

MaidEASE Insurance

Important Notice pursuant to Section 25(5) of the Insurance Act

For any claims under this Policy to be valid: -

You and/or the Insured Person must disclose all facts that You and/or the Insured Person know or ought to know which may affect the insurance cover being applied for.

This document contains the Policy Conditions of your MaidEase insurance policy. These Policy Conditions, the Policy Schedule and any subsequent endorsements shall be read together as one contract, and shall be referred to as the "Policy".

Definitions

Accident or **Accidental** refers to a sudden, unforeseen and unexpected event which happens to the Insured Person during the Period of Insurance and which is the sole cause of the Injury to the Insured Person.

Age refers to age on the person's attained age.

Act of Terrorism refers to an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or groups(s) of persons, whether acting alone or on behalf of or in connection with any organizations(s) or governments(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

Basic Limit refers to annual minimum coverage of the medical insurance that Insured is required to buy and maintain for the Insured Person as prescribe by Singapore Ministry of Manpower at the commencement of the policy.

Chinese Physician refers to a person (which may include a herbalist, acupuncturist or bonesetter) legally licensed or registered to practise Chinese medicine, who is practising within the scope and geographical area of his licensing, excludes a Chinese Physician who is the Insured or Insured Person or the spouse, relative or employee of the Insured and/or Insured Person.

Chiropractor refers to a legally licensed practitioner in chiropractic medicine who is registered and can practice within the scope of their license under the laws of the country, excludes a Chiropractor who is the Insured or Insured Person or the spouse, relative or employee of the Insured and/or Insured Person.

Community Hospital refers to an approved community hospital in Singapore and classified as such by the Ministry of Health in Singapore providing an intermediate level of care for individuals who have illnesses or medical conditions which do not need specialist medical treatment and nursing care.

Co-payment refers to the amount that Insured need to pay on the claimable amount.

Day Surgery refers to procedures or treatments by incisions, shockwaves or lasers, including endoscopic procedures requiring the professional services of a Registered Medical Practitioner or surgeon and which does not require an overnight Hospital stay.

Dental treatment refers to treatment needed to restore sound and natural teeth and which is necessary because of an accident

Dwelling refers to the private dwelling house identified as the Address in the Policy Schedule.

Family Member refers to Insured's spouse, children, parents, brothers and sisters, parents-in-law, brothers-in-law, sisters-in-law, grandparents, grandparents-in-law, daughters-in-law, sons-in-law or grandchildren.

Home Country refers to any country of which the Insured Person is a citizen.

Hospital refers to an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons as bed-paying patients, and which:

- a. has facilities for diagnosis and major surgery.
- b. provides twenty-four (24) hours a day nursing services by registered graduate nurses. and
- c. is under the supervision of a Registered Medical Practitioner, and is not primarily a nature cure clinic, a place for alcoholics or drug addicts, a nursing, rest or convalescent home or home for the aged, place for rehabilitation care or similar establishment. For the avoidance of doubt Community Hospital shall be deemed to be a place for rehabilitation care for the purpose of this Policy.

Illness (including sickness or disease) refers to any sudden and unexpected pathological deviation from the normal healthy state, marked by interruption, cessation or disorder of the body functions, systems or organs as confirmed by a Registered Medical Practitioner.

Injury refers visible damage or visible harm to the Insured Person's body caused by an external force during the Period of Insurance which is caused directly and solely by an Accident.

Insured refers to the employer of the Insured Person under whose name the Policy has been issued.

Insured Person refers to the domestic helper named in the Policy Schedule in the immediate employment of the Insured and holds a valid work permit in respect of such employment.

Loss of Sight refers to physical loss of an eye, or permanent and total loss of sight, which shall be considered as having occurred in one or both eyes if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale (this means seeing at 3 metres what you should see at 60 metres) as confirmed by a fully qualified Ophthalmic Specialist.

Loss of Speech or Hearing refers to medically certified total and irrecoverable loss of the sense of speech or hearing.

Pre-Existing Medical Condition refers to any Injury, Illness or disablement including any complications that may arise which

1. Insured or Insured Person have prior knowledge of or should reasonably know about, including manifestations and symptoms which existed before the Period of Insurance.
2. Insured Person have received any diagnosis, consultation, medical treatment or prescribed drugs for within 12 months before the Period of Insurance.
3. Insured Person have been asked to obtain medical treatment or medical advice by a Registered Medical Practitioner within 12 months before the Period of Insurance.

Period of Insurance refers to the period of cover as shown in the Policy Schedule.

Private Hospital refers to a hospital licensed to operate as a hospital under the Private Hospitals and Medical Clinics Act other than a Public Hospital as defined herein.

Public Hospital (previously referred to as Government Restructured Hospital) refers to a Hospital in Singapore and classified as such by the Ministry of Health in Singapore and is run by companies wholly owned by the government of Singapore and receives government subvention or subsidy for the provision of subsidised medical services to patients.

Registered Medical Practitioner refers to a person qualified by degree in western medicine and duly licensed or registered to practice medicine and surgery in the geographical area of his practice, and who in rendering such services is practicing within the scope of his licensing and training but excludes a Registered Medical Practitioner who is the Insured or the Insured Person or the spouse, relative or employee of the Insured and/or Insured Person.

Specialist refers to a Registered Medical Practitioner who has the extra qualifications and expertise needed to practice as a recognised specialist of diagnostic techniques, treatment and prevention, in a particular field of medicine including but not limited to neurology, pediatrics, orthopedic, gynaecology, optometry and dermatology.

You/Your/Yours refers to the Insured referred to in the Policy Schedule.

We/Us/Our/The Company refers to Sompo Insurance Singapore Pte. Ltd.

POLICY COVERAGE

Section 1 – Accidental Death and Permanent Disability

In the event the Insured Person sustained Injury during the Period of Insurance and within twelve (12) calendar months resulting in Accidental death or permanent disablement, We will pay to the Insured Person or her legal personal representatives up to the limit stated in the Policy Schedule using the scale of compensation table as shown below.

Item	Description of disability	% of Capital Sum Insured
1	Accidental Death	100%
2	Total and permanent disablement from engaging in or attending to employment	100%
3	Total and irremediable loss of all sight in both eyes	100%
4	Total and irremediable loss of all sight in one eye and loss of one hand or one foot	100%
5	Total and irremediable loss of all sight in one eye	50%
6	Loss of both hands or feet or one hand and one foot	100%

7	Loss of one hand or one foot	50%
8	Loss of hearing or speech	50%
9	Loss of hearing in one ear	15%
10	Loss of arm at shoulder	75%
11	Loss of arm below shoulder	65%
12	Loss of leg at hip	75%
13	Loss of leg below hip	65%
14	Loss of thumb (both phalanges)	25%
15	Loss of thumb (one phalanx)	10%
16	Loss of index finger (three phalanges)	10%
17	Loss of index finger (two phalanges)	8%
18	Loss of index finger (one phalanx)	4%
19	Loss of finger other than thumb or index finger	5%
20	Loss of great toe	5%
21	Loss of any other toe	1%

- In the event of any permanent disability not mentioned above other than loss of sense of taste or smell, We will pay a percentage of the sum insured which is consistent with the scale mentioned above after consulting our Registered Medical Practitioner.
- We will not pay the Insured Person extra compensation for any specific item which is part of a greater item due under this Policy. For example, We will pay the Insured Person for the loss of upper limb but will not pay for loss of thumb or finger.
- the total of all percentage of the sum insured payable for this section shall not exceed 100% for the Period of Insurance.
- We will reduce any compensation due for Accidental death by any compensation which We have already paid the Insured Person under the scale of compensation within the same Policy Period for any one Accident.

Extensions to Section 1

1. Additional indemnity for death from Accident in Dwelling

In the event the Insured Person sustained Injury from an Accident occurring at the Dwelling during the Period of Insurance and if such Injury shall within three (3) calendar months result in the death of the Insured Person and payable under Section 1, We will pay to the Insured Person or her legal personal representatives an additional amount of S\$5,000.

2. Medical expenses due to Injury

In the event the Insured Person sustained Injury during the Period of Insurance, We will pay for the medical expenses incurred due to Injury within twelve (12) months from the date of accident up to the limit stated in the table below.

Benefit Limit (Per Policy Period)	Standard Plan	Prestige Plan	Prestige Plus Plan
	S\$ 2,000	S\$ 3,000	S\$ 4,000

This benefit is extended to pay for the necessary expenses incurred for the following:

a) Treatment by Chinese Physician, Chiropractor or Physiotherapist.

We will pay the medical expenses incurred up to S\$100 per accident, in the event the Insured Person sustained Injury during the Period of Insurance and require necessary treatment by:

- Chinese Physician; or
- Chiropractor or Physiotherapist (provided it is referred by a Registered Medical Practitioner).

b) Dengue fever

In the event the Insured Person is diagnosed with dengue fever during the Period of Insurance, We will pay the medical expenses incurred for the treatment up to the limit stated in the table below.

Benefit Limit (Per Accident)	Standard Plan	Prestige Plan	Prestige Plus Plan
	S\$ 150	S\$ 250	

c) Land ambulance service

In the event the Insured Person sustained Injury during the Period of Insurance which requires the use of land ambulance services, We will pay the cost incurred up to S\$100 per accident.

We will not pay for :

- any permanent disability or death caused directly or indirectly by Illness and / or any physical disability which existed before the start of the policy.
- any medical expenses claim made payable under Section 3 - Hospital and Surgical Expenses.

Section 2 - Repatriation Expenses

We will pay the Insured for the expenses incurred up to the limit stated in the Policy Schedule as a result of an Injury, Illness or suicide of the Insured Person for

- a. conveyance of the Insured Person to her Home Country in the case of permanent total disablement or prolonged terminal or serious illness preventing the Insured Person from attending to her employment or occupation as a domestic helper, provided it is certified by a Registered Medical Practitioner in Singapore. The Insured will have to pay any cost involved in providing the medical report.
- b. burial or cremation of the Insured Person and/or conveyance of the body or ashes to the Home Country.

Provided always that prior agreement is obtained from Us for all such expenses and:

- i. We will only pay the claim under either Section 2a or 2b for the same event but not both
- ii. this section shall only commence upon the successful completion of the obligatory medical examination of the Insured Person as required by the relevant Ministry for new applicant.

Section 3 - Hospital and Surgical Expenses

We will pay for the Hospital and Surgical Expenses (including Day Surgery) incurred up to the annual limit stated in the Policy Schedule in the event the Insured Person is confined in a Hospital as a result of Injury or Illness during the Period of Insurance. Hospital and Surgical Expenses will include the following:

- room & board charges (including in an intensive care unit (ICU))
 - other Hospital services, which include:
 - drugs and medicines prescribed by a Registered Medical Practitioner while the Insured Person is in the Hospital as inpatient.
 - using an operating room.
 - dressings, ordinary splints and plaster casts.
 - laboratory examinations which are medically necessary.
 - electrocardiograms.
 - basal metabolism tests.
 - physical therapy.
 - anaesthesia and oxygen.
 - X-ray examinations.
 - intravenous drugs and liquids.
 - giving blood plasma, but not the cost of blood plasma itself.
 - Registered Medical Practitioner's visit.
 - any other costs certified as necessary by a Registered Medical Practitioner.
 - fees for a surgery or a day surgery performed in a Hospital by a Registered Medical Practitioner.
 - pre-hospitalisation treatment within ninety (90) days before being admitted as an inpatient or Day Surgery which is recommended by a Registered Medical Practitioner to treat a medical condition. We will only pay for the pre-hospitalisation treatment occurring during the Period of Insurance and provided We pay the Hospital and Surgical Expenses claim under this Policy. We will not pay any claim for alternative medical opinion from another Registered Medical Practitioner after an initial diagnosis or treatment plan for a medical condition, unless is referred by Insured Person's current attending Registered Medical Practitioner.
 - post-hospitalisation treatment within ninety (90) days immediately following discharge from Hospital for the same medical condition for which the Insured Person was hospitalised. We will only pay for the post-hospitalisation treatment occurring during the Period of Insurance and provided We pay the Hospital and Surgical Expenses claim under this Policy.
- a. In the event the Insured Person is not confined in a Class "C" or "B2" wards in a Public Hospital, We will pay the Hospital and Surgical Expenses being claimed after applying the "Pro ration Factor" shown in the Pro ration Factor Table below, subject to the annual limit as stated in the Policy Schedule, whichever is the lower.

Pro ration Factor Table

Type of Hospital	Type of Ward	Percentage (%)	
		For Inpatient	For Day Surgery
Public Hospital	A1	50%	Not Applicable
	A2	60%	
	B1	70%	
Private Hospital or any Hospital out of Singapore	All Wards	40%	

- b. We will apply the Co-payment for the Hospital and Surgical Expenses being claimed as shown in the table below.

Co-payment by Insured

Annual Claim Amounts	Percentage (%)
1 st S\$15,000	Not Applicable
Above S\$15,000 up to the annual limit stated in the Policy Schedule	25%

- c. In the event the Insured Person is diagnosed with COVID-19, We will pay for Hospital and Surgical Expenses being claimed for COVID-19 treatment up to the annual limit stated in the Policy Schedule. The treatment must be provided in Public Hospital or community care facilities as directed by Singapore's Ministry of Health.
- d. In the event the Hospital and Surgical Expenses incurred by the Insured Person during the Period of Insurance arises from Pre-Existing Medical Condition and Insured Person has been continually working as foreign domestic worker in Singapore for more than twelve (12) months continuously, the following applies:
 1. For Pre-Existing Medical Condition that first occurred prior to the first policy issued by Us, We will pay under this section 3 for the Hospital and Surgical Expenses, up to the Basic Limit.
 2. For Pre-Existing Medical Condition that first occurred after the commencement date of the first policy issued by Us, We will pay under this section 3 for the Hospital and Surgical Expenses, up to the annual limit stated in the Policy Schedule, at the time the Pre-Existing Medical Condition first occurred or at the time the Insured Person incurs the Hospital and Surgical Expenses, whichever is lower but in no event below the Basic Limit.

- e. We will apply the following limits to the Hospital and Surgical Expenses being claimed in the following order (where applicable), when computing your claim:
1. Pro ration Factor as shown in Section 3 (a)
 2. Co-payment as shown in Section 3 (b)
 3. Annual limit stated in the Policy Schedule (applies to actual claims payable less Co-payment).

We will not pay for:

1. cosmetic or plastic surgery which is not medically necessary.
2. Infertility, sub-fertility, assisted conception or any contraceptive operation, including their related complications.
3. sex change operations including its related complications.
4. non-medical personal services such as telephone, guests' meals and any other items which are not medically necessary.
5. any treatment which is not considered medically necessary by the Registered Medical Practitioner.
6. maternity charges (including caesarean operations or abortions, and their related complications).
7. treatment of venereal diseases and/or sexually transmitted diseases.
8. Insured Person travelling overseas for the purpose of getting medical treatment.
9. nursing care charges that is not provided by the Hospital or provided outside Singapore.
10. outpatient rehabilitation such as physiotherapy, occupational therapy, unless recommended by a Registered Medical Practitioner while the Insured Person is admitted as an in-patient.
11. traditional Chinese medicine treatment or any forms of alternative treatment.

Section 4 – Wages Compensation and Levy Reimbursement

We will pay the Insured the pro-rate wages and government levy imposed on foreign domestic helpers for the period that the Insured Person is hospitalised as in-patient and resulting the Insured suffering the loss of service of the Insured Person caused by her hospitalisation during the Period of Insurance, subject to the limit stated in the Policy Schedule and provided that a valid claim is made under Section 3 – Hospital and Surgical Expenses.

Section 5 – Alternative Help Benefit

We will pay the Insured a daily cash benefit in the event the Insured Person is hospitalised as in-patient as a result of Illness or Injury during the Period of Insurance, subject to the limit stated in the Policy Schedule and provided that a valid claim is made under Section 3 – Hospital and Surgical Expenses.

Section 6 - Recuperation Benefit

We will pay the Insured Person a daily recuperation benefit for the period the Insured Person is Hospitalised as in-patient during the Period of Insurance, subject to the limit stated in the Policy Schedule and provided that a valid claim is made under Section 3 – Hospital and Surgical Expenses.

Section 7 - Domestic Helper's Liability

In the event the Insured Person is legally responsible in respect of bodily injury (whether fatal or not) and/or accidental damage to property occurring due to the negligence of the Insured Person while in the course of and arising out of her employment with the Insured, within the Republic of Singapore during the Period of Insurance, We will pay for the legal cost and expenses for representing or defending the Insured Person and the amount awarded against the Insured Person by the court of Singapore, up to the limit stated in the Policy Schedule.

We will not pay for:

1. any claim due to Insured or Insured Person deliberate, malicious, unlawful or criminal act or failure to act.
2. any claim for loss of or damage to property which Insured or family member own, are in charge of or under Insured or Insured's family control.
3. expenses for legal services which We have not agreed to beforehand.
4. any legal responsibility that comes from an Injury or loss or damage to property that Insured or Insured's family owns, cares for or control.
5. any legal responsible, Injury, loss or damage which applies to Insured's family member or member of Insured's household.
6. any legal responsibility that results from Insured owning or Insured Person using weaponry, vehicles, aircraft or watercraft.
7. any legal responsibility that results from the animals Insured own or which are under Insured's care or custody.
8. any court judgement which is not in the first instance delivered by a court within Singapore.
9. any court judgement which Insured Person is appealing or is being appealed on her behalf.
10. any legal responsibility that results from Insured Person passing on disease to others.
11. any legal responsibility that results from Insured Person abuse of controlled drugs.
12. any legal responsibility that results when Insured Person is under the influence of alcohol or drugs or solvents.
13. any legal responsibility that is caused by Insured person involvement with polluting or harming the environment.
14. any claim for punitive, aggravated or exemplary damages
15. Insured's liability which applies under an agreement which would not apply if the agreement did not exist.

Section 8 - Dread Diseases Cover

In the event the Insured Person is diagnosed with one of the following covered dread diseases, We will pay the Insured Person up to limit stated in the Policy Schedule. This benefit is payable only once in the lifetime of the Insured Person.

Covered dread diseases are defined as follows:

a. **Major Cancer**

A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma. Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

1. All tumours which are histologically classified as any of the following:
 - Pre-malignant
 - Non-invasive
 - Carcinoma-in-situ (Tis) or Ta
 - Having borderline malignancy
 - Having any degree of malignant potential
 - Having suspicious malignancy
 - Neoplasm of uncertain or unknown behaviour, or
 - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia.
2. Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond.
3. Malignant melanoma that has not caused invasion beyond the epidermis.
4. All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification.
5. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below.
6. All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below.
7. All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below.
8. All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below.
9. Chronic Lymphocytic Leukaemia less than Rai Stage 3.
10. All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment, and
11. All tumours in the presence of HIV infection.

b. **Coronary Artery By-pass Surgery**

The actual undergoing of open-chest surgery or Minimally Invasive Direct Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence or significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty and all other intra-arterial, catheter-based techniques, 'keyhole' or laser procedures are excluded.

c. **Heart Attack of Specified Severity**

Death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:

- a. History of typical chest pain.
- b. New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block.
- c. Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above.
- d. Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company.

For the above definition, the following are excluded:

- a. Angina.
- b. Heart attack of indeterminate age.
- c. A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

d. **End Stage Kidney Failure**

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

e. **Stroke with Permanent Neurological Deficit**

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit. This diagnosis must be supported by all the following conditions:

- a. Evidence of permanent clinical neurological deficit confirmed by a neurologist at least six (6) weeks after the event; and
- b. Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- a. Transient Ischaemic Attacks.
- b. Brain damage due to an accident or injury, infection, vasculitis and inflammatory disease.
- c. Vascular disease affecting the eye or optic nerve.
- d. Ischaemic disorders or the vestibular system.
- e. Secondary haemorrhage within a pre-existing cerebral lesion.

f. Major Organ / Bone Marrow Transplantation

The receipt of a transplant of:

- a. human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation, or
- b. one of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

We will not pay for:

1. if the Insured Person is diagnosed with any of the dread disease within the first ninety (90) days from the commencement date of cover under the Policy.
2. if the Insured Person does not survive the first thirty (30) days from the date she is diagnosed with any of the covered dread disease.
3. when the dread disease, directly or indirectly, is caused by, arises in connection with, is consequence of, or is contributed by any of the following:
 - complication of any surgery, therapy or treatment administered on the Insured Person which is not prescribed by a medical practitioner in his or her professional capacity;
 - any consumption of a drug, unless it is taken on proper medical advice and is not for the treatment of drug addiction.

Section 9 – Termination Expenses and Re-Hiring Expenses

We will pay the Insured up to the limit specified in the Policy Schedule for:

- a. expenses incurred in respect of termination of the Insured Person's service, following; or
- b. agency fees incurred in hiring a replacement domestic helper in the event of termination of the Insured Person's services necessitated by

an Accident or Illness of whatsoever nature, which resulted in her permanent total disablement or inability to engage in or attend to her employment or occupation as a domestic helper subject to a proper certification by a Registered Medical Practitioner in Singapore. The payment of this benefit is subjected to prior agreement obtained from Us for all such expenses and the replacement of the Insured Person must be made within ninety (90) days from the date of her termination.

Section 10 – Domestic Helper's Belongings

We will pay for loss of or damage to Personal Effects of the Insured Person caused by an Insured Peril whilst such Personal Effects are contained within Dwelling subject to the limit stated in the Policy Schedule, provided that there is no indemnity under any other insurance policy.

Insured Perils shall mean

- a. Fire, Lightning, Thunderbolt or Subterranean Fire.
 - b. Explosion.
 - c. Aircraft or other Aerial Device or any article dropped therefrom.
 - d. Bursting or overflowing of a domestic water tank, apparatus or pipe (excluding damage caused thereto).
 - e. Theft accompanied by actual forcible and violent breaking into or out of a building or any attempt thereat.
- Provided that during any period when the buildings are left without an inhabitant, cover against theft is suspended from the beginning of the ninety-first day of such unoccupancy.

Personal Effects shall mean articles for personal use worn or carried by a person including clothing, camera equipment, but excluding jewellery, watches, money, mobile phones and accessories, pagers, portable computers/diaries and items which are used in connection with any business, profession or employment.

Section 11 - Special Grant

In the event of Insured Person death arising from Illness during the Period of Insurance, We will pay the Insured Person's legal representative up to the limit stated in the Policy Schedule. We will not pay this special grant if death is as a result of any Pre-Existing Medical Condition.

Section 12 - Fidelity Guarantee

In the event of the loss of Household Contents as a result of any act of fraud or dishonesty committed by the Insured Person at the Dwelling, We will pay the Insured up to the limit stated in the Policy Schedule provided that

- a. a maximum limit of S\$500.00 in the aggregate applies for loss of money.
- b. the act of fraud or dishonesty must be discovered during the Period of Insurance or within 90 days after death, dismissal or expiry of employment contract of the Insured Person, whichever is the earliest.
- c. any money due by the Insured to the Insured Person shall be withheld from the Insured Person and deducted from any amount otherwise payable under this Section.
- d. loss and discovery of any act of fraud or dishonesty must be reported to Police within 24 hours of the discovery and reported to Us within 7 days from the Police's report date.

- e. it is the duty of the Insured to prove that his actual loss is a direct result of the act of fraud or dishonesty committed by the Insured Person.

We will not pay for any claims arising directly or indirectly in connection with

1. wear and tear, deterioration or damage caused by atmospheric or climatic condition, vermin, or any process of cleaning, repairing, restoring or alteration.
2. items insured under a separate insurance policy or reimbursable by other means.
3. unexplained disappearances of the item.
4. motor vehicles and accessories, personal mobility devices, pedal cycles and watercraft.
5. deeds, bonds, bills of exchange, promissory notes, cheques, traveller's cheques, securities for money, stamps, certificates or documents of any kind, manuscripts, medals, contact lenses, hearing aids and livestock.
6. property owned or held in trust in connection with any business, profession or trade.

Section 13 - Letter of Guarantee to the Ministry of Manpower

We will provide a Letter of Guarantee to the Ministry of Manpower in Singapore in lieu of the cash deposit required under Section 12 of Employment of Foreign Manpower (Work Passes) Regulations or Section 21 of Immigration Regulations.

Special Conditions for Section 13

Counter Indemnity

In consideration of the Us having agreed at the request of the Insured to provide a Letter of Guarantee issued under this Section 13 for the sum of Singapore Dollars Five Thousand Only (S\$5,000) in favour of the Ministry of Manpower ("MOM") in Singapore as security complying with all the conditions under the Security Bond, the Insured agrees to abide by the following conditions:

1. Insured agree to observe and comply with all the conditions under the MOM security bond in connection with the employment of the Insured Person during the Period of Insurance as stated in this policy.
2. Insured will, 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.
3. Within 14 days of any payment We have made under the Letter of Guarantee to MOM, Insured will repay Us any payment plus interest at rate of 8% a year from the date We make the payment until the date We receive full payment from Insured.
4. Insured will 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 Insured.
5. We may settle out of court, all claims, payments, demands, action suits, proceedings, losses and liabilities which may be taken or made against Insured under the Letter of Guarantee.
6. Any claim demand or request by MOM for payment of any sum of money shall be sufficient authority for Us for making payment and Insured 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 Insured and Insured's estate of the amount Insured owe Us.
7. this counter indemnity shall be a continuing indemnity and will not be affected by our decision to give Insured extra time to pay or accept other offers from Insured or make other arrangement with Insured, or extend the validity of the Letter of Guarantee without affecting Insured's liability under this Counter Indemnity.
8. This Counter Indemnity will stay in force (even when the security bond ends) until We have no further liability under the Letter of Guarantee.
9. any demand We make can be given in writing to Insured by agent, employee or by our solicitors either serving it personally on Insured or sending it by post to Insured at Insured last known address.
10. This Counter Indemnity shall be governed and construed in accordance with the Laws of Singapore. Insured and We agree that only the courts in Singapore can decide on any legal dispute arising out of this Counter Indemnity.

Section 14 - Waiver of Counter Indemnity for Letter of Guarantee to the Ministry of Manpower

This section applies when specifically mentioned in the Policy Schedule, subject to additional premium and the terms of the Policy.

In consideration of the payment of additional premium, the liability of the Insured to indemnify Us in the event of a call on the Letter of Guarantee insured under Section 13 of this Policy shall be waived, provided the conditions of the Letter of Guarantee were not breach as a result of Insured and/or Insured family member' negligence, deliberate, willful or criminal act. Insured will need to pay the Excess amount stated in the Schedule.

We shall not be liable to pay for:

1. any loss or payment of which the Insured is aware of prior to the effective date of cover.
2. any loss, claim, or payment incurred occurring within the first thirty (30) days from the effective date of cover if such cover is effected at a later date from the basic insurance coverage. This exclusion shall not be applicable if the effective date of cover concurs with that of the Letter of Guarantee to the Ministry of Manpower in Singapore insured under Section 13 above.

3. any loss, claim or payment arising out of any circumstances caused directly or indirectly by the Insured and/or the Insured's family members/tenants residing with the Insured.
4. any breach by the Insured of the conditions of the Letter of Guarantee imposed by Ministry of Manpower.
5. any loss, claim or payment incurred by the Insured after 7 days of the cancellation of the Policy.
6. the Excess amount stated in the Schedule.

Section 15 - Waiver of Co-payment by Insured

This section applies when specifically mentioned in the Policy Schedule. In consideration of the payment of additional premium, the amount that Insured need to co-pay on the claimable amount as indicated under Section 3(b) of this Policy shall be waived.

General Conditions

1. Alteration

This Policy shall cease to be in force if there be any material alteration in risk unless the Company by endorsement declares the Insurance to be continued.

2. Cancellation

- a. We may at any time cancel this Policy by giving seven (7) days' notice in writing to the Insured at his last known address.
- b. In the event of termination of the Insured Person's employment contract or Work Permit with the Insured in Singapore, cover ceases automatically from the date of the Letter of Discharge from the Ministry of Manpower in Singapore.
- c. A return of premium as computed based on the Refund Scale indicated below will be payable for policy cancellation.

Refund Scale	% of Policy Premium	Refund Scale	% of Policy Premium
Cancellation within 60 days from inception date	70%	Cancellation within 121 to 180 days	30%
Cancellation within 61 to 120 days	50%	Cancellation after 180 days	No Refund
<ul style="list-style-type: none"> In the event of termination of the Insured Person's In-Principal Approval by the Ministry of Manpower in Singapore, full policy premium will be refunded and this Policy will be treated as null and void. For Policy where the Period of Insurance is less than 26 consecutive months, no refund will be given where cancellation is more than 90 days after policy inception. No refund shall be given where a claim has been lodged under the policy. 			

3. Claims Notifications

- On the happening of any accident which may give rise to a claim under this Policy the Insured shall
- a. give notice in writing to Us within thirty (30) days stating the circumstances of the loss damage liability death or injury or illness.
 - b. at the expense of the Insured, furnish all information, medical certificates, reports, and evidence required by Us and shall be in such form and of such nature as We shall prescribe.

4. Commencement of Cover

- This Policy will cover the Insured Person within the period specified in the Schedule starting from the date
- a. the Insured Person arrives in Singapore after clearing the immigrations and is granted an In-Principle Approval by the Ministry of Manpower of Singapore for the purpose of her employment with You; or
 - b. the Insured Person's new work permit is effective for the purpose of her employment with You when the Insured Person is transferred to Your employment; or
 - c. the Insured Person's new work permit is effective for the purpose of her employment with You when the Insured Person's work permit is renewed under Your employment.

5. Contracts (Rights of Third Parties) Act Exclusion

A person who is not a party to this Policy shall have no right under the Contracts (Rights of Third Parties) Act (Cap 53B) (or any subsequent amendments thereof) to enforce any of its terms.

6. Currency and Interest

All dollar amounts shown in the Policy and Schedule are shown in Singapore dollars (S\$). We will not pay any interest under this Policy.

7. Dealing with Disputes

Any disputes arising out of this Policy shall first be referred to the Financial Industry Disputes Resolution Centre Ltd. (FIDReC), where it falls within FIDReC's jurisdiction. If the dispute cannot be referred to or resolved by FIDReC, it shall be referred to and finally resolved by arbitration in Singapore in line with the Arbitration Rules of the Singapore International Arbitration Centre which apply at that point in time. The Tribunal shall consist of one (1) arbitrator.

8. Eligibility

The Insured and Insured Person must meet the following eligibility criteria to receive the cover under this Policy.

a. Insured

- residing in Singapore.
- not an undischarged bankrupt.
- never had to forfeit the security bond to the Singapore Ministry of Manpower related to any helper in the past, whether covered or not by any maid insurance.
- has never been refused when buying or renewing any maid insurance, nor has your maid insurance ever been cancelled or voided by your insurer.

b. Insured Person

- is employed as a domestic helper and will be holding a valid work permit issued by Singapore's Ministry of Manpower (MOM).
- age 60 years old and below at the commencement of this Policy.

9. Ending the Insurance

We will end this Policy immediately when

- a. we have made the full payment for any loss under Sections 1, 2, 9 or 11.
- b. in the event of termination of the Insured Person's employment contract or Work Permit with the Insured in Singapore, cover ceases automatically from the date of the Letter of Discharge from the Ministry of Manpower in Singapore.

10. Fraudulent Claims

If the Insured and/or the Insured Person or anyone acting on their behalf made any claim under this Policy knowing the claim to be fraudulent this Policy shall become void and all benefits forfeited.

11. Goods and Services Tax on Policy Excess/Deductible

All amounts shown in this Policy (inclusive of Policy Schedule) in respect of Excess/Deductible, if any, do not include Goods and Services Tax (GST). Where GST is applicable to the Policy and/or to a claim under the Policy, GST will be levied accordingly on the Excess/Deductible amounts and the Insured shall be liable to bear the GST so levied on the Excess/Deductible amounts.

12. Governing Law

This policy is governed by and interpreted in accordance to the laws of the Republic of Singapore.

13. Limitation

We shall not be liable to pay any benefit after the expiration of twelve months from the happening of the event giving rise to a claim unless the claim in respect of the event is the subject of pending arbitration.

14. Other Insurances

Not applicable to Section 1, except Medical expenses due to Injury and Section 11.

If at the time of any claim the Insured / Insured Person is insured under any other insurance policy which makes payment of medical expenses and/or compensation for other costs which are the subject of a claim under this Policy, You must give Us the details of such other policy or policies and We shall not be liable to contribute more than the rateable proportion of such expenses and costs.

15. Precaution

The Insured and the Insured Person must take all reasonable precautions to avoid Injury, Illness, loss or damage and take all practical steps to reduce the chances of any claims.

16. Rights of Subrogation

In the event of a claim, We shall be entitled to undertake in the name and on behalf of the Insured the absolute conduct control and settlement of any proceedings and to take proceedings at its own expense and for its own benefit but in the name of the Insured to recover compensation or secure indemnity from any third party in respect of anything covered by this Policy.

17. Personal Data Protection

In relation to the personal data collected for this Insurance, You agree and acknowledge that:

- a. We may collect, use and disclose the personal data for the purposes stated in Our Privacy Policy, which include underwriting and administering the insurance Policy (including reinsurance/ underwriting, claims processing, investigation, payment and other related purposes).
- b. We will not use, disclose or process the personal data for purposes which are not stated in the Privacy Policy or for which Your consent has not been obtained. If We wish to use, disclose or process the personal data for another purpose We will seek Your prior written consent.
- c. We may disclose the personal data for the purposes to a related corporation, subsidiaries, holding companies, associated companies, or affiliates of, any credit bureau; any other person to whom disclosure is permitted or required by any law; and our third party service providers and agents (acting on our behalf). Those recipients may be located in or outside Singapore.

18. Payment Before Cover Warranty (This warranty applies where the Policy is issued to an Individual.)

- a. The total premium due must be paid and received in full by Us, or the intermediary through whom this Policy was effected on or before the effective date of coverage under this Policy, Renewal Certificate, Cover Note and/or Endorsement.
- b. If the total premium due is not paid and received in full by Us, or the intermediary through whom this Policy was effected on or before the effective date, this Policy shall be deemed to be cancelled immediately, and no benefits shall be payable by Us. Any payment received thereafter shall have no effect whatsoever.

19. Sanction Limitation and Exclusion

We shall not be deemed to provide cover, or shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

20. Policy Owners' Protection Scheme

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 Us or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

General Exclusions

We will not pay any claims directly or indirectly caused by the following:

Applicable for all Section:

1. Dental Treatment as a result of tooth, gum or oral disease or from normal wearing of the teeth.
2. health screening examinations which do not form part of the treatment or diagnosis of the actual Injury or Sickness or undertaken as a preventive measure including but not restricted to vaccination.
3. treatment of conditions or injuries arising from any malicious, willful, illegal act by Insured or Insured's family member (this shall not apply to Section 2 of this Policy).
4. treatment of conditions or injuries arising from any criminal acts committed by the Insured Person (this shall not apply to Section 2 of this Policy).
5. treatment of conditions or injuries arising from voluntary participating in hazardous sports including, but not limited to, any winter sports (other than leisure skiing or snowboarding), any underwater activities involving underwater breathing apparatus, aerial activities (such as taking a helicopter tour, paragliding), mountaineering, rock climbing, water skiing, motor sports (such as motorcycle racing or motor car racing).
6. treatment of conditions or injuries arising directly or indirectly from nuclear fallout, war and related risk.
7. the consequences whether direct or indirect of mutiny, rebellion, Acts of Terrorism, revolution or any similar event.
8. treatment for conditions deemed as Pre-existing Medical Condition, unless the Insured Person has been working as foreign domestic worker in Singapore for more than twelve (12) months continuously or where it is expressly provided under section 3 (d) - Hospital and Surgical Expenses, that We will pay.
9. treatment related to birth defects, congenital abnormalities, hereditary conditions or conditions arising therefrom.
10. claims for special braces, appliances, equipment, or other prosthetic devices including spectacles, walking or home aids of any kinds, dialysis machine, oxygen machine, hearing aids, wheelchairs, crutches, braces, splints and lenses and any other medical-related equipment.
11. treatment of conditions or injuries arising from illicit drugs.
12. claims for repeat occurrence of
 - a. treatment of conditions or injuries arising from drug addiction (except that of illicit drugs) or alcoholism
 - b. treatment of conditions or injuries arising from participation in civil commotion, riot, or strike
 - c. treatment of mental conditions or injuries arising from self-inflicted injuries and suicide.

Applicable for all section except Section 3:

13. the effect or influence of alcohol or drugs not prescribed by a registered medical practitioner.
14. pregnancy, childbirth, abortion, miscarriage, sterilization, menopause, or all complications arising from these conditions.
15. sexually transmitted infections, human immunodeficiency virus (HIV) or any HIV related illness including acquired immunity deficiency syndrome (AIDS), AIDS Related Complex (ARC) or other communicable disease.
16. any loss damage, Injury or liability directly or indirectly caused by arising from radioactivity.
17. mental problems, infirmity or insanity
18. strike, riots or civil commotion.