

**Benefits Schedule**

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# MyHEALTH

## BENEFITS SCHEDULE

The benefits schedule provides a summary of the cover provided per *period of insurance* unless stated otherwise. Terms in italics refer to defined terms. The meaning to these defined terms can be found in the definitions section of the policy terms and conditions. All limits and monetary amounts shall in all instances be in SG\$.

| <b>HOSPITAL AND SURGERY PLANS</b>   |   |   |  |             |
|---|---|---|--|-------------|
| One of these plans must be selected to form the basis of your cover   |   |   |  |             |
| ANNUAL LIMIT  | CORE  | ESSENTIAL   | EXTENSIVE  | ELITE       |
| The overall limit per person per <i>period of insurance</i>   | \$400,000   | \$2,000,000   | \$4,000,000  | \$6,000,000 |
| <b>HOSPITAL NETWORK</b><br>The hospitals where you may receive treatment as per the benefits listed in your Hospital and Surgery Plan   | Specified Providers only  | Standard: Free choice of provider<br>Optional: For treatment in Singapore, Specified Providers only*<br>(Available for Worldwide excluding U.S.A. only) |  |             |
| <b>HOSPITAL BENEFITS</b><br>Pre- <i>authorisation</i> is required for the following services  |   |   |  |             |
| <i>Hospital room and board</i>  | Single Occupancy Room   |   |  |             |
| <i>Intensive Care Unit</i>  | Fully Covered   |   |  |             |
| <i>Parental accommodation</i>   | Fully Covered   |   |  |             |
| Theatre fees  | Fully Covered   |   |  |             |
| Blood, dressings, medicines and drugs   | Fully Covered   |   |  |             |
| <i>Surgical implants</i>  | \$7,500   | Fully Covered   |  |             |
| Diagnostic scans and tests, including <i>invasive endoscopic examinations</i>   | Fully Covered   |   |  |             |
| Rental of <i>mobility aids</i>  | No Cover  | Fully Covered   |  |             |
| Orthopaedic braces, supports and air boots  | See Surgical Implants sub-limit                                 | Fully Covered   |  |             |
| Professional fees   | Fully Covered   |   |  |             |
| <i>Hospital</i> treatment of mental and nervous conditions  | \$1,000   | Fully covered for up to 30 days   | Fully covered up to 60 days                                      |             |
| <b>PRE-HOSPITALISATION BENEFITS</b>   |   |   |  |             |
| <i>Pre-hospitalisation benefits</i> before admission for a covered <i>confinement</i>   | Fully covered up to 30 days before a covered <i>confinement</i> |   | Fully covered up to 180 days before a covered <i>confinement</i> |             |
| <b>POST-HOSPITALISATION BENEFITS</b>  |   |   |  |             |
| <i>Post-hospitalisation benefits</i> following a covered <i>confinement</i>   | Fully Covered up to 30 days after a covered <i>confinement</i>  | Fully covered up 90 days after a covered <i>confinement</i>   | Fully covered up 180 days after a covered <i>confinement</i>     |             |
| <b>ADULT PREVENTIVE SCREENING</b>   |   |   |  |             |
| Adult preventive screening as follows:<br><ul style="list-style-type: none"> <li>▶ Mammography for women aged 40 years and above</li> <li>▶ Pap smear for women aged 19 and above</li> <li>▶ Prostate screening for men aged 40 years and above</li> </ul> For members who buy an Outpatient module, cover for this benefit will be provided as per the sum stated on the Outpatient module | No Cover  | \$300<br>Panel Network Providers Only   |  |             |

\* The Specified Inpatient Providers list is available at <http://healthbyapril.com/specified-hospitals>

## HOSPITAL AND SURGERY PLANS – CONTINUED

| ORGAN TRANSPLANTATION  | CORE   | ESSENTIAL  | EXTENSIVE                                       | ELITE   |
|--|--|--|---|---|
| Organ transplantation  | \$50,000   | <i>Hospital Benefits, Pre-hospitalisation Benefits, Post-hospitalisation Benefits</i> sections apply |   |   |
| Direct <i>expenses</i> of <i>surgery</i> to remove an organ for transplant from a donor  |  | \$65,000   |   |   |
| <b>PRIVATE NURSING, HOME NURSING</b>   |  |  |   |   |
| Private nursing in <i>hospital</i> when certified necessary by attending <i>physician</i>  | No Cover   |  | Fully Covered                                   |   |
| Home nursing prescribed by attending <i>physician</i>  | No Cover   |  | \$180 per day up to 30 days                     | \$300 per day up to 90 days                     |
| <b>HOSPITAL CASH BENEFIT</b>   |  |  |   |   |
| Where <i>you</i> are hospitalised for a covered <i>confinement</i> at no cost to <i>us</i> (except for Core plan: Hospital Cash Benefit applies if <i>you</i> are hospitalised in a Singapore Restructured Hospital).<br><i>Hospital</i> cash benefit is not available if <i>you</i> claim for services rendered during the hospitalisation (except for Core plan if the hospitalisation is in a Singapore Restructured Hospital).   | Different amount in different ward level:<br>B1 ward - \$150<br>B2/B2+ ward - \$250<br>C ward - \$300<br>Outside of Singapore: \$150<br>Amount per night to a maximum of 30 nights | \$150 per night<br>Up to a maximum of 30 nights  | \$250 per night<br>Up to a maximum of 30 nights | \$300 per night<br>Up to a maximum of 30 nights |
| <b>REHABILITATION TREATMENT</b><br>Pre- <i>authorisation</i> is required for this benefit  |  |  |   |   |
| <i>Rehabilitation treatment</i> received while an inpatient at a <i>rehabilitation centre</i> . Admission to the <i>rehabilitation centre</i> must take place within 2 weeks after discharge from hospital for a covered <i>confinement</i> .  | Up to 30 days  | Up to 60 days  | Up to 80 days                                   | Up to 180 days                                  |
| <b>EXTERNAL PROSTHESIS</b>   |  |  |   |   |
| External prosthesis and any services associated with selection, fitting or repair  | No Cover   | \$1,400  | \$2,800   | \$5,000   |
| <b>SURGERY OR INVASIVE ENDOSCOPIC EXAMINATION PERFORMED WHILE A DAY-PATIENT, IN A CLINIC, OR IN A PHYSICIAN'S OFFICE</b>   |  |  |   |   |
| Professional fees, <i>diagnostic scans and tests, medicines and drugs</i> including two post-surgical follow ups.<br>Also covers the following on the day of, and directly related to, the surgery or invasive endoscopic examination: <i>hospital room and board</i> , theatre fees, dressings, <i>medicines and drugs</i> , pathology fees, and <i>surgical implants</i> .<br>This benefit does not cover the following unless Outpatient Benefits are purchased: laryngoscopy, nasopharyngoscopy, otoscopy; any <i>surgery</i> on the skin and subcutaneous tissue for illness other than <i>surgery</i> following a confirmed diagnosis of cancer. | Fully Covered<br>With \$750 cash benefit   | Fully covered  |   |   |
| <b>CANCER TREATMENT</b><br>The following services, when directly related to cancer, shall be covered following a confirmed diagnosis of cancer.  |  |  |   |   |
| <i>Active Cancer treatment</i> in <i>Hospital</i>  | Fully Covered at National Cancer Centre Singapore and or at Specified Providers  | <i>Hospital</i> Benefits sections apply  |   |   |
| Specialist consultations; <i>diagnostic scans and tests; medicines and drugs</i> ; chemotherapy and radiotherapy related to <i>active cancer treatment</i>   | \$35,000 for other providers   | Fully covered  |   |   |
| <b>KIDNEY DIALYSIS</b>   |  |  |   |   |
| <i>Kidney dialysis</i> received while admitted to <i>hospital</i> or out of <i>hospital</i>  | Fully Covered  |  |   |   |

## HOSPITAL AND SURGERY PLANS – CONTINUED

| HIV/AIDS   | CORE  | ESSENTIAL | EXTENSIVE   | ELITE                                    |
|--|---|-----------|---|--|
| All-inclusive lifetime limit for services rendered in connection with <i>HIV/AIDS</i> including antiretroviral treatment, treatment of primary HIV, testing and monitoring, or treatment of AIDS. <i>HIV/AIDS</i> waiting period of 3 years prior to <i>your</i> first positive HIV test result, or the date <i>you</i> received any treatment for <i>HIV/AIDS</i> (or following possible exposure to the virus), whichever is later (Policy Terms and Conditions Section 8.1.4) | No Cover  |           | \$135,000 lifetime benefit  | Fully Covered                            |
| <b>EMERGENCY ROOM TREATMENT</b>  |   |           |   |  |
| Treatment as a result of an <i>injury</i> within 48 hours of an <i>accident</i> ; or acute exacerbation of a <i>disability</i> which requires urgent medical or surgical intervention to avoid permanent damage to <i>your</i> life or health  |   |           |   | Fully Covered                            |
| <b>WALK-IN EMERGENCY ROOM TREATMENT</b>  |   |           |   |  |
| Walk-in <i>Emergency</i> Room Treatment which does not lead to <i>confinement</i> or not related to an <i>accident</i>   | \$150   | \$300     | \$400   | \$800                                    |
| <b>EMERGENCY DENTAL TREATMENT</b>  |   |           |   |  |
| Emergency <i>dental treatment</i> to repair damage to sound natural teeth within 14 days of <i>accident</i>  |   |           |   | Fully Covered                            |
| <b>LOCAL TRANSPORT BY AMBULANCE</b>  |   |           |   |  |
| Transport by ambulance to and from <i>hospital</i> prescribed by an attending <i>physician</i>   |   |           |   | Fully Covered                            |
| <b>HOSPICE OR PALLIATIVE TREATMENT</b>   |   |           |   |  |
| Hospice or palliative treatment  | No Cover  |           | \$65,000 lifetime benefit   | \$135,000 lifetime benefit               |
| <b>SPECIAL LIMITS APPLYING TO CERTAIN DISABILITIES</b>   |   |           |   |  |
| Subject to the benefits and sub-limits stated elsewhere in this <i>benefits schedule</i> , the maximum we will pay for losses directly or indirectly arising from the following <i>disabilities</i> is as stated below.  |   |           |   |  |
| <i>Chronic Conditions</i>  |   |           |   | Fully Covered                            |
| <i>Complications of pregnancy</i>  | No Cover  |           |   | Fully Covered                            |
| <i>Congenital and hereditary conditions</i>  | No Cover  |           | \$135,000 lifetime benefit  | \$270,000 lifetime benefit               |
| Neonatal <i>disabilities</i> lifetime per person (applicable only to children added under Section 9.1)<br>Newborn Addition waiting period of 366 days prior to the date of birth applies (Policy Terms and Conditions Section 8.1.2).  | No Cover  |           | \$135,000 lifetime benefit  | \$270,000 lifetime benefit               |
| <i>Stem Cell Treatment</i> , including harvesting immediately prior to a treatment   | No Cover  |           | \$100,000 lifetime benefit  | \$200,000 lifetime benefit               |
| <b>AREA OF COVER</b>   |   |           |   |  |
| Area of Cover Options  | ASEAN and India                                 |           | Worldwide; Worldwide Excluding <i>USA</i>   |  |
| Out of Area Cover  | Covered only for <i>Accident</i> up to \$50,000 |           | Services rendered outside of the <i>area of cover</i> are covered up to \$150,000 per <i>period of insurance</i>  | \$250,000 per <i>period of insurance</i> |
|  |   |           | only if they are directly caused by <i>sudden illness</i> or <i>injury</i> occurring during the first 30 travel days of any trip outside the <i>area of cover</i> .<br><i>Sudden illness</i> or <i>injury</i> does not include any <i>disability</i> of which symptoms existed prior to the start of the trip and which would have caused a reasonable person to seek medical care.<br>This benefit does not apply for any trip commenced or continued against the orders or advice of any <i>physician</i> or other medical practitioner; or undertaken in whole or in part for the purpose of obtaining medical care. |  |
| <b>ANNUAL DEDUCTIBLE</b>   |   |           |   |  |
| Only applies to the Hospital and Surgery Plan  | Nil   |           | Nil<br>\$2,000<br>\$5,000<br>\$10,000   |  |

## OUTPATIENT PLANS

The following Outpatient modules are optional and can be combined with any *Hospital and Surgery* Module

| ANNUAL LIMIT FOR OUTPATIENT BENEFITS  | CORE  | ESSENTIAL   | EXTENSIVE  | ELITE                     |
|---|---|---|--|---------------------------|
| Annual cumulative limit for all benefits shown in the Outpatient Benefits section   | \$3,500   | \$7,000   | Up to overall limit per <i>period of insurance</i> |                           |
| <b>CO-INSURANCE PERCENTAGE</b>  |   |   |  |                           |
| Outpatient <i>co-insurance percentage</i>   | Nil in <i>Panel Network</i><br>40% co-insurance outside of <i>Panel Network</i> | Choice of nil or 20%<br>20% co-insurance will be waived at <i>Panel Network</i> providers |  |                           |
| Direct Billing  | <i>Panel Network</i> only   | Nil co-insurance: Full Network<br>20% co-insurance: <i>Panel Network</i> only             |  |                           |
| <b>GENERAL PRACTITIONER &amp; SPECIALIST CONSULTATION FEES</b>  |   |   |  |                           |
| General Practitioner consultation fees  | Fully Covered   |   |  |                           |
| Specialist consultation fees  | Fully Covered   |   |  |                           |
| <i>Physiotherapy</i><br>A <i>referral</i> for <i>physiotherapy</i> must be submitted at the same time as your claim. Treatment is limited to 10 sessions per <i>referral</i> after which a new <i>referral</i> and medical report from your attending <i>physician</i> must be submitted. The <i>referral</i> requirement is waived for the first 3 sessions per <i>period of insurance</i> | \$750   | \$1,500   | Fully Covered                                      |                           |
| <b>OUTPATIENT MENTAL AND NERVOUS CONDITIONS</b>   |   |   |  |                           |
| <i>Physician</i> , psychologist and psychotherapist consultation fees, <i>diagnostic scans and tests</i> , <i>medicines and drugs</i> prescribed by a <i>physician</i> for <i>mental and nervous conditions</i>   | No Cover  |   | \$4,800 lifetime benefit                           | \$10,000 lifetime benefit |
| <b>OUTPATIENT BEHAVIOURAL OR DEVELOPMENTAL DISORDERS</b>  |   |   |  |                           |
| <i>Physician</i> , psychologist and psychotherapist consultation fees, <i>diagnostic scans and tests</i> , <i>medicines and drugs</i> prescribed by a <i>physician</i> for a <i>behavioural or developmental disorder</i>   | No Cover  |   | \$1,400 lifetime benefit                           | \$3,000 lifetime benefit  |
| <b>MEDICINES AND DRUGS</b>  |   |   |  |                           |
| <i>Medicines and drugs</i>  | Fully Covered   |   |  |                           |
| <b>DIAGNOSTIC SCANS AND TESTS</b>   |   |   |  |                           |
| <i>Diagnostic scans and tests</i>   | Fully Covered   |   |  |                           |
| <b>MEDICAL APPLIANCES AND MOBILITY AIDS</b>   |   |   |  |                           |
| Purchase or rental of <i>mobility aids</i><br>Slings and bandages<br>Purchase or rental of <i>medical appliances</i>  | No Cover  | \$2,500   | \$5,000  | \$10,000                  |
| Maximum two <i>mobility aids</i> per <i>disability</i>  |   |   |  |                           |
| <b>COMPLEMENTARY MEDICINE AND TRADITIONAL CHINESE MEDICINE</b><br>May use non-panel providers with no penalty   |   |   |  |                           |
| Combined limit for all benefits listed in the <i>Complementary Medicine</i> and Traditional Chinese Medicine section  | \$150   | \$300   | \$2,000  | \$8,000                   |
| Consultation fees for the following complementary medicine practitioners, upon <i>referral</i> :<br>Dietician following <i>illness</i> or <i>injury</i><br>No <i>referral</i> required:<br>Chiropractor, osteopath, podiatrist, speech therapist following <i>illness</i> or <i>injury</i>  | Fully covered<br>Up to the combined limit                                       |   |  |                           |
| Consultation fees and medicine/consumables dispensed or used by the following practitioners in the course of treatment:<br>Acupuncturist, Ayurveda practitioner, bone setter, Chinese medicine practitioner, naturopath, homeopath<br><i>hypnotherapist</i><br>No <i>referral</i> required.   | Up to \$50 per visit  | Up to \$100 per visit   | Up to \$150 per visit                              | Up to \$300 per visit     |
| Maximum one consultation per day<br>Up to the combined limit  |   |   |  |                           |

## OUTPATIENT PLANS – CONTINUED

| FOLLOW UP CANCER CARE   | CORE          | ESSENTIAL  | EXTENSIVE   | ELITE         |
|---|---------------|--|---|---------------|
| <p>These services shall be covered following the completion of <b>active cancer treatment</b>:</p> <p><b>Medicines and drugs</b> prescribed to prevent a recurrence of cancer and related specialist consultations.</p>   | Fully Covered |  |   |               |
| SCREENING, MEDICAL CHECKUP AND VACCINATIONS   |               |  |   |               |
| <p>Adults preventive screening as follows:</p> <ul style="list-style-type: none"> <li>▶ Mammography for women aged 40 years and above</li> <li>▶ Pap smear for women aged 19 and above</li> <li>▶ Prostate screening for men aged 40 years and above</li> </ul>   | No Cover      | \$300<br>One of each test<br>per <i>period of insurance</i><br>Panel Network<br>Providers Only | \$500   | Fully Covered |
|   |               |  | One of each test<br>per <i>period of insurance</i>  |               |
| <p>Child health screenings below 16 years old for evaluating medical history, physical and development assessment, school entry health check and or diabetic screening.</p>   | No Cover      | No Cover   | \$500   | Fully Covered |
|   |               |  | Age 3 and below :<br>Maximum two tests<br>per period of insurance<br>Age 4 to 16 :<br>Maximum one test<br>per period of insurance |               |
| <p>Medical checkup packages or standalone tests or scans not listed above which are conducted in the absence of a diagnosis or suspected diagnosis<br/>No <i>referral</i> required</p>  | No Cover      |  | \$1,000   | \$2,500       |
| <p>Vaccinations (cost of vaccination only. Associated GP consult covered under consultation benefit)<br/>No <i>referral</i> required</p>  | No Cover      |  |   |               |
| ROUTINE OUTPATIENT MATERNITY  |               |  |   |               |
| <p><i>Physician</i> consultation fees, <i>diagnostic scans and tests, medicines and drugs</i> prescribed by a <i>physician</i> or licensed midwifery practice or clinic for routine pre-natal and post-natal services up to 45 days following birth<br/>Waiting period 8.1.1 of the Policy Terms and Conditions</p> |               | No Cover   |   | \$6,500       |

## DENTAL AND OPTICAL BENEFIT

Available to anyone who has selected a *Hospital and Surgery* module

|   | ESSENTIAL | EXTENSIVE | ELITE |
|---|-----------|-----------|-------|
| <i>Minor dental treatment</i>   |           | \$1,400   |       |
| <i>Major dental treatment</i> , including orthodontic<br>Waiting period applies | No Cover  | \$3,400   |       |
| Eye examinations, prescription contact lenses and prescription lenses           |           | No Cover  | \$400 |

## MATERNITY MODULE

Available to women between 19 to 45 years of age who have selected an Extensive or Elite *Hospital and Surgery* on a nil deductible basis, plus an optional Outpatient module.

|  | ESSENTIAL  | EXTENSIVE                 | ELITE                     |
|--|--|---------------------------|---------------------------|
| Maternity Benefit limit  | \$7,000<br>per pregnancy                           | \$13,500<br>per pregnancy | \$20,000<br>per pregnancy |
| <p>The following prenatal and post-natal services up to 45 days following birth: <i>Physician</i> consultation fees, <i>diagnostic scans and tests, medicines and drugs, complementary medicine</i>, licensed midwifery and certified doula services, vitamins and supplements, complementary maternity therapies (without <i>referral</i>).</p> <p>Delivery, including elective and emergency caesarean sections and up to seven (7) days of nursery care.</p> <p>Complications of pregnancy following assisted conception.</p> <p>Therapeutic abortions.</p> <p>Please refer to waiting period in terms and conditions</p> | Fully Covered<br>Up to the overall maternity limit |                           |                           |
| <p>Maternity Cash Benefit<br/>Where <i>you</i> deliver <i>your</i> infant at no cost to <i>us</i> and the infant is added to <i>your</i> policy</p>  | \$1,400<br>per delivery                            | \$2,700<br>per delivery   | \$4,000<br>per delivery   |

## REPATRIATION, EVACUATION AND ASSISTANCE SERVICES PROVIDED BY APRIL ASSISTANCE

In the event of an emergency, the Member may call-collect our dedicated assistance hotline 24 hours a day, 365 days a year to request the following services. All limits and monetary amounts are stated in US\$ and cover is subject to our policy terms and conditions. For more details, please refer to the Emergency Assistance Program scope of services.

| IN THE EVENT OF ACCIDENT OR SUDDEN SEVERE ILLNESS OF THE MEMBER<br>(To a combined limit of US\$1,000,000)              | Included in every plan   |
|--|--|
| Emergency medical evacuation and medically required repatriation   | Fully Covered  |
| Return of the member to the <i>country of residence</i> after recovery   | Return economy class airline ticket  |
| Compassionate visit (if the member is unaccompanied and hospitalisation is reasonably expected to be more than 7 days) | Economy round trip transportation & hotel accommodation<br>Up to \$150 per night for a maximum of 7 nights   |
| Supply and delivery of medication not available locally  | Fully Covered  |
| Return of member's family members  | One-way economy class airline ticket   |
| Return of dependants   | One-way economy class airline ticket   |
| Round the clock telephone access   | Trained multilingual personnel including a medical team will be on-hand to assist  |
| IN THE EVENT OF THE DEATH OF THE MEMBER<br>(To a combined limit of US\$30,000)   |  |
| Repatriation of mortal remains   | Fully Covered  |
| Cost of a transport coffin for repatriation of the body by air   | Up to \$5,000  |
| Presence of a person to accompany the deceased   | Economy round trip transportation & hotel accommodation<br>Up to \$150 per night for a maximum of 7 nights   |
| Return of insured family members   | One-way economy class airline ticket   |
| IF PERSONAL EFFECTS ARE LOST OR STOLEN ABROAD  |  |
| Cash advance outside <i>your home country</i> or <i>country of residence</i>   | Up to \$2,500  |
| Sending urgent messages  | Included   |
| IN THE EVENT OF AN UNINTENTIONAL INFRACTION OF THE LAW ABROAD  |  |
| Advance of legal expenses occurred while abroad  | Up to \$2,500 per event  |
| Advance of cost of bail while abroad   | Up to \$25,000 per event   |
| Assistance with translation of legal or administrative documents   | Up to \$500 per event  |
| <i>Referral</i> to local legal advisors  | Included   |
| IN THE EVENT OF THE DEATH OR CRITICAL ILLNESS OF A FAMILY MEMBER   |  |
| Compassionate Home Travel  | Return economy class airline ticket up to \$1,000  |
| OTHER TRAVEL ASSISTANCE SERVICES   |  |
| APRIL Assistance will provide the following travel-related information   | Visa and inoculation requirements for foreign countries<br>Lost luggage and passport assistance while the member is traveling outside his/her <i>Home Country</i> or Usual <i>Country of Residence</i> |
| MEDICAL ASSISTANCE   |  |
| Medical Referral Service   | Access to a global network of appointed and credentialed doctors, specialists and <i>hospitals</i>   |
| Hospital Admission including Admission Deposits  | In the event of an <i>emergency</i> admission, we will make arrangements to issue a <i>hospital</i> letter of guarantee  |
| Tele-medicine Consultation and Evaluation of the Member's Condition  | APRIL Assistance's duty doctors will provide help over the phone   |
| Medical Monitoring   | APRIL Assistance will monitor a Member's condition if hospitalised abroad  |

For more information, contact your insurance consultant :

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 Liberty Insurance or visit the GIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

This policy is not a Medisave-approved policy and **you** may not use Medisave to pay the premium for this policy.

This is a short-term accident and health policy and the insurer is not required to renew this policy. The insurer may terminate this policy by giving **you** 30 days' notice in writing.

Underwritten by:

**Liberty Insurance Pte Ltd**  
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GST Registration No. M2-0093571-3  
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