

Enhanced MaidAssure Application Form

Company Registration No: 198901301C

Important Notice:

- Pursuant to Section 25(5) of the Insurance Act You are to disclose in the proposal form fully and faithfully all the facts which you know or ought to know in respect of the risk that is being proposed; otherwise the policy issued hereunder may be void.
- Please note that this insurance is subject to the premium being paid and received in full by the Company before the inception date, failing which there will be no liability under this cover.

 The liability of the Company does not company until this A

Clause 2 above.		23 Hot commence	u	тип инз други	ation is accepted and tr	ie premiur	ii paid iii accordan	ice with		
A. PROPOSER'S E	MPI OYFR PAR	TICUI AR								
A. PROPOSER'S EMPLOYER PARTICULAR Name of Proposer (Employer) (Mr/Mrs/Miss/Mdm/Dr)					NRIC / FIN No.		Nationality			
Home Address				Contact No.						
			Email							
B. MAID'S PARTICULAR										
Type of Maid: ☐ New ☐ Renewal ☐ Transfer							Period of Insu	Period of Insurance		
Name of Maid				Date of Birth		From	/ /			
FIN No.				Passport No.						
Has the Maid been e		-	е	than 12 mont	an 12 months? □ Yes □ No			To / / (dd/mm/yy)		
,, p			-							
C. COST OF PREM				OPTIONAL						
Prices are inclusive of Maids aged 50 years			ŀ	Prices are inclusive Maids of all a						
Plan Type	26 Months	14 Months	ŀ		nter Indemnity	□ \$54.50				
Classic Plan	□ \$530.00	□ \$410.00	I	Maids aged 5	0 years old and below					
Deluxe Plan	□ \$590.00	□ \$450.00	ľ	Outpatient Medical Expenses \$300)			
Exclusive Plan	□ \$660.00	□ \$500.00		Outpatient M	edical Expenses \$500	□ \$163.	50			
Maids aged 51 to 60 y	ears old			Plan Type			26 Months	14 Months		
Classic Plan	Classic Plan ☐ \$1,150.00 ☐ \$865.00			Waiver of Co-Payment Payable By Employer		Classic	□ \$141.70	□ \$114.45		
Deluxe Plan	□ \$1,270.00	□ \$970.00		Delux			□ \$180.00	□ \$140.00		
Exclusive Plan	□ \$1,420.00	□ \$1,080.00	Ĺ			Exclusive	□ \$204.00	□ \$155.00		
This plan complies wit Mode of Paymer Amount Payable	nt		ra.	nce requireme 	,					
A. PayNow	(A)				B. VISA/Master					
				Cardholder Name:						
				Credit Card No.:						
				Expiry Date:						
面影響學影響					CVV:					
Scan QR Coc 198901301C		nually input UEN	1							
2. Email <u>cus</u>		n the PayNow ref ecics.com.sg with ocessing.								

Address: 10 Eunos Road 8, #09-04A Singapore Post Centre, Singapore 408600 **Tel**: 6206 5588 | **Fax**: 6338 9267 | **Website**: http://www.ecics.com Company Registration No.: 198901301C



Policy Terms and Conditions

- 1. The Insured Maid must be 23 to 60 years old at the time of the application.
- 2. Pre-existing conditions are not covered under this policy unless the maid had been working as a foreign domestic worker in Singapore for more than 12 months under the Employer named in this application form before the start of this policy.
- 3. In the event the Singapore Ministry of Manpower discharges the security bond we provided for the Insured under this Policy, the insurance coverage will cease automatically from the date of discharge. The Insured shall be entitled to a return of the premium paid computed as follows:

Number of days in force prior to termination	Percentage of policy premium entitled for refund			
0 day to 30 days	80% refund			
31 days to 90 days	50% refund			
91 days to 180 days	30% refund			
181 days and beyond	0% refund			

100% of the premium will be refunded if:

- The Policy is cancelled within 90 days and replaced with a new MaidSure policy; or
- The In-Principal Approval (IPA) is terminated and the Insured Maid did not enter Singapore.

Provided there shall be no refund if:

- Any claim has been made or has arisen under this Policy; or
- The premium refund is less than \$27.25 (inclusive of GST).
- 4. We shall have the absolute discretion to change the conditions under this Policy and/or to cancel this Policy as we deem fit. The Insured will be notified of changes to the terms of the Policy.
- 5. Please refer to the actual policy wording for the policy terms, conditions and exclusions.

Counter Indemnity Form (in respect of Security Bond issued to MOM of Singapore)

IMPORTANT NOTICE - The Proposer/Employer is hereby notified that by virtue of signing this letter of indemnity, 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 as that of the original.

To: ECICS Limited, 10 Eunos Road 8, Singapore Post Centre #09-04A, Singapore 408600

Dear Sirs,

In consideration of ECICS Limited (the "Insurer") agreeing at my/our request to issue a Letter of Guarantee for the sum of Singapore Dollars Five Thousand Only (\$\$5,000) to the Ministry of Manpower, Singapore as security for the duty and satisfactory observance and performance of all conditionals under the Security Bond.

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:

- 1. As a continuing obligation I/we shall indemnify and keep indemnified the Insurer from and against all claims, demands, 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 Security Bond and/or this Counter-Indemnity.
- 2. Where any request is made upon the Insurer by the MOM for payment of any sum of money pursuant to the Security Bond ("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 the 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.
- 3. I/We shall not at any time question or challenge the validity legality or otherwise of any payment made by the Insurer to the 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 Security Bond or on any other ground whatsoever.
- 4. I/We shall not be discharged or released from this Counter-Indemnity by any compromise, variation or arrangement made between the MOM and the Insurer in relation to the obligations undertaken by the Insurer under the Security Bond or by any forbearance whether as to payment, time, performance or otherwise given by the Controller to the Insurer.
- 5. My/Our liability hereunder is irrevocable and shall remain in full force and effect until the Insurer's liability under the Security Bond is fully discharged to the Insurer's satisfaction.
- 6. This Counter-Indemnity shall be governed by and construed in accordance with the laws of Singapore.
- I/We agreed that a copy of this letter of indemnity, 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.

In addition, I/We agree to ECICS' Personal Data Protection Policy and Policy Terms and Conditions. IN WITNESS WHEREOF I/We have hereto subscribed my/our name(s) this day of year

Signature of Proposer/Employer

Full Name:

NRIC No.:

Signature of Witness

Full Name:

NRIC No.:

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Enhanced MaidAssure

Summary of Benefits

SECTION	COVERAGE	CLASSIC	DELUXE	EXCLUSIVE					
1	Letter of Guarantee to Ministry of Manpower (MOM)	\$5,000	\$5,000	\$5,000					
	Personal Accident		·	•					
	(a) Death	\$60,000	\$65,000	\$70,000					
2	(b) Permanent Disablement	Up to \$60,000	Up to \$65,000	Up to \$70,000					
	(c) Accidental Medical Expenses (sub-limit of \$200 for TCM) Co-payment each claim (Panel Clinics-\$10 / Non-Panel Clinics-\$30)	Up to \$1,500	Up to \$2,000	Up to \$2,500					
Hospitalization & Surgical Expenses (H&S)		\$60,000 per policy year	\$70,000 per policy year	\$80,000 per policy year					
3	Co-payment for H&S (Per Policy Year)								
	First \$15,000	No co-payment (100% paid by ECICS)							
	From \$15,001 onwards	25% paid by Employer, 75% paid by ECICS							
4	Daily Hospitalization Benefit (up to 90 days)	\$15 Per day	\$20 Per day	\$25 Per day					
5	Wages & Levy Reimbursement (up to 90 days)	Up to \$30 Per day							
6	Termination & Re-hiring Expenses	Up to \$500							
7	Repatriation Expenses (cover suicide - reimbursement basis capped \$3,000)	Up to \$10,000							
8	Domestic Helper's Liability	Up to \$10,000							
9	Special Grant	\$1,000							
Maids age	d 50 years old and below								
Cos	t of Premium - 26 Months Policy (Inclusive of GST)	\$530.00	\$590.00	\$660.00					
Cos	t of Premium - 14 Months Policy (Inclusive of GST)	\$410.00	\$450.00	\$500.00					
Maids age	d 51 to 60 years old								
Cos	t of Premium - 26 Months Policy (Inclusive of GST)	\$1,150.00	\$1,270.00	\$1,420.00					
Cos	t of Premium - 14 Months Policy (Inclusive of GST)	\$865.00	\$970.00	\$1,080.00					
	OPTIONAL COVERS								
10	Waiver of Counter Indemnity under Section 1 (\$250 excess)	Up to \$5,000							
Outpatient Medical Expenses Rider (Maximum Limit \$60 each claim) 11 Co-Payment each claim (Panel Clinics - \$10 / Non-Panel Clinics - \$30) (Only for maids aged 50 years old and below)		\$300 / \$500							
Waiver of Co-Payment Payable By Employer under 12 Section 3 (Only for maids aged 50 years old and below)		As per Section 3							

Personal Data Protection Policy

You are deemed to give consent and authorisation to ECICS to collect, use, disclose, and/or process your personal data or information supplied to ECICS, without further notification to you, confidentially with its affiliated companies, third party service providers, business partners and/or other parties which may be sited outside of Singapore, for administering policies taken out with ECICS, customer services and to allow ECICS and/or its business partners to perform marketing and related activities, until ECICS receives your written instruction to the contrary. Upon your written request, ECICS shall, without charge, cease to use your personal information for purposes other than those directly related to the policy. A copy of the ECICS' Personal Data Protection Policy can be found at http://www.ecics.com.sg/contact-us.html#/personal-data-protection and you are deemed to have read the same. You will write to ECICS' Data Protection Officer at 10 Eunos Road 8, #09-04A Singapore Post Centre, Singapore 408600 for any request to withdraw your consent, access to and/or correction of any information supplied to ECICS and ECICS may reserve the right to charge a reasonable fee to offset the administrative costs in complying with access requests.

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 your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg.)

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