

**LONPAC INSURANCE****LONPAC INSURANCE BHD** (S98FC5635C)

300 Beach Road #17-04/06 The Concourse Singapore 199555

Tel: (65) 6250 7388 Fax: (65) 6296 3767

Website: www.lonpac.com.sg GST Reg. No.: F0-0005635-C

Students' Accident Protection Scheme 2026

Summary of Policy Coverage & Benefits (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 |
| 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 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/SOC) 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

Major Exclusions*

Our Policy has the following major exclusions:

1. Sickness and illness.
2. Intentional self-injury or suicide.
3. Pre-existing medical conditions and/or infirmity.

Arranged and exclusively marketed by:

ABL **AB LIM PTE LTD**
(UEN: 198804259D)
Blk 123 Bukit Merah Lane 1
#04-78 Singapore 150123
Tel: 62722277

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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Permanent Disablement Benefits (Table of Benefits)

Note: The aggregate of all benefits payable in respect of any one accident shall not exceed S\$25,000.



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Students' Accident Protection Scheme 2026

Summary of Claim Procedure

AB LIM PTE LTD

Operating Hours:

10.00 am - 12.30 pm & 2.30 pm - 5.00 pm

(Monday to Friday – except Public Holidays)

1. Reporting a Claim & Details to be Furnished

In the event of any claim, the Claimant (the Insured Student/Parent/Guardian/Legal Representative) is advised to

- 1.1 Report to the Company within 1 month from the date of accident
- 1.2 Complete Claim Form
- 1.3 Email the completed Claim Form to us. Email address – claims@ablim.com.sg

2. Submission of Claims/Documents Required

To facilitate our claims documentation, the following documents are to be submitted to the Company within 1 year from the date of accident for claims processing:

- 2.1 All Medical Bills/Receipts/Tax Invoices incurred for medical treatments/consultations.
- 2.2 A Medical Report (obtained at the Claimant's expense) must be furnished for claims exceeding S\$1,000.
- 2.3 For Motor-related accidents, a copy of the Police Report is required.
- 2.4 For Fatal cases, the following additional documents must be furnished:
 - ✓ Coroner's report
 - ✓ Birth Certificate
 - ✓ Death Certificate
 - ✓ Confirmation letter from the School

Upon full recovery from the injury, please email the claim form and all the necessary documents (as listed under Item 2) in clear 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.

For enquiries and claims, please contact:



AB LIM PTE LTD

(UEN: 198804259D)

Blk 123 Bukit Merah Lane 1

#04-78 Singapore 150123

Tel: 62722277



LONPAC INSURANCE

(S98FC5635C)

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>			

Please Turn Overleaf

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.