

Foreign Workers Medical

Please read this insurance policy carefully to ensure that you understand the terms and conditions and that this policy meets your requirements. If there are any changes that may affect the insurance cover provided, please notify us immediately.



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Introduction

In consideration of the payment of the premium stated in the Policy, the Company agrees to indemnify or compensate the Policyholder on reimbursement basis, whose Insured Workers are as listed in the Policy Schedule or as per Work Permit or S Pass Numbers declared to us, in the manner and extent of the Schedule of Benefits selected for hospital and surgical expenses incurred during the period of insurance.

The Policy Schedule, Conditions, Exclusions and Endorsements and Memoranda shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part shall bear the same meaning wherever it appears.

The Proposal or Statements made to the Company by the Policyholder in connection with this insurance shall be the basis of and shall form part of this contract.

Geographical Limits/Scope of Cover

The Policy provides 24 hours coverage within Singapore only. In the event that an Insured Worker is entitled to benefits payable under Work Injury Compensation Act or similar legislation, any group or individual insurances, the benefit payable under the Policy shall be limited to the balance of charges not covered by benefits payable under the Act or similar legislation, and other insurances or that calculated from the Schedule of Benefits, whichever is the lesser.

Policy Period

The period of cover specified in the Policy Schedule and for any following period, for which cover is extended by mutual agreement.

Eligibility

All foreign workers employed by Policyholder holding valid Work Permit or S Pass and age 65 years old and below.

The eligible workers to be covered under the Policy will be listed in the Policy Schedule or as per Work Permit or S Pass Numbers declared to us, at the commencement of the Policy

Premium Adjustment and Declaration

1. For Group Size 5 and below

New workers will be covered only upon written declaration to the Company. The additional premium payable will be on a pro-rata basis.

Written notice must be given to the Company for any deletions of Insured Workers from the Policy. Such declarations must be given within 30 days from the cancellation date of the Work Permit or S Pass. The premium adjustment will be based on the following short-term premium rate:

| Period of Cover | Premium Charged |
|------------------|---------------------|
| Below 1 month | 25% |
| Below 3 months | 50% |
| Below 6 months | 75% |
| 6 months & above | 1 full year premium |

2. For Group Size 6 and above

The Policy provides for the automatic inclusion of new eligible Insured Workers on joining the Policyholder's employment, and the automatic exclusion of existing Insured Workers on leaving the Policyholder's employment, subject to such declaration to be made on yearly basis at the end of each Policy year.

The premium adjustment will be based on average of the net increase or decrease in the number of Insured Workers declared at the end of each Policy Period if the Policy is renewed for another 12 months. Refund premium shall not exceed 25% of the provisional premium billed at beginning of the Policy Period.



There will be no refund of premium for:

- a) policy with group size of below 5 workers; or
- b) policy with claims experience exceeding 65% in the preceding Policy Period

General Definitions

The following definitions apply to the Policy:

| Term | Meaning |
|-----------------------------|---|
| 1. Accident | Shall mean an event of violent, accidental, external and visible nature which shall independently of any other cause be the sole cause of bodily injury. |
| 2. Actively At Work | Shall refer to an employee who is: <ul style="list-style-type: none">a) employed by the Policyholder on a full-time permanent basis; andb) performing in the customary manner all the regular duties of his/her employment with the Policyholder on a full-time basis that day, either at any of the established business locations of the Policyholder or at any location that the Policyholder's business requires him/her to be present; andc) actively working on the Policyholder's scheduled work days. |
| 3. Co-insurance | Shall mean the percentage of eligible claim for which the Policyholder or Insured Person is liable to pay as specified in the Policy Schedule |
| 4. Illness | Shall mean a physical condition, marked by a pathological deviation from the normal healthy state. |
| 5. Injury/Injuries | Shall mean bodily injury caused by force or violent, external and visible means. |
| 6. Insured Worker | Shall mean employee of the Policyholder and who is Actively at Work with the Policyholder |
| 7. Hospital/Hospitalization | Shall mean only an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons, as bed-paying patients, and which: <ul style="list-style-type: none">a) has facilities for diagnosis and major surgeryb) provides 24 hours a day nursing services by registered graduate nursesc) is under the supervision of a Physician, andd) is not primarily a nature cure clinic, a place for alcoholics or drugs addicts, a nursing, rest or convalescent home or similar establishment, or home for the aged. |



| Term | Meaning | | | | | | |
|--|--|-------------------|-----|------------------------------------|-----|------------------------------------|-----|
| 8. Per Disability | All medical conditions resulting from an illness or Injury arising from the same cause, including any and all complications arising therefrom or closely related thereto, except that after thirty (30) days following the latest discharge from Hospital, any subsequent Disability from the same cause shall be considered as a new Disability. | | | | | | |
| 9. Medical Practitioner/Physician/Surgeon | A person qualified by a medical degree and duly licensed and registered to lawfully render medical and/or surgical services under the laws of the country and geographical area in which they practice but excludes the Policyholder, an insurance intermediary, an employer, an employee, an immediate family member, or business partner of the Policyholder and/or an Insured Worker. Physician does not include allied health professionals or paramedical such as but not limited to podiatrist, psychologist, optometrist except as endorsed in the Policy Schedule. | | | | | | |
| 10. Physician's Visit | Shall mean a Physician's visit to the Hospital bedside of an Insured Worker for treatment of a non-surgical disability. | | | | | | |
| 11. Policy | Shall mean this agreement, all schedule, riders, endorsements and any amendments signed by an Authorised Officer of the Company the application (if any) of the Policyholder and any individual health declaration form or any other form signed by the Insured Worker or the Policyholder constituting the entire contract, if applicable. | | | | | | |
| 12. Policyholder/Insured | Shall mean employer of the Insured Worker | | | | | | |
| 13. Policy Schedule | The schedule issued to Policyholder, and forming part of the contract of this insurance Policy | | | | | | |
| 14. Pro-ration Factor | <p>Shall mean that in the event the Insured Worker is admitted to a ward higher than the Plan entitlement or to a Private Hospital for treatment, the Hospital medical expenses payable under the Policy will be reduced by the percentage stated below subject to the limits stated in the Schedule of Benefits:</p> <table border="0"> <tr> <td>Private Hospitals</td> <td>45%</td> </tr> <tr> <td>A1 Class in Restructured Hospitals</td> <td>35%</td> </tr> <tr> <td>A2 Class in Restructured Hospitals</td> <td>25%</td> </tr> </table> | Private Hospitals | 45% | A1 Class in Restructured Hospitals | 35% | A2 Class in Restructured Hospitals | 25% |
| Private Hospitals | 45% | | | | | | |
| A1 Class in Restructured Hospitals | 35% | | | | | | |
| A2 Class in Restructured Hospitals | 25% | | | | | | |
| 15. We (Our/Us/Insurer/Company) | Liberty Insurance Pte Ltd. | | | | | | |



Definition of Benefits

The aggregate total sum payable hereunder in respect of the Insured Worker for the period of Insurance shall not exceed the limit stated in the Policy Schedule.

1. Hospital Room and Board

charges for room and board accommodation inclusive of meals and general nursing services for each day of confinement as a patient in the Hospital

2. Intensive Care Unit

charges for an intensive care unit provided it is certified medically necessary by the attending Physician or Surgeon

3. Hospital Miscellaneous Services

Hospital charges for operating room, X-ray examinations, medicines, dressings, ordinary splints, plaster casts, electrocardiograms, basal metabolism tests, laboratory tests, intravenous infusions, blood transfusions, physiotherapy, ambulance services for transporting an Insured Worker to a Hospital which results in an inpatient treatment or surgery and other customary services rendered or supplied during the confinement period

4. Surgical Fees

fees actually charged for the operation by the surgeon and anaesthetist charges including the surgeon's Hospital visit to the patient and post-surgical care up to maximum of 90 days from the date of operation or discharge from Hospital, subject to the limits stated in the Schedule of Benefits

5. Pre-Hospitalisation Diagnostic X-Ray & Lab Test

charges for diagnostic X-ray and laboratory examinations or tests which are recommended by a licensed Physician

because of illness or injury incurred within 90 days prior to Hospital confinement or surgical operation. Payment will not be made for clinical treatments (including medications and subsequent consultations after an illness is diagnosed), or if the Insured Worker is not subsequently hospitalised or surgically treated after such consultations or examinations

6. Pre-Hospitalisation Specialist Consultation Fees

charges for consultation by

- a) General Practitioner and
- b) Specialist opinion or advice, which are recommended in writing by a General Practitioner because of illness or injury incurred within 90 days prior to Hospital confinement or surgical operation

Payment will not be made for clinical treatments (including medications and subsequent consultations after an illness is diagnosed), or if the Insured Worker is not subsequently hospitalised or surgically treated after such consultations or examinations.

7. In-Hospital Physician's Visits

fees charged by the Physician for treatment or visits made to a patient, for whom a full day's room charge is made by the Hospital for non-surgical treatment

8. Post-Hospitalisation Treatment

expenses for follow-up treatment at the same Hospital up to a period of 90 days immediately following discharge from Hospital

9. Special Grant

compensation amount payable to the Employer or legal representative in the event of death of the Insured Worker for an Injury or



Illness during or after treatment at a Hospital or in a Day Surgery Ward. This compensation is payable for non-work-related Injury or Illness within Singapore only, which does not arise out of and/or in the course of employment

f) Injuries resulting in being permanently bedridden

10. Repatriation of Mortal Remains (due to Illness or Injury)

expenses for preparation and the air transport of the mortal remains of the Insured Worker from the place of death to the Home Country, in the event of his/her death.

11. Personal Accident (due to non-work related)

compensation amount payable if an Insured Worker sustains a non-work-related injury, which results in Death or Total Permanent Disablement within 6 months from the date of the accident. We will pay according to the Schedule of Compensations as stated below:

| Scheduled of Compensation (Description) | Compensation (Percentages of Sum Insured) |
|---|---|
| Death by Accident | 100% |
| Total Permanent Disablement of: | |
| a) Loss of two limbs | 100% |
| b) Loss of both hands or of all fingers and both thumbs | 100% |
| c) Total and Permanent loss of sight of both eyes | 100% |
| d) Total and Permanent loss of sight of one eye | 100% |
| e) Total Paralysis | 100% |

Extension

Extended to cover Covid-19 for new workers entering/arriving in Singapore

- It is hereby noted and agreed that this Policy extends to cover Hospitalization treatment for Covid-19 in Government/Restructured Hospitals for up to the Annual Policy Limit in the event the new Insured Worker is diagnosed with Covid-19 within 14 days of entry to Singapore. This extension ceases automatically and immediately upon the expiration of the said 14-day period.
- This extension applies only to the Insured Worker's first entry to Singapore within the Policy Period.
- The Insured Worker must be holding an in-principal approval (IPA), valid Work Permit or S Pass issued by Ministry of Manpower (MOM).
- The cover for the Insured Worker shall be purchased before the Insured Worker arrives in Singapore.
- Exclusions
In addition to the exclusions stated in this Policy, this extension excludes any non-hospitalisation related expenses incurred by the new worker, including but not limited to:
 - mandatory Covid-19 swab tests that the Insured Worker is required to take for entry into or exit from Singapore including post-arrival and pre-departure tests;
 - any costs incurred for quarantine or isolation facilities;



- c) treatment in Private Hospitals, medical centres or clinics.

Exclusions

Treatments arising directly or indirectly from the following conditions, activities, items, and their related expenses and any complications relating thereto are excluded from this insurance and the Company shall not be liable for:

Treatment that is elective and not medically necessary

- Ambulance fees
- Cosmetic surgery
- Dental work (except due to accidental injuries)
- Vaccination
- Infertility, sub-fertility, assisted conception or any contraceptive operation, including their related complications
- Sex change operations, including their related complications
- Expenses incurred after the 7th calendar day from being certified to be medically fit for discharge from inpatient treatment and assessed to have a feasible discharge option by a Medical Practitioner, except as covered under Post-Hospitalization Treatment
- Optional items which are outside the scope of treatment
- Health screening examinations for the purpose of diagnosis and any treatment of a preventive nature

Treatment resulting from employers'/workers' acts

- Treatment of conditions or injuries arising from any malicious / willful / illegal acts by Policyholder or Policyholder's family members
- Treatment for conditions or injuries arising from any criminal acts committed by Insured Worker

- Maternity charges (including Caesarean operations or abortions, and their related complications)
- Treatment for conditions or injuries arising from voluntary participation in hazardous sports
- Treatment of conditions or injuries arising directly or indirectly from nuclear fallout, war and related risk
- Treatment of venereal diseases and/or sexually transmitted diseases
- Repeated occurrence of:
 - a. Treatment of conditions or injuries arising from drug addiction (except that of illicit drugs) or alcoholism
 - b. Treatment of conditions or injuries arising from participation in civil commotion, riot or strike
 - c. Treatment of mental conditions and conditions or injuries arising from self-inflicted injuries and attempted suicide

Others

- Treatment relating to birth defects, congenital abnormalities, hereditary conditions or conditions arising therefrom
- Overseas medical treatment
- Private nursing charges
- Purchase of medical equipment
- Medical repatriation
- Outpatient rehabilitation such as physiotherapy, occupational therapy and speech therapy, unless recommended by a Medical Practitioner during Hospitalisation period
- Traditional Chinese medicine or any forms of alternative treatment
- Treatment which has received reimbursement from Work Injury Compensation Insurance (WICI) and other forms of insurance coverage



Sanction Limitation and Exclusion Clause

This Policy shall not be deemed to provide any cover or benefit, or pay any claim, to the extent that the provision of such cover or benefit or payment of such claim would expose the Company to any sanction, prohibition or restriction under the United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or any jurisdiction applicable to the Company.

Conditions

1. Termination of Cover

Cover for the Insured Worker ceases:

- a) on the date of termination of the policy; or
- b) on the date of termination of employment with the Policyholder; or
- c) upon attaining age 70; or
- d) if the Policyholder fails to pay the required premium for the Insured Workers on the premium due date

2. Cancellation

This Policy may be cancelled by either the Company or the Policyholder by giving 30 days' notice in writing.

Pro-rata refund of premium will be made to the Policyholder if the Policy is cancelled by the Company during its currency.

Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

If the Policyholder terminates the Policy, the premium charged will be based on the following short-term premium rate subject to a minimum premium of S\$50:

| Period of Cover | Premium Charged |
|------------------|---------------------|
| 1 month | 3 months' rate |
| 2 months | 4 months' rate |
| 3 months | 6 months' rate |
| 4 & 5 months | 7 months' rate |
| 6 & 7 months | 9 months' rate |
| 8 months & above | 1 full year premium |

No premium will be refunded if claims have already been made by the Policyholder.

3. Claims Procedure

Written notice of claim must be given to the Company within 31 days from the date of discharge after the occurrence of any Hospitalisation or surgery covered by the Policy.

Insured Workers are to submit the following documents upon discharge for reimbursement:

- a) Completed and duly signed Hospital & Surgical Claim Form
- b) Originals of final itemised Hospital bills and medical bills/receipts
- c) Discharge summary/medical report (if any)

Affirmative proof of Illness or Injury must be submitted to the Company at the expense of the Insured Worker.

4. Other Insurance

When an Insured Worker is entitled to benefits payable under Workmen's Compensation Act or similar legislation, any group or individual



insurances, the benefit payable under the policy shall be limited to the balance of charges not covered by benefits payable under the Act or similar legislation, and other insurances or that calculated from the Schedule of Benefits, whichever is the lesser.

5. Legal Proceedings

The parties hereto agree that the Laws of Singapore shall govern and control in the event of any conflict or dispute between the parties with regard to the Policy and that the parties submit themselves to the exclusive venue and jurisdiction of the courts of Singapore for the resolution of any conflict or dispute.

6. Alterations

No alteration to this Policy shall be valid unless authorised and endorsed by the Company.

7. Contracts (Rights of Third Parties) Act 2001

A person who is not a party to this Policy contract shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.

8. Non-guaranteed Premium and Policy Renewal

Premiums payable for this coverage are not guaranteed and may be revised at Policy renewal at the full discretion of the Company.

The Policy is renewable each year on the due date, subject to the renewal terms of the Company. This Policy is renewable at the option of the Company.

9. Free Look Period

Free Look Period is not applicable.

Premium Payment Warranty

1. Notwithstanding anything herein contained but subject to Clause 2 hereof, it is hereby

agreed and declared that if the period of insurance is 60 days or more, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days of the:

- a) inception date of the coverage under the Policy, Renewal Certificate, Cover Note or
- b) effective date of each Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note

2. In the event that any premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days referred to above, then:

- a) the cover under this Policy, Renewal Certificate, Cover Note or Endorsement is automatically terminated immediately after the expiry of the said 60-day period
- b) the automatic termination of the cover shall be without prejudice to any liability incurred within the 60-day period; and
- c) the Company shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$25

3. If the period of insurance is less than 60 days, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the period of insurance.

Breach of Premium Warranty

It is a condition precedent that this Policy is issued on the basis that the named Policyholder has never had any insurance (for the risk insured) cancelled due solely or in part to a breach of premium payment warranty in the last 12 months.



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 more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us (servicecenter@libertyinsurance.com.sg) or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

