

**GROUP HOSPITALISATION AND SURGICAL INSURANCE SCHEME**  
For NTU Full-Time International Students  
for the academic year 2007/2008

**BENEFIT SCHEDULE**

- this insurance plan provides worldwide cover
- the insured students are free to choose to consult any doctor, class of ward and hospital (government/restructured or private)

**COVER & LIMITS**

<b>1</b>	<b>Limit Per Year (&amp; Per Medical Condition)</b>	<b>S\$15,000</b>
1.1	Inpatient Benefits	
	(a) Hospital & Surgical Treatment (including Day Surgery, Endoscopies)	
	(b) Pre-Hospital Diagnostic Services	
	(c) Post Hospital Follow-up Treatment	
	(d) Specialist Consultation <sup>1</sup>	
1.2	Outpatient Benefits	
	(a) Emergency Outpatient Treatment following an Accident <sup>2</sup>	
	(b) Accidental Dental Treatment	
	(c) Impacted Tooth	
	(d) Kidney Dialysis	
	(e) Cancer Treatment	
<b>2</b>	<b>Increased Limits</b>	
2.1	Worldwide outside USA/Canada, Singapore & Home Country	S\$30,000
2.2	Within USA/Canada but excluding Home Country	S\$45,000
<b>3</b>	<b>Medical Report Fee</b> (if required for claims submission)	S\$75
<b>4</b>	<b>Ambulance Fee</b> (transportation to a hospital)	S\$75
<b>5</b>	<b>Accidental Death Benefit</b>	S\$15,000
<b>6</b>	<b>Funeral Expenses</b>	S\$5,000
<b>7</b>	<b>Repatriation of Remains to Home Country</b>	S\$2,000
<b>8</b>	<b>Return Air-Tickets for 2 Next-of-Kins of Deceased Student</b> (standard economy class)	S\$2,000
<b>9</b>	<b>Mental Illness<sup>3</sup></b> (limit is aggregate for all the years that the student is insured)	\$5,000
	9.1 Hospital Treatment	
	9.2 Post Hospital Follow-up Treatment	

<sup>1</sup> The specialist must be referred by a general practitioner.

<sup>2</sup> Treatment must be sought within 24 hours of the accident; follow-up treatment is limited to S\$300 and within 60 days of the initial consultation.

<sup>3</sup> Mental Illness should refer to any disease of the mind or a psychological state of someone who has emotional or behavioral problems serious enough to require psychiatric or psychological intervention. Examples of these include depression, bipolar disorder, psychosis, schizophrenia, anxiety disorder, panic disorder, adjustment reactions etc. (Important - Surgery and Pre-hospitalisation treatment is not covered).

Benefits 1, 3, 4, 7, 8 & 9 are subject to the overall limit of S\$15,000 per year or per medical condition.

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for the academic year 2007/2008

**BENEFITS**

**1 LIMIT PER YEAR OR PER CONDITION (Sum Insured)**

The benefits payable by the Company under this Section shall be in accordance with the sum insured as stated in the Schedule for each Insured. The benefits shall not apply to any costs of illness, hospitalisation, treatment or medical attention necessary as a result of pregnancy.

**1.1 Inpatient Benefits**

**1.1.1 Hospital And Surgical Treatment**

Costs of treatment as an inpatient of a hospital or nursing home (including private nursing as inpatient if certified as essential by a registered medical practitioner) which shall include charges for accommodation, day surgery, x-rays, massage, normal food, medical attendants' fees, surgeons' fees, anaesthetists' fees, theatre and pathology fees, radiological treatment, drugs, medicines and any other costs of examination, treatment or special services certified as essential by a registered Medical Practitioner.

**1.1.2 Pre-Hospital Diagnostic Services**

Costs of all diagnostic procedures ordered by a Medical Practitioner and which results in the Insured being admitted as a registered inpatient to a hospital for the treatment of the specific medical condition diagnosed, and provided that such medical condition is covered by the Policy.

**1.1.3 Post-Hospital Follow-Up Treatment**

Costs of all necessary medical treatment ordered by a Medical Practitioner following the Insured's discharge from hospital. The costs of the follow-up treatment is restricted to the specific medical condition for which the Insured received in-hospital treatment covered by the Policy.

**1.1.4 Specialist Consultation**

Costs of any consultation by a medical specialist **upon recommendation by a Medical Practitioner** and in connection with a medical condition which results in hospitalisation, surgery or outpatient treatment as provided under this Policy or accident dental treatment during the period of insurance.

**1.2 Outpatient Benefits**

**1.2.1 Emergency Outpatient Treatment**

Costs of treatment provided by the accident and emergency or outpatient department of a hospital for bodily injury sustained by the Insured from an accident **within twenty-four (24) hours** of the occurrence of such injury. **Follow-up treatment is limited to S\$300 and within 60 days** of the initial consultation

**1.2.2 Accidental Dental Treatment**

Costs of any dental surgery and treatment necessary to  
(a) restore or replace natural teeth lost or damaged in an accident.  
(b) restore a fractured jaw.

**1.2.3 Impacted Teeth**

Costs of any dental surgery and treatment for the removal of impacted teeth including cost of local or general anesthetic, accommodation in hospital and dental or medical attendants' fees.

**1.2.4 Outpatient Kidney Dialysis Treatment**

Costs of kidney dialysis performed at a legally registered dialysis centre or unit.

**1.2.5 Outpatient Cancer Treatment**

Costs of cancer treatment provided by the outpatient department of a hospital or a registered cancer treatment centre including all examinations and tests ordered by a Medical Practitioner.

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**BENEFITS**

**2 INCREASE IN SUM INSURED WHILE ABROAD**

The sum insured as stated in the Schedule for this Section is automatically increased while the Insured is overseas as follows:

2.1	Anywhere in the world (excluding United States of America and Canada)	-	Double
2.2	United States of America and Canada	-	Triple

Provided always that the increase in sum insured is applicable to the cost of overseas medical treatment only.

Provided always that the Insured is not travelling overseas

- (i) against the advice of a Medical Practitioner and/or
- (ii) for the purpose of obtaining or seeking any medical or surgical treatment abroad.

**3 MEDICAL REPORT FEE**

The Company will reimburse the insured for the cost of the medical report obtained at the request of the insurer up to S\$75.00.

**4 AMBULANCE FEE**

The Company will reimburse the insured for the ambulance fees incurred to transport the insured to the hospital up to S\$75.00.

**5 ACCIDENTAL DEATH BENEFIT**

The Company shall pay an additional death benefit of one time the sum insured as stated in the Schedule upon the death of an Insured from an accident during the Period of Insurance.

This payment is in addition to the sum insured specified under this Section.

**6 FUNERAL EXPENSES**

The Company shall pay funeral expenses of \$5,000 upon the death of the Insured during the Period of Insurance as a result of an accident or illness for which a claim is admitted under this Section.

This payment is in addition to the sum insured specified in the Schedule under this Section.

**7 REPATRIATION OF REMAINS TO HOME COUNTRY**

Upon the death of the Insured Person outside Singapore caused by Bodily Injury or Sickness, International SOS will make all the necessary arrangements (including any procedures or arrangements necessary to meet local formalities) and will pay up to S\$2,000 for the repatriation of the Insured Person's body to the Insured's Person Home Country.

**8 RETURN AIR-TICKETS FOR 2 NEXT-OF-KINS**

Upon the death of the Insured Person, the Company will pay for return air-tickets for 2 next-of kins of the deceased person to travel from the deceased person's home country to Singapore and back on standard economy class up to S\$2,000.

**9 MENTAL ILLNESS**

Mental Illness should refer to any disease of the mind or a psychological state of someone who has emotional or behavioural problems serious enough to require psychiatric or psychological intervention. Coverage is as per Benefit Schedule.

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**EXCLUSIONS**

The insurance under this Policy shall exclude the following and the consequences thereof:

1. **Pre-existing conditions** will be covered after the insured student has been covered under this policy for 12 continuous months. *A pre-existing condition is an illness or injury for which the insured has received medical treatment, diagnosis, consultation or prescribed drugs before the insurance commenced.*
2. **Congenital defects or diseases, venereal diseases** or any accident or diseases attributable to **chronic alcoholism or drug abuse**. *Congenital defects and diseases are conditions that a person is born with and is excluded regardless if the Insured was aware / not aware of the condition prior to the inception of the policy.*
3. Any costs of illness, hospitalisation, treatment or medical attention necessary as a result of **pregnancy**.
4. Any costs of treatment for **abortion** other than therapeutic abortion carried out to terminate a pregnancy the continuance of which would in the opinion of a registered medical practitioner impair the health of the Insured on whom the abortion is performed.
5. Neurasthenia or **mental diseases** of any kind (including **stress**) except as specified under Benefit 9 – Mental Illness in the Benefit Schedule attached.
6. Acquired Immuno-Deficiency Syndrome, **AIDS** related complex or infection by Human Immuno-Deficiency Virus (HIV).
7. Injuries sustained as a result of a **criminal act** of the Insured Person.
8. Treatment undertaken as a **preventive measure**, including but not restricted to **vaccination, inoculations, contraception** and other **prophylactic treatment**.
9. **Cosmetic or plastic surgery** other than therapeutic surgery considered as essential by a registered Medical Practitioner to remedy a malfunction present in any Insured.
10. Any costs of **dental treatment** (other than as specifically provided for in this Policy), **dentures, eye glasses, hearing aids or medical appliances** unless the need for such treatment or aids arise directly from an event for which there is liability under this Policy.
11. **Circumcision** operations.
12. **Terrorism**.
13. Treatment or service not undertaken by or on the recommendation of a registered Medical Practitioner.
14. Any costs of treatment which arise out of any accident illness or death in the course of employment and which would constitute a valid claim under any policy indemnifying liability under any Workmen's Compensation Act or similar Act or Ordinance.
15. This insurance shall not apply to any illness, sickness, operation, accident or death proximately or remotely consequent upon
  - (a) **War invasion act of foreign enemy hostilities** (whether war be declared or not) civil war rebellion revolution usurped power or mutiny.
  - (b) **Earthquake volcanic eruption flood avalanche or tempest**.
  - (c) **Self-injury provoked assault or any attempt threat**.
16. The Insured being in or on entering or descending from any aircraft other than a fully licensed passenger-carrying aircraft operated by a recognised commercial air transport organisation on a Recognised Air Route in which the Insured is travelling other than as a member of the crew and not for the purpose of undertaking any trade or technical operation therein or thereon. For the purpose of this exception a Recognised Air Route shall be deemed to be one on which airports have adequate safety facilities and recognised aids for the type of aircraft employed when taking off and landing and which is flown regularly by the commercial air transport organisation so that its flying personnel are familiar with approached and landing facilities provided.
17. In no case shall this insurance cover loss damage liability or expense directly or indirectly caused by or contributed to by or arising from
  - (a) ionising radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel
  - (b) the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof
  - (c) any weapon of war employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter.

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## **GENERAL DEFINITIONS**

**"Medical Practitioner"** means any person qualified by degree in western medicine and legally licensed and authorised to practice medicine and surgery.

**"Hospitalisation"** means confinement in a hospital bed for at least twelve (12) hours for which the hospital makes a charge for diagnosis, medical care and treatment.

**"Accident"** means a fortuitous event caused by violent, accidental, external and visible means.

**"Illness"** or **"Sickness"** means any sudden and unexpected deterioration of health certified by a Medical Practitioner.

**"Day Surgery"** means any surgery which is scheduled and performed by a Registered Medical Practitioner with the primary intention of avoiding hospitalization of the Insured.

**"Pre-existing medical condition"** means illness, sickness or injury for which an Insured Person has received medical treatment or advice by a Medical Practitioner prior to the Inception of the Policy.

**"Mental Illness"** should refer to any disease of the mind or a psychological state of someone who has emotional or behavioural problems serious enough to require psychiatric or psychological intervention. Coverage is as per Schedule of Benefits

## **CONDITIONS**

1. All claims should be submitted or notice given as soon as possible but in any case within 60 days of the happening of the illness or injury.
2. If at the time of claim the Insured has other insurance policies that cover the expenses being claimed, he must inform Aviva of these other policies and Aviva will bear its rateable proportion. In no event should the Insured benefit from multiple policies.
3. If any Insured chooses to be treated for any injury, sickness or disease outside Singapore where such treatment is available locally, then the policy benefits shall be limited to the reasonable and customary charges for such treatment in the Republic of Singapore and exclude any cost of transport to the place of treatment.
4. Cover will cease as soon as a person ceases to be a student of NTU.
5. All claims arising from the same medical condition will be aggregated and limited to the Annual Limit/Sum Insured.
6. Upon notification of a claim the Limit applicable shall be immediately reduced by the amount subsequently payable under this policy in respect of such claim.
7. This Policy shall also be void if the Insured makes any claim which is fraudulent or exaggerated or if the Insured makes any false declaration or statement in support of any claim.
8. If the Insured takes up residence outside Singapore, cover provided under this Policy will automatically cease.

"Residence overseas" in relation to an Insured Person shall mean that the settled and usual abode of the Insured Person is outside Singapore. Where an Insured Person is physically absent from Singapore for a period of 180 days or more during the Period of Insurance, he shall be deemed to be an overseas resident and cover will cease from the last day of the 180 days that he is absent from Singapore.

9. This Policy shall be construed according to and governed by the laws of the Republic of Singapore. The laws of the Republic of Singapore shall govern and control in the event of any conflict or dispute with regard to this Policy and the parties to the conflict or dispute shall submit themselves to the exclusive venue and jurisdiction of the Courts of the Republic of Singapore for the resolution of such conflict or dispute.

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