

GROUP PERSONAL ACCIDENT INSURANCE FOR STUDENTS - 2025

Provides 24-hour Worldwide Accident Coverage while the student is taking part in all school activities and/or CCA and/or sports activity, including travelling directly between student's home and school or place of such school activities.

| No. | Benefits | Sum Insured |
|-----|--|---|
| 1. | Accidental Death Benefit | \$50,000 |
| 2. | Permanent Disability (including Second & Third Degree Burns) | Up to 150% of Death Benefit (as per Table of Events) |
| 3. | Funeral Benefits | Up to \$5,000 |
| 4. | Accidental Medical Expenses Reimbursement | <p>Up to \$13,000 per accident per student for medical expenses incurred up to 12 months / 365 days from the date of accident and with the following limits:</p> <ul style="list-style-type: none"> a. Outpatient expenses (up to \$2,150 including \$400 sub-limit for TCM) for outpatient and follow-up medical treatments due to an accident including minor/day surgery at a clinic/hospital, physiotherapy at specialist outpatient clinics (SOC) in restructured hospitals and Singapore Sports Council, dental treatment and ambulance fees. b. Inpatient Expenses (up to \$10,850) for inpatient and follow-up treatments after hospitalization due to an accident including daily room and board (including IC), capped at \$120.00 per day, in-hospital consultation and surgery expenses, for other hospital services (e.g. X-rays, MRI, prescription, medical supplies, operating theatre). c. Reconstructive surgical expenses arising from an accident (up to \$13,000) including medical consultation, test, surgical procedure and medical treatment before/after the surgery. |

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| | <p>Points to Note</p> <ul style="list-style-type: none"> • 1st treatment must be sought within 30 days from date of accident. • For Accident Overseas, the insured student must seek treatment within seven (7) days of returning to Singapore • TCM Practitioners must be registered with the TCM Practitioners Board & Possess a valid practicing certificate. • Chiropractor must be registered with the Chiropractic Association of Singapore. • Any treatment by a Chiropractor and/or Physiotherapist must be referred by the attending Doctor. • Any bodily injury resulting in Chinese Physician, Chiropractor and/Physiotherapist charges is claimable within one (1) month from the date of accident • No deductibles/co-payment (%) |
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| No. | Benefits | Sum Insured |
|-----|---|--|
| 5. | Hospitalisation Allowance (Overseas and upon return) | \$50 per student per day of hospitalization stay (up to a max. of 50 days) |
| 6. | Medical Peripheral Expenses | Up to \$5,000 per student |
| 7. | Extensions 1. Strike, Riot, Civil Commotion and Terrorism including Chemical and Biological Terrorism 2. Exposure and Disappearance 3. Assault, Hijack and Murder 4. Drowning and Suffocation by Gas, Poisonous Fumes or Smoke 5. Motorcycling as A Pillion or Rider (helmeted) 6. Accidental Poisoning Including Food Poisoning 7. Lightning Strike 8. Activities Undertaken by Students 9. Accident Drowning 10. Adventure-Based Activities (including but not limited to high elements, kayaking, dragon- boating) 11. Amateur BMX Racing 12. Animal Bites 13. Approved Job Attachments 14. Bee, Wasps and Hornet Stings 15. Fainting during CCAs resulting in Bodily Injury 16. Horse Riding 17. Inline Skating and Skateboarding 18. Rock Climbing 19. Scuba Diving 20. Accidental Death Due to Natural Catastrophe (Additional Payout) – 10% of Sum Insured up to maximum of \$10,000 per Insured Person 21. Accidental Hospital Recuperation – Max. \$250 22. Ambulance Cost - \$500 23. Comatose State Lump Sum Benefit – 10% of Sum Insured up to maximum of \$10,000 per Insured Person 24. Domestic Assistance for Activities of Daily Living – up to \$1,000 25. Major Head Trauma – 10% of Sum Insured up to maximum of \$10,000 per Insured Person 26. Claims from Recurrent Appointments | |

Table of Events

| The Events The following <i>Event(s)</i> must occur within 12 months of the date of the <i>Accident</i> . | Benefit Amounts The amounts shown below are a percentage of the amount shown in <i>Policy Schedule Part I – Accidental Death and Disablement</i> . |
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| 1. <i>Accidental Death</i> | 100% |
| 2. <i>Permanent Total Disablement</i> | 150% |
| 3. <i>Permanent Paraplegia or Quadriplegia</i> | 150% |
| 4. <i>Permanent loss of sight of one or both eyes</i> (a) one eye (b) both eyes | 100% 150% |
| 5. <i>Permanent loss of use of one or more Limbs</i> (a) one <i>Limb</i> (b) more than one <i>Limb</i> (c) <i>Permanent loss of one Limb and loss of sight of one eye</i> | 100% 150% 150% |
| 6. <i>Permanent and incurable insanity</i> | 100% |
| 7. <i>Permanent loss of the lens of:</i> (a) both eyes (b) one eye | 100% 75% |
| 8. <i>Permanent loss of hearing of:</i> (a) both ears (b) one ear <i>Permanent loss of speech</i> <i>Permanent loss of speech and hearing</i> | 100% 30% 75% 150% |
| 9. Burns (Damage as a percentage of total body surface area): (a) third degree burns and/or resultant disfigurement which covers equals to or greater than: – 2% but less than 5% of the entire head – 5% but less than 8% of the entire head – 8% of the entire head – 10% but less than 15% of the entire body – 15% but less than 20% of the entire body – 20% of the entire body (b) second degree burns and/or resultant disfigurement which covers equals to or greater than: – 2% but less than 5% of the entire head – 5% but less than 8% of the entire head – 8% of the entire head – 10% but less than 15% of the entire body – 15% but less than 20% of the entire body – 20% of the entire body | 50% 75% 100% 50% 75% 100% 25% 37.5% 50% 25% 37.5% 50% |

Table of Events

| The Events The following <i>Event(s)</i> must occur within 12 months of the date of the <i>Accident</i> . | Benefit Amounts The amounts shown below are a percentage of the amount shown in <i>Policy Schedule Part I – Accidental Death and Disablement</i> . |
|--|---|
| 10. <i>Permanent</i> loss of use of four fingers and thumb of either hand | 85% |
| 11. <i>Permanent</i> loss of use of four fingers of either hand | 55% |
| 12. <i>Permanent</i> loss of use of the thumb of either hand | 40% |
| 13. <i>Permanent</i> loss of use of fingers of either hand | 20% |
| 14. <i>Permanent</i> loss of use of toes of either foot: (a) all – one foot (b) great (c) other than great – each toe | 25% 10% 2% |
| 15. Fractured leg or kneecap with established non-union | 20% |
| 16. Loss of at least fifty percent (50%) of all <i>Teeth</i> | 1% to a maximum of S\$20,000 in total |
| 17. Shortening of leg by at least five centimetres (5 cm) | 10% |
| 18. <i>Permanent</i> Partial Disablement not otherwise provided for under <i>Events</i> 2 to 17. | Such percentage of the amount shown which corresponds to the percentage reduction in whole bodily function as certified by no fewer than two (2) <i>Doctors</i> , one (1) of whom will be the <i>Insured Person's</i> treating <i>Doctor</i> and the other will be appointed by <i>Us</i> . In the event of a disagreement, the amount payable will correspond to the average of the percentages certified by the <i>Doctors</i> . |

General Exclusions

We will not pay benefits, loss, costs or expense under any Section of the *Policy* directly or indirectly caused by, arising from or attributable to:

- I. radioactivity, or the use, existence or escape of any nuclear fuel, nuclear material or nuclear waste.
- II. sexually transmitted or transmissible disease or any infection or virus derived from a sexually transmitted or transmissible disease except to the extent provided under – BHSI Health and Wellbeing – Accidental H.I.V. Infection Benefit;
- III. treatment or services covered by:
 - a. any workers' compensation legislation;
 - b. any transport accident legislation;
 - c. any government sponsored fund, plan or medical benefit scheme; or
 - d. any other insurance policy required to be effected by or under law;
- IV. professional or medical services rendered in any jurisdiction where *We* are prohibited by law from paying those expenses in that jurisdiction;
- V. any claim where the *Policyholder* or the *Insured Person*, or any of *Your* or the *Insured Person's* representatives refused to follow *Our* instructions and directions;
- VI. an *Insured Person* engaging in or taking part in:
 - a. training for or participating in *Professional Sport* of any kind; or
 - b. flying in an aircraft or aerial device other than as a passenger in any aircraft licensed to carry passengers;
- VII. an *Insured Person* engaging in naval, military or air force service or operations, Police, Fire Service, Civil Defence Forces except for peacetime reservist training or national service under Section 14 of the Enlistment Act, (Cap.93) of the Republic of Singapore for a period not extending longer then (40) days).
- VIII. intentional self-inflicted *Bodily Injury*, suicide or any illegal or criminal act committed by the *Policyholder* or an *Insured Person*;
- IX. any claim that would result in *Us* contravening any workers or employees compensation legislation and or transport accident legislation;
- X. any claim to the extent that trade or economic sanctions or other laws or regulations prohibit the Insurer, its parent company or its ultimate controlling entity from providing the insurance including, but not limited to, any sanctions administered and enforced by the United States Treasury Department's Office of Foreign Assets Control ("OFAC") or any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Singapore, the European Union, United Kingdom or United States of America; or
- XI. any loss under any section of the *Policy* as a direct or indirect result of *Pre-Existing Condition(s)* of an *Insured Person*.

We will not pay under this *Policy* for any benefit on a reimbursement or indemnity basis under Part VIII – *Accident Medical Expenses*, BHSI Health and Wellbeing and any endorsement and extension that is recoverable by the *Policyholder* and/or the *Insured Person* from any other source(s), including, without limitation, any recoverable from other insurance.

Claims Procedures

- 1) Completion of Group Personal Accident Claim Form (Insurer - *Berkshire Hathaway Specialty Insurance Company*)
- 2) All submissions to be sent to the Intermediary within 30 days of accident as below:

Promiseland Financial Advisory Pte Ltd
Mr. Byron Tan
Email: byron.tan@promiseland.com.sg

Ms. Catherine Kwok
Email: catherine.kwok@promiseland.com.sg

** Please keep all original documents (e.g. tax invoices / receipts) for a period of six (6) months*

Important Notes:

This is for general information only. The terms and conditions of Group Personal Accident Insurance are found in the master policy contract.