



QBE INSURANCE (INTERNATIONAL) LIMITED

A member of the worldwide QBE Insurance Group
 Unique Entity No. S16FC0047K

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**Comprehensive Group Plan
 Certificate Of Insurance**

Policy Number: GMB-50102443

Policy Period : 08/11/2011 to 07/11/2012

Policy Holder: BRADFORD-REX COLLEGE OF HOSPITALITY & MANAGEMENT PTE LTD

Group Hospital & Surgical Plan – GHS0

Benefit Limit & Basis

Policy Effective Date From : 08/11/2011

CURRENCY: S\$

	Benefits	Plan 002
H1	Hospital Room & Board per day (maximum 120 days)	170
H2	Surgery Charges (surgical schedule will not apply for surgery charges not exceeding S\$1,000; includes post-surgical care up to 90 days)	12500
H3	Theatre Fee (up to 30% of eligible surgery charges)	3750
H4	Anaesthetist Fee (up to 30% of eligible surgery charges; not applicable for Anaesthetist fee up to S\$75)	3750
H5	Misc. Hospital Services & Supplies (includes pre-hospitalisation diagnostic tests within 90 days, prescribed medicines, dressing, rental of appliances, implants, treatment fees, therapy fees, laboratory fees, X-rays, blood transfusions, oxygen and its administration, and day-care treatment for chemotherapy, radiotherapy and kidney dialysis)	3400
H6	Specialist Consultation Fee (within 90 days and referral by attending Physician)	360
H7	Emergency Dental Treatment (within 60 days of accidental injury occurring to wholly sound natural teeth)	360
H8	Emergency Outpatient Treatment (within 60 days of accidental injury; max S\$250 for treatment by Registered Chinese Bone-setter)	1650
S1	Intensive Care Unit per day (max 20 days; part of maximum no. of days under Room & Board)	560
S3	Ambulance fee	150
S4	In Hospital Physician's Visit per day (for non-surgical confinement only; max 120 days)	80
S6	Post Hospitalization Treatment (for non-surgical confinement; follow-up treatments by same physician; up to 90 days from discharge)	500
S7	Special Grant (due to injury or sickness during or after treatment in hospital)	5000
S1 5	Organ Transplant (covers cost of surgery for transplantation of kidneys, lungs, heart, liver, bone marrow or Corneas)	12500
	Kidney Dialysis & Chemotherapy / Radiotherapy Limit (<i>Maximum per insured per policy year</i>)	9000
	<u>Co-Insurance</u> <ul style="list-style-type: none"> ▪ 20% - Treatment in Singapore ▪ 50% - Treatment Overseas 	
U1	Miscarriage (includes ectopic pregnancy)	1000
**	<i>For admission to Spore Govt or Restructured Hospitals (including NUH), QBE shall pay "as charged" provided the class of accommodation designated above is not exceeded subject to Overall Maximum Limit as indicated</i> <u>Note:</u> -Overall Maximum Limit includes Hospital Room & Board and ICU but excludes Special Grant and Optional KCT	21000

1. The limits of cover are subject to per disability and per confinement.
2. Hospital Room & Board and In-Hospital Physician's Visit are subject to a maximum of 120 days,
3. Special Grant is not applicable for persons above 65 years of age unless otherwise agreed by our Company.

NOTE: THIS CERTIFICATE GIVES AN OUTLINE OF THE TERMS & CONDITIONS OF INSURANCE COVER. PLEASE REFER TO THE POLICY FOR DETAILS.

EXCLUSIONS

The Company will not pay expenses incurred as a result of:

- Care or treatment for which payment is not required or Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract or any other compensation or reimbursement other than on a proportionate basis if the Insured Person has any other insurance in force or is entitled to indemnity from any other source (excluding any health insurance administered as part of an Insured Person's employment contract) in respect of the same accident, illness or disease.
- Cosmetic surgery, cosmetic treatment, eyeglasses or refraction and hearing aids except as necessitated by Injuries occurring wholly during the Period of Insurance.
- Dental care and treatment, except as necessitated by Injuries to sound natural teeth occurring wholly during the Period of Insurance.
- Diseases or disabilities of a newborn child contracted prior to or during birth or in the first 14 days thereafter.
- Injury or disease arising out of excessive consumption of alcohol or narcotics or similar drugs or agents.
- Known medical abnormalities existing at the time of birth and neo-natal physical abnormalities developing within 6 months of birth. These include hernias of all types and epilepsy, except when caused by a trauma, which occurred after the date that the Insured has been continuously covered under this Policy.
- Pregnancy (except ectopic pregnancy), child birth (including surgical delivery), abortion, pre-natal or post-natal care, surgical, mechanical or chemical contraceptive methods of birth control and any resulting complications or treatment or tests pertaining to varicocele, infertility or impotency, the use of Viagra and/or similar drugs including any adverse effects of taking the drug or its complications.
- Professional fees charged by a member of the Insured's immediate family or by a person normally resident in the household of the Insured or under his employment.
- Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
- Routine physical examinations, health check-ups or tests not incidental to treatment or diagnosis of a covered Disability or any treatment, which is not Medically Necessary and any preventive treatment, preventive medicine or examination, carried out by a Physician.
- Hospitalisation or treatment or physical examination carried out by a Physician, Surgeon or Specialist purely for investigation, diagnostic purposes or any other tests where there is no objective indication of impairment from normal health.
- Services of a non-medical nature provided by a Hospital, such as television, telephones, telex or fax services, radios or similar facilities.
- Conditions related to sexually transmitted diseases or AIDS and ARC or any sequelae.
- Sickness or injury arising from racing of any kind (except foot racing), skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
- Specified Illnesses such as Hypertension or cardio-vascular diseases, cataracts, all internal tumours/cysts/ nodules/polyps of any kind, breast lumps, haemorrhoids, and endometriosis during the first year of an Insured's Period of Insurance and all Pre-existing Conditions.
- Treatment for obesity, weight reduction or improvement regardless whether caused directly or indirectly by a medical condition, study and treatment of sleep apnoea.
- Treatment which arises from, or is any way attributable to sex reassignment; Experimental drugs and chemotherapeutic agents not of proven value; Asbestos, in whatever form or quantity, whether caused, contributed or aggravated by asbestos directly or indirectly.
- Suicide, attempted suicide or intentionally self-inflicted injury.
- War or any act of war declared or undeclared, criminal or act of terrorism or terrorist activities, active duty in the military (on full-time or part-time basis except peace-time reservist training duty for the Republic of Singapore), civil commotion, insurrection, direct participation in strikes, riots and nuclear radiation or contamination.

DESCRIPTION OF COVER

Hospitalisation & Surgery Cover

The amount payable will not exceed the actual costs of medically necessary services. The cover is divided into various sections and the limits of cover shown in the Policy Schedule are per disability and per confinement:

- H1 **Hospital Room And Board** - We will repay the daily charges for room and board, general nursing services and meals for each day of confinement in a Hospital.
- H2 **Surgery Charges** - We will repay the Surgeon's fees including all normal post-surgical care up to 90 days after the operation and the cost of a second opinion prior to hospitalisation of the Insured for a surgical operation up to the maximum amount derived from applying the percentage specified in the Surgical Schedule on the surgery limit of cover. Surgery charges not exceeding S\$1000 are not subject to the Surgical Schedule.
- H3 **Theatre Fee** - Subject to a maximum of 30% of the eligible Surgery Charges (item H2 above).
- H4 **Anaesthetist Fee** - Subject to a maximum of 30% of the eligible Surgery Charges (item H2 above).
- H5 **Miscellaneous Hospital Services & Supplies** - We will repay the charges incurred for pre-hospitalisation diagnostic tests done within 90 days preceding confinement and charges incurred during a Hospital confinement for medically necessary Hospital supplies and services which include Prescribed Medicine, dressings, supplies, rental of appliances, implants, treatment fees, therapy fees, laboratory fees, X-rays, blood transfusion, oxygen and its administration, and Day-care Treatment (radiotherapy, chemotherapy and kidney dialysis).
- H6 **Specialist Consultation Fees** - We will repay the consultation fees charged by a Specialist and referral fees of the attending physician in connection with a Disability requiring confinement in a Hospital within 90 days provided that the consultation has been recommended in writing by the attending Physician
- Emergency Dental and Outpatient Treatment** - We will repay the expenses incurred as a result of an accidental injury up to a period of 60 days immediately following the accident. Emergency Dental Treatment relates to treatment to wholly sound natural teeth.

DESCRIPTION OF COVER

The following are OPTIONAL covers which the Policyholder may opt for additional protection (only if specifically covered):

Outpatient Cover - We will repay the charges for visit to a physician or specialist (at the physician's written referral), home physician's visit, prescribed medicines and diagnostic tests, laboratory tests, X-rays for a covered disability.

Dental Cover - We will repay the charges for a range of treatment such as X-rays, treatment of abscesses, anterior or amalgam fillings, gold pins for cusp restoration, extractions, root canal fillings and periodontal surgery.

Maternity Cover - We will repay charges and fees such as hospital room & board, surgeon/delivery fee, theatre fee, anaesthetist fee, miscellaneous hospital services and supplies and ambulance fee for each pregnancy.

- S1 **Intensive Care Unit** - We will repay the daily charges for an Intensive Care Unit up to a maximum of 20 days, provided it is certified Medically Necessary by the attending Physician or Surgeon.
- S3 **Ambulance Fee** - We will repay the charges made by a Hospital or organisation for ambulance services in the transportation of an Insured to a hospital when Medically Necessary.
- S4 **In-Hospital Physician's Visit (For Non-Surgical Confinement Only)** - We will repay the daily charges charged by the Physician for visiting an Insured in a Hospital, subject to the daily maximum stated in the Policy Schedule and up to a maximum of 120 days.
- S6 **Post Hospitalisation Treatment (For Non-Surgical Confinement Only)** - We will repay the expenses incurred for follow-up treatment by the same Physician up to a maximum of 90 days immediately following a discharge from Hospital.
- S7 **Special Grant** - We will pay the sum stated in the Policy Schedule to the Policyholder or his legal representative in the event of death of the Insured Person in connection with a claim resulting from: (a) an Injury; or (b) a Sickness Disease or Illness during or after treatment in Hospital or in a day surgery ward.
- S8 **Outpatient Kidney Dialysis & Cancer Treatment (only if specifically covered)** - We will repay in excess of the Day-care Treatment on the recommendation of a registered medical practitioner. For the purposes of this benefit only, for treatment in Singapore, the co-insurance of 20% will be applicable for each and every claim and for overseas treatment the co-insurance is 50% of each and every claim. Cover ceases upon immediate termination of the Insured Person from the policy.
- S15 **Organ Transplant** - We will repay the costs of the surgery for the transplantation of kidneys, lungs, heart, liver, bone marrow or corneas. The Policy does not cover the costs of acquisition of the organ or expenses incurred by the donor
- U1 **Miscarriage** - We will repay the expenses incurred for miscarriage and ectopic pregnancy, per pregnancy.

CLAIMS PROCEDURES

1. All claims must be submitted to the Company within 31 days after completion of the events for which the claims are being made.

2. All claims must be accompanied with:

(A) ORIGINAL and itemised statement, invoice, receipt from hospital, clinic, doctor or other medical facility.

(B) Claim form duly completed by the Insured and attending doctor under the appropriate sections.

Note: In exceptional cases, the Company may require further documents e.g. death certificate, police report, etc. All certificates, information and evidence as required by the Company have to be furnished at the expense of the Insured.

IMPORTANT NOTICE

This certificate gives only an outline of the coverage under your policy. The precise terms, conditions and exclusions under the policy should be ascertained from the policy itself.