

Students' Accident Protection Scheme 2024

Scheme underwritten by:



LONPAC INSURANCE BHD (S98FC5635C)

300 Beach Road
#17-04/06 The Concourse
Singapore 199555
Tel: 62507388 Fax: 62963767

Arranged and exclusively marketed by:



AB LIM PTE LTD

Blk 123 Bukit Merah Lane 1
#04-78 Singapore 150123
Tel: 62722277 Fax: 62769909
UEN: 198804259D

Dear Parent/Guardian

We are pleased to inform you that as part of the Pastoral Care Programme for the students, the School has arranged for an insurance policy to insure your child/ward against accidents. A summary of the Policy Coverage & Benefits is printed overleaf. We have incorporated a Certificate of Insurance at the bottom of this brochure. Kindly cut along the dotted lines and retain it for your easy reference.

Meanwhile, if you have any queries on the Policy terms and conditions and claims, please feel free to contact **AB LIM PTE LTD** at our Hotline: 62722277.

Summary of Claims Procedure

(For Enquiries and Claims, call our Hotline: 62722277)

Operating Hours: 9.30 am to 12.30 pm & 2.30 pm to 5.00 pm (Monday to Friday excluding Public Holiday)

1. Reporting a Claim

In the event of any claim, the Claimant (the Insured Student/Parent/Guardian/Legal Representative) is advised to contact **AB LIM PTE LTD** directly via:

- 1.1 Download and complete the claim form from the school's website or www.ablim.com.sg
- 1.2 Email - claims@ablim.com.sg
- 1.3 Fax - 62769909
- 1.4 Phone - 62722277 (Philip Leow)

Please report all claims to us within 31 days from the date of accident.

2. Details to be Furnished

The following details are to be provided when reporting a claim:

- 2.1 Name of School
- 2.2 Name of Insured Person (Student/Staff)
- 2.3 Class and NRIC/FIN
- 2.4 Correspondence Address
- 2.5 Contact Numbers (Home/Office/Mobile)
- 2.6 Email Address
- 2.7 Date/Time/Place of Accident
- 2.8 Brief Account of the Accident
- 2.9 Nature of the Injury
- 2.10 Name/Bank Account of Payee

3. Documents Required

To facilitate our claims documentation, the following documents are to be submitted to us within 365 days from the date of accident for claims processing:

- 3.1 All **ORIGINAL MEDICAL BILLS/RECEIPTS/TAX INVOICES** incurred for medical treatments and/or consultations.
- 3.2 A Medical Report (obtained at the Claimant's expense) must be furnished for claims exceeding S\$1,000.
- 3.3 For Motor-related Accidents, a copy of the Police Report is required.
- 3.4 For Fatal cases, the following additional documents must be furnished:
 - Coroner's Report
 - Birth Certificate
 - Death Certificate
 - Confirmation letter from the School

4. Submission of Claims

Upon full recovery from the injury, the Claimant may either

- 4.1 Email us all the necessary documents (as listed under Item 3) in clear PDF or JPEG format. Kindly keep all the Original documents for at least 6 months from the date of submission and made readily available upon request or
- 4.2 Send all the necessary documents by registered post/personally to AB Lim's office. (For our easy reference, please write down the Insured Person's Name & School on the envelope).

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For claims enquiries, please call our Hotline 62722277 or email us at claims@ablim.com.sg. We will be most pleased to serve you.

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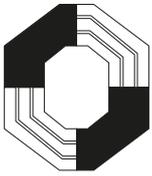
Note : 1. This insurance cover shall cease once the insured student is no longer a student of the insured educational institution.
2. Please report any accident within 31 days from the date of accident.



LONPAC INSURANCE BHD
(S98FC5635C)

**Students' Accident Protection Scheme
Certificate of Insurance for 2024
(HCI-SP13 Plan)**

Authorised Signatory



LONPAC INSURANCE BHD

(S98FC5635C)

Students' Accident Protection Scheme 2024 Summary of Policy Coverage & Benefits (HCI-SP13 Plan)

Coverage*

Our Policy provides 24-Hour Worldwide Accident Coverage related to all school activities (including Blended Learning – Home Based Learning and Student Initiated Learning) and/or CCAs (Co-Curricular Activities) both in and out of school including the following extensions:

- | | | |
|------------------------|--------------------------------------|--|
| 1. Lightning strike | 9. Assault | 17. Bee, wasp and hornet stings |
| 2. Accidental drowning | 10. Scuba-diving | 18. Bites by Aedes Mosquito resulting in Dengue |
| 3. Suffocation | 11. Horse-riding | 19. Act of God/Natural convulsion |
| 4. Disappearance | 12. Rock-climbing | 20. Heat stroke/Heat exhaustion |
| 5. Exposure | 13. Motor-cycling as a pillion/rider | 21. Fainting during CCAs resulting in bodily injury |
| 6. Riot | 14. Food poisoning | 22. Travelling directly between school and/or residence and/or place where CCA is held |
| 7. Civil commotion | 15. Approved job orientation | |
| 8. Murder | 16. Animal bites | |

Main Benefits*

Medical Expenses (In accordance with Schedule of Payment listed below)	Up to S\$13,000
Hospital Allowance Benefit (Daily allowance of S\$50)	Up to S\$2,500
Accidental Death Benefit (Including lightning strike, drowning, murder and assault)	S\$50,000
Permanent Disablement Benefits (Refer to the Table of Benefits)	Up to S\$75,000
Special Grant (Funeral Expenses)	S\$5,000
Temporary/Permanent Mobility Aid, Prosthesis and Other Implants	Up to S\$5,000

Medical Expenses (Schedule of Payment – up to S\$13,000 per accident)**

- Out-Patient Benefits (Up to a limit of S\$2,150)** - *Within 365 days from date of accident*
[Includes Minor/Day Surgery at a Clinic/Hospital, Ambulance Fees & Follow-Up Treatments]
 - Accidental Emergency/Clinical Treatments (GPs/A&E/Polyclinics/Specialist Out-Patient Clinics) **Up to S\$1,750**
 - Chinese Physicians (Maximum S\$40 per visit) **Up to S\$400**
- In-Patient Benefits (Up to a limit of S\$10,850)** - *Within 365 days from date of accident*
[If hospitalised for more than 18 hours]
 - Hospital Accommodation (Including ICU) - Daily @ S\$120 up to 60 days **Up to S\$7,200**
 - Professional Fees (Physician/Surgeon/Anaesthetist Fees) **Up to S\$1,100**
 - Ancillary Charges (X-rays, Prescriptions, Medical Supplies, Operating Theatre) **Up to S\$1,550**
 - Post-hospitalisation Treatments **Up to S\$1,000**
- Reconstructive Surgical Expenses** - *Arising from an accident* **Up to S\$13,000**
- Accidental Dental Treatments** - *Within 365 days from date of accident*
[Out-Patient & In-Patient includes minor/day surgery at a clinic/hospital, ambulance fees & follow-up treatments] **Up to S\$4,000**

Note: ** The aggregate of all the above sub-sections payable under medical expenses payable in respect of any one accident shall not exceed \$13,000.

Permanent Disablement (Table of Benefits)

1 Total paralysis	150%	25			
2 Injuries resulting in being permanently bedridden	150%	26	Loss of little finger	- one phalanx	2%
3 Any other injury causing permanent and total disablement	150%	27		- three phalanges	4%
4 Loss of two or more limbs	150%	28		- two phalanges	3%
5 Loss of one or two or more limbs by amputation at or above wrists or ankles	125%	29	Loss of metacarpals	- one phalanx	2%
6 Total and irrecoverable loss of sight in two eyes	150%	30		- first or second (additional)	3%
7 Total and irrecoverable loss of sight in one eye	100%	31	Loss of toes	- third, fourth or fifth (additional)	2%
8 Loss of sight of one eye, except perception of light	50%	32		- all	15%
9 Loss of lens of one eye	50%	33		- great, both phalanges	5%
10 Loss of four fingers and thumb of one hand	50%	34		- great, one phalanx	2%
11 Loss of four fingers	40%			- other than great, if more than one toe lost, each	1%
12 Loss of speech	50%				
13 Loss of hearing	75%				
14					
15 Loss of thumb	15%	35	Third Degree Burns		
16 Loss of thumb	25%		• Head - damage as a percentage of total body surface area		
17 Loss of index finger	10%	36	- Third Degree Burns equals to or greater than 20%		100%
18	10%	37	• Body - damage as a percentage of total body surface area		
19	8%	38	- Third Degree Burns equals to or greater than 40%		100%
20	4%	39	- Third Degree Burns equals to or greater than 25% or more		80%
21	6%	40	- Third Degree Burns equals to or greater than 15% or more		60%
22	4%		Second Degree Burns		
23	2%	41	• Head - damage as a percentage of total body surface area		
24	5%	42	- Second Degree Burns equals to or greater than 10%		50%
	4%		• Body - damage as a percentage of total body surface area		
			- Second Degree Burns equals to or greater than 40%		50%
			- Second Degree Burns equals to or greater than 25% or more		40%
			- Second Degree Burns equals to or greater than 15% or more		30%

Note: The aggregate of all benefits payable in respect of any one accident shall not exceed 150% of the Death Benefit of S\$50,000.

Permanent Disablement - Simple or Other Fractures (Table of Benefits)

1 Neck, skull or spine (full break)	100%	6	Leg, ankle or knee (Simple Fracture)	20%
2 Hip	75%	7	Nose or collar bone	20%
3 Jaw, pelvis, leg, ankle or knee (Other Fracture)	50%	8	Arm, elbow, wrist or ribs (Simple Fracture)	10%
4 Cheekbone, shoulder or hairline fracture of skull or spine	30%	9	Finger, thumb, foot, hand or toe	7.5%
5 Arm, elbow, wrist or ribs (Other Fracture)	25%			

Note: The aggregate of all Simple or Other Fractures benefits payable in respect of any one accident shall not exceed 100% of the Death Benefit.

Major Exclusions*

Our Policy has the following major exclusions:

- i) Sickness and illness ii) Intentional self-injury or suicide iii) Pre-existing medical conditions and/or infirmity

Important Note: * Please refer to the Policy for full details. This brochure is not a contract of insurance.

The specific terms, conditions and exclusions applicable to this insurance are spelt out in the Policy which is the operative document.

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Medical Expenses (Schedule of Payment – Up to S\$13,000 per accident)

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STUDENTS' ACCIDENT PROTECTION SCHEME - CLAIM FORM

1. Claim Number: <i>(May leave it blank)</i>		2. Date Reported:	
3. Name of Institution/School:			
4. Policy Number: <i>(May leave it blank)</i>		5. Expiry Date: <i>(May leave it blank)</i>	
6. Name of Insured Person:		7. NRIC No/FIN:	8. Class:
9. Address:			
10. Contact Numbers:		11. Email:	
12. Date/Time of Accident:			
13. Place of Accident:			
14. Brief Description of Accident <i>(What were you doing & what happened? Please state name of CCA if the incident happened during your CCA):</i>			
15. Nature of Injury <i>(Please indicate 'left' or 'right' and the type of injury e.g. left elbow fractured):</i>			
16. Name of Clinic/Hospital where treatment was sought:			
17. Are you claiming under any other policy in respect of this accident? YES/NO. If 'YES', please email/submit a copy of the computation &/or settlement letter from other parties. Note: You can only claim or be reimbursed once for the amount that you have incurred regardless of the medical insurance policies you have. We reserve the right to recover if there is any excess amount paid to you.			
18. Medical/Hospital/Surgical expenses incurred: Please scan the following documents to us in PDF or JPEG format. a) Claim form b) Original final tax invoice(s)/receipt(s) c) Additional supporting document(s) if required Note: Kindly keep all the ORIGINAL documents for at least 6 months from the date of submission. They must be made readily available upon request.			
19. Payee must be a parent/legal guardian of the student and above 21 years old. Name of Payee/Relationship: <i>(as shown in NRIC/FIN/Passport)</i> Name of Bank : Bank Account Number :			
20. Are you fully recovered from your injury? YES/NO. If 'NO', please advise follow-up actions and/or next appointment date. <i>(Kindly send/fax/email the claim form to us first, consolidate all the bills and submit to us after the final checkup.)</i>			

DATA PRIVACY STATEMENT AND DECLARATION

In accordance with the Personal Data Protection Act 2012, I/We consent to the collection, use, disclosure of and/or process my/our personal data (whether contained in the Claim Form or otherwise obtained) by Lonpac Insurance Bhd ("Lonpac"), its affiliates and service providers (within or outside Singapore), for the purpose relating to the evaluation of the claim and to provide advice and information relating to the claim to me/us by Short Message Service (SMS), Multimedia Messaging Service (MMS) and fax messages (notwithstanding the registration of my/our telephone number(s) in the Singapore's Do Not Call Registry). For more information on our Privacy Policy, please visit our website http://www.lonpac.com.sg/web/sg/privacy_policy.

I/we have read and agreed to the above Data Privacy Statement.

(Signature of Claimant/Parent/School Representative)

Name of Claimant/Parent: _____

NRIC/Passport No/FIN: _____

Kindly send all the documents to:



AB LIM PTE LTD

Blk 123 Bukit Merah Lane 1 #04-78 Singapore 150123

Tel: 62722277 Fax: 62769909

Email: claims@ablim.com.sg

Operating Hours: 9.30 am to 12.30 pm & 2.30 pm to 5.00 pm (Monday to Friday excluding Public Holiday)

NOTE: This form is issued without admission of liability and it must be completed and returned to us immediately whether or not claim is made.