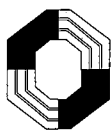


Students' Accident Protection Scheme 2024

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 except Public Holidays)

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 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/Educational Institution
- 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 **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/Education Institution

4. Submission of Claims

Upon full recovery from the injury, the Claimant may either

4.1 Email us the Claim Form and all the necessary documents (as listed under Item 3) in 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

4.2 or send all the necessary documents to AB Lim's office by **"REGISTERED POST"**. (For our easy reference, please write down the Insured Person's Name & School/Educational Institution on the envelope).

Arranged and exclusively marketed by:

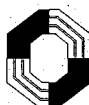


AB LIM PTE LTD
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#04-78 Singapore 150123
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For claims enquiries, please call our Hotline 62722277 or email us at claims@ablim.com.sg. We will be most pleased to serve you.

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

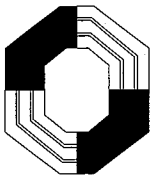
Note: 1. This insurance cover shall cease once the insured student is no longer a student of the insured school/educational institution.
2. Please report any accident within 31 days from the date of accident



LONPAC INSURANCE BHD
(S98FC5635C)

Students' Accident Protection Scheme
Certificate of Insurance for 2024
(SYAS-BasicPlus Plan)

Authorised Signatory



LONPAC INSURANCE BHD

(S98FC5635C)

Students' Accident Protection Scheme 2024 Summary of Policy Coverage & Benefits (SYAS-BasicPlus 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*

Medical Expenses (In accordance with Schedule of Payment listed below)	Up to S\$8,000
Hospital Allowance Benefit (Daily allowance of S\$15)	Up to S\$6,000
Accidental Death Benefit (Including lightning strike, drowning, murder and assault)	S\$25,000
Permanent Disablement Benefits (Refer to the Table of Benefits)	Up to S\$25,000
Special Grant (Funeral Expenses)	S\$1,500

Medical Expenses (Schedule of Payment – up to S\$8,000 per accident)**

- | | |
|--|----------------|
| 1. Out-Patient Benefits (Up to a limit of S\$1,000) - Within 365 days from date of accident
[Includes Minor/Day Surgery at a Clinic/Hospital, Ambulance Fees & Follow-Up Treatments] | |
| 1.1 Accidental Emergency/Clinical Treatments (GPs/A&E/Polyclinics/Specialist Out-Patient Clinics) | Up to S\$350 |
| 1.2 Accidental Dental Treatments | Up to S\$450 |
| 1.3 Chinese Physicians (Maximum S\$40 per visit) | Up to S\$200 |
| 2. In-Patient Benefits (Up to a limit of S\$7,000) - Within 365 days from date of accident
[If hospitalised for more than 20 hours] | |
| 2.1 Hospital Accommodation (Including ICU) - Daily @ S\$120 up to 45 days | Up to S\$5,400 |
| 2.2 Professional Fees (Physician/Surgeon/Anaesthetist Fees) | Up to S\$400 |
| 2.3 Ancillary Charges (X-rays, Prescriptions, Medical Supplies, Operating Theatre) | Up to S\$800 |
| 2.4 Post-hospitalisation Treatments | Up to S\$400 |

Permanent Disablement (Table of Benefits)

1 Loss of two limbs	S\$ 20,000	30 Loss of middle finger - three phalanges	S\$ 1,000
2 Loss of both hands, or all fingers and both thumbs	S\$ 20,000	31 - two phalanges	S\$ 800
3 Total loss of sight of both eyes	S\$ 20,000	32 - one phalanx	S\$ 400
4 Total paralysis	S\$ 25,000	33 Loss of ring finger - three phalanges	S\$ 1,000
5 Injuries resulting in being permanently bedridden	S\$ 20,000	34 - two phalanges	S\$ 800
6 Any other injury causing permanent total disablement	S\$ 20,000	35 - one phalanx	S\$ 400
7 Loss of arm or hand	S\$ 10,000	36 Loss of little finger - three phalanges	S\$ 1,000
8 Loss of arm at shoulder	S\$ 10,000	37 - two phalanges	S\$ 800
9 Loss of arm between shoulder and wrist	S\$ 10,000	38 - one phalanx	S\$ 400
10 Loss of arm at elbow	S\$ 10,000	39 Loss of metacarpals - first or second (additional)	S\$ 300
11 Loss of arm between elbow and wrist	S\$ 10,000	40 - third, fourth or fifth (additional)	S\$ 200
12 Loss of arm at wrist	S\$ 10,000	41 Loss of toes - all	S\$ 5,000
13 Loss of leg or foot	S\$ 10,000	42 - great, both phalanges	S\$ 1,500
14 Loss of leg	S\$ 10,000	43 - great, one phalanx	S\$ 500
15 - at hip	S\$ 10,000	44 - other than great, if more than one toe lost, each	S\$ 300
16 - between knee and hip	S\$ 10,000	45 Loss of hearing - both ears	S\$ 7,500
17 - below knee	S\$ 10,000	46 - one ear	S\$ 5,000
18 - fractured leg or patella with established non-union	S\$ 1,000	47 Loss of speech	S\$ 7,500
19 - shortening of leg by at least 5 cm	S\$ 1,000	48 Loss of speech and hearing in both ears	S\$ 10,000
20 Loss of	S\$ 10,000	49 Removal of lower jaw by surgical operation	S\$ 5,000
21 - whole eye	S\$ 10,000	50 Cost of artificial limb(s)	S\$ 3,000
22 - sight of one eye	S\$ 5,000	Third Degree Burns	
23 - sight of one eye, except perception of light	S\$ 5,000	• Head - damage as a percentage of total body surface area	
24 - lens of one eye	S\$ 5,000	- equals to or greater than 2% but less than 5%	S\$ 5,000
25 Loss of four fingers and thumb of one hand	S\$ 7,500	- equals to or greater than 5% but less than 8%	S\$ 10,000
26 Loss of four fingers	S\$ 4,500	- equals to or greater than 8%	S\$ 15,000
27 Loss of thumb - both phalanges	S\$ 3,000	Third Degree Burns	
28 Loss of thumb - one phalanx	S\$ 1,500	• Body - damage as a percentage of total body surface area	
29 Loss of index finger - three phalanges	S\$ 1,500	- equals to or greater than 2% but less than 5%	S\$ 5,000
- two phalanges	S\$ 1,000	- equals to or greater than 5% but less than 8%	S\$ 10,000
- one phalanx	S\$ 500	- equals to or greater than 8%	S\$ 15,000

Note: ** The aggregate of medical expenses payable in respect of 1.1 to 2.4 shall not exceed \$8,000 per accident.
The aggregate of all benefits payable in respect of any one accident shall not exceed S\$25,000.

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.

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

Coverage*

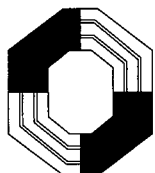
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Hospital Allowance Benefit (Daily allowance of S\$15)	Up to S\$6,000
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- | | |
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| 1. Out-Patient Benefits (Up to a limit of S\$1,000) - Within 365 days from date of accident
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| 1.1 Accidental Emergency/Clinical Treatments (GPs/A&E/Polyclinics/Specialist Out-Patient Clinics) | Up to S\$350 |
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[If hospitalised for more than 20 hours] | |
| 2.1 Hospital Accommodation (Including ICU) - Daily @ S\$120 up to 45 days | Up to S\$5,400 |
| 2.2 Professional Fees (Physician/Surgeon/Anaesthetist Fees) | Up to S\$400 |
| 2.3 Ancillary Charges (X-rays, Prescriptions, Medical Supplies, Operating Theatre) | Up to S\$800 |
| 2.4 Post-hospitalisation Treatments | Up to S\$400 |



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.