

# LONPAC INSURANCE BHD

(S98FC5635C)

## Students' Accident Protection Scheme 2019 Summary of Policy Coverage & Benefits (HCI-SP13 Plan)

### Coverage\*

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

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

### Main Benefits\*

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

### 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\$750**
  - Accidental Dental Treatments **Up to S\$1,000**
  - 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**

Note: \*\* The aggregate of medical expenses payable in respect of 1 to 3 shall not exceed \$13,000 per accident.

### Permanent Disablement (Table of Benefits)

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

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 to	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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- Reconstructive Surgical Expenses** - *Arising from an accident* **Up to S\$13,000**

# Students' Accident Protection Scheme 2019

A unique low-cost high-benefits scheme for students in kindergartens, childcare centres, student care centres, tuition centres and educational institutions.

Scheme underwritten by:



**LONPAC INSURANCE BHD** (S98FC5635C)

300 Beach Road  
#17-04/07 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:

- Online reporting or download a copy of the claim form at [www.ablim.com.sg](http://www.ablim.com.sg)
- Email - [claims@ablim.com.sg](mailto:claims@ablim.com.sg)
- Fax - 62769909
- Phone - 62722277 (Philip Leow / Stella Teo)
- Writing

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:

- Name of School / Educational Institution
- Name of Insured Person (Student / Staff)
- Class and NRIC/FIN
- Correspondence Address
- Contact Numbers (Home / Office / Mobile)
- Date / Time / Place of Accident
- Brief account of the Accident
- Nature of the Injury
- Name of Cheque 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:

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

### 4. Submission of Claims

Upon full recovery from the injury, the Claimant may

- send all the necessary documents to AB Lim's office by **REGISTERED POST**. (For our easy reference, please write down the Student's Name & School on the envelope).
- or bring all the necessary documents **PERSONALLY** to AB Lim's office.

Arranged and exclusively marketed by :



**AB LIM PTE LTD**  
Blk 123 Bukit Merah Lane 1  
#04-78 Singapore 150123  
Tel: 62722277 Fax: 62769909

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

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

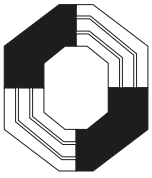
Note : 1. This insurance cover shall cease once the insured student is no longer a student of the insured educational institution.  
2. Please report any accident within 1 (one) month from the date of accident.



**LONPAC INSURANCE BHD**  
(S98FC5635C)

**Students' Accident Protection Scheme  
Certificate of Insurance for 2019  
(HCI-SP13 Plan)**

Authorised Signatory



## 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 &amp; what happened?)</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 give details.  Name of Insurer: _____ Policy Number: _____			
18. Medical/Hospital/Surgical expenses incurred:  Cash: _____ CPF: _____			
19. Claim cheque to be made in favour of (IN BLOCK LETTERS – Name indicated must be a bank account holder):  Address of Payee (if different from above): _____			
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, accumulate all the bills and then 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](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 **ORIGINAL** medical bills and receipts by 'Registered post' to:



**AB LIM PTE LTD**

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

Tel: 62722277 Fax: 62727567 / 62769909

Email: [claims@ablim.com.sg](mailto: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.