

MaidEase Application Form

(Please complete form filling by clicking and typing in the fields)

Important Notice

Statement Pursuant to Section 25 (5) of the Insurance Act, you are to disclose on this Application Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

Intermediary's Name/Code:	Producer Code:
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Applicant's Particulars (The employer as policyholder)

Name:	NRIC/FIN:
Address:	Nationality:
	Date of Birth: DD / MM / YYYY
Occupation:	SB Transmission No.:
Email*:	Mobile*:

Domestic Helper's Particulars

Name:	FIN:
Work Permit:	Nationality:
	Date of Birth: DD / MM / YYYY

Coverage Details

Period of Insurance: From DD / MM / YYYY for ☐ 14 months ☐ 26 months

Insurance Premium (S\$, inclusive of GST)

Coverage	Age (Years Old)	Standard		Prestige		Prestige Plus	
		14 Months	26 Months	14 Months	26 Months	14 Months	26 Months
Insurance Benefits Only	50 & below	<input type="checkbox"/> \$357.25	<input type="checkbox"/> \$530.95	<input type="checkbox"/> \$547.30	<input type="checkbox"/> \$815.95	<input type="checkbox"/> \$667.30	<input type="checkbox"/> \$993.95
	Above 50	<input type="checkbox"/> \$516.30	<input type="checkbox"/> \$768.95	<input type="checkbox"/> \$799.30	<input type="checkbox"/> \$1,191.00	<input type="checkbox"/> \$977.35	<input type="checkbox"/> \$1,455.95
Insurance + Guarantee to MOM	50 & below	<input type="checkbox"/> \$389.95	<input type="checkbox"/> \$580.00	<input type="checkbox"/> \$580.00	<input type="checkbox"/> \$865.00	<input type="checkbox"/> \$700.00	<input type="checkbox"/> \$1,043.00
	Above 50	<input type="checkbox"/> \$549.00	<input type="checkbox"/> \$818.00	<input type="checkbox"/> \$832.00	<input type="checkbox"/> \$1,240.05	<input type="checkbox"/> \$1,010.05	<input type="checkbox"/> \$1,505.00
Insurance + Guarantee to MOM + Waiver of Counter Indemnity	50 & below	<input type="checkbox"/> \$444.45	<input type="checkbox"/> \$634.50	<input type="checkbox"/> \$634.50	<input type="checkbox"/> \$919.50	<input type="checkbox"/> \$754.50	<input type="checkbox"/> \$1,097.50
	Above 50	<input type="checkbox"/> \$603.50	<input type="checkbox"/> \$872.50	<input type="checkbox"/> \$886.50	<input type="checkbox"/> \$1,294.55	<input type="checkbox"/> \$1,064.55	<input type="checkbox"/> \$1,559.50

Optional Cover (subject to additional premium)

Waiver of 25% Co-payment for Section 3 - Hospital and Surgical Expenses	50 & below	<input type="checkbox"/> \$47.40	<input type="checkbox"/> \$70.70	<input type="checkbox"/> \$75.05	<input type="checkbox"/> \$111.90	<input type="checkbox"/> \$92.40	<input type="checkbox"/> \$137.90
	Above 50	<input type="checkbox"/> \$71.10	<input type="checkbox"/> \$106.05	<input type="checkbox"/> \$112.40	<input type="checkbox"/> \$167.75	<input type="checkbox"/> \$138.60	<input type="checkbox"/> \$206.75

Note: If guarantee is required, please furnish a copy of In-Principle Approval Letter or Renewal Notice from MOM and, duly signed Application Form.

*Notification and future correspondence on your policy will be sent via email and SMS. This includes but not limited to Policy Documents and Endorsements.

Pre-Contract Disclosure

Sompo MaidEase Insurance is compliant with the Ministry of Manpower's (MOM) enhanced Medical Insurance requirements. Please scan or click on the QR code for more information.



Declaration

I, and on behalf of the persons to be insured, warrant and declare that:

1. I/We am/are not undischarged bankrupt(s); and
2. I/We am/are residing in Singapore; and
3. The domestic helper is in good health and free from any physical impairment.
4. I/We have given the information in this application form that is true, accurate and complete and they shall be the basis of the contract with Sompo.

Counter Indemnity

In consideration for us providing you with a Letter of Guarantee for S\$5,000 in favour of the Ministry of Manpower Singapore ("MOM") as security for complying with all the conditions under the Security Bond, you agree and undertake as follows:-

1. You agree to observe and comply with all the conditions under the MOM security bond in connection with the employment of the domestic helper during the Period of Insurance.
2. You shall at your own expense defend, indemnify and hold harmless Sompo Insurance Singapore Pte. Ltd. ("Sompo") against any and all damages, liabilities, losses, costs and expenses associated with any claims, payments, demands, actions, suits or proceedings against Sompo arising from or in connection with the Letter of Guarantee.
3. You shall at all times, compensate us against all claims, payments, demands, action suits, proceedings, losses, liabilities costs and expenses which may be taken or made against us or which we may suffer under the issuance of the Letter of Guarantee.
4. You shall repay us within 14 days of any payment we make under the Letter of Guarantee. If you do not do so, repayment of such sum shall be subject to late payment interest of 8% per annum from the date we make the payment under the Letter of Guarantee until the date we receive full payment from you.
5. You shall pay us all costs, charges and expenses including legal costs on full indemnity basis we may suffer in enforcing or trying to get payment of all or any part of the money agreed to be paid. This includes any legal action we may take against you.
6. We may settle out of court, all claims, payments, demands, action suits, proceedings, losses and liabilities which may be taken or made against you under the Letter of Guarantee.
7. Any claim demand or request by MOM for payment of any sum of money shall be sufficient authority for us for making payment and You agree not to dispute validity of such claim, demand or request. Any receipts, vouchers, statement of account or other evidence of payments we have made or of all liabilities or obligations we have because of the Letter of Guarantee will be conclusive evidence against you and your estate of the amount you owe us.
8. This counter indemnity shall be a continuing indemnity and will not be affected by our decision to give you extra time to pay or accept other offers from you or make other arrangement with you, or extend the validity of the Letter of Guarantee without affecting your liability under this Counter Indemnity.
9. This Counter Indemnity will stay in force (even when the security bond ends) until we have no further liability under the Letter of Guarantee.
10. Any demand we make can be given in writing to you by agent, employee or by our solicitors either serving it personally on you or sending it by post to you at your last known address.
11. This Counter Indemnity shall be governed and construed in accordance with the Laws of Singapore. You and we agree that only the courts in Singapore can decide on any legal dispute arising out of this Counter Indemnity.

I, and on behalf of the persons to be insured, agree to abide by the Policy terms, conditions and exclusions.

I/We am/are aware that I/we can seek advice from a qualified advisor to ensure that this product is appropriate for my/our financial needs and insurance objectives before this application is submitted.

I, and on behalf of the persons to be insured, acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my/our personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at www.sompo.com.sg.

Marketing Consent

I/We would like Sompo to send me/us marketing updates and/or information about your products, promotions and services via:

☐ Postal Mail ☐ Email ☐ Voice Calls ☐ Text Messages (e.g. SMS)

I/We am/are aware that this supersedes any other marketing consent which I/we may have previously provided to Sompo. I/We am/are aware that it may take up to 30 days for Sompo to update my marketing consent. I/We understand that I/we may change or withdraw my/our marketing consent subsequent to this product application. I/We confirm that I/we am/are the user and/or subscriber of the telephone number which was provided to Sompo.

By signing this application form, I/we have agreed to the statements in the Declaration and Counter Indemnity above.

Name: _____ NRIC/FIN: _____

Address: _____

Signature of Applicant/Indemnifier

DD / MM / YYYY

Date

Payment Instructions

☐ Please charge S\$ _____ (including GST) to my ☐ Visa ☐ MasterCard

Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to such use.

Cardholder Name: _____ Expiry Date: _____ MM / YYYY

Credit Card No: - - -

Signature of Cardholder

DD / MM / YYYY

Date

☐ I/We enclosed a cheque number _____ for S\$ _____ (including GST) payable to

Sompo Insurance Singapore Pte. Ltd.