BENEFITS SCHEDULE
GLOBAL SCHOOL OF TECHNOLOGY & MANAGEMENT PTE LTD

(A) Group Hospitalisation & Surgical Insurance Policy No. 2100611767

Benefits Schedule	Limits (SGD)
1) Daily Room & Board (max 120 days, incl. ICU)	[4]As charged **in B1 wards (4-bedder) in Singapore Government / Singapore Government Restructured Hospitals** up to the overall maximum limit per policy period
2) Intensive Care Unit	
3) Other Hospital Services (including surgical implants up to the benefit limit of $500, whichever is lower)	
4) Surgical Benefit	
5) Daily In-hosp Physician's Consultation (max 120 days)	
6) Pre-hospitalisation Specialist Consultation (up to 90 days before admission) [1]	
7) Pre-hospitalisation Diagnostic X-ray & Lab Fees (up to 90 days before admission) [1]	
8) Post- hospitalisation Treatment (up to 90 days from discharge) [2]	
9) Emergency Outpatient Treatment [3] (due to accident only) - includes dental treatment due to accident up to $500 per year	
10) Ambulance Fees	
11) Claim Medical Report Fees	
12) Pro-ration factor will apply if student is admitted into a higher ward in Singapore Government / Restructured Hospitals or in private hospitals in Singapore	65%
13) Overall Maximum Limit Per Policy Period (Item 1 to 12)	20,000
14) Inpatient Psychiatric Treatment (with referral by General Practitioner or Specialist)	1,000
15) Death Benefit	5,000

[1] Must lead to hospitalisation and/or surgical procedure within 90 days

[2] For expenses incurred within 90 days from the date of discharge from hospital or day surgery.

[3] Emergency Outpatient Accidental Treatment must be sought in a hospital/clinic by a Registered Medical Practitioner or by Chinese Physician or physiotherapist within 48 hours from time of accident. Follow-up charges incurred by a Registered Medical Practitioner or a Chinese Physician are covered up to 31 days from date of accident and for Chinese Physician not exceeding $500 per accident

Income Insurance Limited
Group Hospital & Surgical Insurance
Product Summary – Private Education Institution

Product Information

This is an expense reimbursement plan that helps to reduce your financial burden in event of you being hospitalised. The insurer will reimburse the following eligible expenses incurred according to the limits set out in the Benefits Schedule.

Key Product Provisions

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the policy. Please consult Howden Insurance Brokers (S.) Pte. Limited or your Private Education Institution should you require further explanation.

Members' Eligibility for Coverage

The entry age of the Insured Member must not exceed 69 at last birthday.

Non-Guaranteed Premium

Premiums payable for this coverage are not guaranteed and may be increased at policy renewal at the full discretion of the Insurance Company.

Deductibles

There are no deductibles for this plan.

Pro-Ration Factors/ Co-Insurance

A pro-ration factor is applied if you are hospitalised:

a) in a ward higher than that specified in the Benefits Schedule in Singapore Government / Singapore Government Restructured Hospital or
b) in a private hospital in Singapore

Overseas Hospitalisation

***Reasonable expenses** apply if you are hospitalized in a hospital outside Singapore.

Reasonable expenses mean 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 medical 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.

Cover does not apply:* *1) when you travel expressly for treatment outside Singapore
2) when you are out of Singapore for a period exceeding 185 consecutive days at a time

Minimum Period of Confinement

For day surgery cases, there are no minimum hours to be eligible for claim. However, for non-surgical admissions, when you are charged for a full day room and board, you can submit the claim for assessment.

Exclusions

The following services, expenses, treatment items, procedures, conditions, activities and their related complications are not covered under **your policy**, except as specifically covered under **this policy**.

(a) **Pre-existing condition**, unless the **insured member** has been insured continuously for 12 months under **this policy** or any group hospital and surgical insurance issued in Singapore provided that the period between the last resignation date and the commencement of his/her insurance coverage under **this policy** is not more than 30 days from the last resignation date.

(b) All health screening related examinations including multiphasic health screening, laboratory tests and X-rays, screening mammograms; services (irrespective of whether there is hospital confinement) for the primary purpose of diagnosis, medical check-up, genetic screening; pap smear; cytology test; any treatment of a preventive nature including but not limited to immunisation/vaccinations.

(c) Rest cures, hospice care, home or outpatient nursing or palliative care, community hospital, nursing homes, sanatoria or similar establishments; stay in any healthcare establishment for social or non-medical reasons.

(d) Outpatient rehabilitation services including but not limited to physiotherapy, occupational therapy, speech therapy (unless recommended by the same **Registered Medical Practitioner** treating him/her during his/her hospital confinement and all charges are payable under and subject to Post Hospitalisation Treatment **benefit**); heat therapy; counselling or education; Traditional Chinese Medicine (TCM); hydrotherapy; osteopathic; podiatric; chiropractic; dietician; naturopath; homeopath; foot reflexology; alternative or complementary treatments.

(e) Expenses, administrative or other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services.

(f) Developmental delay and/or learning disabilities.

(g) Eye examination, surgical procedure for correction of eye refraction, procurement or use of contact lenses or eye-glasses; surgical procedure for correction of squint or other eye misalignment.

(h) Any dental treatment including but not limited to crowning, dentures, bridges tooth implantation or re-implantation, oral surgery, orthognathic surgery, temporo-mandibular joint disorder; oral and maxillofacial surgery except where such surgery is for the repair or damage caused solely by an **accident** covered under **this policy**.

(i) Implants that are not surgically implanted and prostheses of any kind; dental implants; purchase or rental for home or outpatient use of braces, appliances, equipment, machines and other devices including but not limited to wheel-chair, walking or home aids of any kind, dialysis machine, oxygen machine and any other hospital-type equipment; stem cell support; homograft; heterograft and artificial organ.

(j) Pregnancy or complication arising from pregnancy; childbirth, conditions and its complication arising during or after childbirth; prenatal or postnatal care, post-delivery confinement; abortion or termination of pregnancy or any form of related stay in **hospital** or treatment.

(k) Infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment; ligation; medical services or supplies provided or surgical procedures required or recommended subsequent to consultations at fertility clinics, In-Vitro Fertilisation clinics, reproductive assistance clinics or centres, clinics or centres for reproductive medicine.

(l) Circumcision unless **medically necessary**.

(m) Birth defects; congenital **illness** or abnormalities.

(n) Admission for sleep test for diagnostic purposes unless it is followed by **surgery**; any **surgery** or treatment for obesity, weight reduction or weight improvement including but not limited to bariatric surgery, gastric balloon, gastric banding, gastrectomy, gastric bypass regardless of whether it is caused (directly or indirectly) by a medical condition or whether treatment is **medically necessary**.

(o) Venereal Diseases, Acquired Immunodeficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV).

(p) Conditions relating to skin including but not limited to mole, acne, pigmentation, scars, xanthelasma or vitiligo; conditions relating to hair; enhancement of bodily function or appearance including but not limited to plastic surgery, cosmetic treatment and treatment for beautification purposes, except for plastic **surgery** which are **medically necessary** arising from an **illness** or **injury** while the **insured member** is insured under **this policy**.

(q) Intentional, self-inflicted injuries or attempted suicide whether the **insured member** is sane or insane; psychological disorders, personality disorders, behavioural disorders, emotional or mental conditions and any **illness or injury** resulting from such disorders or mental conditions; drug addiction or alcoholism and any **illness or injury** resulting from or under the influence of alcohol or drugs.

(r) Use of medical drugs or any treatment not licensed by an official governmental control agency of the country in which drug is given, or drugs used in any circumstances other than in accordance with their licensed indications.

(s) Hormone Replacement Therapy, health supplements or vitamins, toiletries including but not limited to moisturiser, cream, gel, lotion whether prescribed or non-prescribed.

(t) Injuries arising directly or indirectly from war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, strike, riot, civil commotion, military or usurped power; Full-time service in any of the armed forces including National Service under Section 10 of the Enlistment Act, Cap. 93 of the Republic of Singapore except National Service reservist duty or training under Section 14 of the Enlistment Act, Cap. 93 of the Republic of Singapore.

Termination of Insured Member's Cover

There are other circumstances whereby the cover of the Insured Member will terminate.

The following is a list of some of these circumstances:

- Insured Member attains age stated in the policy;
- Insured Member ceases to be a student with the school;
- Insured Member dies;
- Insured Member's maximum policy limits have been exhausted.

Cover on the Insured Member automatically ceases once the master policy contract is terminated due to non-payment of premiums or other causes specified in the policy contract. No premium refund for early termination of Insured Member or Policy before the expiry date.

Expenses covered by other sources

In the event an **insured member** is covered under:

a) Any occupational insurance including but not limited to any insurance effected pursuant to the Work Injury Compensation Act (cap.354) and any revisions thereof;
b) Any insurance coverage under the government legislation; or
c) Other group or individual insurance excluding Integrated Shield Plan and its rider

The **benefits** payable under **this policy** shall be limited to the balance of the medical expenses incurred which are not covered or payable by the above listed (a) to (c), subject to the benefit limits computed in accordance to the **table of insured benefits** and terms and conditions of **this policy**.

Right of recovery

The insurer may recover any amount **they** paid for charges that are not covered under **this policy** or exceeded the maximum benefits limit as specified in the **table of insured benefits**. 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.

Claims Procedure

Insured Members are to submit the following documents to us through the school within 30 days from the date of discharge from hospitalisation, from the date of death or from the date expenses were incurred for which the claim is made, whichever is applicable:

Admission to Government/Restructured Hospitals (Alexandra, Changi, KK Women's & Children, National University, Singapore General and Tan Tock Seng, Ng Teng Fong, Khoo Teck Puat, Sengkang General Hospital)

- Duly Completed Claim Form
- A copy of the Inpatient Discharge Summary given to patient upon discharge
- A copy of the Day Surgery Authorization Form signed by the patient before surgery
- A copy of the Referral Letter, if any
- Final Original Hospital Bill showing the Medisave deduction
- Original Pre/Post Hospitalisation Medical Bills

Admission to a Private Hospital (Parkway East, Gleneagles, Mount Alvernia, Mount Elizabeth, Raffles, Thomson Medical Centre and Day Surgery Centers/Clinic)

- Duly Completed Claim Form
- Attending Physician's Statement to be completed by the attending physician/surgeon
- A copy of Referral Letter if any
- Final Original Detailed Hospital Bills
- All Other Original Medical Bills related to admission/surgery

Frequently Asked Questions (FAQs)

Private Education Institution (PEI) Group Hospitalisation & Surgical Insurance

1. What does the insurance cover?

The insurance covers mainly medical expenses incurred for hospitalisation and/or surgery due to illness or accident in a Singapore Government/Restructured hospital.

Please refer to the Benefits Schedule given to your school for the details.

2. Which hospital can I seek treatment at?

You can seek treatment at the following Singapore Government/Restructure Hospitals:

- Singapore General Hospital
- Alexandra Hospital
- KK Women's & Children's Hospital
- National University Hospital
- Tan Tock Seng Hospital
- Changi General Hospital
- Khoo Teck Puat Hospital
- Ng Teng Fong General Hospital
- Sengkang General Hospital

Please note that hospitalisation in a Ward higher than that you are entitled to or in Private Hospitals is subject to a pro-ration factor. For hospitalisation in overseas hospitals, you will only be covered up to the reasonable and customary cost of treatment in Singapore Government / Restructured Hospital for similar or comparable treatment or the cost incurred in the foreign hospital, whichever is lower. In such cases, you may not be fully reimbursed for such claims incurred.

3. Will I be covered if I go back to my home country or travel during vacation?

Yes, you will be covered as long as you are a registered student of your school pursuing a course of study. Hospitalisation and/or surgery expenses incurred will be covered up to the reasonable and customary cost of treatment in Singapore Government/Restructured Hospital, whichever is lower, subject to the policy limits applicable.

Cover does not apply: 1) when you travel expressly for treatment outside Singapore.
2) when you are out of Singapore for a period exceeding 185 consecutive days at a time

4. I am a part-time student who opted to be covered. Am I covered during work?

No, you will not be covered for illness or injury sustained during work.

5. Are pre-existing conditions covered?

For students on compulsory scheme, pre-existing conditions are covered after you have been insured for 12 consecutive months.

6. What should I do if I need to stay in the hospital or have surgery? Do I have to pay the medical costs myself?

Please settle the medical bills directly with the hospital and retain all **ORIGINAL** bills to be submitted to the insurance company. Please note that you may have to pay the cash deposit determined by the hospital and should you choose to stay in a higher class of ward or a private hospital, your claim may not be fully covered.

For pre or post hospitalisaton / surgery and emergency outpatient treatment, please pay first and claim reimbursement.

7. Are outpatient services or treatment for illness covered?

GP outpatient services for illness (e.g. common cold, fever etc.) are not covered.

8. Is outpatient treatment after an accident covered?

Yes, only if treatment is sought at a clinic or hospital within 48 hours from the time of accident. Follow-up treatment by the same physician is covered up to 31 days from date of accident subject to the policy limit in the benefits schedule.

9. How do I make a claim?

Please refer to claim procedure on page 4.

10. When I utilize my Medisave/Medishield Integrated Plan to pay for my treatment, how will my claim be reimbursed (for Singapore citizens and PRs only)?

Payment made by Medisave will be refunded to the respective Medisave Account holder and Medishield Integrated Plan.

11. When do I need to submit the claim?

You should submit the claim or give notice that you will be making a claim as soon as possible but within 30 days from discharge. For late submission/notification, please provide a valid reason.

12. I have submitted my hospitalisation/surgery claim earlier. I wish to submit follow-up treatment bills. What should I do?

Please inform your school when submitting the bill that it is for follow-up treatment so that we are able to trace your records. The claim form is not required.

13. How long does it usually take to process my claim?

Upon receipt of all required documents including **ORIGINAL** bills, approved claims will be settled within 6 to 8 weeks.

14. How will I be notified of the result of my claim?

You will be notified through your school. Reimbursement for approved claims will be via cheque payment to you through your school.

15. When will my insurance end?

The insurance will end when one of the following occurs, whichever happens first:

- when you cease to be a registered student of your school
- exhaustion of the policy limit applicable to you during the policy year
- expiry of the insurance policy

16. If I have questions or need assistance, who should I contact?

Howden Insurance Brokers (S.) Pte. Limited
Tel : (65) 6510 3781
Email : alice.toh@howdengroup.com
Website : www.howdensingapore.com

Income Customer Service Hotline (Claims)
Tel: (65) 6332 1133

Important - The information contained in this FAQ is subject to the actual terms and conditions of the policy contract your school has with '***Income Insurance Limited'***.

Income Insurance Limited I UEN: 202135698W
Income Centre 75 Bras Basah Road Singapore 189557
Tel: 6788 1777 · Fax: 6338 1500
Enquiries: www.income.com.sg/enquiry

Dear Customer, please email your claim to groupclaim@income.com.sg to avoid delay in the processing.

Group Hospital and Surgical Claim Form

Important notes

1. The acceptance of this form is NOT an admission of liability on the part of Income. Any documentary proof or medical report must be given at the expense of the employer or employee/patient.

2. Upon admission (if applicable), please sign the forms for CPF Medisave Deduction and CPF MediShield Life/Medisave-Approved Integrated Shield Plan and pay a deposit as requested by the hospital.

3. Please email the following documents to **groupclaim@income.com.sg** within 30 days of the patient's discharge from hospital:
   (a) Please complete all items in Section 1 and indicate as "N.A" if not applicable.
   (b) Copy of final hospital bills, doctor's bills and receipts of payment.
   (c) For admission into a government/restructured hospital, please provide the inpatient discharge summary/ambulatory form/hospital pre admission form.
   (d) For admission into a private/overseas hospital, please provide a copy of the itemised/detailed hospital bill with Section 2 completed by the attending doctor. If the attending doctor charges a fee for the completion of Section 2 the employer or employee/patient is responsible to pay the charges.
   (e) A copy of the employee's Work Permit or S-Pass. (For claims under WorkMedic Policy only.)
   (f) For bills that indicate any payment by Medisave-Approved Integrated Shield Plan, please provide a copy of the Shield Plan's settlement letter. Please ensure that all required documents are completed and submitted together with this claim form to avoid any delay in processing your claim.

4. When we pay an eligible claim, precedence shall be given in the following order:
   - Employer or employee if they have settled the eligible medical bills by cash
   - Medisave account as indicated in the tax invoices or bills
   - Patient's Medisave-Approved Integrated Shield Plan or CPF MediShield Life (if applicable) in accordance with the CPF Act.

Section 1 – To be completed by policyholder and insured member

Company name: _____ **Policy number:** _____

Particulars of insured member

Particulars of insured member (as shown in NRIC, FIN or Passport)				
Full Name (as shown in NRIC, FIN or Passport)		NRIC, FIN or Passport number	Date of birth (dd/mm/yyyy)	Gender ☐ Male ☐ Female
Nationality	Country of residence	Occupation Student	Admission to School (dd/mm/yyyy)	Contact number
Email address		Address		

If your contact particulars (i.e. address, contact number and email) indicated in this form are different from your existing records with us, we will not update all your existing policies with the new contact particulars.

Medical Condition

1. Details of illness or injury		
a. Illness or injury	b. Describe symptoms	c. Date the symptoms started (dd/mm/yyyy)
d. Name of hospital	e. Surgical procedure	f. Period of hospitalisation or surgery (dd/mm/yyyy)
g. Name and address of referring General Practitioner or Clinic	h. Name and address of regular General Practitioner or Clinic	

2. Please complete the following if you have sustained injury as a result of an accident	
a. Date and time of accident (dd/mm/yyyy)	b. Place of accident
d. Give details of how the injury was caused by the accident. (Please enclose a copy of the police report, if any.)	

Other information

3. Have you claimed or do you intend to claim from any insurer, other employer or any other parties for reimbursement of your medical bills? If 'Yes', please state the party that you are claiming from and submit a copy of the settlement letter or payment voucher from the other party. Note: It is important that you inform us if you are claiming from another insurer, other employer or any other parties for the same bill. You can only be reimbursed once for the amount that you have incurred regardless of the number of medical insurance policies you may have. We reserve the right to recover if there is any excess amount paid to you.	☐ Yes ☐ No

Payee's details

4. Benefits should be made payable to: ☐ School ☐ Student (Claimant)

Name of bank _____ Branch _____

Account number _____

[2] The bank details provided must be claimant's/policyholder's bank account. If you provide us with an inaccurate bank account number under this section for the payment of this claim, we shall discharge from all liability under this claim and not be liable for any losses incurred by you.

Note: If there is a payment method agreed with your policyholder, payment will be based on the established method.

Name of payee (as shown in the bank account)	NRIC, FIN or Passport number (as shown in the bank account)	Relationship to the insured	Nationality	Country of residence

Personal data use statement (A photocopy of this authorisation is valid as an original copy)

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited ("Income"), its representatives, agents, relevant third parties, Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") (referred to in Income's Privacy Policy at http://www.income.com.sg/privacy-policy) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided and any future updates, (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, providing me/us with financial advice and/or recommendation on products and services, managing my/our relationship and policies with Income including sending me/us corporate communications and notices on updates and servicing, research and data analytics, and in the manner and for the purposes described in Income's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of my family, employee, payee/payer or beneficiary) is provided by me/us or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, disclosure and use of their personal data; and
- I am/we are authorised to give any authorisation, approval and consent on their behalf to collect, use or disclose, their personal data,

for the purposes as set out in this Personal Data Use Statement.

For the purpose of this application and any claim in connection with my/our policy(ies) with Income, I/we also authorise, agree and consent to (whether this application or transaction is accepted or refused) the following:

a) The medical source, insurance office, reinsurer, or organisation to release to Income any medical or relevant information to do with me or the insured;
b) Income to collect from and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me or the insured; and
c) Income or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income to underwrite and evaluate me or the insured health status or condition in relation to this application and any claim in connection with my/our policy(ies) with Income.

When submitting a claim for an insurance policy, I/we consent and agree that the personal data will also include any subsequent information collected on health or any information that is necessary for Income to decide whether to pay the claim, such as test results, medical examination results, and health records from medical sources such as medical examiners or laboratories.

I/We authorise, consent and agree to the following:

- Income Parties to collect from and/or disclose to the group policyholder, the personal data for all the relevant purposes listed above and in Income's Privacy Policy including to respond to enquiries from the group policyholder for the purposes of this application and policy servicing matters, including confirmation of eligibility for the cover; and
- The group policyholder to disclose the personal data to Income Parties for all the relevant purposes listed above and in Income's Privacy Policy.

Please refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

Declaration and authorisation

I certify that the information in this form is true and complete and I have not withheld any material information.

I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in the 'Personal Data Use Statement'(PDUS) above.

For the purposes of policy administration including processing and investigating this claim, and deciding whether Income is to insure or continue to insure me for my insurance applications or policies,

a. I authorise any person or organisation who has relevant information pertaining to this claim, including any medical practitioner, health care provider or institution, insurance company, and investigative agencies, to release and exchange such information (including personal health information) requested by Income and/or its claims service providers.

b. I authorise Income and its claims service providers to collect, use, disclose and to exchange with the persons or organisations listed above any information (including personal health information).

c. I am authorised to disclose information (including personal health information) about the insured person if this claim is made on behalf of them

I confirm that all documents submitted to Income including bills and invoices are copy of the original documents and I am aware that I am required to retain all original documents for a period of 6 months from claim submission date for verification by Income when required. I am aware that Income may reject my claim should it discover that the document(s) that I have submitted is not a copy of the original document(s).

I confirm that I have paid in full all the bill(s)/invoice(s) that I have submitted to Income for reimbursement and I have not made any claim and will not make any claim from any other source for the same bill(s)/invoice(s). If I have made a claim from other source, I agree that I will provide a copy of the settlement agreement between me and such other source. I am aware that Income will not reimburse me if I have received a full reimbursement from any other source. If I do not receive full reimbursement from other source, I am aware and understand that Income will only reimburse me the balance of the bill/invoice that has not been paid to me by other source. In the event Income has made a reimbursement to me and I have claimed from other sources and be reimbursed for more than what I incurred in total, I agree that Income has the right to recover any payment made by Income to me.

I agree that a photocopy or electronic version of this authorisation shall be as valid as the original.

Name of insured member	Signature of insured member	Date (dd/mm/yyyy)
Name of patient (if different from the insured member)	Signature of patient (To be signed by patient's parent or legal guardian if patient is below 21 years old)	Date (dd/mm/yyyy)

Certification by policyholder

Name of policyholder	Policy number
Effective date of patient's insurance (dd/mm/yyyy)	Plan type

This is to certify that insured member is a student of our school and is covered under the stated policy number.

Name of authorised personnel	Signature and school's stamp	Date (dd/mm/yyyy)

Income Insurance Limited | UEN: 202135698W
Income Centre 75 Bras Basah Road Singapore 189557
Tel: 6788 1777 · Fax: 6338 1500
Enquiries: www.income.com.sg/enquiry

Attending Physician's Statement

Section 2 – To be completed by the Attending Doctor
(Applicable for hospitalisation or day surgery at private/overseas hospital or clinic)

Note: If the space provided is insufficient, please attach any written reports/diagnostic or lab-tests results.

1. Name of patient (as shown in NRIC, FIN, Passport or BC)	2. NRIC, FIN, Passport or BC number of patient
3. Date admitted (dd/mm/yyyy)	4. Date discharged (dd/mm/yyyy)

5. When did the patient first consult you for the condition? (dd/mm/yyyy)

6. Subsequent consultation dates (dd/mm/yyyy)

7. What were the complaints or symptoms presented during the first consultation?

8. When the patient first experienced these complaints or symptoms? (dd/mm/yyyy)

9. What was patient's diagnosis(es)?	First diagnosed date (dd/mm/yyyy)
1.	1.
2.	2.
3.	3.

Note: If there is more than one diagnosis, please advise whether they are related directly or indirectly to each other. Please provide us with details to your answer. ☐ Yes ☐ No

10. What was the underlying cause(s) of the diagnosed condition(s) as stated in Question 9?	Diagnosed date (dd/mm/yyyy)
1.	1.
2.	2.
3.	3.

11. Were any diagnostic or laboratory tests done? If 'Yes', please enclose a copy of the tests results.	☐ Yes ☐ No
12. Has the patient received any prior treatment for this condition before consulting you? If 'Yes', please state when and provide us with the name and address of doctor who treated the patient previously.	☐ Yes ☐ No
13. Was patient referred to you by a clinic or hospital? If 'Yes', please state when was the referral and name and address of the referring doctor.	☐ Yes ☐ No
14. Did patient suffer similar or related conditions in the past? If 'Yes', please indicate nature of problem, name and address of attending doctor and dates of treatment.	☐ Yes ☐ No
15. Has the patient ever suffered from any serious illnesses (e.g. heart conditions, kidney failure, stroke, cancer etc) prior to this admission? If 'Yes', please provide us with the diagnosis, first date of diagnosis, and name and address of doctor seen.	☐ Yes ☐ No

16. Date and type of operation or treatment performed. For surgery, please state surgical table and code. If no surgery was performed, please state treatment and medication given.		
17. Where 2 or more surgical procedures were performed, please specify whether they were done through the same incision.		
18. When was the patient <u>first</u> advised to have the surgery? Name and address of the doctor who advised the patient to have the surgery.		
19. Was the treatment medically necessary? If 'No', please give details.	☐ Yes	☐ No
20. Was the hospitalisation/surgery for the following treatment items, procedures, conditions, activities or their related complications?		
a) Health screening related examinations, admission for diagnostic purpose, genetic screening, treatment of a preventive nature, cosmetic treatment, surgery/treatment for obesity, correction of eye refraction, squint or other eye misalignment? If 'Yes', please give details.	☐ Yes	☐ No
b) Birth defects, congenital abnormalities, or developmental delay/learning disabilities in children? If 'Yes', please give details.	☐ Yes	☐ No
c) Psychological disorder, personality disorder, behavioural disorder, emotional or mental conditions or illness/injury resulting from such disorders? If 'Yes', please give details.	☐ Yes	☐ No
d) Elective abortion, pregnancy or complication arising from pregnancy, complications arising during or after childbirth? If 'Yes', please give details.	☐ Yes	☐ No
e) Infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or contraceptive treatment? If 'Yes', please give details.	☐ Yes	☐ No
f) Venereal diseases, AIDS, AIDS related complex or infection by Human Immunodeficiency Virus (HIV)? If 'Yes', please give details.	☐ Yes	☐ No
g) Intentional, self-inflicted injuries or injuries resulting from attempted suicide? If 'Yes', please give details.	☐ Yes	☐ No
h) Drug addiction or alcoholism or illness/injury resulting from or under the influence of alcohol or drugs? If 'Yes', please give details.	☐ Yes	☐ No
i) Dental treatment, oral surgery, orthodontics, orthognathic surgery, oral and maxillofacial surgery or temporo-mandibular joint disorder? If 'Yes', please give details.	☐ Yes	☐ No
j) An accident? If 'Yes', please give details of the accident and whether it is work-related and whether police report was made.	☐ Yes	☐ No
21. Has patient fully recovered from the condition(s)? If 'No', what are the follow-up treatments required?		

Name and stamp of attending doctor	Signature of attending doctor
Date (dd/mm/yyyy)	Hospital or clinic's name and address