

APPLICATION FORM

MaidEASE

Intermediary's Name/Code: _____

IMPORTANT NOTICE

- Statement Pursuant to Section 25(5) of the Insurance Act. You are to disclose on this Application Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.
- Please note that this insurance is subject to the premium being paid and received in full by the Company before the inception date, failing which there will be no liability under this cover.
- The liability of the Company does not commence until this Application is accepted and the premium is paid in accordance with clause 2 above.

APPLICANT'S PARTICULARS (THE EMPLOYER AS POLICYHOLDER)

NAME: _____

ADDRESS: _____

NRIC / FIN NO.: _____ NATIONALITY: _____

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

OCCUPATION: _____ EMAIL: _____

TELEPHONE NO.: _____ (HP) _____ (H) _____ (O)

DOMESTIC HELPER'S PARTICULARS

NAME: _____

PASSPORT NO.: _____ NATIONALITY: _____

WORK PERMIT: _____ DATE OF BIRTH: _____

PERIOD OF INSURANCE

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

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

	DELUXE	SUPERIOR
(a) Insurance Benefits Only	<input type="checkbox"/> \$224.70	<input type="checkbox"/> \$283.55
(b) Insurance + Guarantee to Ministry of Manpower	<input type="checkbox"/> \$272.85	<input type="checkbox"/> \$331.70
(c) Insurance + Guarantee to Ministry of Manpower + Waiver of Counter Indemnity	<input type="checkbox"/> \$326.35	<input type="checkbox"/> \$385.20

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

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

- A copy of Applicant's NRIC for Singapore Citizen/PR; employment pass or work permit for foreigner.
- A copy of In-Principal Approval Letter or Renewal Notice from the Ministry of Manpower.
- Photocopy of Maid's Passport.
- Duly signed Application / Indemnity Form. Witness must not be the spouse of the Indemnifier.
- A copy of Witness' NRIC.

May 2016

APPLICATION / INDEMNITY FORM

DECLARATION

I/We submit herewith my/our application for the selected coverage to be issued in connection with my/our employment of a domestic helper and hereby declare that all the above particulars are true and correct. This Proposal shall be the basis of the contract between me/us and SOMPO INSURANCE SINGAPORE PTE. LTD. (hereinafter referred to as "the Company"). I/We declared that the domestic helper is in good health and free from any physical impairment. I/We understand that all Pre-existing Conditions before the effective date of this Policy are not covered. Any Guarantee issued pursuant to this Proposal shall be subject to the Counter-Indemnity set forth in the attached to which terms and conditions I agree.

In consideration of the Company agreeing at my/our request to provide an Insurance Guarantee as security for the due and satisfactory performance of all conditions under the Insurance Guarantee for the sum of

(a) Singapore Dollars Five Thousand only (S\$5,000) to the MINISTRY OF MANPOWER SINGAPORE provided under Section 11 of the Policy for Compliance of visit Pass Holder, as named in the Guarantee, of all conditions under Section 12 of Employment of Foreign Manpower (Work Passes) Regulations or section 21 of Immigration Regulations.

(b) Singapore Dollars Two / Seven Thousand only (S\$2,000 / S\$7,000) whichever selected to the PHILIPPINES OVERSEAS LABOUR OFFICE in Singapore for Compliance of the Standard Employment contract for Filipino Household Workers in Singapore.

I/We hereby agree and undertake as follows:

- to jointly and severally indemnify the Company on demand in full against all claims payments demands actions suits proceedings losses liabilities costs interests and expenses whatsoever which may be taken or made against them or incurred or become payable by them under the liability or obligations of the Guarantees.

Provided always that if I/we pay the additional premium for the Waiver of Counter Indemnity for the Guarantee to the Ministry of Manpower, my/our liability to indemnify the Company shall be limited to a fixed sum of Singapore Dollars Two Hundred and Fifty only (S\$250) where the breach of condition under the Guarantee was caused by or resulted from the domestic helper's unexplained disappearance not caused by my/our deliberate act or omission.

- hereby further agree that the Company may in its absolute discretion compromise all claims, payments, demands, actions, suits, proceedings, losses or liability which may be taken or made against them under either one or both the Guarantees, and to accept all receipts vouchers and other evidence of all payments made by the Company or of all liabilities or obligations incurred by them by reason of either one or both the Guarantees as conclusive evidence against me/us and my/our estate of the fact and extent of my/our liability herein;

- that notwithstanding the above, I/we further agree to pay the Company, interest based on the rate of 6% per annum on all sums paid by them under either one or both the Guarantees calculated from the date when payment was made until the date when I/we reimburse them, and to pay on an Indemnity Basis, all costs incurred by the Company in the course of pursuing legal proceedings to enforce their rights under this Indemnity against me/us;

- that this indemnity shall be a continuing indemnity and the Company may at any time or times at their discretion without giving any notice to me/us extend the validity of either one or both the Guarantees without discharging or impairing my/our liability under this indemnity;

- that no delay or omission on the part of the Company in exercising any right, power, privilege or remedy in respect of this Indemnity shall impair such right, power, privilege or remedy. The rights, powers, privileges and remedies provided in this Indemnity are cumulative and not exclusive of any rights, powers, privileges, and remedies provided by law;

- that this Indemnity shall be governed and construed by the laws for the time being in force in the Republic of Singapore and I/we irrevocably submit to the jurisdiction of the Courts of the Republic of Singapore.

- I/We acknowledge and agree (in case of corporate policy, I/we represent that I/we have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my/our 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 sompo.com.sg.

- I/We consent to receive marketing and promotional information from Sompo (e.g. via email, mail, SMS, etc.). I/We understand that I/we can withdraw or manage my/our consent to receive marketing and promotional information at sompo.com.sg.

- I am/We are aware of and agree to abide by the Policy terms, conditions and exclusions and confirm that the information given in this application/form is true, accurate and complete.

IN WITNESS WHEREOF, I/we have hereunto subscribed my/our name(s) this _____ day of _____ 20 _____.

- PLEASE CHARGE S\$ _____ (Including GST) TO MY VISA / MASTERCARD* (*Delete As Appropriate) Where a third party credit card is used, I/We declare that the cardholder has authorised and consented to such use.

CARD NO.: ■■■■■■ - ■■■■■■ - ■■■■■■ - ■■■■■■ EXPIRY DATE: ■■■ - ■■■

- I/WE ENCLOSED A CHEQUE (Bank/Cheque No.): _____ for S\$ _____ made payable to **Sompo Insurance Singapore Pte. Ltd.**

WITNESSED / VERIFIED BY

NAME:
I/C NO:
ADDRESS:

DATE:

SIGNATURE OF INDEMNIFIER (PROPOSER / EMPLOYER)

NAME:
I/C NO:
ADDRESS:

DATE: