

**DOMESTIC MAID PROPOSAL FORM**
**IMPORTANT**

- Statement Pursuant to Section 25(5) of the Insurance Act, Singapore: You are to disclose in this Proposal Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder (the "Policy") may be void.
- Your Personal Data Is Important To Us.** This is an application for an insurance product provided by China Taiping Insurance (Singapore) Pte. Ltd. ("CTPIS"). We will use all information provided in this form to assess your application for our insurance product and services. Before you provide any information in this form, please read our Privacy Policy which is made available on our website at [www.sg.cntaiping.com/privacypolicy](http://www.sg.cntaiping.com/privacypolicy)
- 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 us 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)).

**1 Particulars of the Employer / Proposer**

Name (MR / MRS / MDM / MS / DR)	
Address	
Country:	Postal Code:
Contact Numbers	
Home No.:	Office No.:
Mobile No. (Mandatory):	Email Address (Mandatory):
Date of birth	Nationality
<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="radio"/> Singaporean <input type="radio"/> Singapore PR <input type="radio"/> Others, please specify: .....
NRIC/FIN/*Passport number (Please attach a copy of your Identity Document)	
	*Passport Expiry Date: <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Occupation	SB Transmission Ref No.

**2 Particulars of the Maid / Insured Person**

Name of Maid / Insured Person	
Date of birth	Nationality
<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Filipino / Indonesian / Thai / Indian / Others
Passport number	Work Permit number

**3 Period of Insurance**

From	To
<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
(or until the cessation of the employment whichever is earlier)	
Coverage Selected	
<input type="radio"/> Plan D1 <input type="radio"/> Plan D2 <input type="radio"/> Plan D3 <input type="radio"/> With Bond Protector <input type="radio"/> Philippines Embassy Bond S\$2,000 - S\$40 (GST exempted) <input type="radio"/> Philippines Embassy Bond S\$7,000 - S\$70 (GST exempted)	



## DOMESTIC MAID INSURANCE AND BOND PACKAGE

Section	Cover	Plan D1	Plan D2	Plan D3
1	Personal Accident Benefits: A) Accidental Death B) Permanent Disablement C) Medical Expenses	S\$60,000 S\$60,000 S\$1,000	S\$60,000 S\$60,000 S\$3,500	S\$60,000 S\$60,000 S\$5,000
2	Repatriation Costs	S\$10,000	S\$10,000	S\$10,000
3	Hospital & Surgical Expenses Annual Limit (Extend to cover in-patient expenses in Singapore Government/Restructured Hospital for communicable disease inclusive of Covid-19 capped at an aggregate limit of S\$15,000 in the policy period)*	S\$30,000 S\$15,000	S\$36,000 S\$18,000	S\$40,000 S\$20,000
4	Termination Expenses	Nil	S\$250	S\$500
5	Wages & Levy Reimbursement	Nil	S\$20 per day Max 60 days	S\$30 per day Max 60 days
6	Recuperation Expenses	Nil	S\$20 per day Max 60 days	S\$30 per day Max 60 days
7	Security Bond	S\$5,000	S\$5,000	S\$5,000
<b>Premium</b>		<b>S\$353.10</b> (S\$330 + GST S\$23.10)	<b>S\$374.50</b> (S\$350 + GST S\$24.50)	<b>S\$406.60</b> (S\$380 + GST S\$26.60)

### OPTIONAL COVER

8	Bond Protector (Excess S\$200) Reimburses the insured for the loss of the Security Bond if forfeiture due to maid's fault, subject to an excess of S\$200.	<b>Additional premium of S\$53.50</b> (S\$50+ GST S\$3.50)		
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### MODE OF PAYMENT (Please tick)

- CASH/ NETS - PAYMENT AT OUR 16<sup>TH</sup> FLOOR OFFICE  
 CHEQUE - PAYMENT TO "CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD."  
 CREDIT CARD    DEBIT CARD

NAME OF CARD HOLDER \_\_\_\_\_

-     -     -

EXPIRY DATE:   /

Month                      Year

AMOUNT: \_\_\_\_\_

I AUTHORISE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. TO DEBIT MY CARD FOR THE ABOVE AMOUNT.

SIGNATURE OF CARD HOLDER/ DATE \_\_\_\_\_

Upon receipt of your application & payment, we will proceed with the necessary documentation with MOM.

I hereby declare that the information given above is true and complete and that I have not withheld any material fact. This Proposal and any Guarantee issued pursuant to this Proposal shall be subject to the Counter Indemnity below to which terms and conditions I agree. It is hereby agreed that a signed proposal form and counter indemnity received by facsimile or otherwise shall be deemed binding and legally enforceable in a court of law.

I am aware of and agree to abide by the Policy's terms, conditions and exclusions.

**Note:** \* Only cover in-patient expenses incurred in a Singapore Government/Restructured Hospital for communicable disease inclusive of Covid-19. Expenses incurred at Quarantine centre or facility other than in a Singapore Government/Restructured Hospital as an in-patient shall not be covered.

CTPIS/G/IDM/122020

**TERMS AND CONDITIONS OF COUNTER INDEMNITY FOR LETTER OF GUARANTEE APPLIED FOR ABOVE**

In consideration of China Taiping Insurance (Singapore) Pte. Ltd., 3 Anson Road #16-00 Springleaf Tower Singapore 079909 (the Company) agreeing at the request of the party executing this Counter Indemnity to issue a Letter of Guarantee in favour of the Ministry of Manpower, Singapore (MOM) for the sum of S\$5,000 (hereinafter called the MOM Guarantee) guaranteeing the satisfactory performance and observation of the conditions imposed on the Employer by the MOM in the Security Bond executed by the Employer in favour of the MOM and/or to issue a Letter of Guarantee in favour of the Labour Attache (the Labatt), Embassy of the Philippines for the sum of S\$2,000 or S\$7,000, whichever applicable, (hereinafter called the Labatt Guarantee) (collectively known as the Guarantees) guaranteeing the satisfactory performance and observance of the conditions imposed on the Employer by the Labatt in the Embassy of the Philippines' Standard Employment Contract for Filipino workers in Singapore executed by the Employer in favour of the Labatt. I the Employer hereby agree as follows:

1. I hereby irrevocably and unconditionally undertake for myself/my heirs executors administrators assigns and successors, as a continuing obligation, to 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 it or incurred or become payable by it under or in respect of either or both the Guarantees including, without limitation, any legal and other costs on an indemnity basis, charge interest or expense incurred by the Company in connection with either or both the Guarantees of this Counter Indemnity. I agree that the Company may in its absolute discretion compromise all claims payments demands actions suits proceedings losses liabilities which may be taken or made against it under either or both the Guarantees. I also agree to accept all receipts vouchers and other evidence of all payments made by the Company or of all liabilities or obligations incurred by it by reason of either or both the Guarantees as conclusive evidence against me and my estate of the fact and extent of my liability herein to the Company.
2. I further agree that you will be entitled to impose an interest charge of 9% per annum on any sum of money paid out by you on my behalf in connection with the above Bond whether to the Controller of Immigration or otherwise and that such interest will be payable on any sum(s) of money paid by you on my behalf in the event that I do not settle the said outstanding payment(s) made on my behalf within 7 days from the date I am given notice by you of the same.
3. My liability hereunder is irrevocable and shall remain in full force or effect until the Company's liability under either or both the Guarantees is discharged.

**Personal Data Collection Statement**

**A. Consent to Privacy Policy**

I further confirm that I have read and understood and hereby consent to the collection, use, disclosure and processing of my personal data in accordance with and agree to be bound by CTPIS Privacy Policy which is made available on our website at [www.sg.cntaiping.com/privacypolicy](http://www.sg.cntaiping.com/privacypolicy), as may be amended from time to time.

I agree on my behalf and on behalf of every insured person that in addition to the release of information to any medical source, or other entity mentioned in this Application Form, CTPIS is authorized to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of me / us / any insured person, that is received by CTPIS to its Representatives and relevant third parties, companies within China Taiping Insurance Group, reinsurers, medical organizations, my Representatives, financial institutions, credit agencies, investigators, service providers (who may have to disclose my data to their service providers such as medical providers, reinsurers, medical evacuation agencies), judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities) whether within or outside Singapore. As far as reasonably possible, CTPIS will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with relevant law.

**B. Marketing Consent** (please tick the relevant boxes to indicate consent)

I hereby consent to CTPIS (including Representatives of China Taiping), China Taiping group of companies and their service providers to contact me (even though my / our telephone number(s) are already registered or may be registered on the National Do Not Call Registry), by way of:

- Voice Mail
  Mail / Email / Any other avenues of marketing activities
  SMS

I am aware that the consent provided by me in this form is an addition to and does not supersede, vary or qualify any consent which I may have provided previously in respect of the above purposes, unless my consent is withdrawn through the withdrawal form.

Signature of Witness

Signature of Employer / Proposer

Name:

Date

NRIC No.:

Address:

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