FACT SHEET – 1 Aug 2022 to 31 Jul 2023

NUS Group Personal Accident Insurance (GPA)

Eligibility

Registered students of National University of Singapore (NUS):
(a) Full-time Active Local & International Undergraduate Students
(b) Full-time Active Local & International Graduate Students
(c) Full-time Active Local & International Students
(d) Full-time Active Continuing Professional Education (CPE) Students
(e) Ad-hoc Groups authorised by NUS (e.g. AIAP)

Note: Local refers to Singaporeans or Singapore Permanent Residents.

Coverage

The insurance pays upon death, permanent disablement and reasonable and necessary medical expenses for treatment of injury caused solely by an accident and not arising from sickness or pre-existing medical conditions, subject to the policy limits, terms and conditions.

Period of Insurance

(a) Undergraduate Students
From 1 August of the year of admission
To conferment date

(b) Graduate Students
From candidature start date
To conferment date

(c) Non-Graduating Students
From candidature start date
To candidature end date

(d) Continuing Professional Education Students
From candidature start date
To candidature end date

(e) Ad-hoc Groups
Dates provided by NUS

Extensions

(a) Reimburses Goods and Services Tax charged on medical expenses;
(b) Covers first year international students upon their arrival in Singapore or one-month prior to the insurance start date whichever is later. For example, new international undergraduate students, whose insurance cover would ordinarily start on 1 August, will be covered from 1 July instead, if they are in Singapore.

Geographical Scope of Cover

24 hours worldwide.

The insurance does not cover travel overseas intentionally for treatment except for international students who return to their home country for treatment.

What is Covered

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Death</td>
<td>$30,000</td>
</tr>
<tr>
<td>Permanent Disability</td>
<td></td>
</tr>
<tr>
<td>Medical Expenses (per accident)</td>
<td></td>
</tr>
<tr>
<td>Ambulance Cost</td>
<td>up to sub-limit of $500 per accident</td>
</tr>
<tr>
<td>Dental Treatment</td>
<td></td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>up to sub-limit of $500 per accident</td>
</tr>
<tr>
<td>Injury due to fainting</td>
<td></td>
</tr>
<tr>
<td>Medical Report Fee</td>
<td></td>
</tr>
<tr>
<td>Mobility Expenses (per accident)</td>
<td>$2,000</td>
</tr>
<tr>
<td>Funeral Expenses</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

Clinics & Hospitals


Payment of Medical Bills

Please pay the medical bill first and submit a claim for reimbursement.

What Is Not Covered

This policy does not cover claims directly or indirectly caused by or arising from:
(a) Self-inflicted injuries or any attempt threat while sane or insane.
(b) Insurrection declared or undeclared war or any warlike operations, military or naval service in time of declared or undeclared war or while under the orders for warlike operations, radioactive contamination whether direct or indirect or restoration of public order.
(c) Participation in a riot, committing an assault or felony, under the influence of alcohol.
(d) The insured person engaging or participating in:
   (i) Professional competition/sports where participants receive remuneration;
   (ii) Activities that require the use of vehicle(s) for racing or friendly competition;
   (iii) Parachuting, sky diving, bungee jumping, hunting or pot-holing; and
   (iv) Underwater activities necessitating the use of underwater breathing apparatus except leisure scuba diving under the supervision of a qualified instructor or research diving as part of NUS’ curriculum and as extended under the policy.
(e) Air or ship crew (except under NUS internship/industrial attachment), professional divers and professional sportsmen.

Exclusions (d) and (e) shall not apply for all programs, activities, events, sports and competitions organized, authorised and/or approved by NUS, NUS students' societies and/or clubs in which the student participates as a representative of NUS.
### Table of Compensation for Permanent Disablement

We shall pay the corresponding sum assured, as specified in the table of compensation below, in the event if injury is sustained. Permanent disablement must occur within 12 months from the date of accident.

<table>
<thead>
<tr>
<th>Description</th>
<th>% of Sum Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Permanent Total Disablement</td>
<td>150</td>
</tr>
<tr>
<td>2 Loss of two limbs</td>
<td>150</td>
</tr>
<tr>
<td>3 Loss of sight of both eyes</td>
<td>150</td>
</tr>
<tr>
<td>4 Loss of sight of one eye, except perception of light</td>
<td>100</td>
</tr>
<tr>
<td>5 Loss of one limb</td>
<td>125</td>
</tr>
<tr>
<td>6 Loss of speech</td>
<td>75</td>
</tr>
<tr>
<td>7 Loss of hearing in both ears</td>
<td>100</td>
</tr>
<tr>
<td>8 Loss of four fingers and thumb of one hand</td>
<td>85</td>
</tr>
<tr>
<td>9 Loss of four fingers</td>
<td>55</td>
</tr>
<tr>
<td>10 Loss of hearing in one ear</td>
<td>30</td>
</tr>
<tr>
<td>11 Loss of thumb</td>
<td></td>
</tr>
<tr>
<td>- both phalanges</td>
<td>40</td>
</tr>
<tr>
<td>- one phalanx</td>
<td>25</td>
</tr>
<tr>
<td>12 Loss of index finger</td>
<td></td>
</tr>
<tr>
<td>- three phalanges</td>
<td>20</td>
</tr>
<tr>
<td>- two phalanges</td>
<td>15</td>
</tr>
<tr>
<td>- one phalanx</td>
<td>10</td>
</tr>
<tr>
<td>13 Loss of any one other finger</td>
<td></td>
</tr>
<tr>
<td>- three phalanges</td>
<td>20</td>
</tr>
<tr>
<td>- two phalanges</td>
<td>15</td>
</tr>
<tr>
<td>- one phalanx</td>
<td>10</td>
</tr>
<tr>
<td>14 Loss of metacarpals</td>
<td></td>
</tr>
<tr>
<td>- first or second</td>
<td>5</td>
</tr>
<tr>
<td>- third, fourth or fifth</td>
<td>3</td>
</tr>
<tr>
<td>15 Loss of all toes of one foot</td>
<td>25</td>
</tr>
<tr>
<td>16 Loss of great toes</td>
<td></td>
</tr>
<tr>
<td>- two phalanges</td>
<td>10</td>
</tr>
<tr>
<td>- one phalanx</td>
<td>5</td>
</tr>
<tr>
<td>17 Loss of any other toe</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Second Degree Burns

18a Head – Damage as a % of total body surface area:
- equals to or greater than 8%
  - equals to or greater than 5% but less than 8%
  - equals to or greater than 2% but less than 5%
  - equals to or greater than 1% but less than 2%
  - equals to or greater than 0.5% but less than 1%
  - equals to or greater than 0.25% but less than 0.5%

18b Body – Damage as a % of total body surface area:
- equals to or greater than 20%
  - equals to or greater than 15% but less than 20%
  - equals to or greater than 10% but less than 15%
  - equals to or greater than 5% but less than 10%
  - equals to or greater than 2.5% but less than 5%
  - equals to or greater than 1.5% but less than 2.5%
  - equals to or greater than 1% but less than 1.5%
  - equals to or greater than 0.5% but less than 1%
  - equals to or greater than 0.25% but less than 0.5%

The aggregate of all percentages payable in respect of any one accident shall not exceed 100% of the second degree burns’ sum assured.

#### Third Degree Burns

19a Head – Damage as a % of total body surface area:
- equals to or greater than 8%
  - equals to or greater than 6%
  - equals to or greater than 4%
  - equals to or greater than 2%
  - equals to or greater than 1%
  - equals to or greater than 0.5%

19b Body – Damage as a % of total body surface area:
- equals to or greater than 20%
  - equals to or greater than 15%
  - equals to or greater than 10%
  - equals to or greater than 5%

### Claim Procedure

Claims should be submitted as soon as possible but within 30 days of the date of treatment. The IHP app and portal user guide can be found on www.mycg.com.sg/nus.

**Step 1** Prepare/obtain the supporting documents:

<table>
<thead>
<tr>
<th>Documents Required</th>
<th>GPA Claim outpatient</th>
<th>GPA Claim H&amp;S</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Final Hospital Invoice (the hospital will send the final invoice to the patient within 2 to 4 weeks after discharge)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- PrePost hospitalisation/surgery invoice</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- Other Medical Invoices</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- Payment Receipt (if the invoice shows payment is due)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- Inpatient Discharge Summary</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- Referral Letter, A&amp;E Memo if any</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- Test Order Form, if any</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- Written Test Reports (e.g. x-ray, MRI), if any</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- Police Report (for road traffic accident cases)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- Medical Report (for overseas treatment)</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Step 2** Log in to the “IHP” app or the portal https://eclaim.ihp.com.sg.

**Step 3** Click on the “Claims” icon. Complete the online form and upload the supporting documents.

**Note:**
- If the required documents (eg. referral letter, test order form, test report, discharge summary etc.) are not provided to you, please request from the clinic/hospital during the visit. Otherwise, you may have to return to the clinic/hospital to request for it.
- The insurer may request for further information/documents on a case-by-case basis in order to assess the claim.
- Original invoices and receipts must be kept for one (1) year from the date of treatment and provided to the insurer on request.
- Generally, medical expense claims will be processed within 30 days after complete claim documents and information are received.
- Students can check status of claims via the app or portal.
- Notification of the result of the claim or request for documents/information will be sent via the app or portal.
- Approved medical expense claims will be credited into the student’s bank account.

### Leave of Absence due to Medical Reason

If a student takes leave of absence due to medical reason, the student will be covered up to the end of the next semester, after the semester in which he/she was diagnosed provided the insurance premium is paid.

### Termination of Cover

The cover will be terminated:
- (a) when the student ceases to be a registered full-time active student of NUS;
- (b) upon conferment;
- (c) when the policy has expired and not renewed.

### Some Definitions

- **Accident / Accidental** means a sudden, unexpected physical event, which happens during the period of insurance and which must be the only and direct cause of injury.
- **Act of terrorism** means an act (which may include using or threatening force or violence) by any person or group, committed for political, religious, ideological or similar purposes, with the aim of influencing any government or to put the public, or any section of the public, in fear.
- **Chinese physician** means a registered practitioner who is licensed to practice traditional Chinese medicine, including herbalist, acupuncturist or bone-setter, in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the insured member or the insured member’s family member, or his/her business associates including any business partner, employers or employees.
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Comatose state means a state of profound unconsciousness, characterised by the absence of spontaneous eye openings, response to painful stimuli, and vocalisation. The diagnosis must be supported by evidence of all of the following:

- No response to external stimuli for at least 30 days;
- Life support measures are necessary to sustain life;
- Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma; and
- The comatose state must be confirmed by our registered medical practitioner.

Dental Treatment means treatment to restore sound and natural teeth and which is necessary due to an accident.

Injury means damage or harm caused to the body by an external force suffered during the period of insurance and which is caused only and directly by an accident. This does not include all medical conditions, diseases, sickness, bacterial infections or viral infections, even if these conditions resulted from, or are connected with, the accident.

Loss of fingers or toes means loss by complete physical severance through or above a metacarpophalangeal or metatarsophalangeal joint.

Loss of hearing means loss by complete physical severance through or above a metacarpophalangeal or metatarsophalangeal joint.

Loss of limb means loss by complete physical severance of a hand at or above the wrist or of a foot at or above the ankle.

Loss of sight means total and irreversible loss of all sight in any eye rendering the insured member absolutely blind in that eye and beyond remedy by surgical or other treatment.

Loss of speech means total loss of the ability to speak and is beyond remedy by surgical or other treatment.

Medically necessary Medically necessary means that a medical service or supply is necessary and appropriate for the diagnosis or treatment of an injury of the insured member based on generally accepted western medical practice in Singapore. A medical service or supply will not be considered medically necessary if:

- (a) It is provided only as a convenience to the insured member or medical provider;
- (b) It is not appropriate treatment for the insured member’s diagnosis or symptoms;
- (c) It exceeds (in scope, duration or intensity) the level of care that is necessary to provide safe, adequate and appropriate diagnosis or treatment;
- (d) It is experimental;
- (e) It is for social or domestic reasons or for reasons which are not directly connected with treatment; or
- (f) It is a matter of personal choice.

Medical expenses Medical expense means reasonable expenses incurred for treatment as a result of an injury for medical, surgical, hospital and nursing fee prescribed by a registered medical practitioner.

Permanently disabled means disablement that results solely, directly and independently of all other causes from the injury and which occurs within 12 months of the accident in which the injury was sustained and:

- (a) Falls into one of the categories listed in the Table of Compensation; or
- (b) Is a disablement which, having lasted for a continuous and uninterrupted period of at least 12 months, is at the expiry of that period, beyond hope of improvement.

Permanently totally disabled means disablement that results solely, directly and independently of all other causes from the injury and which occurs within 12 months of the accident in which the injury was sustained which, having lasted for a continuous and uninterrupted period of at least 12 months, will in all probability entirely prevent the insured member from engaging in employment or take part in any paid work of any kind for the remainder of his/her life and from which there is no hope of improvement.

Physiotherapist means a registered practitioner who is licensed to practice physiotherapy in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the insured member or the insured member’s family member, or his/her business associates including any business partner, employers or employees.

Pre-existing conditions means any injury which the insured member has had symptoms; has been diagnosed; known or unknown; regardless of whether treatment or medical advice was actually received, prior to the commencement of his/her insurance cover under this policy.

Reasonable expenses means expenses paid for medical services or treatment which are appropriate and consistent with the diagnosis and according to accepted medical standards, and which could not have reasonably been avoided without negatively affecting the insured member’s condition. These expenses must not be more than the general level of charges made by other medical service suppliers of similar standing in Singapore for the services and supplies.

Registered Medical Practitioner means a doctor qualified in western medicine who is licensed and authorised in the geographical area they are practicing in to provide medical or surgical services. They cannot be the insured member or the insured member’s family member or his/her business associates including any business partner, employers or employees.

Second degree burns means a burn which both the epidermis and the underlying dermis are damaged. We will not pay if the second degree burns is caused directly or indirectly by:

- a) any pre-existing conditions; or
- b) sunburn, in-door tanning, cosmetic tanning, or anaesthetic procedure.

Please refer to the Policy for the complete list of Definitions.

Some Conditions

Expenses covered by other sources In the event an insured member is covered under:

- a) Any occupational insurance including any insurance effected pursuant to the Work Injury Compensation Act (Cap.354) and any revisions thereof;
- b) Any insurance coverage under the government legislation; or
- c) Other group or individual insurance excluding Integrated Shield Plan and its rider,

the benefits payable under this policy shall be limited to the balance of the medical expenses incurred which are not covered or payable by any of the above listed policy under (a) to (c), subject to the benefit limits computed in accordance to the table of insured benefits or schedule page, and terms and conditions of this policy.

Subrogation We can take over any rights to defend or settle any claim and to take proceedings in your name or any insured member’s to enforce your or any insured member’s rights, or our rights against any other person. You and the insured member shall cooperate fully with us in this respect and shall not do anything to prejudice our rights.

Right of recovery We may recover any amount we paid for charges that are not covered under this policy or exceeded the maximum benefits limit as specified in the table of insured benefits or schedule page. The policyholder and/or the insured member shall fully indemnify and reimburse us for such amount within 30 days from the date of notice given by us requesting for reimbursement.

Difference in opinions In the event of any differences in opinions between our Registered Medical Practitioner and your Registered Medical Practitioner, our Registered Medical Practitioner’s opinion shall prevail.

Aggregate limit of liability The maximum aggregate limit payable under this policy for all of the sections arising out of 1 single event shall not be more than S$30,000,000, unless otherwise endorsed in this policy. In the event if the claims from all the insured members arising out of 1 such event exceed the aggregate limit, the amount shall be pro-rated among the insured members, subject to the maximum limit as shown in the schedule for each of the insured member.
Before any benefits are payable under your policy, the insured member has to ensure that the following requirements are being met.

(a) It shall be a condition precedent to our liability under this policy that all claims shall be notified to us within 60 days from the date of accident. All claims shall be made on our prescribed forms and submitted to us together with the original copies of receipts and itemised bills.

(b) Any information required by us for assessing the claim shall be furnished by the policyholder at the policyholder’s expense.

(c) Any benefits payable under this policy shall be paid to you or the insured member (or legal representative). Any payment to you or the insured member (or legal representative), and the insured member or your receipt of any benefit payable under your policy shall in all cases be deemed final and complete discharge of our liability under this policy.

Failure to furnish notice within the time provided in this policy shall invalidate the claim unless claimant shows that it was not reasonably possible to give such notice within such required time and that notice was subsequently given as soon as reasonably possible.

We will pay all claims in Singapore dollars. If the insured member suffers a loss which is in a foreign currency, we will convert the amount into Singapore dollars based on the exchange rate on the date of the loss.

Please refer to the Policy for the complete list of General Conditions.