

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) Part-time Active Local & International Undergraduate and Graduate Students (admitted from AY2026 onwards)

Note: Local refers to Singaporeans or Singapore Permanent Residents.

Coverage

The insurance covers reasonable expenses incurred for medically necessary hospitalisation and/or surgery treatment of illness or injury in a Singapore Government Restructured Hospital subject to the policy limits, terms and conditions.

Period of Insurance

(a) Full/Part-time Undergraduate Students	From 1 Aug of the year of admission to conferment date
(b) Full/Part-time Graduate Students	From candidature start date to conferment date
(c) Full-time Non-Graduating Students	
(d) Full-time 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.

Overseas Treatment

Eligible medical expenses incurred for emergency treatment while overseas will be covered up to B2 (for local students) and B1 (for international students) level charges for equivalent treatment in a Singapore Government Restructured Hospital, if these are lower than the charges actually incurred overseas, subject to the policy limits.

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

Extensions

- (a) Covers pre-existing conditions from inception (except for Ad-hoc Groups where 12-months waiting period will apply);
- (b) Covers mental illness;
- (c) Reimburses Goods and Services Tax charged on medical expenses;
- (d) Covers first year international students upon their arrival in Singapore or one (1) month prior to the insurance start date whichever is later;
- (e) 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;
- (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.

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.

Part-time Students

The insurance covers part-time students for the following:

- (a) For school-related activities, students shall be covered for accidents arising in the course of participating in the activities and events organised by NUS, regardless of whether the accident happened at or outside NUS premises.
- (b) For all other claims that do not fall under (a) (above), we shall pay the insured member after the co-insurance (where applicable) as specified in the table of benefits, the medical expenses which are in excess of the payable amounts under the insured member's Corporate or Personal Insurance.

Letter of Guarantee (LOG)

A LOG is a document issued by the insurer to guarantee hospitalisation/surgery expenses in Singapore. It is not valid for pre or post hospitalisation/surgery, outpatient expenses and overseas treatment. With a LOG, the hospital will waive the cash deposit and payment of the hospital bill up to the policy limits and subject to the policy terms and conditions. The hospital will bill the insurer directly. The student will have to pay to the hospital any amount not covered by the insurance after the hospital bill is finalised.

Step 1 Visit www.mycg.com.sg/nus and complete the "LOG Request" online form at least 5 working days before the scheduled admission/surgery. For emergency admission, please contact MYCG as soon as possible.

Step 2 Email these documents to log@ihp.com.sg and cc nus@mycg.com.sg:

- (a) Completed LOG Request Form (download from website)
- (b) Care Cost Form / Financial Counselling Form / Admission Form / Day Surgery Authorisation Form
 - The hospital will give these documents to the patient when the admission date is confirmed.
 - The documents should contain the diagnosis, name of surgery and surgical code (if any) and estimated cost.
- (c) Referral letters, tests reports etc. if any

Step 3 The insurer will assess the case. If approved, the LOG will be emailed to the hospital and student 1 day prior to admission.

Step 4 After discharge from the hospital, please email the Discharge Summary to log@ihp.com.sg and cc nus@mycg.com.sg.

Claim Procedure

Claims should be submitted as soon as possible but **within 30 days** from the date of treatment. If more time is required, please notify us by email of any possible claim within 30 days from the hospital latest discharge date.

All claims are to be submitted via the IHP OneConnect App or portal. For more information and user guide, please refer to www.mycg.com.sg/nus.

Step 1 For first-time users, please register on www.mycg.com.sg/nus. A welcome email containing the User ID and password will be sent to your official NUS email within 2 weeks.

Step 2 Prepare/obtain the supporting documents:

Documents Required	GHS Claim (w/LOG)	GHS Claim (No LOG)
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	✓	✓
Payment Receipt (if the invoice shows payment is due)	✓ (Pre/Post)	✓
Inpatient Discharge Summary	✓	✓
Referral Letter, A&E Memo 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 3 Log in to "IHP OneConnect" app or portal <https://eclaim.ihp.com.sg>.

Step 4 Click on the "Claims" icon. Complete the online form and upload the supporting documents.

Note:

- If the required documents (eg. referral letter, 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/portal and email.
- Approved medical expense claims will be credited into the student's bank account.

NUS Group Hospital & Surgical Insurance (GHS)

What is Covered

Benefits	FT & PT Local UG	FT & PT Intl UG FT & PT Local & Intl GD, FT NG, FT CPE, Ad-hoc
	Limit Per Disability	Limit Per Policy Year
Daily Room & Board We shall pay for the Daily Room & Board charges (that is ward charges) when the insured member is admitted as a patient in a hospital. In the event that an insured member is being treated and/or confined in a non-standard room (whether voluntary or otherwise), we shall pay only the charges incurred in respect of a standard room in that hospital.	B2 Ward (max 21 days)	B1 Ward
High Dependency Ward (HDW) We shall pay for the daily charges incurred when the insured member is confined to the HDW.	\$10,000	
Intensive Care Unit (ICU) We shall pay for the daily charges incurred when the insured member is confined to the ICU. This benefit shall include Intermediate Care Area (ICA) and Coronary Care Unit (CCU) for heart patient.		
Other Hospital Services We shall pay for the charges incurred when the following services are rendered: • Use of operating room • Drugs and medicines consumed in the hospital only • Dressings, ordinary splints and plaster casts • Physical Therapy • Anaesthesia and oxygen and their administration • Intravenous infusions • Inpatient diagnostic procedures	\$1,000	As Charged
Surgical Implants & Prosthesis We shall pay for charges incurred for any lens, prostheses, pacemakers, stent, similar orthopedic appliances or implants, provided they are surgically implanted, and certified to be medically necessary by a Registered Medical Practitioner and not implanted for cosmetic reasons.		
Surgical Expenses We shall pay for the charges incurred for surgical operations (including day surgery) performed by a Registered Medical Practitioner in a hospital or clinic.	\$1,000	
Anesthetist's Fee	25% of Surgical Expenses	
Daily In-hospital Physician's Consultation We shall pay for the consultation fees charged by a Registered Medical Practitioner for consultation during hospital confinement.	\$35 per day (max 21 days)	
Pre-Hospitalisation Specialist Consultation We shall pay for the charges incurred for specialist consultation (including medication) recommended by a Registered Medical Practitioner, if such charges are incurred within 90 days prior to the date of hospitalisation or day surgery for the same condition.	\$300	
Pre-Hospitalisation Diagnostic X-ray and Laboratory Fees We shall pay for the charges incurred for diagnostic X-ray and laboratory fees made in a hospital, clinic or laboratory on the recommendation of a Registered Medical Practitioner, if such charges are incurred within 90 days prior to the date of hospitalisation or day surgery for the same condition.		
Post-Hospitalisation Treatment (including physiotherapy with referral) We shall pay for the charges incurred for follow-up treatment directly resulted from the condition(s) which the hospitalisation/surgery provided its recommended by the same Registered Medical Practitioner treating him/her during his/her hospital confinement, if such charges are incurred within 90 days following discharge from the hospital or clinic (in the case of day surgery). We shall also pay for follow-up consultation by a Chinese Physician recommended by the same Registered Medical Practitioner within 90 days following discharge from the hospital or clinic (in the case of day surgery). We shall not pay for medicines or drugs prescribed for use beyond 120 days after such discharge.		

NUS Group Hospital & Surgical Insurance (GHS)

Benefits	FT & PT Local UG	FT & PT Intl UG FT & PT Local & Intl GD, FT NG, FT CPE, Ad-hoc
	Limit Per Disability	Limit Per Policy Year
Inpatient Mental Health Treatment	As per disability	As Charged
Ambulance Fees We shall pay for the charges incurred for ambulance services to and/or from hospital, provided the insured member is admitted as a patient in a hospital.	\$150	
Emergency Accidental Outpatient Treatment We shall pay for the charges incurred if, as a result of an accident, the insured member requires emergency outpatient treatment for injury by a Registered Medical Practitioner in a hospital/clinic or by a Chinese Physician. Such treatment must be sought within 24 hours following the accident. We shall also pay for the charges incurred for follow-up treatment by a Registered Medical Practitioner or a Chinese Physician up to 31 days from the date of accident. Any charges incurred for treatment by a Chinese Physician shall not exceed S\$500 per accident.	Not Covered	
Outpatient Dental Treatment (Accidental) We shall pay for the charges incurred if, as a result of an accident, the insured member requires dental treatment by a dentist to his/her sound natural teeth. Such treatment must be sought within 24 hours following the accident. We shall also pay for the charges incurred for follow-up treatment by a dentist up to 31 days from the date of accident. This excludes dental implants, crowning, bridges or dentures.	Not Covered	
Claim Medical Report Fees We shall pay for the charges incurred for any medical reports requested by us.	\$100	
Outpatient Kidney Dialysis & Cancer Treatment Benefit We shall pay for the charges incurred for the following treatment received by the insured member in a hospital or a licensed medical centre or clinic: - Stereotactic radiotherapy, radiotherapy, chemotherapy and immunotherapy for cancer. - Outpatient renal dialysis. - Approved immunosuppressant drugs including erythropoietin for chronic renal failure, cyclosporin and tacrolimus for organ transplant and other drugs approved by the Ministry of Health (MOH) Singapore. - Consultation fees, medicines, and examinations and tests carried out by the attending Registered Medical Practitioner as part of stereotactic radiotherapy, radiotherapy, chemotherapy, immunotherapy or outpatient renal dialysis medical treatment only.	\$500 per policy year	\$10,000 per policy year
Inpatient Treatment in a Singapore Government Community Hospital (max 30 days)	As per disability	\$10,000 per policy year
Compulsory Quarantine We shall pay for the charges incurred for compulsory stay/quarantine in Singapore Government dedicated facilities, community care facilities, hotels and other types of accommodation (non-hospitals) as required by the Singapore Government if the Insured Person is suspected or diagnosed with an infectious disease such as but not limited to Covid-19. The coverage shall be based on the standard package provided by the Singapore Government. Compulsory quarantine applicable to travellers entering Singapore and voluntary quarantine due to any reason are excluded.	Not Covered	Up to \$200/day max 14 days
Overall Annual Limit	Not Applicable	\$30,000
Death Benefit We shall pay the Death benefit if the insured member dies from: - An Injury; - An Illness during or after treatment for such Illness, where such treatment was carried out at a Hospital or in Day Surgery, - Critical Illness - Suicide (excluding mass suicide) while his/her cover under this policy is in force.	\$3,000	\$5,000

FT – Full-time; PT – Part-time

Hospitals

Covers treatment at:

(a) Singapore Government Restructured Hospitals	Covered
(b) NUS University Health Centre (UHC)	
(c) Private Hospitals	Local UG Not Covered
(d) Singapore Government Restructured Hospitals/Specialist Clinics who operate clinics in Private Hospitals	Intl UG, GD & NG, CPE, Ad-hoc Covered up to 50% of eligible medical expenses
(e) Overseas Hospitals	Covered subject to Overseas Treatment Clause

Singapore Government Restructured Hospitals including:

- Alexandra Hospital (AH)
- Changi General Hospital (CGH)
- Institute of Mental Health / Woodbridge Hospital (IMH)
- Khoo Teck Puat Hospital (KTPH)
- KK Women's and Children's Hospital (KKH)
- National University Hospital (NUH)
- Ng Teng Fong General Hospital (NTFGH)
- Seng Kang General Hospital (SKGH)
- Singapore General Hospital (SGH)
- Tan Tock Seng Hospital (TTSH)

and day surgery at:

- National Skin Centre (NSC)
- Singapore National Eye Centre (SNEC)

What is Not Covered

The following services, expenses, treatment items, procedures, conditions, activities and their related complications are not covered under your policy, **except as specifically covered under this policy**.

- Pre-existing condition, unless the insured member has been insured continuously for 12 months under this policy or any group hospital and surgical insurance issued in Singapore provided that the period between the last resignation date and the commencement of his/her insurance coverage under this policy is not more than 31 days from the last resignation date. (This exclusion applies only to Ad-hoc Groups).
- All health screening related examinations including multiphasic health screening, laboratory tests and X-rays, screening mammograms; services (irrespective of whether there is hospital confinement) for the primary purpose of diagnosis, medical check-up, genetic screening; pap smear; cytology test; any treatment of a preventive nature including but not limited to immunisation/vaccinations.
- Rest cures, hospice care, home or outpatient nursing or palliative care, community hospital, nursing homes, sanatoria or similar establishments; stay in any healthcare establishment for social or non-medical reasons.
- Outpatient rehabilitation services including but not limited to physiotherapy, occupational therapy, speech therapy (unless recommended by the same Registered Medical Practitioner treating him/her during his/her hospital confinement and all charges are payable under and subject to Post Hospitalisation Treatment benefit); heat therapy; counselling or education; Traditional Chinese Medicine (TCM); hydrotherapy; osteopathic; podiatric; chiropractic; dietician; naturopath; homeopath; foot reflexology; alternative or complementary treatments.
- Expenses, administrative or other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services.
- Developmental delay and/or learning disabilities.
- Eye examination, surgical procedure for correction of eye refraction, procurement or use of contact lenses or eye glasses; surgical procedure for correction of squint or other eye misalignment.
- Any dental treatment including but not limited to crowning, dentures, bridges tooth implantation or re-implantation, oral surgery, orthognathic surgery, temporo-mandibular joint disorder; oral and maxillofacial surgery except where such surgery is for the repair or damage caused solely by an accident covered under this policy.
- Implants that are not surgically implanted and prostheses of any kind; dental implants; purchase or rental for home or outpatient use of braces, appliances, equipment, machines and other devices including but not limited to wheel-chair, walking or home aids of any kind, dialysis machine, oxygen machine and any other hospital-type equipment; stem cell support; homograft; heterograft and artificial organ.

- Pregnancy or complication arising from pregnancy; childbirth, conditions and its complication arising during or after childbirth; prenatal or postnatal care, post-delivery confinement; abortion or termination of pregnancy or any form of related stay in hospital or treatment.
- Infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment; ligation; medical services or supplies provided or surgical procedures required or recommended subsequent to consultations at fertility clinics, In-Vitro Fertilisation clinics, reproductive assistance clinics or centres, clinics or centres for reproductive medicine.
- Circumcision unless medically necessary.
- Birth defects; congenital illness or abnormalities.
- Admission for sleep test for diagnostic purposes unless it is followed by surgery; any surgery or treatment for obesity, weight reduction or weight improvement including but not limited to bariatric surgery, gastric balloon, gastric banding, gastrectomy, gastric bypass regardless of whether it is caused (directly or indirectly) by a medical condition or whether treatment is medically necessary.
- Venereal Diseases, Acquired Immunodeficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV).
- Conditions relating to skin including but not limited to mole, acne, pigmentation, scars, xanthelasma or vitiligo; conditions relating to hair; enhancement of bodily function or appearance including but not limited to plastic surgery, cosmetic treatment and treatment for beautification purposes, except for plastic surgery which are medically necessary arising from an illness or injury while the insured member is insured under this policy.
- Intentional, self-inflicted injuries or attempted suicide whether the insured member is sane or insane; psychological disorders, personality disorders, behavioural disorders, emotional or mental conditions and any illness or injury resulting from such disorders or mental conditions; drug addiction or alcoholism and any illness or injury resulting from or under the influence of alcohol or drugs.
- Use of medical drugs or any treatment not licensed by an official governmental control agency of the country in which drug is given, or drugs used in any circumstances other than in accordance with their licensed indications.
- Hormone Replacement Therapy, health supplements or vitamins, toiletries including but not limited to moisturiser, cream, gel, lotion whether prescribed or non-prescribed.
- Injuries arising directly or indirectly from war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, strike, riot, civil commotion, military or usurped power; Fulltime service in any of the armed forces including National Service under Section 10 of the Enlistment Act, Cap. 93 of the Republic of Singapore except National Service reservist duty or training under Section 14 of the Enlistment Act, Cap. 93 of the Republic of Singapore.
- The benefits payable under this policy will not include the reimbursement of any Goods and Services Tax and other duties or taxes charged or chargeable.

Termination of Cover

The cover will be terminated:

- 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 cause of injury.
Any One Disability	Means - All disabilities arising from the same cause including any and all complications, as well as - Concurrent disabilities from different causes during the same hospital confinement. Subsequent disability from the same cause shall be considered as a new disability if it is separated by 14 days following the latest discharge from the hospital or surgery.
Chinese Physician	Means a registered practitioner who is licensed to practice traditional Chinese medicine 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.
Day Surgery	Surgery which is carried out by a surgeon but not on an inpatient basis.

NUS Group Hospital & Surgical Insurance (GHS)

Illness	Means a physical condition certified by a Registered Medical Practitioner as a pathological deviation from the normal healthy state.
Injury	Means damage or harm caused to the body by an external force suffered during the period of insurance and which is caused only 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.
Medically Necessary	Means that a medical service or supply is necessary and appropriate for the diagnosis or treatment of an injury or illness 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; (f) It is a matter of personal choice; or (g) It is an elective treatment.
Pre-existing condition	Pre-existing condition means any injury or illness 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 medical 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/Physician	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.
Standard Room	Means the ward with the lowest Daily Room and Board charges for the type of ward which an insured member is entitled under the table of insured benefits in the hospital the insured member is admitted to.
Surgery	Means any invasive surgical intervention in accordance with Ministry of Health's (MOH) surgical code.

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

Subrogation	We shall be entitled to undertake in the name of and on behalf of an insured member the absolute conduct, control, defense and/or settlement of any proceedings and at any time to take proceedings at our expense and own behalf, but in the name of the insured member to recover compensation or secure indemnity from any third party in respect of anything covered under this policy. The insured member shall cooperate fully with us in this respect and shall not do anything to prejudice our rights.
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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. 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.

Claims conditions

Before any benefits are payable under your policy, the insured member has to ensure that the following requirements are being met.

- (a) The insured member has to notify to us, within 30 days from the hospital latest discharge date, informing us of any possible claim. For death claim, notice must be given within 3 months from the death of the insured member.
- (b) It shall be a condition precedent to our liability under this policy that all claims shall be made within 60 days from the date of invoice of a medical claim. All claims shall be made on our prescribed forms and submitted to us together with the original copies of receipts and itemised bills.
- (c) Any information required by us for assessing the claim shall be furnished by the policyholder at the policyholder's expense.
- (d) Any benefits payable under this policy shall be paid to you or the insured member. The insured member or your receipt of any benefit payable under your policy shall in all cases be deemed final and complete discharge of all our liability.

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.

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

Contact

income@ihp.com.sg
cc_nus@mycg.com.sg

IHP 24hr Hotline 6715 9902
 MYCG 9762 2062



Web

www.mycg.com.sg/nus



Submit & Track Claims

Download "IHP OneConnect" 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 is to 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).