

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 Non-graduating 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 completion date
(d) Continuing Professional Education Students	
(e) Ad-hoc Groups	Dates provided by NUS

- For special cases, coverage period will be as advised by NUS.
- Coverage for international students will start on the date of 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.
- Coverage will cease for students awaiting conferment date and no Health Service Fee billed.

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.

Extensions

- (a) Reimburses Goods and Services Tax charged on medical expenses;
- (b) Covers first year international students upon their arrival in Singapore or one (1) month prior to the insurance start date whichever is later;
- (c) Covers first year students who
 - participate in the freshmen orientation and any activities organised by NUS, NUS' student societies and/or NUS' clubs (including outside NUS' campus);
 - Visit the NUS campuses for administrative/course related reasons and which may be held prior to the student's insurance start date. If the student does not matriculate or if the offer from NUS is withdrawn, the student will be covered for follow-up treatment up to 3 months from the date of accident.
- (d) Covers all programs, activities, events, sports and competitions organized, authorised and/or approved by NUS, NUS students' societies and/or its clubs or in which the student participates as a representative of NUS, held in Singapore or overseas;
- (e) Covers scuba diving for research and leisure scuba diving if it is organized, authorised and/or approved by NUS, NUS' student societies and/or NUS' clubs or in which the student participates as a representative of NUS, held in Singapore or overseas.
- (f) Covers radiation, chemical contamination and similar hazards for students who are involved in laboratory work in NUS or a collaborator's laboratory in Singapore or overseas;
- (g) Covers HIV/AIDs accidentally contracted in the course of work for students of the medical, nursing, dental and similar health related faculties/schools.
- (h) Full terrorism
- (i) Riot, strike, civil commotion, hijack, murder, assault
- (j) Disappearance
- (k) Exposure
- (l) Suffocation by smoke, poisonous fumes, gas and drowning
- (m) Miscarriage due to an accident
- (n) Motorcycling (as rider or pillion rider)
- (o) Reserivst Training
- (p) Unscheduled flights

What is Covered

Coverage	Limit
Accidental Death We shall pay the sum assured as specified in the schedule in the event of death of the insured member as a direct result of an accident. Death must occur within 12 months from the date of such accident.	\$30,000
Permanent Disability We shall pay the corresponding sum assured, as specified in the table of compensation, in the event if injury is sustained. Permanent disablement must occur within 12 months from the date of accident.	
Medical Expenses (per accident) We shall pay the medical expenses incurred in the event that the insured member sustained an injury, up to limit shown in the schedule or up to 12 months from the date of the accident, whichever comes first.	\$5,000
Ambulance Cost (ground ambulance to hospital) up to sub-limit of \$500 per accident	
Dental Treatment to restore sound natural teeth due to an accident	
Physiotherapy (with referral by a Registered Medical Practitioner)	
Treatment by a Registered Chinese Physician (TCM) up to sub-limit of \$500 per accident	
Injury due to fainting (e.g. bruises sustained in a fall during fainting)	\$2,000
Medical Report Fee (if required by the insurer)	
Mobility Expenses (per accident) Mobility expenses means charges incurred for renovation to the insured member's principal home for the purpose of coping with the disablement or purchases of any of the following mobility aids prescribed by a registered medical practitioner <ul style="list-style-type: none"> (a) self-powered climbing wheelchair; (b) motor vehicle with the controls suitably adjusted lifts, ramps, railings and holds at usual place of residence. 	\$2,000
Funeral Expenses	

Clinics & Hospitals

Covers treatment at all Singapore Government Restructured Hospitals/Clinics and Private Hospitals/Clinics.

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 or in which the student participates as a representative of NUS.

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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.

Description	% of Sum Insured
1 Permanent Total Disablement	150
2 Loss of two limbs	150
3 Loss of sight of both eyes	150
4 Loss of sight of one eye, except perception of light	100
5 Loss of one limb	125
6 Loss of speech	75
7 Loss of hearing in both ears	100
8 Loss of four fingers and thumb of one hand	85
9 Loss of four fingers	55
10 Loss of hearing in one ear	30
11 Loss of thumb - both phalanges - one phalanx	40 25
12 Loss of index finger - three phalanges - two phalanges - one phalanx	20 15 10
13 Loss of any one other finger - three phalanges - two phalanges - one phalanx	20 15 10
14 Loss of metacarpals - first or second - third, fourth or fifth	5 3
15 Loss of all toes of one foot	25
16 Loss of great toes - two phalanges - one phalanx	10 5
17 Loss of any other toe	5
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%	100 75 50
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%	100 75 50
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 5% but less than 8% - equals to or greater than 2% but less than 5%	100 75 50
19b 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%	100 75 50

The aggregate of all percentages payable in respect of any one accident shall not exceed 150% of the Sum Assured.

Claim Procedure

All claims should be notified to us by email as soon as possible but **within 30 days of the date of accident**.

Claims for medical bills must be submitted **within 30 days from 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:

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

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:

- when the student ceases to be a registered full-time active student of NUS;
- upon conferment/completion or date advised by NUS;
- 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.

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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.	Permanent total disablement	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 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 and every kind for the remainder of his/her life and from which there is no hope of improvement.
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: <ul style="list-style-type: none"> 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. 	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.
Dental Treatment	means treatment to restore sound and natural teeth and which is necessary due to an accident.	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.
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.	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.
Loss of fingers or toes	means loss by complete physical severance through or above a metacarpophalangeal or metatarsophalangeal joint.	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.
Loss of hearing	means loss by complete physical severance through or above a metacarpophalangeal or metatarsophalangeal joint.	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: <ul style="list-style-type: none"> a) any pre-existing conditions; or b) sunburn, in-door tanning, cosmetic tanning, or anaesthetic procedure.
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.	Please refer to the Policy for the complete list of Definitions.	
Loss of sight	means total and irrecoverable loss of all sight in any eye rendering the insured member absolutely blind in that eye and beyond remedy by surgical or other treatment.	Some Conditions	
Loss of speech	means total loss of the ability to speak and is beyond remedy by surgical or other treatment.	Expenses covered by other sources	In the event an insured member is covered under: <ul style="list-style-type: none"> 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.
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: <ul style="list-style-type: none"> (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. 	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.
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.	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.
Permanent	means having lasted 12 consecutive months and at the expiry of that period, being beyond hope of improvement.	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.
Permanent disablement	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 injury was sustained, and: <ul style="list-style-type: none"> (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. 		

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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.
Claims conditions	<p>Before any benefits are payable under your policy, the insured member has to ensure that the following requirements are being met.</p> <ul style="list-style-type: none"> (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. <p>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.</p>
Currency	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.

Contact

income@ihp.com.sg
cc nus@mycg.com.sg

IHP 24hr Hotline 6715 9902
 MYCG 8118 6924



Web

www.mycg.com.sg/nus



Submit & Track Claims

Download “IHP” mobile app

Log in to <https://eclaim.ihp.com.sg> portal



Managed by MYCG & Partners Pte Ltd | UEN 201803632H
 Underwritten by Income Insurance Limited | UEN 202135698W

This fact sheet is not a contract of insurance and should be used as a guide only. Coverage is subject to the full terms and conditions of Income's Policy which is the operative document. Any discrepancy between the information in this fact sheet and the Policy is unintentional.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).