TOKIO MARINE INSURANCE GROUP

Maid Protector Plus Claim Form

A. Details of Policy Holder/ Migrant Domestic Helper

Policy Number

Name of Policyholder/Employer (as stated in NRIC/FIN)

Address

Postal code

NRIC/FIN:

Tel:

Email:

Wages/month $

Levy/month $

Helper's Name:

Helper's FIN:

Please attach a soft copy Helper's Work Permit/Passport for verification.

Employment agency address and contact:

B. Details of Accident / Sickness leading to this Claim

Please state date/time

Date sickness first occurred

Location of accident

Date sickness first treated

Please state exactly what happened (Symptoms of illness / Nature of injury, where necessary include statements):

We may request for a Medical Report (Completed by attending Physician) if more information on the medical condition is required.

Was a Police Report made?	☐ Yes	☐ No
Was there any action taken against you by the Ministry of Manpower?	☐ Yes	☐ No
Are there any other insurance policies covering you for this loss/accident/injury?	☐ Yes	☐ No

If Yes to the above, please give details:

C. Payment Mode/Details

Paynow *(Preferred)*

Please provide Policyholder's NRIC/FIN:

Note: Please ensure that your NRIC/FIN is registered for PayNow and provide screenshot of your Bank's mobile apps showing that your NRIC/FIN is linked with PayNow. Please also be advised that we are unable to process PayNow payment via mobile number.

Or

Bank Transfer

Bank Name:

Bank Account Number:

Note: Please complete GIRO form and provide top portion of bank statement which shows payee's name and bank account no.

If payee is different from policyholder, please provide a Letter of Authorisation.

Important Notice: Tokio Marine Insurance Singapore Ltd ("TMIS") does not admit liability by the issuance of this form. Please fill in the sections on General Information & the relevant sections that you want to claim. Please send the duly signed form to the above listed address marked for the attention of Fire and GA Claims Department. Email: tmisclaims@tokiomarine.com.sg

Declaration: I hereby declare and warrant that all the answers given above to be true. I accept that insurers would be at liberty to deny liability in part or in full if the above written answers are false or inaccurate in any aspect.

Notice for Personal Data Protection Policy

By signing this Form:

i. I/We acknowledge and consent to TMiS collecting, using, processing and disclosing to third party service providers, or intermediaries, within or outside Singapore, my/our personal data for the purpose of processing/servicing my/our policies/claims;

ii. I/We declare and confirm that I/we have obtained the consent of the person(s) and/or nominee(s) named herein, where applicable, and that he/she/they has/have authorized me/us to disclose their personal data and to give consent on their behalf for the above collection, use, process and disclosure; and

iii. I/We acknowledge the detailed Privacy Policy Statement, governing the above, posted at http://www.tokiomarine.com/sg.

Policyholder Name:		Migrant Domestic Helper Name:	
Signature of Policyholder		Signature of Migrant Domestic Helper	
Date (dd/mm/yyyy)		Date (dd/mm/yyyy)	

Tokio Marine Insurance Singapore Ltd. 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046
T: 6221 6111 I F: 6221 4355 I W: www.tokiomarine.com Company Reg. No.: 192300014M I GST Reg. No.: M2-0000023-4

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Policy Coverage and Documents Required (Checklist)

The Sections Below are covered only if it is shown in the schedule. Clarifications will be sought as necessary if documents are incomplete/ Unclear

☐	**Section 1 Personal Accident** (A) Accidental Death of Permanent Disablement (B) Outpatient Medical Expenses for Accidents	• Police Report / Death Certificate as applicable • Original medical Bills • Investigation reports as applicable
☐	**Section 2 Hospital and Surgical Expenses** 1) Date admitted 2) Date discharged 3) Date surgery performed	• Finalised hospital bill (original) • Medical Report (or Memo)/ Inpatient Discharge Summary • Day Surgery Discharge Summary/ Authorisation form • Investigation reports as applicable Is the sickness due to pregnancy, abortion, sterilisation or infertility? ☐ Yes ☐ No ☐ Not Applicable
	If yes, please specify condition & approximate date of commencement?	
☐	**Section 3 (Wages and Levy Compensation)** **Section 4 (Recuperation Benefit)** **Payable to domestic helper** **Section 5 (Temporary Domestic Help Benefit)** (Applicable for hospital and surgical Claims 3(B) Section 2)	• Finalised hospital bill (original) • Levy Statement No of Days Hospitalised
☐	**Section 6 (Termination and Re-Hiring Expenses)** (Subject to prior agreement obtained from insurer and replacement within 90 days of termination)	• Medical report or memo from a medical practitioner certifying that the disablement, injury or illness prevents domestic helper from carrying out her duties as a foreign domestic worker.
☐	**Section 7 (Repatriation Expenses)** Burial / Cremation /Return of body/Transport expense	• Invoice and proof of payment

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☐	**Section 8 (Dread Diseases)** Claim Amount (payable to domestic helper) Please state clearly the dread disease diagnosed	• Medical Report (or Memo)/ Inpatient Discharge Summary • Investigation reports as applicable
☐	**Section 9 (Special Grant)** Claim Amount (payable to domestic helper's estate or her legal personal representative)	• Police Report / Death Certificate as applicable • Medical Report (or Memo) as applicable • Investigation reports as applicable • Proof of relationship to the person who died
☐	**Section 10 (Domestic Helper's Liability)**	• Demand Letter from third party • Police Report/Investigation Report as applicable • Detailed description of incident and photographs
☐	**Section 11 (Fidelity Guarantee)**	• Proof of Amount Claimed • Police Report/Investigation Report as applicable • Detailed description of incident / photographs • Witness names
☐	**Section 12 (Domestic Helper's Belongings)**	• Proof of amount claimed • Police report/Investigation Report as applicable • Detailed description of incident / Photographs • Witness names

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Underwritten by

Tokio Marine Insurance Singapore Ltd.
20 McCallum Street #09-01
Tokio Marine Centre Singapore 069046
T: 6221 6111 I F: 6221 4355 I W: www.tokiomarine.com
Company Reg. No.: 192300014M I GST Reg. No.: M2-0000023-4

Administrated by:

Scanwell Associates Pte Ltd
2 Havelock Road #04-16
Havelock II Singapore 059763
Tel: 6438 3228 Fax: 6438 3238
Company Registration No. 198204728E
www.scanwell.com.sg

Tokio Marine Maid Protector Plus Letter of Authorisation for Payment to Hospitals

To Medical Superintendent:

I, **(A) Name of Policyholder/Employer** of **(B) NRIC/FIN** hereby authorise **Tokio Marine Insurance Singapore Ltd** to act on my behalf, to settle the claims of **(C) Name of Migrant Domestic Helper** of **(D) Work Permit Number's** medical expenses incurred on **(E) Hospitalisation Date**, which involves payment for specific or related bills from the hospital.

(A) Name of Policyholder / Employer:		
(B) NRIC/FIN:		
(C) Name of Migrant Domestic Helper:		
(D) Work Permit Number:		
(E) Hospitalisation Date:		
Invoice No.:		
Date of Final Invoice:		
Name of Hospital:		
Policy Number:		
25% Co-payment Applicable:	☐Yes	☐No

I understand and agree that if a claim is admissible, Tokio Marine Insurance Singapore Ltd will settle the bill in the following manner:

1. If Co-payment is not applicable in the policy, admissible claims will be fully settled by Tokio Marine Insurance Singapore Ltd up to the policy limit stated in the schedule.

2. Where Co-payment is applicable, the first S$15,000/- of admissible claims will be fully settled by Tokio Marine Insurance Singapore Ltd.

   - Where applicable, admissible claims exceeding S$15,000/- will be settled after deducting a 25% Co-insurance portion as stated in the policy.

   - Where applicable, I accept my obligation to settle the 25% Co-payment amount.

3. I accept my obligation to settle the expenses outside the scope of coverage provided by Tokio Marine Insurance Singapore Ltd.

_____
(Policyholder/Employer's Signature)

Date (dd/mm/yyyy)_____

Giro Direct Credit Authorization Form

This form must be completed by the client of Tokio Marine Insurance Singapore Ltd. Payment will be credited directly into your designated bank account stated below. Please complete Part 1 of the form and obtain your bank's confirmation in Part 2. ***If your bank's confirmation is not obtained, for verification purpose, please send us a PDF copy of a blank cheque or the top portion of your bank statement showing the name and account number, failing which we are not able to process the Giro payment to you.***

The completed form and documents may be returned by post to:

Tokio Marine Insurance Singapore Ltd.
20 McCallum Street #09-01
Tokio Marine Centre
Singapore 069046.
Attention:

PART 1 To be completed by the client of Tokio Marine Insurance Singapore Ltd.

Client's Name and Address:

_____ Telephone No :_____
_____ Fax No :_____
_____ Email Address:_____
_____ Contact Person:_____

Particulars of the client's Bank account (Bank no. and Branch no. can be found after cheque no.)

Name of Bank_____
Bank no._____ Branch no._____
Bank account number _____
Bank account name_____

I/We hereby authorize Tokio Marine Insurance Singapore Ltd. to credit payments due to me/us to the above account. Amounts so credited would constitute valid discharge of obligations due to me/us

This authorization shall continue in force until I/we have expressly revoked it by notice in writing delivered to you.

In the event of a change of bank account, I/we shall inform you in writing 30 days in advance before the change.

_____ _____
Date Authorized Signature & Company Stamp (as in bank records)

PART 2: Please obtain the below confirmation from your Bank specified above.

To: Tokio Marine Insurance Singapore Ltd.

We hereby confirm that the signature (s) affixed in Part 1 above and the particulars of the bank account are consistent with the Bank's record.

_____ _____
Name of Bank & Official Stamp Authorized Signature & Date