

Intermediary's Name/Code: _____

Important Notice

Statement Pursuant to Section 25 (5) of the Insurance Act, you are to disclose on this Proposal Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void

APPLICANT'S PARTICULARS (THE EMPLOYER AS POLICYHOLDER)

Name: _____

Address: _____

NRIC / FIN No.: _____ Nationality: _____

SB Transmission Ref No.: _____ Date of Birth: _____

Occupation: _____

Email*: _____ Mobile No.*: _____

*Notification and future correspondence on your policy will be sent via email and SMS. This includes but is not limited to Policy Documents and Endorsements.

DOMESTIC HELPER'S PARTICULARS

Name: _____

FIN No.: _____ Nationality: _____

Work Pass: _____ Date of Birth: _____

PERIOD OF INSURANCE

From _____ for 14 / 26 Months (delete where applicable)

PREMIUM (\$\$) (inclusive of GST) (Please tick)

| COVERAGE SELECTION | AGE (Years Old) | STANDARD | | PRESTIGE | | PRESTIGE PLUS | |
|---|--------------------|-----------------------------------|-----------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|
| | | 14 Months | 26 Months | 14 Months | 26 Months | 14 Months | 26 Months |
| (a) Insurance Benefits Only | 40 & Below | <input type="checkbox"/> \$301.30 | <input type="checkbox"/> \$479.65 | <input type="checkbox"/> \$456.70 | <input type="checkbox"/> \$692.65 | <input type="checkbox"/> \$643.30 | <input type="checkbox"/> \$886.65 |
| | Above 40 | <input type="checkbox"/> \$406.30 | <input type="checkbox"/> \$649.35 | <input type="checkbox"/> \$622.10 | <input type="checkbox"/> \$942.65 | <input type="checkbox"/> \$882.00 | <input type="checkbox"/> \$1,213.65 |
| (b) Insurance + Guarantee to MOM | 40 & Below | <input type="checkbox"/> \$334.00 | <input type="checkbox"/> \$528.70 | <input type="checkbox"/> \$489.40 | <input type="checkbox"/> \$741.70 | <input type="checkbox"/> \$676.00 | <input type="checkbox"/> \$935.70 |
| | Above 40 | <input type="checkbox"/> \$439.00 | <input type="checkbox"/> \$698.40 | <input type="checkbox"/> \$654.80 | <input type="checkbox"/> \$991.70 | <input type="checkbox"/> \$914.70 | <input type="checkbox"/> \$1,262.70 |
| (c) Insurance + Guarantee to MOM + Waiver of Counter Indemnity | 40 & Below | <input type="checkbox"/> \$388.50 | <input type="checkbox"/> \$583.20 | <input type="checkbox"/> \$543.90 | <input type="checkbox"/> \$796.20 | <input type="checkbox"/> \$730.50 | <input type="checkbox"/> \$990.20 |
| | Above 40 | <input type="checkbox"/> \$493.50 | <input type="checkbox"/> \$752.90 | <input type="checkbox"/> \$709.30 | <input type="checkbox"/> \$1,046.20 | <input type="checkbox"/> \$969.20 | <input type="checkbox"/> \$1,317.20 |

OPTIONAL COVER (subject to additional premium)

| | | | | | | | |
|---|------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Waiver of 25% Co-payment for Section 3 - Hospital and Surgical Expenses | 40 & Below | <input type="checkbox"/> \$44.00 | <input type="checkbox"/> \$70.70 | <input type="checkbox"/> \$65.30 | <input type="checkbox"/> \$105.10 | <input type="checkbox"/> \$84.90 | <input type="checkbox"/> \$137.00 |
| | Above 40 | <input type="checkbox"/> \$61.50 | <input type="checkbox"/> \$99.20 | <input type="checkbox"/> \$91.90 | <input type="checkbox"/> \$147.10 | <input type="checkbox"/> \$119.00 | <input type="checkbox"/> \$191.80 |

Note: If guarantee is required, please furnish a copy of In-Principle Approval Letter or Renewal Notice from MOM and, duly signed Application/Indemnity Form.

PRE-CONTRACT DISCLOSURE

Sompo MaidEase is compliant with the Ministry of Manpower's (MOM) enhanced Medical Insurance requirements. Please scan or click on the QR code for more information.



DECLARATION

I/We submit herewith my/our application for the selected coverage to be issued in connection with my/our employment of a domestic helper and hereby declare that all the above particulars are true and correct.

This Proposal shall be the basis of the contract between me/us and SOMPO INSURANCE SINGAPORE PTE. LTD. (hereinafter referred to as "the Company").

- I/We declared that the domestic helper is in good health and free from any physical impairment.
- I/We understand that all pre-existing Conditions before the effective date of this Policy are not covered.
- Any Guarantee issued pursuant to this Proposal shall be subject to the Counter-Indemnity set forth in the attached to which terms and conditions I agree.

In consideration of the Company agreeing at my/our request to provide an Insurance Guarantee as security for the due and satisfactory performance of all conditions under the Insurance Guarantee for the sum of:

- Singapore Dollars Five Thousand only (S\$5,000) to the MINISTRY OF MANPOWER SINGAPORE provided under Section 11 of the Policy for Compliance of visit Pass Holder, as named in the Guarantee, of all conditions under Section 12 of Employment of Foreign Manpower (Work Passes) Regulations or section 21 of Immigration Regulations.

I/We hereby agree and undertake as follows:

1. to jointly and severally indemnify the Company on demand in full against all claims, payments, demands, actions, suits, proceedings, losses, liabilities, costs, interests and expenses whatsoever which may be taken or made against them or incurred or become payable by them under the liability or obligations of the Guarantees. Provided always that if I/we pay the additional premium for the Waiver of Counter Indemnity for the Guarantee to the Ministry of Manpower, my/our liability to indemnify the Company shall be limited to a fixed sum of Singapore Dollars Two Hundred and Fifty only (S\$250) where the breach of condition under the Guarantee was caused by or resulted from the domestic helper's unexplained disappearance not caused by my/our deliberate act or omission.
2. hereby further agree that the Company may in its absolute discretion compromise all claims, payments, demands, actions, suits, proceedings, losses or liability which may be taken or made against them under either one or both the Guarantees, and to accept all receipts vouchers and other evidence of all payments made by the Company or of all liabilities or obligations incurred by them by reason of either one or both the Guarantees as conclusive evidence against me/us and my/our estate of the fact and extent of my/our liability herein;
3. that notwithstanding the above, I/we further agree to pay the Company, interest based on the rate of 8% per annum on all sums paid by them under either one or both the Guarantees calculated from the date when payment was made until the date when I/we reimburse them, and to pay on an Indemnity Basis, all costs incurred by the Company in the course of pursuing legal proceedings to enforce their rights under this Indemnity against me/ us;
4. that this indemnity shall be a continuing indemnity and the Company may at any time or times at their discretion without giving any notice to me/us extend the validity of either one or both the Guarantees without discharging or impairing my/our liability under this indemnity;
5. that no delay or omission on the part of the Company in exercising any right, power, privilege or remedy in respect of this Indemnity shall impair such right, power, privilege or remedy. The rights, powers, privileges and remedies provided in this Indemnity are cumulative and not exclusive of any rights, powers, privileges, and remedies provided by law;
6. that this Indemnity shall be governed and construed by the laws for the time being in force in the Republic of Singapore and I/we irrevocably submit to the jurisdiction of the Courts of the Republic of Singapore.

I, and on behalf of the persons to be insured, agree to abide by the Policy terms, conditions and exclusions.

I/We am/are aware that I/we can seek advice from a qualified advisor to ensure that this product is appropriate for my/our financial needs and insurance objectives before this application is submitted.

I, and on behalf of the persons to be insured, acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my/our personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at www.sompo.com.sg.

MARKETING CONSENT

I would like Sompo to send me marketing updates and/or information about your products, promotions and services via:

Postal Mail Email Voice Calls Text Messages (e.g. SMS)

I am aware that this supersedes any other marketing consent which I may have previously provided to Sompo. I am aware that it may take up to 30 days for Sompo to update my marketing consent. I understand that I may change or withdraw my marketing consent subsequent to this product application. I confirm that I am the user and/or subscriber of the telephone number which was provided to Sompo.

I/we have hereunto subscribed my/our name(s) on this _____ day of _____ in the year of 20 _____.

PAYMENT INSTRUCTIONS

- Please charge S\$ _____ (including GST) to my Visa / MasterCard* (*delete as appropriate)
Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to such use.

Cardholder Name: _____

Card No.: _____ - _____ - _____ - _____ Expiry Date: _____

- I/We enclosed a cheque for S\$ _____ (including GST) made payable to **Sompo Insurance Singapore Pte. Ltd.**

Bank/Cheque No.: _____

Name:
I/C No:
Address:

Date:

Signature of Indemnifier (Proposer) /Employer