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MyHEALTH

INTERNATIONAL HEALTH INSURANCE AT YOUR DOORSTEP



www.april-international.com





HEALTH INSURANCE MADE EASIER

APRIL International is part of the APRIL group which was founded in France more than 35 years ago. The APRIL group has grown steadily to the point where we now look after close to 6 million policyholders worldwide who, at the last count, represent some 86 different nationalities and are located in more than 120 countries around the globe.

Liberty Insurance is a leading general insurer championing responsible living and behaviour in Singapore. In offering a full range of both personal and commercial insurance products, Liberty Insurance enables the protection and security of one's personal and commercial property, assets and legal liabilities. At Liberty Insurance Singapore, we are responsible to help you live safer, more secure lives.

Liberty Insurance Singapore is a 100% owned strategic business unit of Liberty Mutual Insurance Group. Headquartered in Boston, Liberty Mutual Insurance Group, a diversified global insurer, rank 73rd on the Fortune 100 list of largest corporations in the U.S. based on 2015 revenue. As of 31 December 2015, Liberty Mutual Insurance Group had US\$121.7 billion in consolidated assets, US\$102.5 billion in consolidated liabilities and US\$37.6 billion in annual consolidated revenue. Liberty Mutual Insurance Group operates with a global view across five continents and employs more than 50,000 employees in approximately 800 offices throughout the world.

NOT ONLY DO WE STRIVE TO PROVIDE BEST-IN-CLASS INTERNATIONAL HEALTHCARE PLANS AND SERVICES, BUT OUR PROMISE TO OUR CLIENTS GOES BEYOND THAT. WE HAVE TO BE TRANSPARENT TO EARN YOUR TRUST. WE HAVE TO DEMONSTRATE RELIABILITY TO CONTINUE MAINTAINING YOUR TRUST. LAST BUT NOT LEAST, WE NEED TO PROVIDE SUSTAINABLE SOLUTIONS IN THE FACE OF INCREASING MEDICAL COSTS. THAT MEANS THINKING OUT OF THE BOX AND CHALLENGING THE STATUS QUO.



MyHEALTH is designed for global citizens and expatriates who want reliable international health coverage. MyHEALTH is extremely flexible, allowing you to mix and match modules to design the ideal health insurance plan you desire.



WE OFFER 3 LEVELS OF MODULAR COVER, WHICH YOU CAN MIX AND MATCH TO SUIT YOUR NEEDS

ESSENTIAL EXTENSIVE ELITE

- ▶ Basic and affordable
- Full cover hospital and surgery cover with an annual limit on outpatient
- ▶ Ideal for someone who wants general protection for accidents & serious medical conditions
- ▶ Bestseller
- Offers stronger coverage to manage chronic conditions
- ▶ Ideal protection for families

► Comprehensive plan

- ➤ Designed to bring you top end coverage without being excessive
- ▶ Elite benefits

	SUMMARY OF KEY BENEFITS	ESSENTIAL	EXTENSIVE	ELITE		
			ALL MONETARY SUMS ARE IN SGD			
	Annual Limit per person	\$2 million	\$4 million	\$4.5 million		
	Hospitalisation (inpatient and day patient costs)	•	•	•		
	Pre-hospitalisation benefits	30 days	30 days	90 days		
	Post-hospitalisation benefits	90 days	90 days	90 days		
	Parental accommodation	•	•	•		
	Outpatient surgery	•	•	•		
	Cancer Treatment	•	•	•		
HOSPITAL AND	Kidney Dialysis	•	•	•		
SURGERY	Organ Transplant	•	•	•		
	Congenital Conditions L	•	\$135,000	\$270,000		
	Neonatal Disabilities 🕒 🕘	•	\$135,000	\$270,000		
	Adding newborns from birth without underwriting	As long as the mother is insured for year and renews. Underwriting will appear for adoptions, birth following assisted conception & surrogacy				
	Complications of Pregnancy	•	•	•		
	HIV/AIDs 🗓 🕙	\$135,000	\$270,000	\$270,000		
	Emergency medical evacuation and repatriation	Up to \$1,000,000				
(+)	Repatriation of remains	•				
ASSISTANCE	Cash Advance	Up to \$2,500				
INCLUDED IN EVERY	Legal expenses and assistance	Up to \$2,500				
HOSPITAL PLAN	Compassionate travel	Return economy class airline ticket or 1st class railway ticket and hotel accommodation up to \$200 per night for a max of 10 nights.				
	Annual Limit for Outpatient Benefits Pre & post hospitalisation expenses are covered under the hospital module you select.	\$7,000	•	•		
	GPs and Specialists	•	•	•		
	Medicines, scans and tests	•	•	•		
(V+)	Physiotherapy with referral	•	•	•		
OPTIONAL	Outpatient psychiatric treatment (L)	•	\$4,800	\$6,800		
OUTPATIENT	Complementary Medicine and Traditional Chinese Medicine	\$250	\$1,100	\$1,400		
	Medical appliances & mobility aids	\$1,400	\$1,400 \$3,400			
	Medical check up	•	\$300	\$850		
	Vaccinations	•	\$100	\$400		
OPTIONAL MATERNITY	Pre- and post-natal care, delivery and newborn care ④	\$7,000 per pregnancy	\$13,500 per pregnancy	\$20,000 per pregnancy		
OPTIONAL DENTAL AND OPTICAL	Minor dental treatment (e.g. cleaning, simple extractions) \$1,400					
	Major dental treatment (4) (e.g. implants, root canal, orthodontics)	\$3,400		400		
	Eye exams, prescription contact lenses and lenses	•	•	\$400		

4 EASY STEPS TO CREATE YOUR PLAN

			ESSENTIAL	EXTENSIVE	ELITE	I
STEP 01	START WITH YOUR Core Cover	HOSPITAL AND SURGERY	~			MUST CHOOSE ONE
OF OPT YOU OF STEP YOU diff you	ADD ANY OR ALL OF THE FOLLOWING OPTIONAL BENEFITS TO YOUR CORE COVER You can select a different range from your hospital and surgery plan	OUTPATIENT BENEFITS				
		MATERNITY BENEFITS*				OPTIONAL TO MIX & MATCH
		DENTAL AND OPTICAL				
STEP 03	SELECT YOUR DEDUCTIBLE (APPLICABLE ON THE HOSPITAL AND SURGERY MODULE ONLY)	NIL	\$2,000	\$5,000	\$10,000	
STEP 04	CHOOSE YOUR Area of Cover	Worldwide		Worldwide Excluding USA		

AREA OF COVER

- ▶ Worldwide: You are covered anywhere in the world.
- ▶ Worldwide excluding USA: You are covered everywhere except the USA. Services rendered in the USA are covered up to \$65,000 per period of insurance only if they are directly caused by sudden illness or injury occurring during the first 30 travel days of any trip in the USA.

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

PLAN DESIGN SUGGESTIONS



YOU WANT

- Protection for accidents, hospitalisations and serious medical conditions
- Medical evacuation and repatriation benefits when travelling
- Affordable premiums
- Top up cover to your local plan (take a deductible)

WE RECOMMEND

HOSPITAL AND SURGERYPLAN: ESSENTIAL

OPTIONAL MODULES: UP TO YOU

HIGHLIGHTS OF THIS COMBINATION

- ▶ Full coverage for hospitalisations, accidents and outpatient surgery
- ▶ Full coverage for cancer, kidney dialysis and organ transplants
- 30 days pre-hospitalisation benefits and 90 days post-hospitalisation benefits
- ▶ Emergency medical evacuation and repatriation
- ▶ 24/7 assistance by APRIL



YOU WANT

- Protection for accidents, hospitalisations and serious medical conditions
- Protection for managing chronic conditions on an outpatient basis
- Coverage for basic check up

WE RECOMMEND

HOSPITAL AND SURGERY PLAN: ESSENTIAL

OUTPATIENT: **FXTFNSIVE**

You can select a different plan within the same policy.

HIGHLIGHTS OF THIS COMBINATION

- ➤ Full coverage for hospitalisations, accidents and outpatient surgery
- ▶ Full coverage for cancer, kidney dialysis and organ transplants
- ➤ Full coverage for GPs, Specialists, medicines and drugs, scans and tests on an outpatient basis
- ▶ Medical check up benefit of \$300 per year
- ▶ Emergency medical evacuation and repatriation
- ➤ 24/7 assistance by APRIL

DESIGN THE PLAN THAT WORKS FOR YOU



YOU WANT

- Protection for the unknown for your newborn infant and growing family
- Protection for accidents, hospitalisations and serious medical conditions
- Protection for managing chronic conditions on an outpatient basis

WE RECOMMEND

HOSPITAL AND SURGERY PLAN: EXTENSIVE

OUTPATIENT: **EXTENSIVE**

HIGHLIGHTS OF THIS COMBINATION

- ▶ Full coverage for hospitalisations, accidents and outpatient surgery
- ▶ Full coverage for cancer, kidney dialysis and organ transplants
- ➤ Full coverage for GPs, Specialists, medicines and drugs, scans and tests to manage your chronic conditions
- > \$300 Check up benefit
- ▶ Full coverage for complications of pregnancy
- ➤ Neonatal Disability cover \$135,000 lifetime benefit (1 year waiting period applies)
- ▶ Congenital Conditions cover \$135,000 lifetime benefit
- ▶ Newborn infants added from birth without underwriting*
- ▶ Emergency medical evacuation and repatriation
- ▶ 24/7 assistance by APRIL



THESE ARE ONLY EXAMPLES AMONG THE 50+ COMBINATIONS YOU CAN CREATE

WE WOULD BE MORE THAN HAPPY TO WORK WITH YOU ON BUILDING THE RIGHT PLAN FOR YOU.

YOU CAN REACH US AT:



TELEPHONE (+65) 6736 0057



EMAIL contact.sg@april.com

^{*}Mother must be covered by us for 1 year. Underwriting applies for adoptions, children born following assisted conception and surrogacy.

MAKING INSURANCE AFFORDABLE FOR YOU

COMMUNITY DISCOUNTS

Whether you are a couple, a family with kids or a group of friends or colleagues, you can benefit from our discounts starting with two insured persons.

The discount is based on the number of persons insured at the start of the policy. All members must have the same policy start and end date.



2 PERSONS = 5% DISCOUNT



3 PERSONS = 7.5% DISCOUNT



4 PERSONS = 10% DISCOUNT



⁵ PERSONS = 15% DISCOUNT

SUSTAINABILITY

HOW TO CALCULATE YOUR PREMIUMS

YOUR BASE PREMIUMS ARE DETERMINED BY THE FOLLOWING FACTORS:

- ▶ The modules you select, including the area of cover and the annual deductible
- ▶ Your actual age when the policy begins



WANT TO SAVE MONEY? TAKE AN ANNUAL DEDUCTIBLE.

Looking for a premium saving or already have local coverage but need a top up? Annual deductibles are a way for you to reduce your premium.

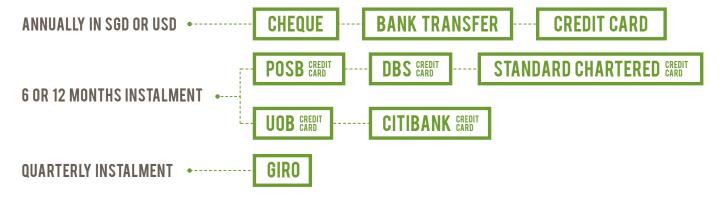
A deductible is the amount you are responsible for before the insurance plan starts to pay for medical expenses. For instance, if your deductible is \$2,000, you must pay that amount, out of your own pocket before we begin paying your medical expenses.

The annual deductible is per person per year and is only applies to your hospital and surgery plan.

CHOOSE FROM 4 LEVELS \$0 \$2,000 \$5,000 \$10,000

PAYMENT OPTIONS

We offer the following payment options:



BEST DOCTORS, INCLUDED IN EVERY PLAN

Founded by two Harvard Medical School Professors in the United States in 1989, Best Doctors has grown into a global organization that cares for over 30 million people in over 70 countries. At Best Doctors' core is its unique database of 53,000 peer nominated physicians representing the top 3-5% of doctors in 40 specialties and 450 subspecialties of medicine.

Best Doctors, now in Asia, offers you and your immediate family absolute confidence and certainty when making medical decisions, giving you peace of mind at a time when you need answers most. This service provides an expert second medical opinion and is included in your plan at no additional cost. Go to https://askbestdoctors.com/aus for more information.

CLAIMS REIMBURSEMENT MADE EASIER

Follow these steps for reimbursement of eligible medical expenses you have paid out of your own pocket.













Complete the claim form in full and sign it.

Email the completed claim form and scans of your itemised medical bills and proof of payment such as a receipt or credit card slip to claims.sg@april.com Please keep the originals until we have completed the processing of your claims in full.

You will receive an email letting you know that we have received your claim.

04 E0

In 5 working days, you will receive an email letting you know that we have processed your claim, with an Explanation of Benefits (EOB) showing breakdown of benefits paid and in some cases, requests for information.

05



Reimbursement of your claim expenses will be in SGD and any major currency, via a method convenient to you.

RELIABILITY



¹ Dental treatment and check-ups are not eligible for direct billing. You will have to pay and claim.

ALWAYS THERE WHEN YOU NEED US, BUT NEVER IN YOUR WAY



A Singapore-based customer service team to assist you, Monday to Friday, 9am – 6pm Singapore time.

CALL (+65) 6736 0057



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Your own personalised member card. Don't worry if you lose your card. You will receive your new card in 3 days, free of charge.





Direct payment of local and international hospital charges.

We can arrange for your hospital bills to be settled directly, anywhere in the world. We will take care of it!



You can access our Outpatient Direct Billing network comprising of over 3,000 medical providers across Asia.



APRIL Emergency Medical Assistance

CLIENT HOTLINE AND CASE MANAGEMENT 24/7 CALL

(+65) 6736 3733 (+66) 2022 9190



Secure online access to your policy where you can view your benefits, policy terms and conditions and the status of your claims.

RELIABILITY

HEALTHCARE COSTS PROTECTION WORLDWIDE

MyHEALTH protects you at home or while abroad.

▶ Siew Hoon suffered a heart attack while in New York. With her worldwide plan, she had heart surgery in New York. How much was her hospital bill?

USD 75,800

▶ 2 weeks after his arrival, Mr. Marout contracted Dengue Fever. He had to be hospitalised for 5 days for a cost of

SGD 8,960

While playing beach volleyball at Sentosa, John injured his knee and needs cruciate ligament surgery. How much would it have cost if he wasn't insured?

SGD 25,600



▶ Mr. Gunther, aged 50, was on holiday with his family in Langkawi, Malaysia. After suffering a stroke, he was repatriated to Singapore for medical care. The air ambulance cost USD 37,150, and a subsequent 45 days in intensive care cost.

SGD 280,000



▶ Ms. Fernandez, 30 was diagnosed with pneumonia in Singapore. She stayed in the hospital for 45 days for a total cost of SGD 100,000. She was then repatriated to her home country, Germany on a commercial flight. The total cost, with the accompanying nurse was

SGD 140,000

▶ Jeannie, 29, receives the happy news that she is pregnant. Nine months later, she has spent the following on pre- and post-natal and delivery.

SGD 11,100

The costs shown refer to cases handled by APRIL's Medical Department. They are provided for information purposes only and have no contractual value.

HOW THE POLICY OPERATES

USEFUL INFORMATION BEFORE YOU APPLY

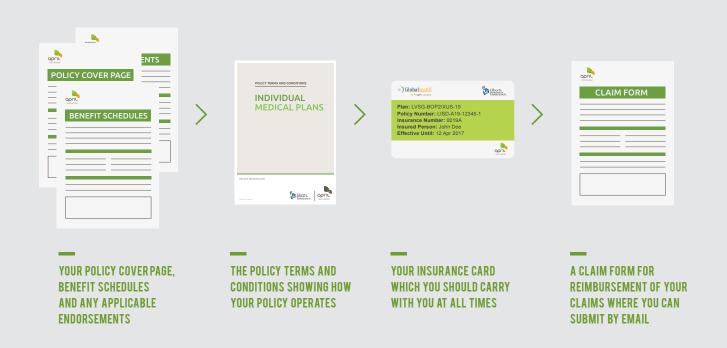
WHEN AM I COVERED?

Cover takes effect when you accept the underwriting offer and we receive payment.

You have a Free Look Period of 14 working days from the date you receive the policy to review it. If the policy does not suit your needs, you may request to cancel it by giving us clear, written instructions. Provided that no claims have been made during this period, your premium will be refunded.

HOW TO APPLY (FULL MEDICAL UNDERWRITING)

- 1. Complete an application form. One application form can be completed for the whole family. Don't forget to sign and date the application form.
- 2. We must receive the application form no later than 14 days after you sign it. Email is the fastest and easiest way to send it to us.
- 3. You will receive an underwriting offer from us or we may request additional information. Please provide the additional information by the requested date.
- 4. Once you accept the underwriting offer, your cover will start immediately after payment. You will then receive:



5. We also offer the option of moratorium underwriting. Please complete a moratorium application form if this is your preferred application method.

FREQUENTLY ASKED QUESTIONS

WHO CAN APPLY FOR INSURANCE?

Anyone residing in Singapore at the time of application and not older than 65 years for fully underwritten policies and 55 years for moratorium policies.

IS THERE A MAXIMUM INSURABLE AGE?

Nο

CAN YOU TELL ME MORE ABOUT THE APPLICATION METHOD?

We offer Full Medical Underwriting (FMU). FMU requires you to complete a medical questionnaire for each person to be insured. Full disclosure of your medical history must be provided. The answers you give will form the basis of any insurance policy issued. Declared conditions may be accepted as standard, excluded and/or covered with a premium loading. An offer will be made based on the declarations provided in the form. In some cases, we may have to decline the application.

Any pre-existing conditions not declared during the underwriting process can jeopardise your coverage. Subsequent to the policy being issued, if a non-disclosure is discovered, the insurer may impose an exclusion or in more serious cases, void policy in its entirety from the start. If you are uncertain about whether any particular fact needs to be disclosed, you should disclose it.

We also offer Moratorium underwriting. If you select Moratorium underwriting, you must complete the Moratorium Application Form. Under Moratorium policies, any pre-existing or related medical condition which occurred or was treated within a 24 month period prior to your effective date or has one of the following characteristics will be excluded from cover:

- · Was foreseeable
- · Clearly showed itself
- You have had signs or symptoms or you were aware of the condition
- · You have received treatment for or sought medical advice on the condition or a related condition (including medical check ups)
- To the best of your knowledge you were aware you had
- · Requires monitoring according to generally accepted medical advice or opinion

These conditions may be covered after you have had continuous cover with us for 24 months during which you have not had any symptoms, sought advice, needed or received any medication, treatment for the pre-existing condition or any related condition. If the pre-existing condition recurs, then once you have completed a 24 month period where none of these apply, the medical condition may then be covered.

Certain pre-existing conditions will never be covered under a moratorium policy. These include disabilities and chronic and incurable conditions; for example diabetes, chronic hypertension (raised blood pressure), hyperlipidaemia (raised cholesterol levels), ischemic heart disease, cancer, thyroid disease, and auto-immune disorders. If you have suffered from any of these conditions, or any other condition for which it is generally accepted medical advice that it be monitored, then that condition will never be covered. Any condition related to an excluded condition will also be excluded from cover.

WOULD IT BE POSSIBLE FOR A FAMILY TO HAVE DIFFERENT PLAN LEVELS UNDER THE SAME POLICY?

Certainly!

MY SPOUSE AND I HAVE INSURANCE COVERAGE THROUGH WORK BUT IT DOES NOT EXTEND TO OUR CHILDREN. CAN I APPLY FOR A PLAN FOR JUST MY CHILDREN?

Yes, but we will name you, the parent, as the policyholder.

WHEN CAN COVERAGE BEGIN?

Coverage begins when you accept our underwriting offer and the premiums are paid.

I PLAN TO REMAIN IN SINGAPORE FOR SOME TIME BUT IF I MOVE FROM SINGAPORE OR RETURN TO MY HOME COUNTRY, CAN I TAKE MY PLAN WITH ME?

Provided there are no regulatory restrictions in the country that you move to, we will continue to offer renewals. The premiums however may change depending on the country you move to.

AM I ALLOWED TO MAKE CHANGES TO MY PLAN OVER TIME?

Yes, you can make changes to your plan at renewal. Just let us know in writing as soon as you receive your renewal offer. Changes to your coverage will likely result in a change in premium and any upgrades in coverage will be subject to underwriting.

HOW DO I ADD MY NEWBORN TO MY PLAN?

Children born to a mother who has been covered under our Extensive or Elite Plan for at least 366 days, can be added from birth without underwriting. A Newborn Additions form must be submitted within 28 days of birth.

For the case of adoptions, surrogacy and assisted conception, children must undergo our full medical underwriting process.

CAN I CHOOSE MY OWN MEDICAL PROVIDER/DOCTOR?

Yes, you have the freedom to choose your own provider.

If you have an Outpatient plan, we offer an Outpatient Direct Billing Network for your convenience. By using the Outpatient Direct Billing Network, you will enjoy cashless service at numerous high quality providers across Asia.

WILL I BE PENALISED IF I INCUR A BIG CLAIM?

Never! Our plans are community rated which means no matter how large your claims may be during any policy year, you will always have the opportunity to renew your policy at prevailing rates. You will not be rated individually.

HOW ARE MY PREMIUMS DETERMINED AT RENEWAL?

On an annual basis, we may adjust premiums to ensure the plan keeps up with medical costs. Your renewal premium is affected by the annual adjustments that we make and we will inform you at renewal what was the base increase applied.

In addition to the annual adjustment that we make, the following factors contribute to the overall determination of your renewal premiums.

- The published rates in effect at the time of your renewal for your plan selection and your age on the first day of your renewed policy
- · Any underwriting premium loadings that you accepted at the start of the policy
- Community discounts based on the headcount at renewal (if applicable)
- Any changes that you make to your plan at renewal

MyHEALTH's premium structure is on an age-band basis which means that the premiums within that age band are the same. If you move from one age band to another, there will be in increase in premiums associated with that age-band jump. When that occurs, this can be another contributing factor in your overall premium increase.

If you have any questions about how your premium is computed, do not hesitate to contact us.

HOW DO I RENEW MY POLICY?

A few weeks prior to your policy expiring, you will receive a renewal notice from us. If you decide to renew, we must receive your premium and renewal confirmation on or before the start date of your renewed policy. Otherwise, it will be deemed that you have not decided to renew your policy with us.

WHAT DOESN'T THE PLAN COVER?

THERE ARE CERTAIN CIRCUMSTANCES THAT THE POLICY WILL NOT COVER. THESE ARE STATED AS EXCLUSIONS IN THE CONTRACT. HERE IS AN EXTRACT OF SOME OF THE EXCLUSIONS BUT YOU ARE ADVISED TO READ THE POLICY TERMS AND CONDITIONS FOR THE FULL LIST OF EXCLUSIONS.

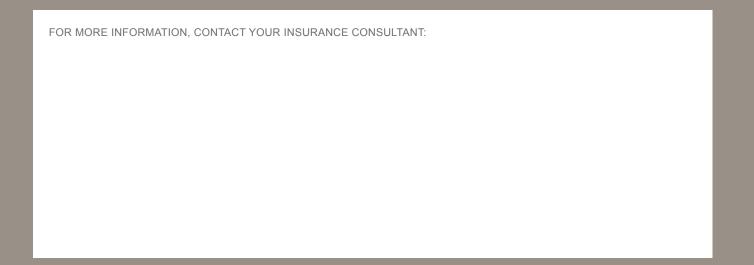
- a. Services which are not medically necessary to treat illness or injury or to diagnose symptoms that suggest you may have illness or injury.
- b. Pre-existing conditions and any related, associated or consequential disabilities which were not disclosed to us before the period of insurance and which we have not agreed in writing to cover under this policy.
- c. Treatment which is covered by insurance or a source of indemnity other than this policy.
- d. Emergency Dental Treatment related directly or indirectly to biting, chewing or teeth grinding.
- e. Treatment, care or tests directly or indirectly related to:
 - assisted conception, contraception, sterilisation, fertility or infertility, prior history of miscarriages, hypogonadism or testosterone deficiency, sexual dysfunction, or abortion other than for therapeutic reasons;
 - pregnancy or childbirth, or complications of pregnancy following assisted conception, other than services claimed under Maternity Benefits where specifically provided on the benefits schedule;
 - elective caesarian section prior to the 38th week of term;
 - sexually transmitted disease;
 - cosmetic treatment or gender reassignment surgery or therapy;
 - sleep disorders or behavioural or developmental disorders;

f. The following services, whether or not recommended or prescribed by a physician:

- Experimental or unproven treatment;
- House calls, delivery of medicine or other items, or any service rendered at a person's home, office, hotel room, or similar place;
- Non-prescription drugs, vitamins, nutritional supplements, chelation therapy, bioresonance therapy or diagnosis, or colonic hydrotherapy; and other complementary medicine services not specifically listed on the benefits schedule.
- Services by a psychologist or counsellor.

g. All expenses:

- which are not reasonable and customary;
- for medical certificates or administrative fees such as a charge for providing a claim form or medical records;
- incurred outside the period of insurance or in any period for which the appropriate premium has not been paid;
- incurred during the period of insurance for drugs and/or medical services consumed or provided once the period of insurance has ended; or
- charges which are not reasonable and customary charges, meaning any charges for medical treatment which exceeds the general level of fees and charges made by other similar professional standing in the same locality where the charges are incurred, without regard to ability to pay or availability of insurance.



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 or 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.

DISCLOSURE REQUIREMENTS ON REMUNERATION TO COMPLY WITH PARAGRAPH 15 OF THE MAS NOTICE 120

The Total Distribution Cost of this product is between 15% to 20% of the premium. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. We assure you that the Total Distribution Cost is not an additional cost to you, as it was already accounted in the calculation of your premium.

Underwritten by:

Liberty Insurance Pte Ltd

Registration No. 199002791D GST Registration No. M2-0093571-3 51 Club Street #03-00 Liberty House Singapore 069428

Tel: 1800-LIBERTY(5423 789) | Fax: (+65) 6223 6434

Arranged by:

GlobalHealth Asia Pte. Ltd. A fully owned subsidiary of APRIL International SA Co. Reg. No. 200613924G 60 Paya Lebar Road, #06-45 Paya Lebar Square

Singapore 089315 Tel: (+65) 6736 0057 | Fax: (+65) 6222 4473

Email: contact.sg@april.com





