

Underwritten by:

Tokio Marine Insurance Singapore Ltd.

20 McCallum Street #09-01

Tokio Marine Centre Singapore 069046

T: 6221 6111 | F: 6221 4355 | W: www.tokiomarine.com

Company Reg. No.: 192300014M | GST Reg. No.: M2-0000023-4


TOKIO MARINE
INSURANCE GROUP

Administered by:

Scanwell Associates Pte Ltd

2 Havelock Road #04-16

Havelock II Singapore 059763

T: 6438 3228 | F: 6438 3238

Company Registration No. 198204728E



Maid Protector Plus Proposal Form (26-month)

Important Notice

Statement pursuant to Section 25(5) of the Insurance Act, Cap. 142 (or any future amendments to it), you must disclose in this proposal, fully and faithfully, all the facts which you know or ought to know. Otherwise, the policy issued may be void or you may not receive any indemnity/benefits from this policy. Please read closely and carefully the Counter Indemnity and Declaration Section. This proposal will form the basis of this contract of insurance. This insurance is subject to full payment before cover commences. This insurance will not be in force until the proposal has been accepted by us. This Proposal Form is not a contract of insurance. Please refer to the policy wordings for the precise terms, conditions and exclusions.

TSA Code:

Your Details (Proposer / Employer)

Name:		Address:	
T:	(R)	(HP)	Email:
NRIC/FIN:	Nationality:	DoB: / /	
Please select if Employer has NRIC/FIN Registered PayNow <input type="radio"/> Note : We will only do any payments through PayNow to the Employer's NRIC/FIN.			

Your Domestic Helper's Details

Name:	Nationality: <input type="radio"/> Filipina <input type="radio"/> Indonesian <input type="radio"/> Myanmar
	<input type="radio"/> Others:

Important Notes: Domestic helper's FIN is required to purchase this insurance. Some IPAs may only display FIN 1-2 days after approval.

FIN:	Passport No:	DoB: / /
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Coverage Required

Effective From / / for 26 months or until the cessation of the employment whichever is earlier.

COVERAGE SELECTION & PREMIUM (Inclusive of GST)	Standard	Standard Plus	Premium Plus
Insurance + Security Bond (MOM)	<input type="radio"/> \$545.00	<input type="radio"/> \$588.60	<input type="radio"/> \$654.00
Insurance + Security Bond (MOM) + Waiver of Counter Indemnity	<input type="radio"/> \$599.50	<input type="radio"/> \$643.10	<input type="radio"/> \$708.50
	25% Co-payment	Without Co-payment (Plus Plans)	

Counter Indemnity and Declaration

By submitting this information:

- I acknowledge and consent to Tokio Marine Insurance Singapore Ltd ("TMiS") collecting, using, disclosing and/or processing my personal data for the purpose of processing/servicing my policy/claim and be disclosed to third party service providers, or intermediaries, within or outside Singapore.
- I declare and confirm that I have obtained the consent of the proposer/employer name herein, where applicable, and that he/she has authorized me to disclose their personal data and to give consent on their behalf for the above collection, use, process and disclosure; and
- I acknowledge the detailed Privacy Policy Statement, governing the above, posted at www.tokiomarine.com.sg

I/We hereby declare that to the **best of my/our knowledge**, the Migrant Domestic Helper named above:

- is in good health and free from any physical impairment, also any disease or condition of health will not qualify for benefits unless fully disclosed and accepted by TMiS. And;
- has never had any insurance applications declined, or accepted with any special conditions

If there is any material information to be disclosed, or if you are uncertain as to whether a particular information is material, you should disclose to TMiS on a separate sheet and indicate anywhere on this proposal form that there is a separate sheet of these facts submitted together with this proposal.

I/we have hereto subscribed my/our name(s) this _____ day of _____ year 20 _____

In lieu of the cash deposit that I/we would otherwise have to provide as security, Tokio Marine Insurance Singapore Ltd. ("you") agrees to my/our request to provide the following (whichever is selected to be covered under the insurance plan):

A Letter of Guarantee for S\$5,000 to the Ministry of Manpower of Singapore and/or Controller of Immigration of Singapore, which guarantee(s) the payment on demand of any sum not exceeding the amount stated in the Letter of Guarantee issued.

In return, I/we agree and undertake as follows:

- I/We will, at all times, unconditionally and irrevocably guarantee to jointly and severally compensate you for all claims, payments, demands, actions, suits, proceedings, losses, liabilities, costs and expenses whatsoever (including legal costs and expenses determined on a solicitor or client basis) which may be taken or made against you or which become payable by you under the Letter of Guarantee.
- You will have absolute discretion to compromise all claims, payments, demands, actions, suits, proceedings, losses and liabilities whatsoever which may be taken or made against you under the Letter of Guarantee.
- I/We shall accept the receipts, vouchers or any other evidence of all payments made by you or all liabilities or obligations incurred by you because of the Letter of Guarantee as conclusive evidence of my/our liability to you.
- This counter indemnity shall be a continuing indemnity and you may at any time have absolute discretion without giving any notice to me/us extend the validity of the Letter of Guarantee without discharging or impairing my/our liability under the indemnity.

Signature of Proposer / Employer

Maid Protector Plus Benefit Schedule (26-month)

Maximum Benefit Per Policy	Standard	Standard Plus*	Premium Plus*
1. Worldwide Personal Accident			
(A) Accidental Death or Permanent Disablement • Additional Indemnity for Death from Accident in Dwelling	\$60,000 \$5,000	\$60,000 \$5,000	\$70,000 \$5,000
(B) Medical Expenses including	\$2,000	\$2,000	\$4,000
• Treatment by TCM Physicians	\$150/Treatment		
• Treatment for Dengue Fever	\$250		
2. Hospital and Surgical Expenses, including:	25% Co-payment	Without Co-payment (Plus Plans)	
• 90 days Pre and Post-Hospitalisation Treatment • Day Surgery • Treatment of communicable diseases eg Covid-19, Zika, Dengue, Tuberculosis • Direct Payment to Hospitals for admissible claims within the scope of cover • Standard Plan requires a 25% Co-payment by the employer for hospital bills above the first \$15,000 and up to the annual limit.	(Worldwide) \$60,000 Annual Limit \$120,000 Per Policy	(Worldwide) \$60,000 Annual Limit \$120,000 Per Policy	(Worldwide) \$80,000 Annual Limit \$160,000 Per Policy
3. Wages and Levy Compensation (up to 60 days)	\$30 per day	\$30 per day	\$40 per day
4. Recuperation Benefit for each day of hospitalisation (up to 60 days)	\$20 per day	\$20 per day	\$30 per day
5. Temporary Domestic Help Benefit (up to 30 days)	\$10 per day	\$10 per day	\$20 per day
6. Termination and Re-Hiring Expenses (up to 90 days)	\$500	\$500	\$600
7. Repatriation Expenses	\$10,000	\$10,000	\$10,000
8. Dread Diseases	\$2,500	\$2,500	\$2,500
9. Special Grant	\$2,000	\$2,000	\$3,000
10. Domestic Helper's Liability	\$30,000	\$30,000	\$50,000
11. Fidelity Guarantee	\$3,000	\$3,000	\$5,000
12. Domestic Helper's Belongings	\$300	\$300	\$500
Security Bond / Waiver of Counter Indemnity			
13. Security Bond to the Ministry of Manpower	\$5,000		
14. Waiver of Counter Indemnity for Security Bond (MOM)	\$5,000 (excess \$250)		
Insurance Premium For 26 months (Inclusive of GST)	Standard	Standard Plus	Premium Plus
Insurance + Security Bond (MOM)	\$545.00	\$588.60	\$654.00
Insurance + Security Bond (MOM) + Waiver of Counter Indemnity	\$599.50	\$643.10	\$708.50
	25% Co-payment	Without Co-payment (Plus Plans)	

26 Month Policy Cancellation & Refund

Cancellation within	60 days	61-120 days	121-180 days	181-270 days	271-365 days	After 365 days
Percentage of Policy Premium	70%	50%	30%	20%	10%	No Refund

In the event of termination of the domestic helper's employment contract or work permit in Singapore, cover ceases automatically from the date of the letter of discharge from the Ministry of Manpower.

A short period refund will be payable for policy cancellation within 365 days from the inception date in accordance with the scale of refund shown above.

Full refund will be given for policy cancellation due to termination of In-Principle Approval issued by the Ministry of Manpower. No refund shall be given where a claim has been paid, or will be paid under the Policy.

Our premium ratio is computed for 24 months period in line with the work permit period. We do not charge any premium for the additional two months buffer period required by the MOM for the current work permit period. As such, these additional two months cannot be transferred to the next work permit renewal or extension period.

POLICY OWNERS' PROTECTION SCHEME

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the General Insurance Association (GIA) or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

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INSURANCE GROUP**Administered by:**

Scanwell Associates Pte Ltd (Managing Agent)

2 Havelock Road #04-16 Havelock II Singapore 059763

Tel: 6438 3228 Fax: 6438 3238

Company Registration No. 198204728E



Maid Protector Plus Credit Card Authorisation Form

Important Notice

1. Statement pursuant to Section 25(5) of the Insurance Act, Cap. 142 (or any future amendments to it), you must disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know. Otherwise, the payment cannot be processed.
2. This insurance is subject to full payment before cover commences.
3. This insurance will not be in force until the proposal has been accepted by us.

Policy Details

Name of Employer:

Helpers's Name:

Contact No: (HP)

(Office)

(Home)

TSA Agent Name & Code (Official Use Only):

Policy Number (Official Use Only):

Credit Card Details

Please charge S\$ _____ (including GST)

to my VISA or MasterCard.

This transaction will appear on your credit card statement as "Tokio Marine Insurance Singapore Ltd."

Credit Card No:

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Expiry Date:

/

Cardholder Name:

Notes:

Declaration

By submitting this information:

- i) I acknowledge and consent to TMIS collecting, using, disclosing and/or processing my personal data for the purpose of processing/servicing my policy/claim and be disclosed to third party service providers, or intermediaries, within or outside Singapore.
- ii) I declare and confirm that I have obtained the consent of the proposer/employer name herein, where applicable, and that he/she has authorized me to disclose their personal data and to give consent on their behalf for the above collection, use, process and disclosure; and
- iii) I acknowledge the detailed Privacy Policy Statement, governing the above, posted at www.tokiomarine.com.sg

I am aware of and agree to abide by the policy terms, conditions and exclusions and confirm that the information given in this form is true, accurate and complete.

I hereby authorise Tokio Marine Insurance Singapore Ltd. to charge my credit card (details above) for the insurance premium due.

Where a third party credit card is used, I declare that the cardholder has authorized and consented to such use and that I am authorized to agree to the payment method and terms on the Credit Cardholder's behalf.

Policyholder's Signature_____
Date (DD/MM/YYYY)**POLICY OWNERS' PROTECTION SCHEME**This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the General Insurance Association (GIA) or SDIC websites (www.gia.org.sg or www.sdic.org.sg).