could earn or receive remuneration, donation, sponsorship or reward of any kind.

SECTION III – COVERAGE

Part A – Study Interruption

In the event of a Hospitalization of the Insured Person of more than one consecutive month resulting from either a covered Injury or Sickness, in the case of a Terminal Sickness, in the case of a medical repatriation or in case of the death of an Immediate Family Member, which prohibits the Insured Person from continuing his/her studies for the remaining part of a school semester for which Tuition has been paid, the Company shall reimburse the Insured Person the Tuition which has already been advanced to the educational institution.

In the event of a claim, only the figures shown on an official invoice(s) from the educational institution for payment of said Tuition fees, shall be used as the basis for calculating any reimbursement. In no event shall the reimbursement paid by the Company exceed the maximum amount stated in the Schedule of Benefits, in Section I, Part 3 of this Policy.

EXCLUSIONS (as apply to Part A)

With respect to this Section III, Coverage, Part A, Study Interruption, this Policy does not cover any loss, fatal or non-fatal, directly or indirectly, in whole or in part, caused by or resulting from:

- a) intentionally self-inflicted Injury;
- b) suicide or attempted suicide while sane or insane;
- c) war or any act of war, declared or undeclared;
- d) service in the military, naval, or air service of any country;
- e) pregnancy, childbirth, miscarriage, or any bacterial infection other than bacterial infection occurring from an accidental cut or wound;
- f) venereal disease, AIDS (Acquired Immune Deficiency Syndrome) or AIDS related complex HIV (Human Immuno-Deficiency Virus), or any other sexually transmitted disease;
- g) hernia;
- h) piloting or acting as a crew member or riding in any aircraft except as a fare paying passenger on a scheduled airline.
- i) injury sustained while participating in professional athletics, sponsored scholastic or amateur athletics;
- j) the participation by the Insured Person in any competition or casual race/contest involving the use of a motorized land, water or air vehicle, or from the consequences of the Insured Person riding or driving a motorcycle or motor scooter with an engine displacement over 125 cm³;
- k) routine physical check-ups and/or any related thereto;
- l) a trip, the purpose of which was to obtain medical care;
- m) cosmetic or plastic surgery, except as the result of an accident;
- n) elective surgery;
- o) any mental and nervous disorders, rest cures or stress of any kind;
- p) alcoholism or drug addiction, or use of any drug or narcotic agent;
- q) any treatment provided by a family member;
- r) the commission of a felony offense
- s) specific named hazards: hang gliding, mountaineering, rock climbing/repelling, sky diving, professional or amateur racing, and piloting an aircraft;
- t) treatment paid for or furnished under any other individual or group Policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;
- u) Pre-Existing Conditions, defined as any condition for which a licensed Physician was consulted, for which treatment or medication was prescribed, or for which manifestations of symptoms would have caused a prudent person to seek medical advice within twelve (12) months prior to the effective date of this insurance.

Part B – Sponsor Protection

Sponsor Protection benefit is added to the core benefits as Part B under Section III of the Long-term Classic and Elite Plans with the following maximum limits :

	Maximum Limits (S\$)	
	Classic Plan	Elite Plan
Sponsor Protection	\$15,000	\$20,000

The term "Sponsor" as used in the Policy shall mean any individual responsible for paying the Tuition fees of the student for his full-time study in a registered educational institution outside of his Home Country.

The term "Educational Institution" shall mean any school, vocational institute, polytechnic, college, university or institute of higher learning which is duly licensed to provide educational services by trained or qualified teachers and where the Insured Person is registered as a full-time student.

Provision

In the event of injury to the Insured Person's Sponsor as stated in the Enrolment Form resulting in Death or Permanent Disablement as defined in Part B of this Policy, the Company shall reimburse the Insured Person the Tuition incurred for the remaining period of his education up to the maximum limit stated in the Schedule of Benefits.

N.B. An Insured Person cannot claim under both Section III, Part A (Study Interruption) and Section III, Part B (Sponsor Protection) for the same event.

Part C – Compassionate Visit

In the event the Insured Person is Hospitalized for more than five (5) consecutive days, and his medical condition forbids his repatriation and no adult member of his immediate family is present, Travel Guard will provide a round-trip economy class air ticket, or first class railway ticket, to allow

the Immediate Family Member to be at his bedside for the duration of his stay in hospital. Additionally, the Company will refund for the costs of his stay, up to S\$320 per day. In any event, the Company's total liability for round-trip transport and for daily allowances (accommodation, meals & transportation) shall not exceed the maximum amount stated in the Schedule of Benefits, Section I, Part 3 of this Policy.

In the event of death or hospitalisation of the Insured Person's parent(s)/spouse/child for more than (5) consecutive days due to Injury or Sickness, as defined in the policy, Travel Guard will provide a round-trip economy class ticket or first class railway ticket to allow the Insured Person to be at the bedside of his parent(s)/spouse/child. In any event, the Company's total liability for round-trip transport shall not exceed the maximum amount stated in the Schedule of Benefits, Section I, Part 3 of this policy.

Part D – Accidental Death and Disablement Indemnity

The Company shall pay an indemnity only with respect to the Insured Person suffering Injury as defined but only to the extent and within the time limits indicated and if such Injury results in death or loss within 90 days after the date of the accident.

Schedule of Compensation

1. Death	100%	} Percentage of Principal Sum
2. Permanent Total Disablement	100%	
3. Permanent and Incurable Paralysis of all Limbs	100%	
4. Permanent Total Loss of Sight of both Eyes	100%	
5. Permanent Total Loss of Sight of one Eye	100%	
6. Loss of or the Permanent Total Loss of use of two Limbs	100%	
7. Loss of or the Permanent Total Loss of use of one Limb	100%	
8. Permanent Total Loss of Speech and Hearing	100%	
9. Permanent Total Loss of Hearing		
(a) both Ears	75%	
(b) one Ear	15%	

"Injury" shall mean bodily injury sustained by an Insured Person and is caused by an accident, solely and independently of any other cause where death or Loss as defined herein to the Insured Person results within 90 days from the date of such accident.

"Permanent" shall mean lasting 12 calendar months from the date of accident and at the expiry of the 12-month period being beyond hope of improvement.

"Total Disablement" wherever used in this Cover of Travel Insurance shall mean bodily injury of a permanent nature which solely and directly totally disables and prevents an Insured Person from attending to any business, occupation or duties for which he is reasonably qualified by reason of his education, training or experience.

"Loss" shall mean permanent total functional disablement or complete severance through or above the wrist or ankle joints, and as used with reference to eyes, shall mean the entire and permanent irrecoverable loss of sight.

"Loss of Limb" shall mean total functional disablement or loss by complete and permanent physical severance of a hand at or above the wrist or of a foot at or above the ankle.

"Loss of Speech" shall mean the disability in articulating any three of the four sounds which contribute to the speech such as the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds or total loss of vocal cord or damage of speech center in the brain resulting in Aphasia.

"Loss of Hearing" shall mean permanent irrecoverable loss of hearing where:

- If a dB = Hearing loss at 500 Hertz
- If b dB = Hearing loss at 1000 Hertz
- If c dB = Hearing loss at 2000 Hertz
- If d dB = Hearing loss at 4000 Hertz
- 1/6 of (a+2b+2c+d) is above 80dB.

Disappearance

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which such person was an occupant, then it shall be deemed, subject to all other terms and provisions of this Policy, that such Insured Person shall have suffered loss of life within the meaning of this Policy.

Exposure

If by reason of an accident covered by this Policy an Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers loss for which indemnity is otherwise payable hereunder, such loss will be covered under the terms of this Policy.

EXCLUSIONS (as apply to Part D)

With respect to this Section III, Coverages, Part D, Accidental Death & Disablement Indemnity, this Policy does not cover any loss, fatal or non-fatal, caused by or resulting from:

- a) intentionally self-inflicted Injury;
- b) suicide or attempted suicide while sane or insane;
- c) war or any act of war, declared or undeclared;
- d) service in the military, naval, or air service of any country;
- e) Sickness, disease, pregnancy, childbirth, miscarriage, or any bacterial infection other than bacterial infection occurring from an accidental cut or wound;
- f) hernia;
- g) piloting or acting as a crew member or riding in any aircraft except as a fare paying passenger on a scheduled airline.

Part E – Emergency Medical Evacuation

When as the result of Injury or Sickness (as defined in Section II) commencing while the Insured Person is overseas and if in the opinion of Travel Guard, or an authorised representative of Travel Guard, it is judged medically appropriate to move an Insured Person to another location for medical treatment, or to return the Insured Person to his Home Country, Travel Guard, or the authorised representative, shall arrange for the evacuation utilizing the means best suited to do so, based on the medical severity of the Insured Person's condition. The Company shall pay directly to Travel Guard the covered expenses for such evacuation.

The means of evacuation arranged by Travel Guard, or an authorised representative of Travel Guard, may include air ambulance, surface ambulance, regular air transportation, railroad or any other appropriate means. All decisions as to the means of transportation and the final destination will be made by Travel Guard, or the authorised representative, and will be based solely upon medical necessity.

Emergency Medical Evacuation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is injured or ill to the nearest Hospital where appropriate medical treatment can be obtained; or b) after being treated at a local Hospital, the Insured Person's medical condition warrants transportation to his/her then Home Country to obtain further medical treatment or to recover.

Covered Expenses are expenses, up to the maximum amount stated in the Schedule of Benefits, for transportation, medical services and medical supplies necessarily incurred in connection with the emergency medical evacuation of the Insured Person. All transportation arrangements made for evacuating the Insured Person must be: (a) by the most direct and economical route and (b) are subject to prior approval of the Company; and (c) arranged for by Travel Guard, or one of its authorized representatives. Expenses for special transportation must be (a) recommended by the attending Physician or (b) required by the standard regulations of the conveyance transporting the Insured Person. Expenses for medical supplies and services must be recommended by the attending Physician. Transportation means any land, water or air conveyance required to transport the Insured Person during an emergency medical evacuation. Special transportation includes, but is not limited to air ambulance, land ambulance, and private motor vehicles.

Repatriation of Remains

When as a result of Injury or Sickness (as defined in Section II) commencing while the Insured Person is overseas, the Insured Person dies within 30 days from the date of the Injury or commencement of Sickness, Travel Guard, or an authorised representative of Travel Guard shall make the necessary arrangements for the return of the Insured Person's mortal remains to the Insured Person's Home Country. The Company shall pay directly to Travel Guard the covered expenses for such repatriation which shall include, but are not limited to, expenses for embalming, cremation, coffins and transportation.

In addition to the transportation of the remains, the Company shall reimburse to the Insured Person's estate expenses actually incurred, for the services and supplies provided by a mortician or undertaker, including but not limited to the cost of a casket, the embalming and cremation if so elected.

EXCLUSIONS (as apply to Part E)

With respect to this Section III, Coverage, Part E, Emergency Medical Evacuation and Repatriation of Remains, no benefits shall be payable with respect to expenses incurred:

As applies to Emergency Medical Evacuation:

- 1) Any expenses incurred for services provided by another party for which the Insured Person is not liable to pay, or any expense already included in the cost of the overseas trip;
- 2) Any expenses for a service not approved by Travel Guard, or an authorized representative of Travel Guard, except that the Company reserves the right to waive this exclusion in the event the Insured Person or his/her traveling companions cannot for reasons beyond their control notify Travel Guard during an emergency medical situation. In any event, the Company reserves the right to reimburse the Insured Person only for those expenses incurred for service which Travel Guard would have provided under the same circumstances and up to the limits indicated under the selected plan.

As apply to Repatriation of Remains:

- 3) Any expenses incurred for services provided by another party for which the Insured Person is not liable to pay, or any expense already included in the cost of the overseas trip;
- 4) Any expenses incurred for the transportation of the Insured Person's remains not approved and arranged by Travel Guard, or its authorized representative.

Part F – Felonious Assault

The Company agrees to pay to the Insured Person of this Policy, an amount equal to fifty percent (50%) of the Principal Sum for Accidental Death & Disablement, as shown in Section I, Part 3, Schedule of Benefits, when the Insured Person shall suffer an injury payable under this Policy as a result of a Felonious Assault due to:

- a) robbery or any attempted threat;
- b) felonious assault inflicted by persons other than fellow employees or of an Immediate Family Member; or an individual who resides with the Insured Person on a permanent basis.
- c) any Criminal Act of Violence directed at the Insured Person.

DEFINITIONS

The term Criminal Act of Violence as used herein includes but is not limited to robbery, theft, hijacking, assault and battery, sniping, murder or civil disturbance.

EXCLUSIONS (as apply to Part F only)

With respect to this Section III, Coverage, Part F, Felonious Assault, this Policy does not cover any loss, fatal or non-fatal, caused by or resulting from:

- a) a moving violation as defined under the applicable country or state motor vehicle laws;
- b) injury sustained directly or indirectly from the Insured Person's own criminal or felonious act or attempted threat;

Part G – Common Carrier Luggage Loss & Personal Effects

The Company will pay benefits if an Insured Person's baggage, which is in the care, custody and control of a Common Carrier, is lost due to theft or due to misdirection by a Common Carrier while such person is a ticketed passenger on the Common Carrier and during the period of coverage.

The Company will reimburse an Insured Person, up to the maximum shown in Section I, Part 3, Schedule of Benefits, for the cost of replacement of the baggage and its contents. All claims must be reported to and verified by the Common Carrier.

The maximum amount to be reimbursed per any one loss and the maximum value per article contained in any bag are stated in the Schedule of Benefits.

Loss of a Pair / Set:

In case of loss to a pair or set, the Company may elect to:

- A) repair or replace any part, to restore the pair or set to its value before the loss; or
- B) pay the difference between the cash value of the property before and after the loss.

Limitations:

Benefits for baggage and personal effects will be in excess of any amount paid or payable by the Common Carrier responsible for the loss. Proof that loss was filed with the Common Carrier and that any amounts are indemnified by said carrier, must be submitted to the Company upon notification of claim.

Benefits for baggage and personal effects will be in excess of all other valid and collectible insurance. If at the time of the occurrence of any loss there is other valid and collectible insurance in place, the Company will be liable only for the excess of the amount of loss, over the amount of such other insurance, and any applicable deductible.

This policy is extended to cover loss of Lap-Top Computer which is in the care and custody of the Insured Person while he/she is travelling overseas.

"Lap-Top Computer" shall mean the Laptop, Notebook or Sub-Notebook. Any hand held computers or Personal Data Assistance(PDA) are excluded from this category.

The maximum limit per Lap-Top Computer is:

	Maximum Limit
Long-Term Classic Plan	\$3750
Long-Term Elite Plan	\$1,500
Short-Term Plan	\$3750

In any event, the Company's total liability for Lost Luggage & personal Effects shall not exceed the maximum amount stated in the Schedule of Benefits, Section 1, Part 3

EXCLUSIONS (as apply only to Part G):

With respect to this Section III, Coverage, Part G, Common Carrier Baggage Loss & Personal Effects, this Policy does not cover any loss, in whole or in part, of:

1. animals, birds, or fish;
2. automobiles or automobile equipment, boats, motors, trailers, motorcycles, snow skis, or other conveyances or their appurtenances (except bicycles while checked as baggage with a Common Carrier);
3. household furniture and effects, jewellery, watches;
4. eyeglasses or contact lenses, or related items
5. artificial teeth or dental bridges;
6. hearing aids, electronic/digital data stored in electronic devices, or similar items;
7. prosthetic limbs;
8. musical instruments;
9. cash and bank notes, credit cards, bonds, coupons, stamps, negotiable instruments, title deeds, manuscripts, securities of any kind, driving license, identity card;
10. any forms of tickets or any travel documents;
11. perishables and consumables.

Benefits will not be provided for any loss resulting (in whole or in part) from:

- a) wear and tear or gradual deterioration;
- b) insects or vermin;
- c) inherent vice or damage;
- d) confiscation or expropriation by order of any government or public authority;
- e) seizure or destruction under quarantine or custom regulation;
- f) radioactive contamination;
- g) usurped power or action taken by governmental authority in hindering combating or defending against such an occurrence;
- h) transporting contraband or illegal trade;
- i) mysterious disappearance; or
- j) breakage of brittle or fragile articles, cameras, musical instruments, radios, computers of any kind, and similar property.

Part H – Personal Liability Abroad

The Company will indemnify the Insured Person in respect of legal liability occurring during his trip as a result of:

1. accidental bodily Injury or sickness of another person, or
2. accidental loss or damage to the property of another person, up to the maximum amount stated in the Schedule of Benefits, Section I, Part 3 of this Policy, which shall be the aggregate limit for all losses incurred during the trip. Included within this same limit are all costs and expenses incurred with the written consent of the Company in connection with the defense of claims against the Insured Person which may be the subject of any indemnity under this coverage.

EXCLUSIONS (as apply to Part H only):

With respect to this Section III, Coverage, Part H, Personal Liability Abroad, this Policy does not cover any loss, in whole or in part, from:

- a) the Insured Person's participation in any act of civil or foreign war, acts of terrorism or sabotage, riots, public demonstrations, strikes and lock-ups

- b) any deliberate and wrongful damage or harm caused by the Insured Person;
- c) any willful, malicious, or unlawful act by the Insured Person;
- d) any non-pecuniary loss;
- e) liability arising directly or indirectly by or through or in concoction with any mechanically propelled vehicle, aircraft or watercraft when the Insured Person is the owner, driver or pilot thereof or if the person having custody or control of such vehicle or crafts pilot or person is a servant, agent or person for whom the Insured Person is legally responsible;
- f) any damage caused by animals owned or kept by the Insured Person or by persons for whom he is legally responsible;
- g) accidental loss or damage to property belonging to or held in trust by or in the care, custody or control of the Insured Person or any of his employees or any member of his family or household;
- h) any liability resulting from the Insured Person's practice of his profession or trade or liability attaching to the Insured Person by reason of an express term of any contract;
- i) bodily Injury to or sickness of any person who is under a contract of employment, service, or apprenticeship with the Insured Person when such Injury arises out of and in the course of their employment by the Insured Person;
- j) damage caused by or to buildings or parts of buildings owned, rented or occupied by the Insured Person;
- k) any claim arising from an Insured Person being insane or under the influence of or affected by drugs (other than drugs prescribed by a licensed Physician), intoxicating liquor, or solvents;
- l) liability for which indemnity is provided under any other contract of insurance in the name of the Insured Person.

Part I – Accident & Sickness Medical Expenses

In consideration of the payment of an additional premium, the Company will pay benefits as defined in this Part I, with respect to covered expenses as defined herein below resulting from a disablement. Coverage is limited to covered expenses incurred subject to the limitations contained in this Section, entitled Exclusions. The term "disablement" as used with respect to medical expenses shall mean a Sickness or an accidental bodily Injury necessitating medical treatment by a Physician as defined in this Policy. All bodily injuries sustained in any one accident shall be considered one disablement. All bodily disorders existing simultaneously which are due to the same or related causes shall be considered one disablement. If a disablement is due to causes which are the same or related to the cause of a prior disablement (including complications arising therefrom), the disablement shall be considered a continuation of the prior disablement and not a separate disablement.

"Treatment" of a covered disablement must occur within 60 days of the accident or Sickness. Excess of S\$100.00 per claim will apply. The excess amount consists of covered expenses which would otherwise be payable under this Policy. This expense must be borne by the Insured Person.

In no event shall the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, Section I, Part 3 of this Policy, with regards to covered expenses during any one period of individual coverage.

Covered Expenses

For the purpose of Part I, only such expenses incurred as the result of and within 365 days of a disablement, which are specifically enumerated in the following list of charges, and which are not excluded in this Section, entitled Exclusions, shall be considered as covered expenses:

1. Charges made by a Hospital for room and board, floor nursing and other services exclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semi-private room and board accommodation, or intensive care when medically necessary.
2. Charges made for diagnosis, treatment and surgery by a Physician.
3. Charges made for the cost and administration of anesthetics.
4. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusion, iron lungs, and medical treatment.
5. Charges for physiotherapy, if recommended by a Physician for the treatment of a specific disablement and administered by a licensed physiotherapist.
6. Dressing, drugs, and medicines that can only be obtained upon a written prescription of a Physician or surgeon.
7. Home Country Expenses (Optional Benefit: Applicable to Long-Term Plan only):
Coverage is provided during visits to the Insured Person's Home Country for up to 60 days per 12 months of coverage, or pro rata thereof, for Injury or Sickness which occurs during such visit. Covered Expenses described in items 1-6 above incurred as a result of Injury or Sickness which occurs during such visit will be covered up to a maximum benefit of S\$8,000.

The charges enumerated above shall in no event include any amount of such charges which are in excess of regular and customary charges. A charge incurred by an Insured Person shall be deemed a regular and customary charge for the services and supplies for which the charge is made if it is not in excess of the average charge for such services and supplies in the locality where received, considering the nature and severity of the Sickness or Bodily Injury in connection with which such services and supplies are received. If the charge incurred is in excess of such average charge, such excess amount shall not be recognized as covered expenses. All charges shall be deemed to be incurred on the date such services or supplies which give rise to the expense or charge are rendered or obtained.

Excess Benefits

All coverages, except Accidental Death and Disablement Part D, shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted.

EXCLUSIONS (as apply to Part I only):

With respect to Section III, Coverage, Part I, Accident & Sickness Medical Expenses, no benefits shall be payable with respect to expenses incurred:

- a) for services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Physician, or expenses which are non-medical in nature;
- b) for suicide or attempted suicide while sane or insane;
- c) due to declared or undeclared war or any act thereof;
- d) for Injury sustained while participating in professional athletics, sponsored scholastic or amateur athletics;
- e) due to the participation by the Insured Person in any competition involving the use of a motorized land, water or air vehicle, or from the consequences on the Insured Person riding or driving a motorcycle or motor scooter with an engine displacement over 125 cm³;
- f) for sickness resulting from pregnancy, childbirth, or miscarriage;
- g) for miscarriage resulting from accident;
- h) for venereal disease, AIDS (Acquired Immune Deficiency Syndrome) or AIDS related complex HIV (Human Immuno-Deficiency Virus), or any other sexually transmitted disease;
- i) for routine physical check-ups and/or any related thereto;
- j) for when the purpose of the trip was to obtain medical care;
- k) for cosmetic or plastic surgery, except as the result of an accident;
- l) for elective surgery;
- m) for any mental and nervous disorders or rest cures;
- n) for dental care, except as the result of Injury to restore natural teeth caused by accident;
- o) for eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily Injury incurred while insured hereunder;
- p) in connection with alcoholism or drug addiction, or use of any drug or narcotic agent;
- q) for treatment by a family member;
- r) for expenses as a result or in connection with intentionally self-inflicted Injury;
- s) for expenses as a result or in connection with the commission of a felony offense;
- t) for specific named hazards: hang gliding, mountaineering, rock climbing/repelling, sky diving, professional or amateur racing, and piloting an aircraft;
- u) treatment paid for or furnished under any other individual or group Policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.
- v) for Pre-Existing Conditions, defined as any condition for which a licensed Physician was consulted, for which treatment or medication was prescribed, or for which manifestations of symptoms would have caused a prudent person to seek medical advice within twelve (12) months prior to the effective date of this insurance.

Part J - Accident Medical Expenses (Applicable for Long-Term Cover)

The Company shall reimburse the Insured Person the usual customary and reasonable Medically Necessary Expenses as defined, incurred up to the maximum amount stated in the Schedule of Benefits, Section I, Part 3 of this Policy, for Injury sustained.

"Injury" shall mean bodily Injury which is sustained by an Insured Person during the period of this Policy and is caused by an accident, solely and independently of any other cause where death or disablement of the Insured Person results within 90 days from the date of such accident.

"Medically Necessary Expenses" shall mean expenses incurred overseas within 90 days of sustaining Injury paid by the Insured Person to a legally qualified medical practitioner, physician, surgeon, nurse, hospital and / or ambulance service for medical, surgical, X-ray, hospital or nursing treatment including the cost of medical supplies and ambulance hire but excluding the cost of dental treatment unless such treatment is necessarily incurred to restore sound and natural teeth and is caused by Injury. All treatment must be prescribed by a qualified medical practitioner in order for expenses to be reimbursed.

Provided that in the event that the Insured Person becomes entitled to a refund of all or part of such expenses from any other source, the Company will only be liable for the excess of the amount recoverable from such other sources.

EXCLUSIONS (as apply to Part J only) :

With respect to Section III, Coverage, Part J, Accidental Medical Expenses, no benefits shall be payable with respect to expenses incurred :

- a) for routine general physical or any other examinations not directly related to admission, diagnosis, illness or Injury or treatment which is not medically necessary;
- b) for dent
- c) al care or surgery, cosmetic or plastic surgery except necessitated by Injury caused by accident;
- d) as a result of congenital anomalies and conditions arising out of or resulting therefrom;
- e) as a result of any mental and / or nervous disorders, convalescence or rest care, alcoholism and drug related treatment;
- f) as a result of miscarriage, abortion;
- g) due to pre-existing illness or condition.

SECTION IV – POLICY PROVISIONS

1. **ENTIRE CONTRACT CHANGES:** This Policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon. No agent has authority to change this Policy or to waive any of its provisions.
2. **NOTICE OF CLAIM:** Written notice of claim to be given to the Company within thirty (30) days after the occurrence or commencement of any loss covered by this Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administrative Office of the Company, or to any authorized agent of the Company, with information sufficient to identify the Insured Person shall be deemed notice to the Company.
3. **CLAIMS FORMS:** The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proof of loss. If such forms are not furnished within fifteen (15) days after the giving of such notice the claimant shall be deemed to have complied with the requirements of this Policy as to proof of loss upon submitting, within the time fixed in this Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.
4. **PROOF OF LOSS:** Written proof of loss including original police/certificate, original receipts, invoices and all other relevant documents must be furnished to the Company at one of its local offices within 60 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate not reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and not later than 1 year from the date of loss.
5. **TIME OF PAYMENT OF CLAIMS:** Indemnities payable under this Policy for any loss will be paid immediately upon receipt of due written proof of such loss.
6. **PAYMENT OF CLAIMS:** Indemnity for loss of life of the Insured Person is payable to the Estate of the Insured Person. All other indemnities of this Policy are payable to the named Insured, except under Section III, Parts E, H, I and J. Under Section III, Part E, the benefits will be paid directly to the provider of service as indicated in that part. Under Section III, Part H, the benefit shall be payable directly to whom the Insured Person is legally liable. Under Section III, Part I & J, in the event funds for emergency medical treatment are guaranteed to the provider of healthcare by Travel Guard or their authorised representative, indemnities shall be payable directly to the provider of healthcare. Indemnity for expenses under Section III, Part I & J incurred directly by the Insured Person shall be payable to the Insured Person. If any indemnity of this Policy shall be payable to the estate of an Insured Person, or an Insured Person who is a minor or otherwise not competent to give a valid release, the Company may pay such Indemnity, up to an amount not exceeding S\$1,600, to any relative by blood or connection by marriage of the Insured Person who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment. Subject to any written direction of the Insured Person all or a portion of any indemnities provided by this Policy on account of Hospital, nursing, medical or surgical service may, at the Company's option and unless the Insured Person requests otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but it is not required that the service be rendered by a particular Hospital or person.
7. **PHYSICAL EXAMINATION AND AUTOPSY:** The Company at its own expense shall have the right and opportunity to examine the person of any individual whose Injury or Sickness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.
8. **LEGAL ACTIONS:** No actions at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with requirements of this Policy. No such action shall be brought after expiration of three years after that time written proof of loss is required to be furnished.
9. **CONFORMITY WITH STATE STATUTES:** Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statutes.
10. Any Injury, Sickness or disease resulting directly or indirectly from or due to, or accelerated by:
 - (a) The use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; or
 - (b) The dispersal or application of pathogenic or poisonous biological or chemical materials; or
 - (c) The release of pathogenic or poisonous biological or chemical materials;
11. Travel in, to or through Afghanistan, Cuba, Democratic Republic of Congo, Iran, Iraq, Liberia, Sudan or Syria.

a) THIS POLICY WILL NOT COVER ANY LOSS, INJURY, DAMAGE, OR LEGAL LIABILITY SUFFERED OR SUSTAINED DIRECTLY OR INDIRECTLY BY YOU IF YOU ARE:

- 1) a terrorist;
- 2) a member of a terrorist organization;
- 3) a narcotic trafficker; or
- 4) a purveyor of nuclear, chemical or biological weapons.

SECTION V – ADDITIONAL PROVISIONS

1. **POLICY PERIOD:** This Policy shall become effective upon this Policy Effective Date at 12:01 A.M. Standard time at the address of the Policyholder and shall continue in force until the Policy Expiration Date, unless terminated as provided below.
2. **POLICY TERMINATION:** This Policy may be terminated by the Policyholder or the Company provided 30 days advance written notice is given to the other party. Any such termination will not affect coverage already in effect prior to the date of termination.
3. **PREMIUM:** Premiums due for this Policy shall be remitted to the Company by an Office of the Policyholder or by any other person designated by the Policyholder to remit such premiums. The premium bases and rates are as listed in Section I, Parts 3.a.1 and 3.a.2, and 3.b.1.
4. **PREMIUM RATE CHANGE:** The Company reserves the right to change premium rates provided 30 days advance written notice of such change is given to the Policyholder. Any change in premium rates will affect coverage already in effect prior to the effective date of the change.
5. **DATA FURNISHED BY POLICYHOLDER:** If requested to do so by the Company, the Policyholder shall furnish the Company with names of all persons (if other than the Policyholder) initially insured, or all new persons who become insured, and of all Insured Persons (if other than the Policyholder) whose insurance is canceled, together with the data necessary for the calculation of premium. Failure on the part of the Policyholder to furnish the name of an Insured Person (if other than the Policyholder) to the Company shall not invalidate his insurance; nor shall failure on the part of the Policyholder to report termination of insurance of a person continue such insurance in force beyond the date of termination determined in accordance with Additional Provision 2 of this Section.
6. **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 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 or Cover Note for the first instalment and thereafter from the agreed dates on which the subsequent installments 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 subsequent installments 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 or 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 Certificate, Endorsement or Cover Note shall be 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-rata time on risk premium subject to a minimum of S\$25.