

# ITE Group Personal Accident Insurance (GPA)

MyCG

## Eligibility

Registered students of Institute of Technical Education (ITE) who are over the age of 16 years and up to 69 years, renewable up to age 75 years (age last birthday):

- (a) Full-time Active Students
- (b) Alumni (graduates involved in ITE related activities)

## Coverage

The insurance pays upon death, permanent disablement and medical expenses which are reasonable and medically necessary for treatment of injury caused directly and solely by an accident and not arising from sickness or pre-existing medical conditions, subject to the policy limits, terms and conditions.

## Period of Insurance

(a) Effective Date	Start of the academic year in which the student is enrolled
(b) Termination Date	End of the academic year in which the student has completed the course

For special cases, coverage period will be as advised by ITE.

## Geographical Scope of Cover

24 hours worldwide, except for alumni who shall be covered only for the duration when they are engaged to participate in ITE related activities.

The insurance does not cover travel overseas intentionally for treatment except for international students who return to their home country for treatment.

## Clinics & Hospitals

Covers treatment at all Singapore Government Restructured and Private Hospitals/Clinics.

## Payment of Medical Bills

Please pay the medical bill first and submit a claim for reimbursement.

## Extensions

- (a) Covers students on suspension and leave of absence including for medical reasons, deferment or other reasons.
- (b) Covers all courses, programmes, activities, events, sports and competitions organised, authorised and/or approved by ITE and/or its clubs or in which the student/alumni participate as a representative of ITE, held in Singapore or overseas.
- (c) Industrial attachments, internships, employment at companies authorised by ITE.
- (d) Disappearance and after 12 months, it is reasonable to believe that the student has suffered death as a result of an accident (this benefit is subject to ITE providing a signed undertaking that if the student is subsequently found to be alive, any amount paid to ITE/beneficiary will be repaid to the insurer).
- (e) Exposure (unavoidable exposure to elements due to an accident).
- (f) Miscarriage due to an accident (not attributed to any natural causes and/or sickness relating to pregnancy or childbirth).
- (g) Motorcycling (as rider or pillion-rider) provided that the student was wearing a safety helmet, has a valid motorcycle license (unless riding as a pillion rider), and not engaging in or practicing for racing and hill climbing contests and reliability trials and speed or duration testing.
- (h) Reservist Training.
- (i) Riot, strike, civil commotion, hijack, murder, assault and act of terrorism (did not arise as a result of or in connection with the student's collaboration or provocation of such act, and death or injury as a consequence of such act could not reasonably have been avoided by the student).
- (j) Suffocation by smoke, poisonous fumes, gas and drowning (did not arise as a result of the student's wilful and intentional act and death or injury as a consequence of such event could not reasonably have been avoided by the student).
- (k) Unscheduled flights (travelling as a fare-paying passenger in any properly licensed private aircraft and/or helicopter).

## Benefits

Coverage	Limit
<b>Accidental Death</b> We shall pay the sum assured in the event of death of the insured member as a direct result of an accident. Death must occur within 12 months from the date of such accident.	\$50,000
<b>Permanent Disability</b> We shall pay the corresponding sum assured, as specified in the table of compensation, in the event if injury is sustained. Permanent disablement must occur within 12 months from the date of accident.	\$2,000
<b>Funeral/Burial Expenses</b> Accidental Death due to Natural Catastrophe We shall pay this benefit in the event of death of the insured member as a result of a natural catastrophe.	\$5,000
<b>Comatose State Lump Sum Benefit</b> We shall pay this benefit in the event that the insured member sustained an injury, and within 30 days from the date of the accident, was confined in a hospital, in a comatose state. In the case of successive comatose state by the same accident which takes place less than 10 days from one to the other, the comatose state will be deemed as one. We will not pay if the comatose state results directly from alcohol or drug abuse.	\$5,000
<b>Accidental Hospital Recuperation Benefit</b> We shall pay this benefit in the event if the insured member sustained an injury, and within 30 days from the date of the accident, was confined in a hospital for at least 24 hours. Subsequent hospitalisation resulting from the same injury will not be payable.	\$250
<b>Medical Expenses (per accident)</b> We shall pay the medical expenses incurred (reasonable and medically necessary) in the event that the insured member sustained an injury, up to the limit shown in the schedule or up to 12 months from the date of the accident whichever comes first (even after the student has graduated/taken leave of absence/on suspension or policy has expired provided the accident occurred while the student was covered).	\$4,000
Dental treatment to restore sound and natural teeth due to an accident	
Outpatient rehabilitative physiotherapy and treatment by a chiropractor and chinese medicine practitioner. (Referral from a medical practitioner is required for physiotherapy and chiropractor treatment.)	
Insect/animal bites including dengue fever, zika, malaria and chikungunya etc.	
Food and drinks poisoning	
Injury due to fainting (e.g. bruises sustained in a fall during fainting)	
Medical treatment for fainting <b>and</b> hyperventilation due to any reason including non-accidental cause e.g. heat stroke, heat exhaustion, dehydration up to \$500	
Accidental contact of communicable diseases including SARS, bird flu, zika virus, yellow fever, tuberculosis and other infectious diseases	
Fees charged by a doctor to refer student to a Specialist	
Ambulance cost (ground ambulance to hospital) up to sub-limit of \$500 per accident	
Medical report fee (if required by the insurer)	
Simple or other fractures up to \$3,000 per accident	
Mobility expenses up to \$2,000 per accident	
(a) Wheelchair, crutches, braces, walking frames, walking sticks, artificial limbs and prosthetic equipment prescribed by a Registered Medical Practitioner.	
(b) Charges incurred for renovation to the insured member's home for the purpose of coping with the disablement and/or purchases of mobility aids prescribed by a registered medical practitioner, if the insured suffers from permanent disablement of 50% and above: - Self-powered climbing wheelchair - Motor vehicle with the controls suitably adjusted - Lifts, ramps, railings and holds at usual place of residence	

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## General Exclusions

This policy does not cover claims directly or indirectly caused by or arising from:

- (a) Self-inflicted injuries or any attempt therat, while sane or insane.
- (b) Insurrection, declared or undeclared war or any warlike operations, military or naval service in time of declared or undeclared war or while under orders for warlike operations or restoration of public order.
- (c) Participating in riot, committing an assault or felony.
- (d) Participation in competitive racing on wheels.

## Permanent Disablement – Table of Compensation

If the insured person is involved in an accident which causes the insured person an injury and due only to this accident the insured person becomes permanently disabled within 12 months from the accident, the insurance will pay the sum the scale of compensation shown below.

Description	% of Sum Assured
1 Death	100
2 Permanent Total Disablement	150
3 Loss of two or more limbs	150
4 Loss of one limb	125
5 Loss of sight of both eyes	150
6 Loss of sight of one eye, except perception of light	100
7 Loss of four fingers and thumb of one hand	85
8 Loss of four fingers	55
9 Loss of speech	75
10 Loss of hearing - both ears	100
- one ear	30
11 Loss of thumb - both phalanges	40
- one phalanx	25
12 Loss of index finger - three phalanges	20
- two phalanges	15
- one phalanx	10
13 Loss of any one other finger - three phalanges	20
- two phalanges	15
- one phalanx	10
14 Loss of metacarpals - first or second	5
- third, fourth or fifth	3
15 Loss of toes - all toes of one foot	25
- great toes, both phalanges	10
- great toes, one phalanx	5
- any other toe	5
16 Loss of kidney	25
17 Loss of spleen	20
18 Permanent unsound mind to the extent of loss of legal capacity	100
19 Third Degree Burns	
<b>Head - Damage as a % of total body surface area</b>	
- equals to or greater than 2% but less than 5%	50
- equals to or greater than 5% but less than 8%	75
- equals to or greater than 8%	100
<b>Body - Damage as a % of total body surface area</b>	
- equals to or greater than 10% but less than 15%	50
- equals to or greater than 15% but less than 20%	75
- equals to or greater than 20%	100
20 Any permanent partial disablement not specified above other than loss of sense of taste or smell	Such percentage to be assessed by the insurer

The aggregate of all percentages payable in respect of any one accident shall not exceed 150% of the Sum Assured.

## Termination of Cover

The cover for an insured member under this policy shall terminate and all benefits shall cease for that insured member if any of the following occurs:

- (a) The date on which the policy is terminated;
- (b) At the end of the policy year during which the insured member reaches the maximum age of coverage;
- (c) When the insured member ceases to be eligible as an insured member;
- (d) The date the insured member enters full-time military, naval, air or police service except any period of National Service reservist duty or training;
- (e) On the death of the insured member.

## Simple or Other Fractures

We shall pay the corresponding sum assured, as specified in the table of compensation below, in the event that the insured member sustained an injury, resulting in a simple fracture or other fracture, provided:

- (a) The insured member has not been diagnosed as having osteoporosis prior to the date on which he/she was first covered under this policy; and
- (b) If the insured member is diagnosed as having osteoporosis after the date on which he/she was first covered under this policy, we shall only pay this benefit for the first simple fracture or other fracture sustained, and no further payments will be made under this benefit.

Description	% of Sum Insured
a Neck, skull or spine (complete fracture)	100
b Hip	75
c Jaw, pelvis, leg, ankle or knee (other fracture)	50
d Cheekbone, shoulder or hairline fracture of skull or spine	30
e Arm, elbow, wrist or ribs (other fracture)	25
f Jaw, pelvis, leg, ankle or knee (simple fracture)	20
g Nose or collar bone	20
h Arm, elbow, wrist or ribs (simple fracture)	10
i Finger, thumb, foot, hand or toe	7.5

The aggregate of all percentages payable in respect of any one accident shall not exceed 100% of the Simple or Other Fractures' sum assured.

## Contact

### Web

[www.mycg.com.sg/ite](http://www.mycg.com.sg/ite)

### Email

To: [groupcare.lite@adepthhealth.com.sg](mailto:groupcare.lite@adepthhealth.com.sg)  
Cc: [claims@mycg.com.sg](mailto:claims@mycg.com.sg)

### Phone

**6428 8139**

Mon – Fri, 9am to 6pm (excluding Public Holidays)

In event of emergency, stay on the line for 24/7 customer care team to assist

Managed by MYCG & Partners Pte Ltd | UEN 201803632H  
Underwritten by Income Insurance Limited | UEN 202135698W

**This fact sheet is not a contract of insurance and should be used as a guide only. Coverage is subject to the full terms and conditions of Income's Policy which is the operative document. Any discrepancy between the information in this fact sheet and the Policy is unintentional.**

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 Income or visit the GIA / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

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## Some Definitions

<b>Accident / Accidental</b>	means a sudden, unexpected physical event, which happens during the period of insurance and which must be the only and direct cause of injury.	<b>Medical expenses</b>	means reasonable expenses incurred for treatment as a result of an injury for medical, surgical, hospital and nursing fee prescribed by a registered medical practitioner.
<b>Act of terrorism</b>	means an act (which may include using or threatening force or violence) by any person or group, committed for political, religious, ideological or similar purposes, with the aim of influencing any government or to put the public, or any section of the public, in fear.	<b>Natural Catastrophe</b>	means any event or force of nature such as earthquake, tsunami, volcanic eruption, flood, typhoon or hurricane that has catastrophic consequences in terms of financial, environmental or human losses. Bad weather conditions that cause little or no effect on financial, environmental or human losses will not be considered as natural catastrophe.
<b>Chinese physician</b>	means a registered practitioner who is licensed to practice traditional Chinese medicine, including herbalist, acupuncturist or bone-setter, in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the insured member or the insured member's family member, or his/her business associates including any business partner, employers or employees.	<b>Permanent</b>	means having lasted 12 consecutive months and at the expiry of that period, being beyond hope of improvement.
<b>Chiropractor</b>	means a registered practitioner who is licensed to practice chiropractic medicine in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the insured member or the insured member's family member, or his/her business associates including any business partner, employers or employees.	<b>Permanent disablement</b>	Permanent disablement means disablement that results solely, directly and independently of all other causes from the injury and which occurs within 12 months of the accident in which injury was sustained, and:
			(a) Falls into one of the categories listed in the Table of Compensation; or (b) Is a disablement which, having lasted for a continuous and uninterrupted period of at least 12 months, is at the expiry of that period, beyond hope of improvement.
<b>Comatose state</b>	means a state of profound unconsciousness, characterised by the absence of spontaneous eye openings, response to painful stimuli, and vocalisation. The diagnosis must be supported by evidence of all of the following:	<b>Permanent total disablement</b>	means disablement that results solely, directly and independently of all other causes from the injury and which occurs within 12 months of the accident in which injury was sustained which, having lasted for a continuous and uninterrupted period of at least 12 months, will in all probability entirely prevent the insured member from engaging in employment or take part in any paid work of any and every kind for the remainder of his/her life and from which there is no hope of improvement.
	<ol style="list-style-type: none"> <li>1. No response to external stimuli for at least 30 days;</li> <li>2. Life support measures are necessary to sustain life;</li> <li>3. Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma; and</li> <li>4. The comatose state must be confirmed by our registered medical practitioner.</li> </ol>	<b>Physiotherapist</b>	means a registered practitioner who is licensed to practice physiotherapy in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the insured member or the insured member's family member, or his/her business associates including any business partner, employers or employees.
<b>Dental Treatment</b>	means treatment to restore sound and natural teeth and which is necessary due to an accident.	<b>Pre-existing conditions</b>	means any injury which the insured member has had symptoms; has been diagnosed; known or unknown; regardless of whether treatment or medical advice was actually received, prior to the commencement of his/her insurance cover under this policy.
<b>Injury</b>	means damage or harm caused to the body by an external force suffered during the period of insurance and which is caused only and directly by an accident. This does not include all medical conditions, diseases, sickness, bacterial infections or viral infections, even if these conditions resulted from, or are connected with, the accident.	<b>Reasonable expenses</b>	means expenses paid for medical services or treatment which are appropriate and consistent with the diagnosis and according to accepted medical standards, and which could not have reasonably been avoided without negatively affecting the insured member's condition. These expenses must not be more than the general level of charges made by other medical service suppliers of similar standing in Singapore for the services and supplies.
<b>Loss of fingers or toes</b>	means total and irrecoverable loss of use and/or loss by complete physical severance through or above a metacarpophalangeal or metatarsophalangeal joint.	<b>Registered Medical Practitioner</b>	means a doctor qualified in western medicine who is licensed and authorised in the geographical area they are practicing in to provide medical or surgical services. They cannot be the insured member or the insured member's family member or his/her business associates including any business partner, employers or employees.
<b>Loss of hearing</b>	means total and irrecoverable loss of hearing which is beyond remedy by surgical or other treatment.	<b>Simple fracture</b>	means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a registered medical practitioner requires minimal and uncomplicated medical treatment.
<b>Loss of limb</b>	means total and irrecoverable loss of use and/or loss by complete physical severance of a hand at or above the wrist or of a foot at or above the ankle.	Please refer to the Policy for the complete list of Definitions.	
<b>Loss of sight</b>	means total and irrecoverable loss of all sight in any eye rendering the insured member absolutely blind in that eye and beyond remedy by surgical or other treatment.		
<b>Loss of speech</b>	means total loss of the ability to speak and is beyond remedy by surgical or other treatment.		
<b>Medically necessary</b>	means that a medical service or supply is necessary and appropriate for the diagnosis or treatment of an injury of the insured member based on generally accepted western medical practice in Singapore. A medical service or supply will not be considered medically necessary if:		
	<ol style="list-style-type: none"> <li>(a) It is provided only as a convenience to the insured member or medical provider;</li> <li>(b) It is not appropriate treatment for the insured member's diagnosis or symptoms;</li> <li>(c) It exceeds (in scope, duration or intensity) the level of care that is necessary to provide safe, adequate and appropriate diagnosis or treatment;</li> <li>(d) It is experimental;</li> <li>(e) It is for social or domestic reasons or for reasons which are not directly connected with treatment; or</li> <li>(f) It is a matter of personal choice.</li> </ol>		

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## Some Conditions

<b>Expenses covered by other sources</b>	<p>In the event an insured member is covered under:</p> <ul style="list-style-type: none"> <li>(a) Any occupational insurance including any insurance effected pursuant to the Work Injury Compensation Act 2019 and any revisions thereof;</li> <li>(b) Any insurance coverage under the government legislation; or</li> <li>(c) Other group or individual insurance excluding Integrated Shield Plan,</li> </ul> <p>the benefits payable under this policy shall be limited to the balance of the medical expenses incurred which are not covered or payable by any of the above listed policy under (a) to (c), subject to the benefit limits computed in accordance to the table of benefits or schedule page, and terms and conditions of this policy.</p>
<b>Subrogation</b>	<p>We can take over any rights to defend or settle any claim and to take proceedings in your name or any insured member's to enforce your or any insured member's rights, or our rights against any other person. You and the insured member shall cooperate fully with us in this respect and shall not do anything to prejudice our rights.</p>
<b>Right of recovery</b>	<p>We may recover any amount we paid for charges that are not covered under this policy or exceeded the maximum benefits limit as specified in the table of benefits or schedule page. The policyholder and/or the insured member shall fully indemnify and reimburse us for such amount within 30 days from the date of notice given by us requesting for reimbursement.</p>
<b>Difference in opinions</b>	<p>In the event of any differences in opinions between our Registered Medical Practitioner and your Registered Medical Practitioner, our Registered Medical Practitioner's opinion shall prevail.</p>
<b>Aggregate limit of liability</b>	<p>The maximum aggregate limit payable under this policy for all of the sections arising out of 1 single event shall not be more than S\$20,000,000, unless otherwise endorsed in this policy.</p> <p>In the event if the claims from all the insured members arising out of 1 such event exceed the aggregate limit, the amount shall be pro-rated among the insured members, subject to the maximum limit as shown in the schedule for each of the insured member.</p>
<b>Claims conditions</b>	<p>Before any benefits are payable under your policy, the insured member has to ensure that the following requirements are being met.</p> <ul style="list-style-type: none"> <li>(a) It shall be a condition precedent to our liability under this policy that all claims shall be notified to us within 60 days from the date of accident. All claims shall be made on our prescribed forms and submitted to us together with the original copies of receipts and itemised bills</li> <li>(b) Any information required by us for assessing the claim shall be furnished by the policyholder at the policyholder's expense.</li> <li>(c) Any benefits payable under this policy shall be paid to you or the insured member (or legal representative). Any payment to you or the insured member (or legal representative), and the insured member or your receipt of any benefit payable under your policy shall in all cases be deemed final and complete discharge of our liability under this policy.</li> </ul> <p>Failure to furnish notice within the time provided in this policy shall invalidate the claim unless claimant shows that it was not reasonably possible to give such notice within such required time and that notice was subsequently given as soon as reasonably possible.</p>
<b>Currency</b>	<p>We will pay all claims in Singapore dollars. If the insured member suffers a loss which is in a foreign currency, we will convert the amount into Singapore dollars based on the exchange rate on the date of the loss.</p>

Please refer to the Policy for the complete list of Conditions.