

PROPOSAL FORM - MaidGUARD

Important Notice to the Proposer

Statement pursuant to Section 25(5) of the Insurance Act (Cap.142) (or any subsequent amendments thereof) - You are to disclose in this Proposal Form, fully and faithfully, all the facts which you know or ought to know in respect of the risk proposed, otherwise the policy issued hereafter may be void.

Particulars of Employer:		
Full Name:	Sex:	Date of Birth:
Address:	Contact No:	
Postal Code:	(O) (M) (H)	
Email:	SB Transmission No.:	
Nationality: <input type="checkbox"/> Singapore <input type="checkbox"/> Singapore P.R.	NRIC No.:	Annual Income: S\$
Occupation:	Name of Current Employer:	

Particulars of Foreign Domestic Maid:		
Full Name:	Date of Birth:	
Nationality:	Work Permit No.:	Passport No.:
Period of Insurance: From _____ For <input type="checkbox"/> 26 Months <input type="checkbox"/> 14 Months		
Please indicate your preferred plan: <input type="checkbox"/> Essential <input type="checkbox"/> Enhanced (Please Tick - For details, please see overleaf)		
Reimbursement of indemnity paid to insurer: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please Tick - For details, please see overleaf)		

Declaration:

To: **EQ Insurance Company Limited**, 22 Gemmill Lane, Singapore 069257

Dear Sirs,

RE: COUNTER-INDEMNITY FOR LETTER OF GUARANTEE NO.: _____

In consideration of EQ Insurance Company Limited ("the insurer") agreeing at my/our request to issue a Letter of Guarantee ("the Guarantee") in favour of Ministry of Manpower ("MOM") guaranteeing the payment on demand of any sum or sums not exceeding in total Singapore Dollars Five Thousand (S\$5,000) in lieu of the cash deposit of Singapore Dollars Five Thousand (S\$5,000) that the employer would otherwise have to provide as security under the Security bond executed by the employer in favour of MOM, I/we hereby jointly and severally irrevocably and unconditionally agree and undertake for myself/ourselves and my/our heirs executors administrators assigns and successors that.

- As a continuing obligation I/We shall indemnify and keep indemnified the insurer from and against all claims, demand, payment, actions, suits, proceedings, losses, expenses including legal costs on an indemnity basis and all other liabilities of whatsoever nature or description which may be made or taken against or incurred by the Insurer in relation to or arising out of the guarantee and/or this Counter-Indemnity.
- Where any request is made upon the Insurer by MOM for payment of any sum pursuant to the Guarantee, ("such request") the insurer shall at its absolute discretion be at liberty to contest or compromise or immediately pay upon such request and such request shall be sufficient authority to the insurer for making any payment thereon without requiring or obtaining any evidence or proof that the amount so claimed or requested is due and payable to MOM and without any notice or reference to or further authority from me /us notwithstanding that I/we may dispute the validity of any such claim or request.
- I/We shall not at any time question or challenge the validity legality or otherwise of any payment made by the Insurer to MOM pursuant to such request or deny any liability under this Counter-Indemnity on the ground that such payment or any part thereof made by the insurer was not due or payable under the Guarantee or on any other ground whatsoever.
- I/We shall not be discharged or released from this indemnity by any compromise, variation or arrangement made between MOM and the Insurer in relation to the obligation undertaken by the insurer under the guarantee or by any forbearance whether as to payment, time, performance or otherwise given by MOM to the insurer.
- My/Our liability hereunder is irrevocable and shall remain in full force and effect until the Insurer's liability under the Guarantee is fully discharged to the Insurer's satisfaction.
- This indemnity shall be governed by and construed in accordance with the laws of Singapore.

In WITNESS WHEREOF I/we have hereto subscribed my/our name(s) this _____ day of _____ year _____.

Signature of Witness: _____

Full Name:

NRIC No.:

Address:

Signature of Witness: _____

Full Name:

NRIC No.:

Address:

Signature of Employer: _____

Full Name:

Signature of Guarantor: _____

Full Name:

NRIC No.:

Annual Income:

Address:



Details of Cover:

Section	Coverage	Sum Insured (Up to)	
		Essential	Enhanced
1	Letter of Guarantee to Ministry of Manpower, Singapore	S\$5,000	S\$5,000
2	Personal Accident		
	a) Death	S\$40,000	S\$40,000
	b) Permanent Disablement	As per scale in Policy	As per scale in Policy
	c) Accidental Medical Expenses	S\$2,000	S\$3,000
3	Hospital & Surgical Expenses	S\$15,000 per Annum	S\$30,000 per Annum
4	Daily Benefit	S\$20 per day (maximum 60 days)	S\$30 per day (maximum 60 days)
5	Repatriation Expenses	S\$10,000	S\$10,000
6	Wages & Levy Reimbursement	Up to S\$30 per day (maximum 60 days)	Up to S\$30 per day (maximum 60 days)
7	Re-Hiring Expenses	S\$350	S\$500
8	Outpatient Kidney Dialysis / Cancer	S\$2,500 (Policy Limit)	S\$5,000 (Policy Limit)
9	Special Grant	S\$1,000	S\$3,000
10	Reimbursement of Indemnity Paid to Insurer	Optional	Optional
Premium Payable (Inclusive of GST)		For 26 Months - S\$267.50	For 26 Months - S\$374.50
		For 14 Months - S\$200.63	For 14 Months - S\$280.88

REIMBURSEMENT OF INDEMNITY PAID TO INSURER (OPTIONAL)

Additional Premium: S\$53.50 (Inclusive of GST)

In the event that EQ Insurance is required to make payment under the Security Bond required by Ministry of Manpower, the Employer will need only reimburse EQ Insurance the 'Excess' amount, provided that the payment is not caused by or resulting from the Employer's breach of the conditions under the Security Bond. The 'Excess' amount will vary as follows:

- a. S\$250.00 - If this extension of coverage is purchased when the insurance package is first arranged.
- b. S\$500.00 - If this extension is purchased mid-term but within one month of the policy inception date subject to a waiting period of 30 days from the date of inclusion.

Premium Payment:

I would like to pay my premium by:

Cash Cheque payable to "EQ Insurance Company Limited" Bank / Cheque No.: _____

Visa / MasterCard* Name on Card: _____ Tel No.: _____
(Cardholder must be the Policyholder, Spouse, Parent, Children or Sibling)

Card Number - - -

Expiry Date - Security Code

Signature of Cardholder

Date

Important Items to Furnish:

1. A copy of MOM In-Principal Approval (IPA) Letter or Renewal Notice from the Work Permit Department.
2. Photocopy of Maid's Passport.
3. A copy of Employer's, Witness' and Guarantor's NRIC (if applicable).

For Official Use:

Accepted By:

Date:

Agent / Broker:

Code: