

Domestic Maid Claim Form

Important Notice:

- 1 The acceptance of this form is NOT an admission of liability on the part of the Company.
- 2 All original final bills, certificates, supporting documents should be provided to substantiate your claim.
- 3 All medical reports must be submitted at the claimant's expense (unless so covered under the policy) before a claim can be admitted
- 4 Please answer in full all applicable questions as incomplete answers may delay claims settlement.

Agency _____ Policy / Certificate No _____

Have you notified us of this claim earlier? No Yes by email / fax / telephone call to _____

Please state any reference number assigned to you earlier: Claim no / Temporary ref no _____

A. GENERAL SECTION – Please complete this section**1. Policyholder and Domestic Maid Particulars**

a. Name of Policyholder _____

b. Address _____

c. Residence / Business Telephone Nos.

(Res) _____ (O) _____ (HP) _____

Email address _____

d. Name of Domestic Maid _____

e. Date of Employment / Passport No. (Please attach copy of Work Permit)

f. Name, Address and Contact No. of Employment Agency

Name _____ Contact _____

Address _____

2. Circumstances of Claim

a. Date / Time of accident/illness _____

b. Location where injury/illness occurred _____

d. Please state exactly what happened (if insufficient space, please attach statement)

_____e. Has the insured person sustained an accident/illness of this nature or made any previous claim in respect of insurance previously? Yes No If yes, please give details

_____f. Was a Police Report made? Yes No Was any action taken against you by the Ministry of Manpower? Yes No If Yes, please give details.

Documents to be provided:

Medical Report and / or In-patient Discharge Summary
Original medical bills
Doctor's Certification for repatriation or termination claims
Police report if applicable

B. DETAILS OF THE LOSS

1. State nature of injuries or illness _____
2. State Amount claimed _____
3. If accident was caused by a third party please give details of the third party.

4. Has the sickness been treated previously? Yes No If yes, state Name and Address of Doctor
Name : _____
Address : _____
Date of previous treatment: _____
5. Will there be any more bills to be submitted? Yes No
If yes, please elaborate _____
6. Does the Domestic Maid have a local bank account? Yes No

If the domestic maid does not have a local bank account any payments to be made to her under policy terms and conditions will be by way of a cash cheque which must be collected in person. Alternatively she may authorise payment to be made to the employer who will then reimburse her accordingly – a letter of authorisation signed by the domestic maid must be provided in this case.

C. PAYMENT DETAILS (if claim falls within terms and conditions of the policy)

Please confirm payee name if claim is payable _____

Note: If payee is different from claimant or is not listed in the policy please provide a Letter of Authorisation.

We may request for a Medical Certificate of Treatment Form to be completed if more information on the medical condition is required

Declaration

We/I hereby declare that the above statements are true, accurate and complete and I understand that if I have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever my claim may be refused. We/I undertake to advise the Company promptly of all developments in connection with the claim and to render every assistance in dealing with the matter. I/We further authorise the Company to treat the submission of this form as my/our making a claim under my/our policy.

I 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 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

Policyholder's Signature/Company's Stamp / Date

Domestic Maid's Signature / Date

Name

Name