

**FOREIGN WORKERS' MEDICAL INSURANCE PROPOSAL FORM** (Foreign Worker, excluding Foreign Domestic Worker)

**IMPORTANT**

- Statement Pursuant to Section 23(5) of the Insurance Act 1966: 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" or "Company"). 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/en/privacypolicy](http://www.sg.cntaiping.com/en/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 Benefits**

	Plan A	Plan B
1. Daily Room & Board	4 Bedded	4 Bedded
2. Intensive Care Unit (ICU)	As charged up to	As charged up to
3. Other Hospital Services	S\$60,000	S\$60,000
4. Surgical Benefits	Per Disability	Per Disability
5. In-Hospital Consultation	at a Singapore Government	at a Singapore Government
6a. Pre-Hospitalisation Specialist Consultation (within 90 days prior to admission)	Restructured hospital or	Restructured hospital or
6b. Pre-Hospitalisation Diagnostic X-ray & Lab Test (within 90 days prior to admission)	community hospital	community hospital
7. Post Hospitalisation Treatment (within 90 days of discharge)		
8. Special Grant (The benefit is payable on a specified sum basis if an insured person dies from injury and/or illness during or after treatment for such injury and/or illness at a hospital or in a day surgery.)	S\$5,000	S\$5,000
9. Personal Accident (Death & Permanent Disability)	S\$10,000	S\$10,000
10. Co-Payment on claim amount after first \$15,000 (% by Employer / % by insurer) if applicable	25% / 75%	NIL
<b>Age below 51: Annual Premium Per Foreign Worker (before GST)</b>	<b>S\$160</b>	<b>S\$185</b>
<b>Age 51 and above: Annual Premium Per Foreign Worker (before GST)</b>	<b>S\$160</b>	<b>S\$185</b>
<b>Please Indicate Choice of Plan</b>	<input type="radio"/>	<input type="radio"/>
	Age below 51	Age 51 and Above
<b>Please Indicate Number of Foreign Worker</b>		

**Note:** Upon admissibility of claims, CTPIS will reimburse the hospital directly in accordance with Ministry of Manpower's (MOM) enhanced medical insurance requirements.

**Eligibility**

All foreign workers employed by the Proposer, aged between 16 and 65, who are in Active Service (as defined in the Policy), and who hold a valid Work Permit, S Pass, or Special Pass issued by the MOM and are actively employed by the Proposer are eligible for coverage under this policy. Coverage will cease upon termination of employment or expiry of work pass.

**Note:** Foreign domestic workers are excluded.

**Territorial Limit / Operative Time**

Coverage is applicable within Singapore only and operates 24 hours a day, including non-working hours, rest days, and public holidays.

**Main Exclusions** (refer to policy wordings for a complete listing of policy exclusions)

- Congenital conditions or birth defects or conditions arising therefrom.
- Ambulance Fee.
- All exclusions listed are in accordance with the MOM's standardised list of allowable exclusions for Work Permit and S Pass holders. For full details, please refer to MOM's website at [www.mom.gov.sg](http://www.mom.gov.sg).

**Limitation**

Each hospital confinement must be for a minimum of Six (6) consecutive hours before any benefits are payable. However no minimum period of hospital confinement is required if the confinement is due to a surgical operation or if the Hospital makes a charge for Daily Room and Board.

**Non-Application of the (Rights of Third Parties) Act**

The contract of insurance is between the Policyholder/Proposer and the Company only. A person who is not a party to this Policy shall have no rights whatsoever to enforce any of its terms. An insured worker may exercise any demand for rights under this Policy only through the Policyholder. The Company reserves the right not to respond to any communication from an insured worker except through the Policyholder. If the insured worker wishes to direct the benefit payment to a particular person, the insured worker should instruct the Policyholder and the Policyholder must instruct the Company and discharge the Company from any liability upon payment of the claim.

## 2 Details of Proposer

Name of Company (Policyholder)		UEN Number
Address		
Country:		Postal Code:
Contact Numbers (For overseas line, please indicate Country Code and Area Code)		Email
Tel No. (Office):	Tel No. (Person-in-charge):	
Nature of Business		

## 3 Period of Insurance

From	To																				
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D	D	/	M	M	/	Y	Y	Y	Y												
D	D	/	M	M	/	Y	Y	Y	Y												
(or until the cessation of the employment whichever is earlier)																					

## 4 Named-Basis Confirmation

- ☐ I confirm that this application is on a named-basis and employee details will be submitted accordingly. Please provide the full list of insured employees including Name, Passport/Work Permit/ S Pass/ FIN No., Nationality, Gender, and Date of Birth in Microsoft Excel or Word format.
- ☐ I confirm that all listed employees have been informed of this insurance coverage.

**Note:** The submission of employee data must comply with the Personal Data Protection Act (PDPA). The Proposer confirms that appropriate consent has been obtained from each insured employee for the collection, use, and disclosure of their personal data for insurance purposes.

## 5 Personal Data Collection Statement

### 1. Consent to Privacy Policy

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

I / We agree on my / our 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 Proposal Form, CTPIS is authorised 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 organisations, my / our Representatives, financial institutions, credit agencies, investigators, service providers (who may have to disclose my / our 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.

### 2. Say YES to be a China Taiping SG savvy customer! – MARKETING CONSENT

I / We would like to receive first-hand information about CTPIS's products, latest promotions, financial tips and news, and I / we consent to receive such marketing updates from CTPIS and its service providers via:

- ☐ Email ☐ Mail ☐ SMS and other phone-based messages ☐ Voice call

I / We hereby represent and warrant that I / we am / are the user(s) and / or subscriber(s) of the telephone number provided by me / us in this form or other forms submitted to CTPIS and I / we consent for CTPIS and its service providers to contact me / us. For the avoidance of doubt, where my / our telephone number is a Singapore telephone number, I / we confirm that the foregoing consent applies even though my / our telephone number(s) is / are already registered or may be registered on the National Do Not Call Registry.

I / We confirm that:

- (i) I / We have read and understood the provisions in this form;
- (ii) the consent that I / we have provided in this form is in addition to, and does not supersede, vary or nullify the consent which I / we have provided previously unless my / our consent is withdrawn through the withdrawal form at:  
<https://www.sg.cntaiping.com/en/our-support/personal-form/>
- (iii) I / We understand that I / we may withdraw my / our consent through the withdrawal form at any time.

## 6 Pre-contract disclosure for medical insurance plans for Work Permit and S Pass Holders

This product provides coverage for the following features that comply with the Ministry of Manpower's (MOM) enhanced Medical Insurance requirements:

Annual claim limit of at least \$60,000, inclusive of a first-dollar cover of \$15,000	Yes
For portion of the bill above \$15,000, the employer must co-pay up to 25% (to the hospital)	Yes*
Exclusions are in line with MOM's list of allowable exclusions	Yes
Age-differentiated premiums are in 2 age bands: (1) <50 years old and (2) >50 years old	Yes
Insurers will reimburse our portion of the hospital bill to hospitals directly upon admissibility of the medical claim	Yes

\* Applicable to policies with Co payment

## 7 Declaration

(Applicable only to companies)

I declare that:

- I am validly & legally authorised by the Proposer to submit this Proposal Form;
- I have shown this entire completed document to the Proposer and have obtained the Proposer's consent; and
- I, in my personal capacity, agree to indemnify, defend and hold harmless CTPIS from and against any and all damages, losses, liabilities, costs and expenses suffered by CTPIS arising from or in connection with any failure on my part to obtain the Proposer's valid authority.

The Policyholder / Proposer hereby agrees:

- To furnish all information regarding insured required by the Company for the purpose of calculating premiums or benefits.
- That the statements in this proposal and all the information received by the Company shall form part of this application, and shall be the basis for the underwriting.
- All individuals, for whom application for insurance is submitted, or may be submitted during the continuance of the Policy, shall be full-time salaried employees of the Proposer.
- That the Proposer shall notify the Company in writing of any addition or termination of employees and the insurance cover or cancellation of cover for such employees shall take effect immediately, unless otherwise advised. Changes of plan or insurance amount shall be effective only on policy anniversary and may be subject to satisfactory evidence of insurability as required by the Company.
- That the Policy is subject to the premium being paid and received in full by the Company within the period specified in the Premium Payment Warranty applied to the Policy, failing which there will be no liability under this cover.
- I confirm, to the best of my knowledge at the time of application, that all insured workers are in good health and free from any physical defects or infirmities. I further confirm that none of the insured workers are currently receiving treatment for or have been diagnosed with any critical illness or condition requiring hospitalisation.
- To the policy terms, exclusions and conditions as expressed in the proposal form, policy wordings and endorsements.
- To acknowledge that the coverage provided under this policy complies with the Ministry of Manpower's enhanced medical insurance requirements for Work Permit and S Pass holders.
- Premium Payment Warranty: For policies with a period of insurance of 60 days or more, the total premium must be paid and received in full by CTPIS (or the intermediary through whom this Policy was effected) within 60 days of the inception date.  
If payment is not received within this period, the policy shall be deemed cancelled immediately after the expiry of the 60-day period, without prejudice to any liability incurred during that time. A pro-rata premium will be charged, subject to a minimum of S\$25.  
For policies with a period of insurance of less than 60 days, premium must be paid and received within the period of insurance.
- I acknowledge that I have read and understood the pre-contract disclosures in Section 6, which outline the key features and limitations of the medical insurance coverage in accordance with MOM's requirements.

### Important Notice

- Work Permit Holders and S-Pass Holders must complete a medical examination required by MOM as a condition for grant of work pass.
- Coverage excludes work-related accidents for Foreign Workers, unless otherwise agreed.
- 90 days pre & 90 days post hospitalisation outpatient services must be related to the hospitalisation for the claim to be admitted.
- Policy will be issued on Named-Basis and premiums payable for this coverage are not guaranteed and may be revised at each Policy renewal at the full discretion of the Company.
- There is no Free Look provision in this Policy, in accordance with General Insurance Association (GIA) guidelines for group medical insurance policies.
- Cancellation Refund: 50% of annual premium if cancellation is effected within 6 months of commencement, no refund thereafter. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation. No premium will be refunded if claims have already been made by the Insured.

**Note:** Cancellation terms are subject to fair practice guidelines as recommended by the GIA.

I confirm that the terms as stated in this Proposal Form have been accepted by me for and on behalf of the Policyholder / Proposer in my capacity as the authorised representative of the Policyholder / Proposer. I hereby acknowledge that by signing this Proposal Form, I warrant that the declarations and disclosures herein are true and complete and they are to be the basis of contract of insurance between the Policyholder and the Company.

Authorised Signatory & Company Stamp

Name:

Date:

Agent/Broker's Name

Code: