

PROPOSAL FORM - EQ MAID

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:	Gender: Male Female	Date of Birth:		
Address: Postal Code ()	Contact No.: (Home) (Office)	(Mobile)		
Email:	SBTransmission No.:			
Nationality: Singapore Singapore PR	NRIC No.:	Annual Income (S\$):		
Occupation:	Name of Current Employer:			
PARTICULARS OF FOREIGN DOMESTIC MAID				
Full Name:	Date of Birth (d	d/mm/yyyy):		
Nationality:	Work Permit No.:	Passport No.:		
Period of Insurance: From to	for 26 Months	14 Months (Please Tick)		
Please indicate your preferred plan:	Enhanced (Please Tick - F	or details, please see overleaf)		
Reimbursement of indemnity paid to insurer:	No (Please Tick - I	For details, please see overleaf)		
DECLARATION AND LETTER OF INDEMNITY				
To: EQ Insurance Company Ltd, 5 Maxwell Road, #17-00 Tower Block, MND Complex, Singapore 069110 We hereby declare that the answers and statements given above are true and complete, and that I/We have not withheld any material information. I/We agree that by virtue of signing his declaration and Letter of Indemnity (LOI), 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 at hat 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. This Proposal and any Guarantee issued pursuant to this Proposal shall be subject to the Counter-Indemnity set forth below to which terms and conditions I/We agree. 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 (SS5,000) in lieu of the cash deposit of Singapore Dollars Five Thousand (SS5,000) in lieu of the cash deposit of Singapore Dollars Five Thousand (SS5,000) in the employer would otherwise but provide as security under the Security bond executed by the employer in favour of MOM, Iww hereby jointly and severally irrevocably and unconditionally agree and undertake for myself/ourselves and my/our heirs executors administrators assigns and successors that. 1. 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 the gua				





DETAILS OF COVER

	Coverage		Sum Insured (Up to)		
Section			Essential	Enhanced	
1.	Letter of Guarantee to Ministry of Manpow	er, Singapore	S\$5,000		
	Personal Accident				
2.	a) Death		S\$60,000		
	b) Permanent Disablement		As per scale in Policy		
	c) Medical Expenses		S\$2,000	S\$3,000	
3.	Hospital and Surgical Expenses		S\$15,000 per Annum	S\$30,000 per Annum	
4.	Daily Benefit (Maximum 60 days)		S\$20 per day	S\$30 per day	
5.	Repatriation Expenses		S\$10,000		
6.	Wages & Levy Reimbursement (Maximum 60 days)		Up to S\$30 per day		
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 Insur	r Optional		ional	
11.	Maid's Personal Belonging	NEW!	S\$300		
12.	Employer's Liability to Insured Maid	NEW!	S\$5,000 any one accident / in aggregate		
13.	Liability to Third Party	NEW!	S\$5,000 any one accident / in aggregate		
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 Proposer 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) \$\$250/ If this extension of coverage is purchased when the insurance package is first arranged.
- b) S\$500/ 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

Premium: S\$ I would like to pay my premium	by:			
	to "EQ Insurance Company Limited" ed under any circumstances whatsoever,	(Bank / Cheque No.: once the payment is char	ged to my credit card.)
Uisa / MasterCard* ☐ JCB ☐ AMEX Card No. Expiry Date	Name on Credit Card: (Cardholder must be the Policyholder, Spouse, Pa		Tel No.:	
(* Delete where appropriate)	Signature of Cardholder (As in Credit card)	_	Date (dd/mm/yyyy)	

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

1011011101112002		
Accepted By:	Date:	
Agent / Broker:	Code:	

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).





PERSONAL DATA COLLECTION STATEMENT

To evaluate, process and administer this application or transaction, it is necessarily for us to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes information collected in this form, or in any document provided, or to be provided to us by you or from other sources.

A. Purpose of Collection

The personal data belonging to you and your insured/s may be collected, used and disclosed for the purposes of:

- a. carrying out identity checks;
- b. deciding whether to insure or continue to insure you and your insured persons;
- c. providing advice for product recommendation based on your profile;
- d. processing any claims under your policy, including the settlement of claims and any necessary investigations relating to the claims;
- e. communicating on any matters relating to the services and/or products which you are entitled to under this policy;
- f. responding to your inquiries or instructions and providing ongoing services, under your policy;
- g. making or obtaining payments and recovering any debt owed to us;
- h. detecting and preventing fraud, unlawful or improper activities;
- i. conducting market research and statistical analysis;
- j. coaching employees for customer service quality assurance;
- k. reinsuring risks and for reinsurance administration; and
- I. complying with all applicable laws, including reporting to regulatory and industry entities.

B. Disclosure of Data

The personal data belonging to you and your insured/s may be disclosed for the purposes set out in Section A above to the parties below:

- a. Third party service vendors, suppliers, agents, reinsurers, or intermediaries;
- b. Medical Professionals and Institutions;
- c. Local or overseas service third party vendors that provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- d. Debt collection agencies;
- e. Dispute resolution parties;
- f. Parties that assist us to investigate, administer and adjudicate claims;
- g. Financial institutions;
- h. Credit reference agencies;
- i. Industry associations; and
- j. To any regulatory, government and statutory body to comply with applicable, laws or regulation or upon their valid request.

Altering on this "Personal data collection statement" is strictly prohibited. Any attempt to do so will be of no effect.

C. Personal Data Access and Amendments

You can request access to your personal data collected by us, and to make any corrections to your personal data so as to keep it updated. We may charge you a reasonable fee for providing you with the service.

D. Marketing Option

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Telephone call	Text Message	Mail	Email	
If you do not indicate your option here, we will follow any existing option you may have indicated previously.				
E. Withdrawal Option of th	ne collection and use of your pe	rsonal data		
, , ,		, ,	personal data by writing to:The Data Protection Officer, 169110. Alternatively, you can email to dpo@eqinsurance.com.s	sg.
	any of its employees shall be lia	,	mage suffered by you or any user as a result of any disclosure disclosing.	of

Please indicate if you wish to receive marketing or promotional materials on our products or services via the following modes of communication:

EQ Insurance Company Limited 5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110

tel 65 6225 3321 | fax 65 6223 3903 | marketing@eqinsurance.com.sg | www.eqinsurance.com.sg