

MaidEase Claim Form	Policy / Certificate No. _____
Agency: _____	

Important Notice:

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

Personal Particulars of Policyholder and Domestic Maid	
Name of Policy holder (as in NRIC/FIN):	Dr/Mr/Mrs/Ms _____
Correspondence Address:	_____
Email Address:	_____ Mobile Number: _____
Name of Domestic Maid:	_____
Passport No. (Please attach a copy of Work Permit)	_____ Date of Employment: _____
Name of Employment Agency:	_____
Address:	_____ Contact: _____

Circumstances of Claim
<i>Note: Please complete only the section(s) which is relevant to your claim and tick <input checked="" type="checkbox"/> where appropriate.</i>
<input type="checkbox"/> Medical Expenses <input type="checkbox"/> Personal Accident
Supporting documents required include:
<ul style="list-style-type: none"> • Medical Report and / or In-patient Discharge Summary • Original medical receipt/bills. • Doctor's Certification for repatriation or termination claims • Police report if applicable. • Any other documents that can facilitate the assessment of the claim.
Date and Time of Accident or illness: _____
Please describe what happened:

Details of injury (e.g. sprained ankle, cut on fingers) or illness: _____
Please state amount of medical expenses incurred _____
If sickness, was the sickness been treated previously? <input type="checkbox"/> Yes. <input type="checkbox"/> No. If Yes, please provide details:
Name of Clinic / Doctor: _____
Address: _____
Date of previous treatment: _____
Will there be any more treatments required?
<input type="checkbox"/> Yes, next treatment will be on: _____
<input type="checkbox"/> No, there will be no further bills to be submitted.

If accident was caused by a third party, please give details of the third party.

Was a Police Report made? Yes. No.

Was any action taken against you by the Ministry of Manpower? Yes. No.

Payment Details (If Claim falls within the terms and conditions of the Policy)

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.

If your claim is approved and you are registered with PayNow, the settlement will be made directly to your bank account. Otherwise, we will mail a cheque to the address provided by you.

Payee Name: _____ **Payee NRIC:** _____

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 & Signature of Claimant
(Affix Company stamp if applicable)

Date

NRIC Number