

Intermediary's Name/Code: _____

Important Notice

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

APPLICANT'S PARTICULARS (THE EMPLOYER AS POLICYHOLDER)

NAME: _____

ADDRESS: _____

NRIC / FIN NO.: _____ NATIONALITY: _____

SB TRANSMISSION REF NO.: _____ DATE OF BIRTH: _____

OCCUPATION: _____ EMAIL*: _____

MOBILE NO.*: _____ HOME: _____ OFFICE: _____

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

DOMESTIC HELPER'S PARTICULARS

NAME: _____

PASSPORT NO.: _____ NATIONALITY: _____

WORK PERMIT: _____ DATE OF BIRTH: _____

PERIOD OF INSURANCE

From _____ (mm/dd/yyyy) for 26 Months

COVERAGE SELECTION / PREMIUM (\$\$) (inclusive of GST) (Please tick)

	DELUXE	SUPERIOR
(a) Insurance Benefits Only	<input type="checkbox"/> \$262.15	<input type="checkbox"/> \$390.55
(b) Insurance + Guarantee to MOM	<input type="checkbox"/> \$310.30	<input type="checkbox"/> \$438.70
(c) Insurance + Guarantee to MOM + Waiver of Counter Indemnity	<input type="checkbox"/> \$363.80	<input type="checkbox"/> \$492.20

OPTIONAL COVER / ADDITIONAL PREMIUM (\$\$) (inclusive of GST) (Please tick)

	DELUXE
Letter of Guarantee to Philippines Overseas Labour Office	<input type="checkbox"/> a. \$48.15 for \$2,000 Guarantee OR <input type="checkbox"/> b. \$80.25 for \$7,000 Guarantee

NOTES: PLEASE FURNISH THE FOLLOWING IF GUARANTEE IS REQUIRED

1. A copy of In-Principle Approval Letter or Renewal Notice from MOM.
2. Duly signed Application / Indemnity Form.

