

AIA SINGAPORE PRIVATE LIMITED GROUP HOSPITAL & SURGICAL POLICY ENDORSEMENT

ENDORSEMENT NO. A01

To be attached to and form part of the **Policy No. 79494** issued to **THE YPLS SCHOOL OF LEARNING PTE. LTD.**

Notwithstanding anything to the contrary contained in the Policy, it is hereby declared and agreed that from the Effective Date, the following shall apply:-

This Policy shall be extended to cover New Eligible Employees and their Eligible Dependants, as stated on the Policy Schedule for inpatient medical expenses solely due to Covid-19 incurred during their Stay Home Notice (SHN) subject to the following conditions:

1. New Eligible Employees shall refer to workers holding an In-Principal Approval (IPA) Letter, Work Permit, Training Work Permit, S Pass or Employment Pass issued by Ministry of Manpower (MOM) entering Singapore from 01 Jan 2021.
2. Eligible Dependants for the purpose of this cover shall refer to dependants on long term passes entering Singapore from 01 Jan 2021.
3. This Policy will pay for all inpatient medical costs due to Covid-19 up to applicable existing Group Hospital & Surgical and/or Foreign Worker Protector policy limits as long as admission is within 30 days of entry to Singapore.
4. The diagnosis of Covid-19 must be in Singapore and admission in Hospitals are as defined in the Company's standard Group Hospital & Surgical and/or Foreign Worker Protector policy contract.
5. The effective date of coverage is the member's entry date in Singapore. For passes terminated or not approved within 30 days of entry, coverage would cease on the day of termination.
6. This cover is applicable for all Group Hospital & Surgical and Foreign Worker Protector policies from 01 Jan 2021 onwards.
7. Policyholders must declare their New Eligible Employees and their Eligible Dependants headcount to the Company for cover to be effective and premiums on existing Group Hospital & Surgical and Foreign Worker Protector policies where applicable to be charged accordingly.
8. The Company reserves the right to review, amend or withdraw the offering should there be any changes to Covid-19 requirements and advisories from Ministry of Manpower (MOM), Ministry of Health (MOH), Immigration and Checkpoint Authority (ICA) or any relevant government authorities.

All other terms and provisions of the Policy shall remain unchanged.

AIA SINGAPORE PTE LTD



Registrar/aa

EFFECTIVE DATE : September 15, 2021

DATE OF ISSUE : October 21, 2021

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PART I - DEFINITIONS

In this Policy where consistent with the contents the singular shall include the plural and the plural the singular; words importing the masculine gender shall include the feminine gender; and each of the following words and expressions shall have the following meanings:

1. **"Accident"** shall mean an unforeseen event, which is caused solely and directly by external, violent, sudden and accidental means.
2. **"Active Service"** shall mean for an employee reporting to work at the place assigned by the Policyholder and performing, in a customary manner, all regular duties of his employment with the Policyholder, and includes such employee on entitled annual leave for reasons other than on medical grounds.
3. **"Any One Disability"** shall mean:
 - (a) all disabilities arising from the same cause including any and all complications therefrom. Subsequent disability from the same cause shall be treated as a new disability if it is separated by at least thirty (30) calendar days following the latest discharge from the hospital; or
 - (b) concurrent disabilities from different causes during the same confinement.
4. **"Company"** shall mean AIA Singapore Private Limited.
5. **"Dependant"** shall mean:
 - (a) the spouse of an Insured Member of this Policy, provided such spouse is below the Maximum Age of Coverage as stated in the Policy Schedule and is not already insured under the Policy; or
 - (b) each child of an Insured Member, provided such child is at least 2 weeks old and is below the Maximum Age of Coverage as stated in the Policy Schedule, unmarried and unemployed.
6. **"Entry Date"** shall mean the date an individual becomes an Insured Member under this Policy.
7. **"Hospital"** shall refer exclusively to an institution duly licensed as such and operated pursuant to law for the care and treatment of sick and injured persons as registered bed patients, with facilities for diagnosis and major surgery, which is under the supervision of one or more Registered Medical Practitioners, and which has 24 hours a day professional nursing service. "Hospital" does not include any institution or that portion of any institution which is operated as a convalescent or nursing home, rest home, home for the aged, a place for alcoholics or drug addicts, or for any similar purpose.
8. **"Hospital Confinement"** shall mean confinement in a Hospital:
 - (a) for no minimum duration as long as the Hospital makes a charge for room and board; or
 - (b) for any duration for the purpose of surgery and any preparations and procedures in connection therewith without incurring room and board charges.
9. **"Injury"** shall mean bodily injury which is caused solely and directly by Accident.
10. **"Insured Members"** shall mean Members, who, having completed the required Waiting Period and are not otherwise disqualified from coverage under the terms of this Policy, are participating in the insurance plan under this Policy.
11. **"Maximum Age of Coverage"** shall mean the maximum age of coverage so defined in the Policy Schedule attached hereto.
12. **"Medically Necessary"** shall mean a medical treatment, services and/or supply provided by a Registered Medical Practitioner and/or Specialist covered under this Policy which are:
 - (a) consistent with the diagnosis and customary medical treatment, service and/or supply for Sickness or Injury;
 - (b) in accordance with standards of good medical practice; consistent with the current standard of professional medical care and with proven medical benefits;
 - (c) not for the convenience of the insured, Registered Medical Practitioner or the Specialist, and unable to be reasonably rendered out of Hospital (if admitted for confinement); and
 - (d) not of an experimental, investigational or research nature, preventing or screening nature.

13. **“Members”** shall mean the persons so defined in the Policy Schedule attached hereto.
14. **“Policy”** shall mean this agreement, the attached Policy Schedule, any riders or endorsements therein, any amendments thereto signed by the Company, therein the application attached hereto to the Policyholder, and the individual enrolment forms, if any, of the insured, which together constitute the entire contract between the parties.
15. **“Policy Anniversary Date”** shall mean the anniversary of the Policy Effective Date or such other date as may be agreed in writing between the Policyholder and the Company.
16. **“Policy Effective Date”** shall mean the date from which the coverage under this Policy becomes effective.
17. **“Policy Period”** shall mean a period of one year or such other periods as may be agreed in writing between the Company and the Policyholder, starting from the Policy Effective Date and the subsequent Policy Anniversary Dates.
18. **“Registered Medical Practitioner”** shall mean only a person qualified by a degree in western medicine and legally authorized in the geographical area of his practice to render medical or surgical services, and who is not: (i) the insured, or (ii) a member of his immediate family, or (iii) other relative of the insured.
19. **“Sickness”** shall mean a physical or mental condition marked by a pathological deviation from the normal healthy state.
20. **“Specialist”** shall mean a Registered Medical Practitioner who specializes in a specific area in a medical field, and who is not: (i) the insured, or (ii) a member of his immediate family, or (iii) other relative of the insured.
21. **“Surgery”** shall mean the types of surgical operations listed in the “Table of Surgical Procedures” under the Medisave Scheme operated by the Ministry of Health of Singapore excluding all surgical operations stated in the General Exclusions under this Policy and any other surgical operations that are not specified in the said “Table of Surgical Procedures”.
22. **“Traditional Chinese Medicine (TCM) Practitioner”** shall mean a person who is qualified to provide a prescribed practice of TCM and is registered and issued with a license to practice the TCM by the TCM Practitioners Board of Singapore, and who is other than the insured, a member of his immediate family or other relative.
23. **“Singapore Government Restructured Hospital”** shall mean the privatized Singapore Government Hospital.
24. **“Waiting Period”** shall mean the period so defined in the Policy Schedule attached hereto.

PART II - PARTICIPATION AND TERMINATION

Section A – Participation

1. The Policyholder shall declare to the Company full particulars of Members and Dependants (as may be the case) prior to the Policy Effective Date and within 90 days of the Entry Date for each new Member and of the date the Dependant becomes eligible to participate in the insurance plan.
2. Members and Dependants already eligible on the Policy Effective Date shall be eligible for participation on the Policy Effective Date.
3. Members and Dependants not eligible as of the Policy Effective Date and new Members and Dependants shall become eligible for participation hereunder on the day following the Member's completion of the required Waiting Period as specified in the Policy Schedule.
4. An individual who becomes a Dependant after the Policy Effective Date shall become eligible to participate in the insurance plan on the date such person becomes a Dependant.
5. Members whose participation has been terminated and who re-apply for participation shall be considered as new Members.
6. Any Member who is not in Active Service on the date he would otherwise become eligible for participation hereunder shall not be eligible until the day he returns to Active Service.
7. Any Dependant who is in Hospital Confinement on the date he would otherwise become eligible for insurance hereunder shall not be eligible until the date he is no longer in Hospital Confinement.

Section B - Termination

The insurance hereunder of any insured shall automatically cease on the earliest of the following dates:

1. The date on which the Policy is terminated.
2. The date of the expiration of the period for which the last premium payment is made on account of the insured's insurance.
3. The end of the Policy Period during which the insured attains the Maximum Age of Coverage as stated in the Policy Schedule.
4. The date on which the Insured Member resigns, retires or terminates his employment with the Policyholder, or ceases to be covered under the Policy for any other reason.
5. The date communicated to the Policyholder by the Company as the date the Policy ceases on account of war, or an act of war, such date being determined at the discretion of the Company.
6. On the expiry of 12 months from the start of the Insured Member being continuously:
 - (a) on temporary leave of absence;
 - (b) on vacation without pay; or
 - (c) sick or injured (with or without continued uninterrupted absence from work).
7. The date the Dependant ceases to fulfill the conditions that have permitted him to become insured as a Dependant.

PART III - BENEFIT PROVISIONS

Section A - Extent of Benefits

1. The Company will pay the benefits described below for the expenses incurred in connection with the insured's Hospital Confinement or surgery under this Policy, which had resulted directly from a Sickness or Injury.
His coverage shall be subject to the benefit limits set forth in the Policy Schedule and all terms and conditions of this Policy.
2. All benefits are applicable without geographical limitation subject only to the limitation and exclusions specified under Sections A and B of Part IV hereof.

Section B - Benefits

1. (a) Daily Room & Board

This benefit shall be paid when, upon recommendation of a Registered Medical Practitioner, an insured is registered as a bed patient in a Hospital and incurs a Room and Board charge.

(b) Intensive Care Unit

This benefit shall be paid when, upon recommendation of a Registered Medical Practitioner or Specialist, an insured is registered as a bed patient in a Hospital and incurs charges in connection with an Intensive Care Unit (ICU), Intermediate Care Area (ICA) and High Dependency Ward (HDW) in the Hospital.

2. Other Hospital Services

This benefit shall be paid when an insured incurs charges for the following supplies and services rendered during such Hospital Confinement which are customarily supplied by the Hospital.

- Administration of Blood Plasma, but not the cost of Blood or Blood Plasma;
- Ambulance Services to and / or from the Hospital not to exceed for any trip the rate of the Daily Room & Board benefit;
- Anesthesia and Oxygen and their administration including anesthetist's fee;
- Basal Metabolism Tests;
- Dressings Ordinary Splints and Plaster Casts;
- Drugs and Medicine consumed on premises;
- Electrocardiograms;
- Intravenous Infusion;
- Laboratory Examinations;
- Physical Therapy;
- Use of Operation Room;
- X-ray Examinations;
- Implants

3. Surgical

This benefit shall be paid when an insured incurs charges in connection with an operation performed by one or more Registered Medical Practitioners and/or Specialists, including any assistant surgeons.

Except for surgical operation charges that fall below the Minor Surgical Benefit Limit as shown in the Policy Schedule, each operation is subject to the amount obtained by multiplying the appropriate percentage shown for that operation in the Surgical Schedule of Fees by the maximum Surgical Benefit shown in the Policy Schedule. If two or more surgical procedures are performed through a single incision, reimbursement for expenses for all such procedures shall not exceed the amount indicated for the one surgical procedure performed for which the largest amount is payable.

4. In-Hospital Doctor's Consultation

This benefit shall be paid when an insured incurs charges for consultation by Registered Medical Practitioners and/or Specialists while he is hospitalized. For this benefit only one visit per day shall be covered.

5. Emergency Out-Patient Treatment (Accident)

This benefit shall be paid when, as a result of an Accident and within twenty-four (24) hours following such an Accident an insured incurs charges for emergency out-patient treatment in the out-patient department of a Hospital or at a Registered Medical Practitioner's office and follow-up treatment within thirty-one (31) days thereafter.

6. (a) Pre- Hospitalization Specialist Consultation, Diagnostic X-ray and Laboratory Test

This benefit shall be paid when the insured incurs charges for Specialist consultations, diagnostic x-ray and laboratory examinations in the period commencing ninety (90) days before hospitalization or surgery.

(b) Post Hospitalization Specialist Consultation, Diagnostic X-ray and Laboratory Test and TCM consultations

This benefit shall be paid when the insured incurs charges for Specialist consultations, TCM consultations, diagnostic x-ray and laboratory examinations and physiotherapy which are recommended by a Registered Medical Practitioner or Specialist in the period ending ninety (90) days after discharge from the Hospital or surgery.

7. Hospitalization in Singapore Government Restructured Hospital

If an insured is hospitalized in a Singapore Government Restructured Hospital, the actual charges excluding Room & Board made for the hospitalization shall be paid subject to the Overall Limit shown in the Policy Schedule. The Daily Room & Board charges shall be paid in accordance to the Daily Room & Board Benefit as set forth in the Policy Schedule.

8. Overseas Hospitalization (Accident)

This benefit shall be paid when an insured sustains Injury from an Accident while traveling outside of Singapore and as a result of such Injury incurs hospitalization charges overseas within 180 days of departure from Singapore.

This benefit applies to Insured Members who reside and work in Singapore.

9. Death

This benefit shall be paid to the Policyholder upon receipt of due proof of death of any insured in the form required by the Company.

10. Out-patient Kidney Dialysis/Cancer Treatment

This benefit applies only if the coverage has been applied for by the Policyholder and the benefit limit is shown in the Policy Schedule.

This benefit shall be paid, when an insured incurs out-patient expenses (excluding medical or preventive health screening) for the following treatments:

- (a) Kidney dialysis including home peritoneal dialysis as recommended by a Registered Medical Practitioner.
- (b) Cancer treatment by a Registered Medical Practitioner. "Cancer" shall mean a focal autonomous new growth of tissue that has no useful function and the new growth has the characteristics of marginal invasion, relentless growth or distant spread with a lethal effect. Such cancer must be positively diagnosed by a Registered Medical Practitioner who is also a certified Pathologist, upon the basis of a Microscopic Examination of fixed tissues, or preparations from the Hemic System. Such diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspect tumour, tissue or specimen. Clinical diagnosis does not meet this standard.

11. Rehabilitation

This benefit shall be paid when an insured is recommended by the attending Registered Medical Practitioner and/or Specialist to recuperate in a community/ rehabilitation hospital registered and approved by the Ministry of Health of Singapore.

12. Mental Care

Where Mental Care is a benefit expressly included in the Policy Schedule in the Policy, the sum of in-patient and out-patient charges shall be paid subject to the Mental Care limit shown in the Policy Schedule, subject to the following conditions:

- (a) in the case of in-patient charges incurred, the in-patient charges are for the insured's hospitalization in Singapore Institute of Mental Health or any Hospital, for psychiatric care and treatment only on the recommendation of a Registered Medical Practitioner or a psychiatrist for such hospitalization;
- (b) the insured will not be reimbursed for the same charges under any benefits other than Mental Care if the limit shown in the Policy Schedule is a lump sum benefit; and
- (c) in the case of out-patient charges, which include charges for tests and out-patient consultations with psychiatrists or psychologists, such charges are incurred ninety (90) days before hospitalization and ninety (90) days after discharge.

Section C - Reasonable & Customary Charges

Notwithstanding anything in the Policy to the contrary, no benefit shall be paid for charges specified under Section B which are in excess of the general charges published by or under the authority of the Ministry of Health, Singapore in any prevailing guidelines, recommendations, directives or circulars for such treatment, services or supplies in respect of the Sickness or Injury or similar condition sustained.

Section D – Letter of Guarantee Facility

Where the Company has expressly communicated the approval of the LOG facility to the Policyholder, this section will apply.

Subject to the conditions below, the Company agrees to provide a **Letter of Guarantee (LOG)** for an insured to be admitted into a Singapore hospital. The LOG will cover part or whole of the hospital charges and expenses which may be incurred by the insured, but only up to the specified amount stated in the LOG, without the insured having to pay a cash deposit to the hospital. In consideration of the **LOG** facility provided by the Company:

- (a) The Policyholder undertakes to reimburse the Company for any amounts not payable or not covered under this Policy. Such sums should be settled in full within fourteen (14) days after the date of the statement containing particulars of the outstanding amounts incurred by the insured is issued by the Company to the Policyholder.
- (b) The Company reserves the right to immediately suspend the LOG facility and/or take legal action against the Policyholder if it fails to make full payment as required under paragraph 1 above within the time specified. The Policyholder will return all unused LOGs (if any) to the Company immediately on the Company's demand. The Policyholder will continue to be liable to the Company for outstanding sums in arrears including any interest charged by the hospital to the Company for payments due to the hospital under any LOG, regardless of whether the LOG was presented before or after the Company became aware of the Policyholder's default.
- (c) In the event the Policyholder fails to settle in full the outstanding sums within the time specified, the Company reserves the right to terminate this Policy and use the unearned premiums to settle the outstanding sums.
- (d) The Company reserves the right in its absolute discretion to terminate the LOG facility by giving one month's prior notice to the Policyholder.

PART IV - LIMITATION & EXCLUSIONS & CLAIMS PROCEDURES

Section A - Limitation

When an insured is entitled to benefits payable under the Employee's Compensation Legislation, any government or public programme of medical benefits, or other group or individual insurance, the benefits payable under this Policy shall be limited to the balance of expenses not covered by benefits payable under such legislation, programme or other insurance, or that computed in accordance with the Policy Schedule of this Policy, whichever is less.

Section B - Exclusions

No benefit shall be payable under this Policy for any one of the following occurrences:

1. Pre-existing conditions which have existed during the 12 months prior to the commencement of insurance coverage in respect of the insured under this Policy, whether known or unknown to the insured in so far as the cause and pathology of the conditions have already existed, unless the insured has already been covered continuously for twelve (12) months under this Policy or under any group hospital and surgical policy issued in Singapore immediately prior to the commencement of insurance coverage under this Policy. A break of not more than thirty-one (31) calendar days between the termination date under the previous insurer's contract and the commencement date under the present policy shall not constitute a lapse in coverage.
2. Investigation and treatment of psychological, emotional, mental and behavioral conditions; alcoholism or drug addiction, intentional self-inflicted injuries while sane or insane, unless the policy has a "Mental Care" benefit expressly stated in the Policy Schedule.
3. Treatment of injuries sustained as a result of a criminal act of the insured.
4. Injuries arising from direct participation in a strike, riot, insurrection or war, declared or undeclared.
5. General physical or medical check-up or health screening or tests not incidental to treatment or diagnosis of an actual Sickness or Injury; treatment which is not Medically Necessary or treatment of an optional nature or for preventive purposes; immunization, vaccination or inoculation; non-prescribed medication, over-the-counter items such as but not limited to vitamins, supplements, shampoos and moisturizers even if recommended by the attending doctor.
6. Treatment of xanthelasma, skin tags, vitiligo, acne, alopecia, weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition otherwise admissible under the Policy.
7. Investigation for sleep apnea except if the insured subsequently undergoes a surgical procedure as recommended by a Specialist.
8. Procurement and rental of/or use of special braces, any appliances, any equipment or prosthetic devices, wheel-chair, walking aids, hearing aids or the fitting of the same and non-medical services such as government taxes, television, telephone and the like.
9. Any eye examination, treatment or surgical procedure for the correction of eye refraction; procurement of contact lenses and eye glasses, surgical procedure for correction of squint or other eye misalignment for ages 8 years old and above.
10. Cosmetic procedure or plastic surgery except to the extent that such surgery is necessary for the repair or damage caused solely by accidental bodily injuries covered under the Policy.
11. Dental or oral treatment except when payable under the Emergency Out-Patient Treatment (Accident) as a result of an injury sustained in an Accident.
12. Any investigation, treatment or surgical operation for congenital anomalies or complications arising from such congenital anomalies, or physical defects present at and existing from the time of birth regardless of the time of discovery or the time of such treatment or surgical treatment.

13. Treatment relating to birth control; investigation or treatment occasioned by or resulting from pregnancy, childbirth, abortion, except ectopic pregnancy and non-elective miscarriage; all consultations and treatments including surgical procedures required or recommended subsequent to consultations for the purpose of treating subfertility, infertility or at in-vitro fertilization clinics, reproductive assistance clinics or centres, clinics or centres for reproductive medicine and the like.
14. Treatment by Physiotherapist and Traditional Chinese Medical Practitioner; except if treatment is within 90 days of discharge from the Hospital.
15. Acupuncture, acupressure, bonesetting, herbalist treatment, hypnotism, massage therapy, aroma therapy and other forms of alternative treatments such as but not limited to podiatry, osteopathy and chiropractic treatment.
16. Educational treatments such as speech therapy, diabetic classes and nutritional treatments or group support treatments.
17. Special or private duty nursing care; clinical home care; custodial care in any setting; day care; hospice; respite care.
18. Acquired Immuno-Deficiency Syndrome (AIDS), AIDs related complexes and all illnesses or diseases associated with the Human Immuno-Deficiency Virus (HIV), unless acquired due to Medically Necessary blood transfusions or occupational related infections (where proof of which must be made available to the Company).
19. Any treatment to prevent illness, promote health or improve bodily function or appearance including but not limited to vitamins, supplements, scar creams, soaps, shampoos and moisturizers.
20. The costs and expenses incurred in acquiring an organ for organ transplant or the costs and expenses incurred by the donor of such organ.
21. Hospital Confinement if the treatment, according to the general opinion of Specialists, could have been provided on an out-patient basis.
22. Costs arising out of any litigation or dispute between the insured and any medical person or establishment from whom treatment has been sought or given, or any other costs not directly or specifically related to the payment of the medical expenses covered by the policy.

Section C - Notice and Proof of Claim

1. Written notice of claim must be given to the Company within ninety (90) days of the date of discharge from the Hospital.
2. Written notice given by or on behalf of the insured to the Company with particulars sufficient to identify the insured shall be deemed to be notice to the Company. Failure to furnish notice within the time provided in the Policy shall not invalidate any claim if it is proven by or on behalf of the claimant that it was not reasonably possible to give such notice within the prescribed period, and that such notice was given as soon as it was reasonably possible to do so.
3. All certificates, medical reports, information and evidence required by the Company shall be furnished at the expense of the Policyholder or the Policyholder's legal representative and shall be in such form and of such nature as the Company may prescribe, within thirty (30) days from the date of discharge from Hospital or date of death.

Section D - Currency and Payment of Claim

Payment of all benefits will be made in the currency in which this Policy is effected. Charges incurred in any other currency shall be payable in Singapore Dollars, or currency of the Policy on the basis of the prevailing rate used by the Company on the date the claims were processed.

All benefits that pertain to an insured shall be paid by cheque or bank giro to the order of the Insured Member, unless the Policyholder for reasons acceptable to the Company requests otherwise. Payment of any sum made by the Company as provided by this Section shall be a valid discharge to the Company and shall release the Company of all claims, demand, liabilities and damages, whatsoever in respect thereto.

PART V - GENERAL PROVISIONS

Section A - Premium Payments

The premium is payable to the Company on each premium due date, unless otherwise specified by the Company in writing.

Section B - Grace Period, Termination and Reinstatement of Policy

1. Any premium due must be paid and actually received in full by the Company within the time period stipulated below ('Grace Period'):
 - (a) Where the premium is payable on an annual basis, thirty (30) days from the Policy Effective Date or Policy Anniversary Date, or thirty (30) days from the date of the premium tax invoice issued by the Company, whichever is later, or
 - (b) Where premium is payable other than on an annual basis:
 - (i) thirty (30) days from the Policy Effective Date or Policy Anniversary Date, or thirty (30) days from the date of the premium tax invoice issued by the Company, whichever is later, for the first premium of each Policy Period; and
 - (ii) on the agreed premium due dates for subsequent premiums.
2. In the event that any premium is not paid to the Company within the Grace Period or the agreed premium payment date, the Company reserves the right to terminate this Policy from the respective Premium Due Date as specified in the Policy Schedule and the Company shall be discharged from all liabilities therefrom.
3. Where the Policyholder has confirmed its intention to renew this Policy but has not provided the Company with the complete data necessary for the renewal of the Policy on or before the Policy Anniversary Date, the Company shall issue a premium tax invoice for the estimated renewal premium. The payment of the estimated premium under the premium tax invoice shall be paid within the Grace Period, failing which the Policy may be terminated by the Company.
4. No benefits for any covered event occurring after the Policy Effective Date or Policy Anniversary Date shall be paid until premiums due on the respective Premium Due Date are received in full by the Company.
5. This Policy may be terminated on any Premium Due Date by either the Policyholder or the Company giving written notice of termination to the other party not later than thirty-one (31) days before the Premium Due Date on which such termination shall be effective. Termination shall be without prejudice to any claim arising prior to the effective date of termination.
6. After termination of the Policy, the Policyholder may apply for reinstatement which shall be subject to the consent of the Company and to the terms and conditions which the Company may impose including the payment of any premium due and not paid together with the interest at a rate to be decided upon by the Company.

7. If the Policy is terminated by the Policyholder before the end of a Policy Period for any reason and in any manner other than provided in the above paragraphs, the Company shall charge the following premiums (“Short Term Premiums”) for the period of cover up to and including the date of such termination:

Period of Cover	Short Term Premiums (expressed as the number of months' premiums)
Up to one 1 month	3 months
More than 1 month and up to 2 months	4 months
More than 2 months and up to 3 months	5 months
More than 3 months and up to 4 months	6 months
More than 4 months and up to 5 months	7 months
More than 5 months and up to 6 months	8 months
More than 6 months and up to 7 months	10 months
More than 8 months	12 months

Section C - Renewal Privilege

This Policy is issued for the term of one (1) year and at the end of each Policy Period, may be renewed on such terms as the Policyholder and Company may agree to. The Company reserves the right not to invite the Policyholder to renew this Policy should there be any due and unpaid premiums.

Section D - Premium Rate

1. The Company shall have the right to change the rate at which the premiums are payable, such change to be effective on a Policy Anniversary Date, provided that the Company notifies the Policyholder at least thirty-one (31) days in advance of such Premium Due Date of such change.
2. Premium adjustments involving return of unearned premiums to the Policyholder shall be limited to the period starting with the latest Policy Anniversary preceding the date of receipt by the Company of evidence that such adjustments should be made.

Section E - The Contract

1. All statements in writing relating to material facts made by the Policyholder, or by the insured, whether contained in this Policy or the documents referred to in Section G of this Part V, shall in the absence of fraud be deemed representations and not warranties.
2. The rights of the Policyholder or of any insured or of any beneficiary under the Policy shall not be affected by any provision other than those contained in this Policy or in the copy of the Policyholder's application attached hereto, or in the individual enrolment form of an insured, or in any other document which constitutes part of the entire contract.
3. No agent or third party is authorized to alter or amend this Policy, to accept premiums in arrears or to extend the due date of any premium, to waive any notice or proof of claim required by this Policy, or to extend the date before which any such notice or proof must be submitted. No change in this Policy shall be valid unless approved by the Company and evidenced by the endorsement thereon, or by amendment hereto signed by the Policyholder and by the Company.
4. Any reference in this Policy to an insured in respect of his rights, obligations, benefits or entitlement under this Policy shall be construed to include the Policyholder through whom the insured has acquired such rights, obligations, benefits or entitlement, as the context may require.

Section F - Data Required

1. The Policyholder shall maintain a record with respect to each insured under this Policy, showing the name, sex, age or date of birth, amount of insurance, the date insurance becomes effective, the date insurance is terminated, changes, with dates noted and other pertinent information as may be necessary to carry out the terms of this Policy.

2. Clerical errors in keeping the records shall not invalidate insurance otherwise in force nor reinstate insurance otherwise validly terminated, but upon the discovery of such error, an equitable adjustment shall be made.
3. The Policyholder shall furnish the Company with all information and proof which the Company may reasonably require with regard to any matters pertaining to the Policy. All documents furnished to the Policyholder by any Member in connection with the insurance, and other records as may have a bearing on the insurance under this Policy, shall be opened for inspection by the Company at all reasonable times.

Section G - Full Disclosure

All material facts and circumstances relating to any insurance coverage to be effected under this Policy in respect of any insured, shall, up to the date coverage is provided to that insured by the Company, be fully disclosed to the Company by the Policyholder or the insured. Any non-disclosure, misrepresentation or fraud shall entitle the Company to avoid all liabilities existing under this Policy in respect of that insured.

Without prejudice to the generality of the above provisions and the provisions in Section H of this Part V relating to an insured, the Company will rely on the information and statements provided by the Policyholder in the Group Insurance Fact-Finding Form or the equivalent of such document, the application form and all other documents required by the Company to be completed and executed by the Policyholder for the purpose of needs analysis or as part of the sales process relating to the Policy. The Policyholder acknowledges that all statements and information provided in such documents must be complete, true and accurate. If any statement or information in such documents is incomplete, untrue or inaccurate, the Company may deny a claim under the Policy, declare the Policy void, or vary the terms and conditions of the Policy.

If any claim has been admitted and benefits paid before the Company became aware of a statement or information being incomplete, untrue or inaccurate, the Policyholder will on demand by the Company reimburse the Company all benefits paid or the monetary equivalent of such benefits (as may be reasonably determined by the Company) if they were not paid in cash.

Section H - Misstatement

1. If the age or date of birth or other relevant facts relating to an insured shall be found to have been misstated and if such misstatement affects the scale of benefits or has anything to do with the terms and conditions of this Policy, the true age and facts shall be used in determining whether insurance is in force under the terms of this Policy and the benefits payable therefrom, and an equitable adjustment of premiums shall be made.
2. Where a misstatement of age or other relevant facts have caused an individual to be insured hereunder where he is otherwise ineligible for any insurance, or where such statement has caused an individual to remain insured when he would otherwise be disqualified in accordance with the terms and limitations of this Policy, the Company may in its absolute discretion declare the insurance to be void and annul such insurance, and there shall be a return of premiums paid in respect of the individual, provided always that where there is fraud on the part of the Policyholder or insured, no premiums paid will be returned. If any claim has been admitted and benefits paid before the Company was made aware of the misstatement, the Policyholder will on demand by the Company reimburse the Company all benefits paid or the monetary equivalent of such benefits (as may be reasonably determined by the Company) if they were not paid in cash.

Section I - Applicable Law

This Policy, and all rights, obligations and liabilities arising hereunder, shall be construed and determined and may be enforced in accordance with the law of the Place of Issue.

Section J - Legal Proceedings

No action in law or in equity shall be brought to recover on this Policy prior to the expiration of ninety (90) days after proof of claim has been filed in accordance with the requirements of this Policy, nor shall such action be brought at all unless brought within two (2) years from the expiration of time within which such proof of claim is required by the Policy.

Section K - Incontestability

Notwithstanding anything to the contrary stated heretofore in this Policy, the validity of the Policy shall be incontestable, except for non-payment of premiums or for fraud, after it has been in force for one (1) year from its Date of Issue or date of any reinstatement whichever is later. The insurance of any insured and any subsequent additional insurance shall be incontestable except for non-payment of premium or for fraud, after such insured's insurance has been in force during his lifetime for one (1) year from his effective date of coverage and the date of each subsequent increase of insurance respectively.

Section L - Policy Non-Participating

This Policy shall not participate in any surplus distribution by the Company.

Section M - Limitation of Coverage

This Policy shall not cover or provide for the payment of claims or benefits to specific persons or entities as a result of any of the following:

The application of or compliance with certain laws and regulations which prohibit performance based on the identity, domicile, place of incorporation or nationality of the Policyholder, insured, claimant, insurer, or the parent company and ultimate controlling entity of the Policyholder, insured, claimant or insurer, or the country where the claim arises.

Should any person or entity be found to have been erroneously enrolled under this Policy, insurance coverage for such person or entity shall cease with immediate effect and any unearned premiums paid in respect of such person or entity shall be refunded by the Company to the Policyholder.

Should any claim for payment of any nature be found to have been made under this Policy by a person or entity excluded by this provision, no such payment will be made.

Section N - Policy Owners' Protection Scheme

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 information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Section O – Contracts (Rights of Third Parties) Act, Chapter 53B

Save and except where contrary to Singapore law governing any of the benefits granted under this Policy, or where expressly provided otherwise, a person who is not a party to this Policy has no right under the Contracts (Rights of Third Parties) Act, Chapter 53B, Singapore, to enforce any term of this Policy.

Notwithstanding anything in this Policy, the consent of any third party (including a Member) is not required for any variation (including any release or compromise of any liability) or termination of this Policy.

Section P - Personal Data

The Policyholder represents and warrants that it has obtained the consent of all individual Members and Dependants (as the case may be), except to the extent such consent is not required under relevant laws, for the Company, its associated persons and organisations, agents, brokers and other intermediaries, business partners, third party service providers and representatives, whether within or outside Singapore (collectively "AIA Persons") to collect, use, store, retain and/or process all personal data and information ("Personal Data") provided to AIA Persons or which AIA Persons possess about the Members, in the manner and for the purposes described in the AIA Personal Data Policy as may be amended from time to time, and which is available on the Company's website. The Policyholder shall indemnify AIA Persons from and against all claims, actions, losses, penalties, damages, costs and expenses arising from its breach of the provisions of this Section P. AIA Persons shall have the right to enforce any benefit under this Section P under the Contracts (Rights of Third Parties) Act, Chapter 53B.

Section Q – Subcontractors and Delegates

Notwithstanding any other agreement to the contrary, the Company may in its sole and absolute discretion subcontract or delegate any of its services in the administration of the Policy or the performance of its other obligations under this Policy to a third party appointed by the Company at its own cost and expense, subject that the Company will remain responsible and liable to the Policyholder for the work and activities of each subcontractor or delegated person for the Company's obligations under this Policy.

SURGICAL SCHEDULE OF FEES

Surgical Code Table	Surgical Percentage
1A	5%
1B	10%
1C	15%
2A	20%
2B	25%
2C	30%
3A	40%
3B	45%
3C	50%
4A	55%
4B	60%
4C	65%
5A	70%
5B	75%
5C	80%
6A	85%
6B	90%
6C	95%
7A	100%
7B	100%
7C	100%

Note: Detailed surgical procedures under each category shown above shall be based on the prevailing "Table of Surgical Procedures" under the Medisave Scheme operated by the Ministry of Health of Singapore, which may be amended from time to time. Any amendments to the above Surgical Codes or Surgical Percentage under the Medisave Scheme operated by the Ministry of Health of Singapore shall automatically apply to the above table.

AIA SINGAPORE PRIVATE LIMITED
GROUP HOSPITAL & SURGICAL POLICY CONTRACT
POLICY NO. 79494

In consideration of the application for this Policy, and the payment in advance of the premium computed and payable as provided hereinafter, by

THE YPLS SCHOOL OF LEARNING PTE. LTD.

(Hereinafter called the Policyholder)

HEREBY AGREES, in accordance with and subject to the provisions of this Policy, to pay the benefits as provided by this Policy to the person or persons entitled thereto.

The provisions and conditions stated on the subsequent pages hereof form a part of this Policy as fully as if recited at length over the signature hereto affixed.

IN WITNESS WHEREOF, AIA SINGAPORE PRIVATE LIMITED (AIA Singapore) (Reg. No. 201106386R), has caused this Policy to be executed as of its Date of Issue to take effect on the Policy Effective Date.



A handwritten signature in black ink, appearing to be 'aa' with a flourish, positioned above the text 'Registrar/aa'.

Registrar/aa

A handwritten signature in black ink, appearing to be 'Wong Sze Keed', positioned above the text 'Wong Sze Keed Chief Executive Officer'.

Wong Sze Keed
Chief Executive Officer

Attaching to and forming part of Group Hospital & Surgical Policy No. 79494

POLICY SCHEDULE

Policy Effective Date : September 15, 2021 Policy Anniversary: October 1
Members : All regular, full time active Students over 5 and under 70 years of age enrolled under the Policyholder in Singapore.
Maximum Age of Coverage : 74 age last birthday as at Policy Anniversary for Insured Members
25 age last birthday as at Policy Anniversary for children (if applicable)
Waiting Period : NIL
Classification & Plan : Plan 1 - All Students
Changes in Classification to be Effective : the date of such change
Rates of Benefits : Maximum Per Any One Disability

	Plan 1
1(a). Daily Room & Board (Max. 120 days)	\$200
1(b). Intensive Care Unit (Max. 30 days)	\$600
2. Other Hospital Services (including implants)	\$7,000
3. Surgical Benefit (Minor Surgical Benefit Maximum Limit of S\$1,500)	\$9,000
4. In-Hospital Doctor's Consultation (Max. 120 days)	\$60
5. Pre- & Post-Hospitalization Specialists Consultation, Diagnostic X-ray & Laboratory Test	\$2,000
6. Emergency Out-Patient Treatment (Accident)	\$2,000
7. Hospitalization in Singapore Government Hospital or Singapore Government Restructured Hospital (Overall Maximum Limit Per Disability)	\$20,000
8. Overseas Hospitalization (Accident) (Maximum per disability, items 1 to 6 only)	150% of GHS Benefits
9. Outpatient Kidney Dialysis / Cancer Treatment (Maximum per Policy Year)	\$10,000
10. Rehabilitation Benefit (Maximum of 31 days)	NIL
11. Death Benefit	\$5,000
Modal Premium Rates (Per Annum)	Plan 1
Employee Only :	\$66.15
Employee & Spouse or Child(ren) :	-
Employee & Spouse & Child(ren) :	-

Mode of Payment : Annual
Premium Due Dates : Every October 1

Currency Basis : Singapore Dollars
Place of Issue : Singapore
Issuing Office : Singapore Office
Date of Issue : October 21, 2021



Registrar/aa