

STAMFORDAMERICAN
International School

GROUP HOSPITAL & SURGICAL INSURANCE
(FOR STUDENTS)

INFORMATION SHEET
(as at 01 January 2026)

Important Notes:

This Information Sheet is jointly prepared by the School and Sime Darby Insurance Brokers (Singapore) Pte Ltd (SDIB). The information on coverage is in brief terms and is therefore not a complete record of the Policy Terms and Conditions. Reference will have to be made to the Policy proper to fully appreciate the scope of cover provided.

If there is any conflict between this Information Sheet and the Policy, the terms and conditions of the Policy will prevail.

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GROUP HOSPITAL & SURGICAL INSURANCE

INSURED: STAMFORD AMERICAN INTERNATIONAL SCHOOL PTE LTD
POLICY NO.: 78711
PERIOD OF INSURANCE: 01 DECEMBER 2025 TO 30 NOVEMBER 2026
INSURER: AIA SINGAPORE PRIVATE LIMITED

1. INSURED MEMBER

On All Students of the Insured

2. COVERAGE

Reimbursement of Hospital and/or Surgical Fees incurred in respect of any illness, surgery or arising from an accident, as per Benefits Schedule attached in Appendix I.

3. TERRITORIAL LIMITS

Singapore Only. Overseas for school related activities only

4. BENEFITS

Please refer to the Benefits Schedule attached in Appendix I, subject to Policy Terms, Conditions and Exclusions.

5. MAJOR EXCLUSIONS

- (i) Pre-existing conditions which have existed during the twelve (12) months preceding the Entry Date of the Insured Member, whether known or unknown to the Insured Member in so far as the cause and pathology of the conditions have already existed, unless the Insured Member affected by these conditions has been insured under this Policy continuously for twelve (12) months.
- (ii) Investigation and treatment of psychological, emotional, and mental and behavioral conditions; alcoholism or drug addiction; intentional self-inflicted injuries while sane or insane; injuries sustained as a result of a criminal act of the Insured Member.
- (iii) Injuries arising from direct participation in a strike, riot, insurrection, or war, declared or undeclared.
- (iv) General physical or medical check-up 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;

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treatment with respect to weight management; immunization, vaccination or inoculation; non-prescribed medication.

- (v) Procurement or use of special braces, any appliances, any equipment or prosthetic devices, contact lenses, eyeglasses, hearing aids or the fitting of the same and non-medical services such as government taxes, television, telephone and the like.
- (vi) Any eye examination/treatment; surgical procedure for correction of eye refraction; dental treatment (except when payable under Emergency Out-Patient Treatment (Accident) Benefit above) or cosmetic procedure or plastic surgery / treatment except to the extent that such surgery is necessary for the repair or damage caused solely by accidental bodily injuries covered under the Policy.
- (vii) 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.
- (viii) Birth control measures, investigation or treatment pertaining to infertility, treatment occasioned by or resulting from pregnancy, childbirth, abortion, except ectopic pregnancy and non-elective miscarriage due to medical reason; treatment or surgical procedures required or recommended subsequent to consultations at Fertility clinics, In-vitro Fertilisation clinics, Reproductive assistance clinics or centres, clinics or centres for Reproductive Medicine.
- (ix) Acupuncture, acupressure, bone setting, herbalist treatment, hypnotism, massage therapy, aroma therapy and other forms of alternative treatments; treatments by podiatrist, chiropractors and traditional Chinese Medicine Practitioner.
- (x) Educational treatments such as speech therapy, diabetic classes and nutritional treatments or group support treatments.
- (xi) Special or private duty nursing care; clinical home care; custodial care in any setting; day care; hospice; respite care.
- (xii) Acquired Immuno-Deficiency Syndrome (AIDS) or any HIV infection. For this Policy:

The definition of AIDS shall be that used by the World Health Organization in 1987, or any subsequent revision by the World Health Organization of that definition; and Infection by HIV shall be deemed to have occurred where blood tests indicate in the opinion of the Company either the presence of any HIV or antibodies to such virus.
- (xiii) Sanctions and Limitations Exclusion

6. IMPORTANT NOTES

(i) Emergency Outpatient Treatment (**due to an Accident only**)

- b) Treatment **must be sought within Forty-Eight (48) hours following an Accident.**

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- c) Treatment can be sought at an **Emergency Outpatient Department of a Hospital** or at a **Registered Medical Practitioner's Clinic**.
- d) **Follow-up treatment by the same Dr/Clinic within thirty-one (31) days after date of accident** is covered under the Policy.

(ii) Pre - & Post-Hospitalisation Specialists' Consultation / surgery, Diagnostic X-ray & Lab. Fees

*Above-mentioned Expenses **must be recommended by a Registered Medical Practitioner** and incurred 120 days before hospitalization or surgery & 120 days after hospitalization or surgery.*

(iii) Claims Notification Period

Claims must be **notified** to Insurers via Sime Darby Insurance Brokers **within 20 days after the date of commencement of hospital confinement, date of day surgery or accident.**

(iv) Minimum Period of Hospital Confinement

Each **hospital confinement** must be for a **minimum period of six (6) consecutive hours before any benefits hereunder are payable** except that **no minimum period of Hospital confinement if required if such confinement is in connection with a surgical operation.**

7. CLAIMS PROCEDURE

Before admission to the Hospital/Surgery, obtain a Hospital & Surgical Insurance Claim Form from Stamford American International School.

After discharge from the Hospital, please submit the following original documents to the School for onward transmission to Sime Darby Insurance Brokers:

(i) For Emergency Outpatient Treatment (due to Accident Only)

- a) Duly completed Section 1 of the Group Hospital & Surgical Claim Form
- b) **Original** Medical Bills incurred within 48 hours and **Original** Follow-Up Treatment Bills incurred within 31 days (if any)

(ii) For Private Hospital Inpatient / Day Surgery Claims

- a) Duly completed Section 1 of the Claim Form
- b) **Duly completed Section 2 of the Claim Form by the Attending Physician / Surgeon (at own expense)**

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- c) All **Original Final Summary and Detailed Hospital Bill** including Pre and Post Hospitalisation Tax Invoices
- d) Other additional supporting document (as follows) on the medical condition:
 - Referral Letter from General Practitioner (GP) to Specialist / Hospital
 - Referral Form/Letter for Laboratory / blood test
 - Histology Report(s) – if any

(iii) For Government / Restructured Hospital Inpatient / Day Surgery Claims

- a) Duly completed Section 1 of the Group Hospital & Surgical Claim Form
- b) All **Original Final and Detailed Hospital Bill** including Pre and Post Hospitalisation Tax Invoices
- c) Other additional supporting documents (as follows) on the medical condition:
 - Copy of Ambulatory Form / Pre-Admission Form
 - Copy of Inpatient Discharge Summary
 - Referral Letter from General Practitioner (GP) to Specialist / Hospital
 - Referral Form/Letter for Laboratory / blood test
 - Histology Report (if any)

**STAMFORD AMERICAN INTERNATIONAL SCHOOL PTE LTD
GROUP HOSPITAL & SURGICAL INSURANCE - BENEFITS SCHEDULE
PERIOD: 01 DECEMBER 2025 to 30 NOVEMBER 2026**

Benefits schedule		Limit per Disability (S\$)
		Plan 1
INPATIENT BENEFITS (S\$)		
1a.	Daily room & board (Max: 120 days) <i>Accommodation charges during the Hospital Confinement</i>	300
1b.	Intensive Care Unit (maximum 30 days) <i>ICU charges during a Hospital confinement</i>	1,000
2.	Hospital Miscellaneous Services (including implants) <i>Expenses incurred during a Hospital confinement excluding accommodation, surgeon's & in hospital doctor's attendance fee</i>	7,000
3.	Surgical Fee <i>Surgeon's fee more than S\$1,500 is subject to surgical schedule for admission in private hospitals</i>	9,000
4.	Daily In-Hospital Doctors' Visit (maximum of 120 days) <i>Doctor's attendance fee for one visit per day during Hospital Confinement</i>	120
5.	Miscarriage	As per disability & includes ectopic pregnancy
OUTPATIENT BENEFITS (S\$)		
6.	Pre - & Post-Hospitalisation Specialists' Consultation, Diagnostic X-ray & Lab. Fees Post-Hospitalisation – Traditional Chinese Medicine (TCM) (<i>with referral</i>) <i>Expenses incurred 120 days prior to admission & 120 days after discharge</i>	2,500
7.	Emergency Outpatient Treatment due to an accident - Outpatient expenses and emergency dental treatment <i>incurred within 31 days of accident provided treatment is sought within 48 hours of accident</i>	2,500
8.	Outpatient Dental Treatment (Accidental) <i>incurred within 31 days of accident provided treatment is sought within 48 hours of accident</i>	500

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	Benefits schedule	Limit per Disability (\$\$)
		Plan 1
9.	Singapore Government /Restructured Hospital (lump sum benefit) Overall Limit including Room & Board/ICU	20,000
<i>EXTENDED HOSPITAL & SURGICAL BENEFITS</i>		
10.	Overseas Hospitalization due to Accident - Maximum per disability, items 1 to 6 only - This benefit applies to Insured Members who reside and work in Singapore. Coverage shall apply to travel within 180 days of departure from Singapore.	150% of GHS Benefits
<i>DEATH BENEFIT</i>		
11.	Natural / Accidental Death Benefit	5,000
<i>OTHER BENEFITS</i>		
12.	Rehabilitation Benefit - Up to maximum of 31 days	10,000
13.	Mental Care - Maximum per policy year	10,000