

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. Do retain the original final bills and supporting documents for 6 months after claims submission, as we may request for them.
3. All medical reports must be submitted at the claimant's expense before a claim can be admitted.
4. Please answer in full all applicable questions as incomplete answers may delay claims settlement.

Policy No: _____

Personal Particulars of Policyholder

Name of Policyholder: _____ NRIC/FIN Number: _____

Mailing Address: _____

Mobile Number: _____ Email Address: _____

Personal Particulars of Domestic Maid

Name of Domestic Maid: _____ FIN Number: _____

Name of Employment Agency: _____ Date of Employment: _____

Details of Claim

**Note: Please complete the relevant section(s) for your claim and indicate "NA" if the section is not applicable.
Please refer to Page 4 for the "Checklist of Supporting Documents" required for the relevant Policy Sections.**

Date and Time of Incident: _____

Location of Incident: _____

1. State the detailed description of what exactly happened to the domestic maid.

2. Describe the specific type of illness diagnosed/ injury sustained. (Doctor's diagnosis and causation are required).

3. Was a police report made for this incident?

☐ Yes. Please provide details and attach a copy of the police report.

☐ No.

4. Was there any action taken against you by the Ministry of Manpower for this incident? ☐ Yes. ☐ No.

5. Was there any hospitalisation due to this illness/ injury?

☐ Yes.

a) Date of Admission: _____

b) Date of Discharge: _____

c) Name of Hospital: _____

☐ No.

6. Has the domestic maid ever suffered from or been recommended to receive treatment for this illness/ injury or a similar condition before?

☐ Yes. Please provide details: _____

a) When did she last seek treatment? _____

b) Where did she last seek treatment? _____

☐ No.

7. What is the amount that you are claiming for Medical Expenses: _____

8. Is the domestic helper still on follow-up medical treatment for this illness/ injury?

☐ Yes.

☐ No.

Other Claims

Is there any other benefit(s) that you would like to claim?

☐ Yes. Please provide details and supporting documents of the claim.

☐ No.

Other Insurance Coverage

1. Have you and/or the domestic maid submitted the claim to other insurer for this same incident?
(e.g. *Personal Accident Policy, Travel Policy, Motor Insurance Policy be it own damage or 3rd party injury etc*)

☐ Yes.

a) Name of Insurer(s): _____

b) Policy Type(s): _____

☐ No.

2. Has the above claim been settled?

☐ Yes. Please provide settlement letter.

☐ No. Please state reason: _____

Payment Information

Please note that we can only issue payment to Policyholder by PayNow.

☐ PayNow (*Only for Registered with NRIC/FIN number*)

• Payee Name (as per Bank Record): _____

• Payee NRIC/ FIN Number: _____

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.

Name of Policyholder

Name of Domestic Maid

Signature of Policyholder

Signature of Domestic Maid

Date

Date

Checklist for Supporting Documents

**You will need to submit the following documents before your claim application can be processed.
If required, we may send an email to you requesting for further documents.**

Medical Expenses/ Hospital and Surgical Expenses

- Itemised Medical Bills and Receipts (Please retain the originals for our verification later.)
- Medical Report/Diagnosis (Cost to obtain this document will not be reimbursed.)
- Final Hospital Bill (Applicable if there is Hospitalisation and/or Day Surgery)
- Inpatient Discharge Summary (Applicable if there is Hospitalisation and/or Day Surgery)
- Written X-ray, MRI, CT scan, laboratory results
- Referral letter to Physiotherapy & Chiropractor

Repatriation Expenses

- Attending Doctor's letter certifying the condition & employment suitability of the domestic maid
- Booking invoice showing the departure date from Singapore & cost of air ticket

Death

- Death Certificate, Autopsy report, Coroner's findings
- Police report, if applicable
- Grant of Probate/ Letter of Administration

Any other documents that can facilitate the assessment of the claim.