

PROPOSAL FORM - EQ MAIDSAFE

IMPORTANT NOTE

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.

Agent / Broker:	Code:
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PARTICULARS OF THE POLICYHOLDER (AS THE EMPLOYER)

Full Name:	NRIC / FIN No.:
Address:	Date of Birth (dd/mm/yyyy):
Postal Code:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Contact No.: (Mobile)	(Office) (Home)
Email:	
Nationality: <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singaporean PR <input type="checkbox"/> Others, please specify: _____	
Occupation & Designation:	Name of Company (Employment):

PARTICULARS OF THE INSURED MAID

Full Name:	Date of Birth (dd/mm/yyyy):	
Nationality: <input type="checkbox"/> Filipino <input type="checkbox"/> Myanmar <input type="checkbox"/> Indonesian <input type="checkbox"/> Others, please specify: _____		
Work Permit No.:	FIN No.:	Passport No.:
SB Transmission No.:		

CHOICE OF COVER

Effective Date (dd/mm/yyyy): From: _____	Period of Cover: <input type="checkbox"/> 26 Months <input type="checkbox"/> 14 Months
Optional Cover: Optional A – Reimbursement of Indemnity paid to insurer: <input type="checkbox"/> Yes <input type="checkbox"/> No Optional B – COVID-19 Extension (limit as part of Section 3: Hospital & Surgical Expenses): <input type="checkbox"/> Yes <input type="checkbox"/> No Optional C – Waiver of Co-payment: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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).

LETTER OF INDEMNITY

To: EQ Insurance Company Ltd, 77 Robinson Road, #12-01, Robinson 77, Singapore 068896

RE: COUNTER-INDEMNITY FOR LETTER OF GUARANTEE NO. DBMAHQXX-XXXXXX

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 (\$5,000) in lieu of the cash deposit of Singapore Dollars Five Thousand (\$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 further agree to make payment to the insurer within 10 days, if full payment is not made after 10 days, I/we agree to pay the insurer all sum paid by them plus interests at a rate of 6% per annum calculated from the date of payment was made until the date when I/we reimburse them, and to pay on an indemnity basis, all costs incurred by the Insurer in the course of pursuing legal proceedings to enforce their rights under this indemnity against me/us.
- Upon request from Insurer, I/we agree to make repayment of the full sum to insurer without delay, notwithstanding any appeals submitted to MOM. 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 signed this on _____ (day) of _____ (month) _____ (year).

Signature of Witness

Full Name:

NRIC No.:

Address:

Signature of Policyholder (The Employer)

Full Name:

NRIC No.:

Address:

Signature of Guarantor

Full Name:

NRIC No.:

Address:

DECLARATION

I/We declare and warrant that:

- All statements and answers in this application together with any required questionnaires or document are full, complete, true and correct and that no information or material has been withheld to affect acceptance of this application.
- This application shall form the basis of the contract between EQ Insurance and myself/ourselves and for corporate policy, on behalf of the individuals under this policy, and agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto, I/we understand that if any of the information is not full or complete or true or correct, the Policy issued hereunder may be void and I/we may receive nothing from the policy.
- There is no awareness of any circumstance which is likely to lead to a claim under this policy at the point of this application.
- I/We have agreed and consented (in case of corporate policy, I/we represent the same from the individuals in relation to this policy) that EQ Insurance may collect, use, disclose and/or process my/our personal data and disclose such relevant information to EQ Insurance's group companies, business partners, intermediaries, third party service providers, reinsurers, legal process participants and their advisers, governmental/regulatory authorities, industry associations, courts and other alternative dispute resolution forums, for the purposes and uses described in EQ Insurance's Personal Data Protection Statement at <https://www.eqinsurance.com.sg> (including the provision of the protection, services related to the insurance application, screening activities in accordance with legal/regulatory obligations/risk management procedures).

Signature of the Policyholder (The Employer)

Name:

Date:

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 or www.lia.org.sg or www.sdic.org.sg).

EQ Insurance Company Limited

77 Robinson Road #12-01 Robinson 77 Singapore 068896

tel 65 6223 9433 | distribution@eqinsurance.com.sg | www.eqinsurance.com.sg

reg no. 1978-00490-N

CREDIT CARD AUTHORISATION FORM

IMPORTANT NOTICE TO THE PROPOSER:

- I hereby authorise EQ Insurance to charge my credit card (details below) for the Total Insurance Premium due.
- I agree that no reversal is allowed under any circumstances whatsoever, once the payment is charged to my credit card.

PAYMENT INSTRUCTION

Name of Policy Holder:	NRIC / FIN / UEN No.:
Contact No.: (Home) (Office) (Mobile)	Email:
Policy Type / Policy No. / Cover Note No. / Invoice No.:	Amount to be charged:
1. _____	_____
2. _____	_____
3. _____	_____
Total Insurance Premium:	_____

PERSONAL DATA COLLECTION STATEMENT

I agree and consent that EQI may collect, use and process my personal information obtained in this Credit Card Authorisation Form and disclose such information to third party service vendors and financial institutions for the purpose of processing and making payments to EQI.

Note: Please refer to the full version of EQI's Data Privacy Policy found at <https://www.eqinsurance.com.sg/CorporatePolicies> before providing your consent.

CREDIT CARD DETAILS (APPLICABLE TO AMEX/ MASTERCARD/ VISA)

Premium (including GST): S\$ _____

<input type="checkbox"/> Visa / MasterCard* <input type="checkbox"/> AMEX	Name on Credit Card: _____ <small>(Cardholder must be the Policyholder, Spouse, Parent, Child or Sibling)</small>	Tel No.: _____
Card No.	<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div>	
Expiry Date	<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div>	CVV <div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div>
Credit Card Issuing Bank: _____		

All refunds due during policy period shall be issued to the Name of Insured. EQI shall not be held responsible or liable in anyway, should there be any dispute arising with regard to such deduction or refund.

Signature of Cardholder <small>(As in Credit card)</small>	Date (dd/mm/yyyy)
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(* Delete where appropriate)

FOR OFFICIAL USE

Accepted By:	Verified by:	Date:
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Submit your COMPLETED APPLICATION form to distribution@eqinsurance.com.sg.

EQ Insurance Company Limited

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 tel (65) 6223 9433 | distribution@eqinsurance.com.sg | www.eqinsurance.com.sg
 reg no. 1978-00490-N