

Eligibility

Registered students of the Polytechnic whose age is 69 years old and below, renewable up to age 75 years old (age last birthday):

- (a) Full-time Diploma students
- (b) Full-time Polytechnic Foundation Programme (PFP) students
- (c) Full-time Pre-Employment Training (PET) students
- (d) Part-time students enrolled in Diploma, Post-Diploma, SkillsFuture WSP, WSQ, SCTP, CCP and other CET programmes of at least 1-month duration
- (e) Part-time students or trainees participating in CET, WSQ and other programmes of less than 1-month duration
- (f) Students in a prior course, starting from December in the prior year that leads or bridges to full-time programmes

For (d) & (e), accidents that occur while the part-time student is engaged in his/her full-time work is excluded.

Coverage

The insurance covers the students for death, permanent disablement and medical expenses which are reasonable and medically necessary for treatment of injury caused solely by an accident and not arising from sickness or pre-existing medical conditions, subject to the policy limits, terms and conditions.

Period of Insurance

For full-time diploma students:

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|------------------|--|
| Effective Date | (a) Start of academic year for NP & TP (b) 1 April for NYP, RP & SP |
| Termination Date | (a) End of academic year for NP & TP (b) 31 March for NYP, RP & SP |

For other cases, coverage period will be as advised by the Polytechnic.

Geographical Scope of Cover

24 hours worldwide

Extensions

- (a) Covers all courses, programs (including exchange and industrial attachments/internship), activities, events, sports and competitions organised, authorised and/or approved by the Polytechnic and/or its clubs or in which the student participates as a representative of the Polytechnic, held in Singapore or overseas;
- (b) Disappearance;
- (c) Exposure (exposed to elements due to an accident);
- (d) Motorcycling (as rider or pillion-rider) provided that the Member was wearing a safety helmet, has a valid motorcycle license (unless riding as a pillion rider), and not engaging in or practicing for racing and hill climbing contests and reliability trials and speed or duration testing;
- (e) Riot, strike, civil commotion, hijack, murder, assault and act of terrorism (this benefit is payable only if it did not arise as a result of or in connection with the insured member's collaboration or provocation of such act, and death or injury as a consequence of such act could not reasonably have been avoided);
- (f) Suffocation by smoke, poisonous fumes, gas and drowning (not wilful and intentional act and death or injury as a consequence of such act could not reasonably have been avoided);
- (g) Reservist Training

General Exclusions

This policy does not cover claims directly or indirectly caused by or arising from:

- (a) Self-inflicted injuries or any attempt thereof, while sane or insane.
- (b) Insurrection, declared or undeclared war or any warlike operations, military or naval service in time of declared or undeclared war or while under orders for warlike operations or restoration of public order.
- (c) Participating in riot, committing an assault or felony.
- (d) Participation in competitive racing on wheels.

Benefits

| Coverage | Limit |
|--|----------|
| Accidental Death We shall pay the sum assured as specified in the schedule in the event of death of the insured member as a direct result of an accident. Death must occur within 12 months from the date of such accident. | \$50,000 |
| Permanent Disability We shall pay the corresponding sum assured, as specified in the table of compensation, in the event if injury is sustained. Permanent disablement must occur within 12 months from the date of accident. | |
| Funeral/Burial Expenses | \$2,000 |
| Medical Expenses (per accident) We shall pay the medical expenses (reasonable and medically necessary) incurred in the event that the insured member sustained an injury, up to limit shown in the schedule or up to 12 months from the date of the accident (even after the student has graduated or policy has expired provided the accident occurred during the policy period), whichever comes first. | \$4,000 |
| Outpatient Rehabilitative Physiotherapy and Treatment by a Chinese Medicine Practitioner or Chiropractor. (Referral from a medical practitioner is required for physiotherapy and chiropractor treatment.) | |
| Dental Treatment to restore sound natural teeth due to an accident | |
| Insect/Animal Bites including dengue fever, zika, malaria and chikungunya etc. | |
| Food and Drinks Poisoning | |
| Injury due to fainting (e.g, bruises sustained in a fall during fainting) | |
| Fainting and hyperventilation due to any reason including non-accidental cause e.g. heat stroke, heat exhaustion, up to \$500 | |
| Accidental contact of communicable diseases including SARS, bird flu, zika virus, yellow fever, tuberculosis and other infectious diseases | |
| Ambulance Cost (ground ambulance to hospital) up to sub-limit of \$500 per accident | |
| Medical Report Fee (if required by the insurer) | |
| Simple or Other Fractures up to \$3,000 per accident | |
| Mobility Expenses up to \$2,000 per accident (a) Wheelchair, crutches, braces, walking frames, walking sticks, artificial limbs, prosthetic equipment prescribed by a Registered Medical Practitioner (b) We shall pay the mobility expenses in the event that the insured member sustained an injury, resulting in permanent disablement of 50% and above as specified in the table of compensation for permanent disablement. Mobility expenses means charges incurred for renovation to the insured member's principal home for the purpose of coping with the disablement or purchases of any of the following mobility aids prescribed by a registered medical practitioner i) self-powered climbing wheelchair; ii) motor vehicle with the controls suitably adjusted iii) lifts, ramps, railings and holds at usual place of residence. | |

Clinics & Hospitals

Covers treatment at all Singapore Government Restructured Hospitals/Clinics and Private Hospitals/Clinics.

Payment of Medical Bills

Please pay the medical bill first and submit a claim for reimbursement.

Claim Procedure

Claims should be submitted as soon as possible but **within 30 days** of the date of accident or treatment whichever is earlier.

1. **Complete the Student Accident Plan Claim Form.**
2. **Prepare/obtain the following documents:**

| Documents Required | Outpatient Visits | Hospital / Surgery |
|---|-------------------|--------------------|
| Final Hospital Invoice & Receipt (the hospital will send the final bill to the patient within 2 to 4 weeks after discharge) | | ✓ |
| Outpatient Medical Invoice & Receipt | ✓ | ✓ |
| Inpatient Discharge Summary | | ✓ |
| Referral Letter, A&E Memo if any | ✓ | ✓ |
| Test Order Forms, if any | ✓ | |
| Written Test Reports (e.g. x-ray, MRI), if any | ✓ | ✓ |
| Police Report (for road traffic accident cases) | ✓ | ✓ |
| Original Medical Report (for emergency hospitalisation overseas) | | ✓ |

3. **Submit all documents (including for follow-up claims) to:**
TO: groupclaim@income.com.sg and
CC: claims@mycg.com.sg

IMPORTANT NOTES

- Please ensure that the **invoice is paid** before submitting the claim. The invoice should not show an outstanding amount otherwise official receipt is required.
- Invoices and prescriptions may be downloaded from the hospital or **healthhub app** for treatment in Government Restructured Hospitals/Specialist Clinics.
- If the **required documents** (eg. referral letter, test order form, test report, discharge summary etc.) are not provided to you, please request from the clinic/hospital during the visit. Otherwise, you may have to return to the clinic/hospital to request for it.
- The insurer may **request for further information/documents** on a case-by-case basis in order to assess the claim.
- Original invoices and receipts must be **kept for 6 months** from the date of treatment and provided to the insurer on request.
- Generally, medical expense claims will be **processed within 30 days upon receipt of complete** documents/information.
- Notification** of the result of the claim or request for documents/information will be sent to the student's email address stated on the claim form.
- Approved** medical expense claims will be credited into the student's bank account.
- If a **parent's bank account** is provided instead, please note that birth certificate may be required as proof of relationship.
- Claims paid by **Medisave** will be reimbursed to the Medisave account. Please note that reimbursement to Medisave will reduce the balance available for future treatment/claims under the Polytechnic's insurance. If you wish to retain the limit, please indicate in the email during submission of claim.
- Medishield Life and the Private Integrated Shield Plans** (excluding Rider) have Last Payer Status. This means that if they have paid the claim, the patient's other insurance (eg. Polytechnic's student insurance) must reimburse the Shield Plans. Please note that reimbursement to the Shield plan will reduce the balance available for future treatment/claims under the Polytechnic's insurance. If you wish to retain the limit, please indicate in the email during submission of claim.
- Confirmation** on whether a claim is admissible or the amount payable can only be provided by the insurer after complete claim documents have been submitted for assessment.

Permanent Disablement – Table of Compensation

If the insured person is involved in an accident which causes the insured person an injury and due only to this accident the insured person becomes permanently disabled within 12 months from the accident, the insurance will pay the sum the scale of compensation shown below.

| Description | % of Sum Assured |
|---|---------------------|
| 1 Death | 100 |
| 2 Loss of two or more limbs | 150 |
| 3 Loss of one or two or more limbs by amputation at or above wrists or ankles | 125 |
| 4 Total and irrecoverable loss of all sight in two eyes | 150 |
| 5 Total and irrecoverable loss of all sight in one eye | 100 |
| 6 Total paralysis | 150 |
| 7 Injuries resulting in being permanently bedridden | 150 |
| 8 Permanent, total and continuous disability preventing the Assured from engaging any occupation or employment for wage or profit or from giving attention to any business whatsoever | 150 |
| 9 Eye - loss of sight of one eye, except perception of light - loss of lens of one eye | 75 50 |
| 10 Loss of four fingers and thumb of one hand | 85 |
| 11 Loss of four fingers | 55 |
| 12 Loss of speech | 75 |
| 13 Loss of hearing - both ears - one ear | 100 30 |
| 14 Loss of thumb - both phalanges - one phalanx | 30 15 |
| 15 Loss of index finger - three phalanges - two phalanges - one phalanx | 10 8 4 |
| 16 Loss of middle finger - three phalanges - two phalanges - one phalanx | 6 4 2 |
| 17 Loss of ring finger - three phalanges - two phalanges - one phalanx | 5 4 2 |
| 18 Loss of little finger - three phalanges - two phalanges - one phalanx | 4 3 2 |
| 19 Loss of metacarpals - first or second (additional) - third, fourth or fifth (additional) | 3 2 |
| 20 Loss of toes - all - great, both phalanges - great, one phalanx - other than great, if more than one toe lost, each | 25 10 10 2 |
| 21 Loss of kidney | 25% |
| 22 Loss of spleen | 20% |
| 23 Loss of one limb and loss of one eye | 125 |
| 24 Loss of speech and hearing | 100 |
| 25 Permanent unsound mind to the extent of loss of legal capacity | 100 |

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| 26 | Third Degree Burns | |
| | Head | |
| | - equals to or greater than 2% but less than 5% | 50 |
| | - equals to or greater than 5% but less than 8% | 75 |
| | - equals to or greater than 8% | 100 |
| | Body | |
| | - equals to or greater than 10% but less than 15% | 50 |
| | - equals to or greater than 15% but less than 20% | 75 |
| | - equals to or greater than 20% | 100 |
| 27 | Any permanent partial disablement not specified above other than loss of sense of taste or smell | % to be assessed by Income |

The aggregate of all percentages payable in respect of any one accident shall not exceed 150% of the Sum Assured.

Simple of Other Fractures

We shall pay the corresponding sum assured, as specified in the table of compensation below, in the event that the insured member sustained an injury, resulting in a simple fracture or other fracture, provided:

- The insured member has not been diagnosed as having osteoporosis prior to the date on which he/she was first covered under this policy; and
- If the insured member is diagnosed as having osteoporosis after the date on which he/she was first covered under this policy, we shall only pay this benefit for the first simple fracture or other fracture sustained, and no further payments will be made under this benefit.

| Description | % of Sum Insured |
|--|------------------|
| a Neck, skull or spine (complete fracture) | 100 |
| b Hip | 75 |
| c Jaw, pelvis, leg, ankle or knee (other fracture) | 50 |
| d Cheekbone, shoulder or hairline fracture of skull or spine | 30 |
| e Arm, elbow, wrist or ribs (other fracture) | 25 |
| f Jaw, pelvis, leg, ankle or knee (simple fracture) | 20 |
| g Nose or collar bone | 20 |
| h Arm, elbow, wrist or ribs (simple fracture) | 10 |
| i Finger, thumb, foot, hand or toe | 7.5 |

The aggregate of all percentages payable in respect of any one accident shall not exceed 100% of the Simple or Other Fractures' sum assured.

Termination of Cover

The cover will be terminated:

- when the policy is terminated;
- at the end of the policy year during which the student reaches the maximum age of coverage;
- when the student ceases to be eligible as an insured member;
- when the student enters full-time military, naval, air or police service except any period of National Service reservist duty or training;
- on the death of the insured member.

Some Definitions

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| Accident / Accidental | means a sudden, unexpected physical event, which happens during the period of insurance and which must be the only and direct cause of injury. |
| Act of terrorism | means an act (which may include using or threatening force or violence) by any person or group, committed for political, religious, ideological or similar purposes, with the aim of influencing any government or to put the public, or any section of the public, in fear. |
| Chinese physician | means a registered practitioner who is licensed to practice traditional Chinese medicine, including herbalist, acupuncturist or bone-setter, in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the insured member or the insured member's family member, or his/her business associates including any business partner, employers or employees. |
| Chiropractor | means a registered practitioner who is licensed to practice chiropractic medicine in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the insured member or the insured member's family member, or his/her business associates including any business partner, employers or employees. |
| Dental Treatment | means treatment to restore sound and natural teeth and which is necessary due to an accident. |
| Injury | means damage or harm caused to the body by an external force suffered during the period of insurance and which is caused only and directly by an accident. This does not include all medical conditions, diseases, sickness, bacterial infections or viral infections, even if these conditions resulted from, or are connected with, the accident. |
| Loss | means permanent, total and irrecoverable loss of use or loss by physical separation |
| Loss of fingers or toes | means loss by complete physical severance through or above a metacarpophalangeal or metatarsophalangeal joint. |
| Loss of hearing | means total and irrecoverable loss of hearing which is beyond remedy by surgical or other treatment. |
| Loss of limb | means loss by complete physical severance of a hand at or above the wrist or of a foot at or above the ankle. |
| Loss of sight | means total and irrecoverable loss of all sight in any eye rendering the insured member absolutely blind in that eye and beyond remedy by surgical or other treatment. |
| Loss of speech | means total loss of the ability to speak and is beyond remedy by surgical or other treatment. |
| Medically necessary | Medically necessary means that a medical service or supply is necessary and appropriate for the diagnosis or treatment of an injury of the insured member based on generally accepted western medical practice in Singapore. A medical service or supply will not be considered medically necessary if: <ol style="list-style-type: none"> It is provided only as a convenience to the insured member or medical provider; It is not appropriate treatment for the insured member's diagnosis or symptoms; It exceeds (in scope, duration or intensity) the level of care that is necessary to provide safe, adequate and appropriate diagnosis or treatment; It is experimental; It is for social or domestic reasons or for reasons which are not directly connected with treatment; or It is a matter of personal choice. |
| Medical expenses | means reasonable expenses incurred for treatment as a result of an injury for medical, surgical, hospital and nursing fee prescribed by a registered medical practitioner. |
| Permanent | means having lasted 12 consecutive months and at the expiry of that period, being beyond hope of improvement. |

POLYTECHNIC Group Personal Accident Insurance (GPA)

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| Permanent disablement | Permanent disablement means disablement that results solely, directly and independently of all other causes from the injury and which occurs within 12 months of the accident in which injury was sustained, and: (a) Falls into one of the categories listed in the Table of Compensation; or (b) Is a disablement which, having lasted for a continuous and uninterrupted period of at least 12 months, is at the expiry of that period, beyond hope of improvement. |
| Permanent total disablement | means disablement that results solely, directly and independently of all other causes from the injury and which occurs within 12 months of the accident in which injury was sustained which, having lasted for a continuous and uninterrupted period of at least 12 months, will in all probability entirely prevent the insured member from engaging in employment or take part in any paid work of any and every kind for the remainder of his/her life and from which there is no hope of improvement. |
| Physiotherapist | means a registered practitioner who is licensed to practice physiotherapy in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the insured member or the insured member's family member, or his/her business associates including any business partner, employers or employees. |
| Pre-existing conditions | means any injury which the insured member has had symptoms; has been diagnosed; known or unknown; regardless of whether treatment or medical advice was actually received, prior to the commencement of his/her insurance cover under this policy. |
| Reasonable expenses | Reasonable expenses means expenses paid for medical services or treatment which are appropriate and consistent with the diagnosis and according to accepted medical standards, and which could not have reasonably been avoided without negatively affecting the insured member's condition. These expenses must not be more than the general level of charges made by other medical service suppliers of similar standing in Singapore for the services and supplies. |
| Registered Medical Practitioner | means a doctor qualified in western medicine who is licensed and authorised in the geographical area they are practicing in to provide medical or surgical services. They cannot be the insured member or the insured member's family member or his/her business associates including any business partner, employers or employees. |
| Simple fracture | means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a registered medical practitioner requires minimal and uncomplicated medical treatment. |

Please refer to the Policy for the complete list of Definitions.

Some Conditions

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| Expenses covered by other sources | In the event an insured member is covered under: (a) Any occupational insurance including any insurance effected pursuant to the Work Injury Compensation Act (Cap.354) and any revisions thereof; (b) Any insurance coverage under the government legislation; or (c) Other group or individual insurance excluding Integrated Shield Plan and its rider, the benefits payable under this policy shall be limited to the balance of the medical expenses incurred which are not covered or payable by any of the above listed policy under (a) to (c), subject to the benefit limits computed in accordance to the table of insured benefits or schedule page, and terms and conditions of this policy. |
| Subrogation | We can take over any rights to defend or settle any claim and to take proceedings in your name or any insured member's to enforce your or any insured member's rights, or our rights against any other person. You and the insured member shall cooperate fully with us in this respect and shall not do anything to prejudice our rights. |
| Right of recovery | We may recover any amount we paid for charges that are not covered under this policy or exceeded the maximum benefits limit as specified in the table of insured benefits or schedule page. The policyholder and/or the insured member shall fully indemnify and reimburse us for such amount within 30 days from the date of notice given by us requesting for reimbursement. |

Difference in opinions In the event of any differences in opinions between our Registered Medical Practitioner and your Registered Medical Practitioner, our Registered Medical Practitioner's opinion shall prevail.

Aggregate limit of liability The maximum aggregate limit payable under this policy for all of the sections arising out of 1 single event shall not be more than S\$10,000,000, unless otherwise endorsed in this policy. In the event if the claims from all the insured members arising out of 1 such event exceed the aggregate limit, the amount shall be prorated among the insured members, subject to the maximum limit as shown in the schedule for each of the insured member.

Claims conditions Before any benefits are payable under your policy, the insured member has to ensure that the following requirements are being met.

- (a) It shall be a condition precedent to our liability under this policy that all claims shall be notified to us within 60 days from the date of accident. All claims shall be made on our prescribed forms and submitted to us together with the original copies of receipts and itemised bills
- (b) Any information required by us for assessing the claim shall be furnished by the policyholder at the policyholder's expense.
- (c) Any benefits payable under this policy shall be paid to you or the insured member (or legal representative). Any payment to you or the insured member (or legal representative), and the insured member or your receipt of any benefit payable under your policy shall in all cases be deemed final and complete discharge of our liability under this policy.

Failure to furnish notice within the time provided in this policy shall invalidate the claim unless claimant shows that it was not reasonably possible to give such notice within such required time and that notice was subsequently given as soon as reasonably possible.

Currency We will pay all claims in Singapore dollars. If the insured member suffers a loss which is in a foreign currency, we will convert the amount into Singapore dollars based on the exchange rate on the date of the loss.

Please refer to the Policy for the complete list of Conditions.

Contact

Email for queries

claims@mycg.com.sg

Email for claim submission (including follow-up claims)

TO: groupclaim@income.com.sg

CC: claims@mycg.com.sg

Phone

8118 6924



Managed by MYCG & Partners Pte Ltd | UEN 201803632H
Underwritten by Income Insurance Limited | UEN 202135698W

This fact sheet is not a contract of insurance and should be used as a guide only. Coverage is subject to the full terms and conditions of Income's Policy which is the operative document. Any discrepancy between the information in this fact sheet and the Policy is unintentional.

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 Income or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).