

## Domestic Maid Insurance Proposal Form

Warning: Pursuant to section 23(5) of the Insurance Act 1966, you are to disclose in this proposal form, fully and faithfully, all the facts which you know, or ought to know. Otherwise, you may receive nothing from the policy.

**I Employer's Particulars** ☐ Mr ☐ Ms

Policy No: \_\_\_\_\_

Name: \_\_\_\_\_ NRIC/FIN No.: \_\_\_\_\_

Address: \_\_\_\_\_

SB Transmission No.: \_\_\_\_\_ email address: \_\_\_\_\_

D.O.B \_\_\_\_\_ Nationality: ☐ Singaporean ☐ Others: \_\_\_\_\_ Tel/HP: \_\_\_\_\_

### II Maid's Particulars

Name: \_\_\_\_\_ Passport No.: \_\_\_\_\_

D.O.B \_\_\_\_\_ WP No.: \_\_\_\_\_ Nationality: ☐ Filipino ☐ Indonesian ☐ Myanmar ☐ Others: \_\_\_\_\_

**III Period of Insurance** From: \_\_\_\_\_ ☐ 26 months ☐ 14 months

**IV Type of Cover** ☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 ☐ Plan 5

**V Optional Cover : Bond Protector (EXCESS : \$250)** ☐ YES ☐ NO (Please tick)

### Declaration

By submitting this Proposal Form, I/we hereby declare the following:

1. The information given in this application is true, correct and complete, and I/we have not withheld any information that is likely to affect the acceptance of this Proposal
2. I/We understand and agree that no insurance shall take effect until this application has been fully accepted, full payment is received and a policy is issued by Great Eastern General Insurance Limited.
3. I/We understand and agree that this Proposal shall form the basis of the Policy, and subject to the Policy terms, conditions and exclusions.

### Policy Application, Service and Administration

By providing the information set out above, I/we agree and consent to Great Eastern General Insurance Company Limited, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents collecting, using, disclosing and sharing amongst themselves my/our personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate my/our proposal and to provide the products or services which I am/we are applying for (including, without limitation, any policy renewals and policy upgrades, substitutions or replacements).

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <http://www.greasteenlife.com/sg/en/privacy-and-policy.html> and which I/we confirm I/we have read and understood.

### Letter of Indemnity

**Important Notice:** The Proposer is hereby notified that by virtue of signing this Letter of Indemnity, it is hereby understood and agreed that a copy of it, either by way of fax or otherwise, shall be deemed binding and legally enforceable in a court of law and shall have the same legal effects as that of the original.

To: **Great Eastern General Insurance Limited**, 1 Pickering Street, #16-01 Great Eastern Centre, Singapore 048659

Dear Sirs,

**COUNTER-INDEMNITY FOR INSURANCE GUARANTEE NO.:** \_\_\_\_\_

In consideration of Great Eastern General Insurance Limited ("the Insurer") agreeing at my/our request to issue a Letter of Guarantee/ Bond (collectively, "Guarantees") guaranteeing the satisfactory performance and observance of the conditions imposed on the Employer under the Guarantee for the sum of S\$5,000 in favour of the Ministry of Manpower ("MOM")

I/We hereby agree as follows:

1. I/We hereby jointly and severally irrevocably and unconditionally undertake for myself/ourselves my/ our heirs, executors, administrators, assignees and successors to indemnify the Insurer on demand in full against all claim payments, demands, action suits, proceedings, losses, liabilities, costs and expenses whatsoever which may be taken or made against it or incurred or become payable by it under or in respect of either of both the Guarantees including without limitation, any legal and other costs on an indemnity basis, charge interest or expense incurred by the Insurer in connection with either or both the Guarantees of this Counter Indemnity.
2. I/We agree that the Insurer may in its absolute discretion compromise all claims, payment, demands, actions, suits, proceedings losses or liabilities, which may be taken or made against it under either or both the Guarantees
3. I/We also agree to accept all receipts, vouchers and other evidence of all payments made by the Insurer or all liabilities or obligations incurred by it by reason of either or both the Guarantees as conclusive evidence against me/us and my/our estates of the fact and extent of my/our liability herein to the Insurer.
4. I/We further agree that the Insurer shall be entitled to impose an interest charge of 9% per annum on any sum of money paid out by the Insurer on my/our behalf in connection with the above Guarantees whether to the Controller of Immigration or otherwise and that such interest will be payable on any sum(s) of money paid by the Insurer on my/our behalf in the event that I/we do not settle the said outstanding payment(s) made on my/our behalf within 7 days from the date I/ we am/are given notice by the Insurer of the time.
5. I/We hereby agree that the Insurer shall be entitled at any time without prior notice to me/us or the need for my/our consent to assign to any person (including any firm, company or corporation) all or any part of its rights and benefits hereunder and in that event this Counter-Indemnity shall thereafter be read and construed and shall have effect, as if the assignee was a party hereto in the capacity of the Insurer to the intent that such assignee shall have the same rights against me/us as it would have had if the assignee had been a party hereto in the place of the Insurer and had issued the Guarantees. I/We also agree to pay to the Insurer on demand all taxes or stamp payable in respect of that assignment.
6. This Counter-Indemnity shall be governed by and construed in accordance with the Laws of Singapore.
7. My/Our liability hereunder is irrevocable and shall remain in full force or effect until the Insurer's liability under either or both the Guarantees is/are discharged.

In witness whereof I/we have hereunto subscribed my/our name(s) this \_\_\_\_\_ of \_\_\_\_\_ month \_\_\_\_\_ year

Signature of The Employer - The First Guarantor

Full Name

NRIC No.

## Vintage Maid Prestige

S/No	Benefits	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
1	Insurance Guarantee	-	S\$5,000	S\$5,000	S\$5,000	S\$5,000
2	Personal Accident A. Death B. Permanent Disablement C. Medical Expenses D. TCM Treatment (Per Accident)	\$60,000 up to \$60,000 up to \$1,500 up to \$150	\$60,000 up to \$60,000 up to \$1,500 up to \$150	\$60,000 up to \$60,000 up to \$1,500 up to \$150	\$60,000 up to \$60,000 up to \$2,000 up to \$150	\$60,000 up to \$60,000 up to \$2,000 up to \$200
3	Hospital and Surgical Expenses (Per Year) i. First Dollar Coverage ii. Co-payment (Employer 25% : Insurer 75%)	S\$60,000 up to S\$15,000 Next S\$45,000	S\$60,000 up to S\$15,000 Next S\$45,000	S\$60,000 up to S\$30,000 Next S\$30,000	S\$60,000 up to S\$60,000 -	S\$100,000 up to S\$100,000 -
4	Repatriation Expenses	up to \$10,000				
5	Recuperation Expenses (max 60 days)	\$20 per day	\$20 per day	\$20 per day	\$25 per day	\$30 per day
6	Wages Compensation & Levy Reimbursement (max 60 days)	up to \$35 per day	up to \$35 per day	up to \$35 per day	up to \$35 per day	up to \$40 per day
7	Termination Expenses	up to \$250	up to \$250	up to \$250	up to \$300	up to \$350
8	Rehiring Expenses	up to \$250	up to \$250	up to \$250	up to \$300	up to \$350
9	Inconvenience Benefits	\$500	\$500	\$500	\$1,000	\$1,500
10	Liability to Third Party	up to \$10,000	up to \$10,000	up to \$10,000	up to \$25,000	up to \$50,000
11	Fidelity Guarantee (Excess: \$50)	up to \$2,500	up to \$2,500	up to \$2,500	up to \$2,500	up to \$5,000
12	Domestic Maid's Effects	up to \$500	up to \$500	up to \$500	up to \$500	up to \$750
13	Employer's Liability to Domestic Maid	-	\$50,000	\$50,000	\$50,000	\$50,000
<b>Optional Benefit</b>						
14	Bond Protector (excess: S\$250)	-	\$5,000	\$5,000	\$5,000	\$5,000
<b>Premium (including GST)</b>						
<b>Age 50 and Below</b>						
Premium for 26 months	<del>\$551.88</del> \$469.10	<del>\$586.44</del> \$498.48	<del>\$595.08</del> \$505.81	<del>\$703.08</del> \$597.61	<del>\$1,030.32</del> \$875.76	
Premium for 26 months with Bond Protector		<del>\$640.44</del> \$544.38	<del>\$649.08</del> \$551.71	<del>\$757.08</del> \$643.51	<del>\$1,084.32</del> \$921.66	
Premium for 14 months	<del>\$297.00</del> \$252.45	<del>\$315.36</del> \$268.06	<del>\$319.68</del> \$271.73	<del>\$427.68</del> \$363.52	<del>\$604.80</del> \$514.08	
Premium for 14 months with Bond Protector		<del>\$369.36</del> \$304.78	<del>\$373.68</del> \$308.45	<del>\$481.68</del> \$400.24	<del>\$658.80</del> \$550.80	
<b>Above Age 50</b>						
Premium for 26 months	<del>\$934.20</del> \$794.07	<del>\$968.76</del> \$823.45	<del>\$983.88</del> \$836.29	<del>\$1186.92</del> \$1008.87	<del>\$1752.84</del> \$1489.91	
Premium for 26 months with Bond Protector		<del>\$1022.76</del> \$869.35	<del>\$1037.88</del> \$882.19	<del>\$1240.92</del> \$1054.77	<del>\$1806.84</del> \$1535.81	
Premium for 14 months	<del>\$503.28</del> \$427.79	<del>\$521.64</del> \$443.40	<del>\$530.28</del> \$450.74	<del>\$639.36</del> \$543.45	<del>\$943.92</del> \$802.33	
Premium for 14 months with Bond Protector		<del>\$575.64</del> \$480.12	<del>\$584.28</del> \$487.46	<del>\$693.36</del> \$580.17	<del>\$997.92</del> \$839.05	

Note: Optional Benefit may be purchased subsequently at \$86.40 (inclusive of prevailing GST) within one month from the policy commencement date or maid's arrival, subject to a waiting period of 30 days.

## Refund Schedule

Policy cancelled within	60 days	120 days	180 days	270 days	After 270 days / Claim lodged
	80% of premium	50% of premium	30% of premium	20% of premium	No Refund

\* As calculated from date of inception until date of discharge of liabilities' letter issued by the Ministry of Manpower.

## 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 the Company or visit the GIA/ LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

Agency:

**Vintage Insurance Agency** (Reg No. 52774500J)  
Mailing address: 2 Opal Crescent Singapore 328397  
Tel: 6536 0848 Fax: 6536 0850

Representing:

**Great Eastern General Insurance Limited** (Reg No. 1920 00003W)  
(A wholly-owned subsidiary of Great Eastern Holdings Limited)  
1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659