

09-04-2025

MERCER HEALTH & BENEFITS (SINGAPORE) PTE. LTD.
8 MARINA VIEW
#09-08
ASIA SQUARE TOWER 1
SINGAPORE 018960

Dear Sir/Madam,

Subject	:	GROUP INSURANCE POLICY
Policyholder	:	LEIPIG PTE. LTD.
Policy No.	:	G0003524
Policy Commencement or Renewal Date	:	01-01-2025

Thank you for insuring with BC Life. We are pleased to enclose the following documents for your attention.

- ☐ Tax Invoice (detailed and summary)
- ☐ Policy contracts and/or Endorsement
- ☐ Membership Card
- ☐ Commission Advice
- ☐ Others

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 us or visit the Life Insurance Association (LIA) or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

Please feel free to contact us at 61234567 or email group-sg@bclife.com, if you have any queries.

Yours sincerely

Group Business Processing
Group Insurance Dept

encl

This is a computer generated letter. No signature is required.

THE BC LIFE ASSURANCE COMPANY LIMITED

**GROUP MAJOR MEDICAL CONTRACT RIDER
SCHEDULE OF BENEFITS**

Group Policy Number : G0003524
Policyholder : LEIPIG PTE LTD

Notwithstanding anything contained in this Policy to the contrary, it is hereby declared and agreed with effect from 01 January 2025 the Benefit Schedule as stated in the Policy shall be deleted and replaced by the following :-

SCHEDULE OF BENEFITS (Maximum limit per Any One Disability)		PLAN 1	PLAN 2	PLAN 3	PLAN 4
INPATIENT BENEFITS		S\$	S\$	S\$	S\$
(a)	Daily Room & Board (from 121st day onward)	2 BEDDED GRH	2 BEDDED GRH	1 BEDDED GRH	1 BEDDED PTE
(b)	Deductible	Basic H&S	Basic H&S	Basic H&S	Basic H&S
(c)	Co-insurance by Insured Member	20%	20%	20%	20%
(d)	Maximum Hospitalisation Limit (Per Policy Year)	45,000	45,000	45,000	45,000
(e)	Parental Accommodation (Maximum per day, up to 120 days per disability)	\$100	\$100	\$100	\$100
(f)	Home Nursing (up to 30 days per disability)	\$80	\$80	\$80	\$80
(g)	HIV Due to Blood Transfusion and Occupationally Acquired HIV (Maximum benefit per year)	\$5,000	\$5,000	\$5,000	\$5,000
Annual Premium		S\$	S\$	S\$	S\$
Per Insured Member or Insured Dependant		131.00	98.00	103.00	110.00

Except to the extent expressly amended by the terms of this Endorsement, the terms and conditions of the Policy and all other instruments and agreements executed, delivered or entered into thereunder or pursuant thereto are hereby confirmed and shall remain in full force and effect.

Checked by: SGID_TS1
Issue Date: 3 April 2025