

MAIDPLUS INSURANCE POLICY

This is Your *MaidPlus* Insurance Policy document. Please examine it together with the **Schedule**, to make sure that You have the protection You need.

It is important that this Policy document together with the **Schedule** and any amendments or endorsement issued from time to time are read together to avoid any misunderstanding.

If there are any changes that may affect the insurance provided, please notify Us immediately.

HOW YOUR INSURANCE OPERATES

Your Policy is a contract between Us, the **Company** and You, Our **Insured** named in the **Schedule**. The application form, declaration and any information You gave to Us when applying for the Policy, are the basis of this contract.

The insurance We provide in this Policy is subject to the terms, conditions, exclusions contained in this Policy, the **Schedule** and any Endorsement to this Policy (hereinafter collectively referred to as the "Terms of this Policy").

In return for Your payment of the premium, We will provide You with insurance cover as described in the Policy during the **Period of Insurance** as specified in the **Schedule** or any subsequent period for which You pay and We accept the required premium.

OUR PROMISE OF SERVICE

We want to provide You with a high standard of service and to meet any claims covered by this Policy honestly, fairly and promptly. If You have any reason to believe that We have not done so, please contact Your agent or broker. If You do not use the services of a professional intermediary, please contact Us directly. We are ready to help You with Your concerns.

A GUIDE TO YOUR MAIDPLUS INSURANCE POLICY

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DEFINITION OF WORDS

(Applicable to the whole Policy)

Certain words are defined below. These have the same meaning wherever they are used in the Policy or the **Schedule** and are highlighted in the Policy by being in bold print (e.g. **Maid**, **Accident**) or begin with a capital letter (e.g. You, We).

Accident

an unexpected event which happens suddenly and gives rise to a result which the **Maid** did not intend or anticipate.

Chinese Physician

a person other than You, Your relative or Your **Maid's** relative who is duly licensed or registered to practice as a herbalist, acupuncturist or bone-setter in line with the laws and regulations applicable to Singapore.

Doctor

a person other than You, Your relative or the **Maid's** relative who is duly licensed or registered to practice as a western medical doctor in line with the laws and regulations applicable in Singapore.

Hospital

a lawfully operating institution which has 24 hours nursing services by registered graduate nurses, one or more **Doctors** available at all times and organised facilities for diagnosis and major surgery, and shall not primarily be a clinic, a place for alcoholics or drug addicts, a nursing, rest or convalescent home or home for the aged or similar establishment.

Hospital and Surgical Expenses

costs of surgery or treatment as an inpatient of a **Hospital** incurred during the **Period of Cover** in Singapore including charges for accommodation, X-ray, normal food, medical attendants' fees, radiological treatment, surgeon's fees, anaesthetist's fees, theatre fees, pathology fees, drugs, medicines and any other costs of examination, treatment or special services certified as essential by a registered **Doctor**.

Illness

means physical illness or disease, marked by a pathological deviation from the normal healthy state.

Injury

bodily injury to the **Maid** suffered anywhere in the world, caused solely and directly by an **Accident** and not by **Illness** or gradual physical or mental wear and tear.

Maid

Your foreign domestic worker named in the **Schedule** who has been approved by Singapore's Ministry of Manpower for employment by You.

Period of Cover

the period which the **Maid** is covered within the **Period of Insurance**. For a new **Maid**, the cover starts on the **Maid's** arrival in Singapore, upon the clearance of the Singapore immigration. Cover ceases in accordance with General Condition 9 – Termination.

Period of Insurance

the period as stated in the **Schedule**.

Pre-existing Conditions

means any **Injury, Illness**, condition or symptom:

- (a) for which treatment, or medication, or advice, or diagnosis has been sought or received or was foreseeable prior to the **Period of Cover**, or
- (b) which presented signs or symptoms of which the **Maid** or the **Insured** was aware or should reasonably have been aware or which originated or existed, prior to the **Period of Cover**.

Schedule

the Schedule containing details of the **Insured, Maid**, optional covers (if selected) and **Period of Insurance**. The Schedule forms part of the Policy.

We, Us, Our, the Company

means MSIG Insurance (Singapore) Pte. Ltd.

You, Your, the Insured, the Policyholder

the policy owner named as Insured in the **Schedule**.

THE BENEFITS

SECTION 1 – PERSONAL ACCIDENT

We will pay to the **Maid** or her legal personal representatives or any other person appointed by the Controller of Work Passes to act on behalf of the **Maid** or the **Maid's** legal representatives the Benefit(s) referred to below if during the **Period of Cover** the **Maid** sustains an **Injury** which within 12 calendar months from the **Accident**, results directly and independently of any other cause in death or disablement or expenses being incurred.

BENEFIT A - Death

Where the **Maid** dies, We will pay the Sum Insured as specified in the Table of Benefits.

BENEFIT B - Permanent Disablement

Where the **Maid** suffers total and permanent loss or disablement ("Permanent Disablement") as described in the Permanent Disability Scale, We will pay the relevant percentage of Sum Insured as specified in the Scale and Table of Benefits.

BENEFIT C - Medical Expenses

We will pay the medical, surgical or **Hospital** expenses incurred during the **Period of Cover** which are certified as essential by a **Doctor** up to the Sum Insured as specified in the Table of Benefits.

Benefit C is extended to cover for the following medical expenses incurred during the **Period of Cover**, up to each sub-limit but not exceeding the sum insured of Benefit C as specified in the Table of Benefits.

1. Dental Treatment due to Injury

We will pay for the **Maid's** medical expenses for treatment by a licensed dentist, necessitated by an **Injury** sustained during the **Period of Cover**.

2. Treatment by Chinese Physician due to Injury

We will pay for the **Maid's** medical expenses for treatment by a **Chinese Physician**, necessitated by an **Injury** sustained during the **Period of Cover**.

3. Medical Expenses for Dengue Fever

If during the **Period of Cover**, a **Doctor** suspects that the **Maid** has dengue and prescribes the diagnostic tests necessary to confirm the infection, We will pay for the medical expenses incurred.

- (a) If Your **Maid's** diagnostic test result is positive, meaning she has dengue infection, We will pay for the medical expenses for the **Maid's** medical treatment due to dengue fever.
- (b) If Your **Maid's** diagnostic test result is negative, meaning she does not have dengue infection, We will pay for the medical expenses relating to the consultation and diagnostic test for dengue, excluding any treatment or medication. Payment of benefit for negative result is limited to one claim per Policy.

All claims under this benefit must be accompanied with the submission of diagnostic test results.

If Your **Maid** is hospitalised as a result of dengue with claims payable under Section 2, no benefit will be payable under this extension – Medical Expenses for Dengue Fever.

Special Provisions to Section 1

1. Loss of limb or member or part of it described in the Permanent Disability Scale below means loss by actual physical severance or total and permanent loss of use.
2. The total sum payable for Permanent Disablement in respect of **Injury** to more than one portion of a limb or member or part of it will not be more than the sum payable in respect of such **Injury** to the whole of that limb or member or part of it.

For any one **Accident**, the maximum total sum payable for any or all compensation under Permanent Disablement shall not exceed 100% of the Sum Insured specified under Benefit B in the Table of Benefits.

3. A valid claim made for Benefit A or for the maximum payable under Benefit B, will, with effect from the date of the **Injury** resulting in such claim, discharge Us from liability for any further claim under Section 1 except for expenses payable under Benefit C.
4. Where the total sum payable in respect of all claims made for Benefit B is less than the Sum Insured specified under Benefit A, the sum payable in respect of a subsequent claim made for Benefit A will be the balance remaining of the Sum Insured as specified under Benefit A after deduction of the said total sum payable under Benefit B. Except for this, payment shall only be made under Benefit A or B but not both.
5. The Sum Insured as specified in the Table of Benefits for Benefits A and B under Section 1 are limits for every 12 months from the start of the **Period of Cover**.

PERMANENT DISABILITY SCALE

PERMANENT DISABLEMENT		PERCENTAGE OF SUM INSURED	
1.	Loss of two limbs	100%	
2.	Loss of both hands, or of all fingers and both thumbs		
3.	Total and permanent loss of sight of both eyes		
4.	Total and permanent paralysis		
5.	Injuries resulting in being permanently bedridden		
6.	Any other Injury causing permanent total disablement from engaging in or attending to employment or occupations of any and every kind		
7.	Loss of arm at shoulder		
8.	Loss of arm between shoulder and elbow		
9.	Loss of arm at elbow		
10.	Loss of arm between elbow and wrist		
11.	Loss of hand at wrist		
12.	Loss of leg	- at hip - between knee and hip - below knee	
13.	Eye: Total and permanent loss of	- whole eye or sight in one eye except perception of light	50%
14.	Total and permanent loss of hearing	- both ears - one ear	75% 15%
15.	Total and permanent loss of speech		50%
16.	Loss of four fingers and thumb of one hand		50%
17.	Loss of four fingers		40%
18.	Loss of thumb	- both phalanges - one phalanx	25% 10%
19.	Loss of index finger	- three phalanges - two phalanges - one phalanx	10% 8% 4%
20.	Loss of middle finger	- three phalanges - two phalanges - one phalanx	6% 4% 2%
21.	Loss of ring finger	- three phalanges - two phalanges - one phalanx	5% 4% 2%
22.	Loss of little finger	- three phalanges - two phalanges - one phalanx	4% 3% 2%
23.	Loss of metacarpals	- first or second (additional) - third, fourth or fifth (additional)	3% 2%
24.	Loss of toes	- all - great, both phalanges - great, one phalanx - other than great, if more than one toe lost, each	15% 5% 2% 1%

Special Provisions to Section 1

You must give immediate notice in writing to Us of any **Illness** or physical defect or infirmity of the **Maid** of which You have become aware and You must pay any additional premium that We may require.

SECTION 2 – HOSPITAL & SURGICAL EXPENSES

We will reimburse You for **Hospital and Surgical Expenses** necessarily incurred as a result of an **Accident** or **Illness** sustained by the **Maid** in Singapore during the **Period of Cover** provided such expenses are incurred in respect of room and board charges in Class B2 or C ward in a **Hospital** which is a Singapore government hospital or re-structured hospital.

Hospital and Surgical Expenses include:

1. Day Care Surgery

All medically necessary surgical procedures and related treatment provided by or on the order of a **Doctor** at a **Hospital** or an out-patient medical clinic in Singapore. Day Care Surgery excludes all non-surgical procedures and related treatment.

2. Pre-Hospitalisation Diagnostic Services

Laboratory, X-ray or other medically necessary diagnostic procedures ordered by a **Doctor** and which within 90 days of being carried out, result in the **Maid** being admitted as a registered in-patient to a **Hospital** in Singapore.

3. Post-Hospitalisation Follow-up Treatment

The medically necessary follow-up treatment ordered by a **Doctor** to be rendered for up to 90 days from the **Maid's** discharge from **Hospital** in Singapore and in total for any one claim or disability. Cover is restricted to follow-up treatment of the specific medical condition or **Injury** for which the **Maid** received in-patient **Hospital** treatment in Singapore.

The Sum Insured as specified in the Table of Benefits for Section 2 is the limit for every 12 months from the start of the **Period of Cover**.

Exceptions to Section 2

This insurance does not apply to:

- any expenses in respect of neurasthenia or mental disease of any kind or psychiatric treatment, congenital sickness or abnormalities or birth defects, including hereditary conditions, defect or diseases, tests or treatment for sexually transmitted diseases or venereal diseases, strictures or any **Injury** or **Illness** in anyway attributed to alcoholism or drug abuse.
- any expenses in respect of treatment in mental hospitals or homes.
- any expenses in respect of any **Hospital** confinement, surgical operation treatment or services which have not been previously recommended by a **Doctor**.
- routine medical examinations or check-ups; or routine eye or ear examinations; or routine physical or any other examinations not incident to the treatment or diagnosis of any **Injury** or **Illness** as may be covered by this Policy; any expenses in respect of treatment undertaken as a preventive measure including but not restricted to vaccinations, inoculations, contraception and other prophylactic treatment; or examinations for employment or travel; or any non-medically necessary procedure; or any form of dental treatment.
- instrument examinations and laboratory tests not ordered by a **Doctor** or not resulting in a diagnosis of a condition leading to hospitalisation or surgery or treatment for a covered condition in this Policy.

6. any expenses in respect of normal dental inspection or treatment or in obtaining dentures or eye glasses or the like or hearing aids or prosthesis, corrective devices and medical appliances which are not surgically required.
7. cosmetic or plastic surgery other than therapeutic surgery considered as medically necessary by a **Doctor**, treatment for obesity, weight reduction or weight improvement regardless whether it is medically necessary or otherwise; tests or treatment for sleep apnoea.
8. tests or treatment related to infertility, contraception, impotence, or sexual dysfunction.
9. all costs relating to cornea, muscular, skeletal or human organ or tissue transplant from a donor to a recipient and all expenses directly or indirectly related to organ transplantation.
10. medical expenses for traditional Chinese medicine treatment.
11. the costs of medical reports.

SECTION 3 – ALTERNATIVE DOMESTIC HELP BENEFIT

In the event that the **Maid** sustains **Injury** or **Illness** during the **Period of Cover** and is admitted into a **Hospital** in Singapore during the **Period of Cover**, We will reimburse You a daily allowance for the hiring of temporary domestic help up to 30 consecutive days, subject to the Limit as specified in the Table of Benefits.

SECTION 4 – WAGES & LEVY REIMBURSEMENT

If You suffer the loss of service of the **Maid** caused by her hospitalisation due to **Injury** or **Illness**, We will pay to You a fixed sum per day for up to 30 consecutive days subject to the Sum Insured as specified in the Table of Benefits, so long as **Hospital and Surgical Expenses** are payable under Section 2 of this Policy.

Condition applicable to this Section:

The benefit under this Section is payable for each completed 24 hours that the **Maid** is confined at a **Hospital** during the **Period of Cover**.

SECTION 5 – REPATRIATION EXPENSES

We will reimburse You for actual repatriation expenses You incurred due to the **Maid's Injury** or **Illness** sustained during the **Period of Cover**, up to the Sum Insured as specified in the Table of Benefits in respect of:

1. conveyance of the **Maid** from Singapore to her country of origin due to her Permanent Disablement as described in items 1 to 13 and items 15 to 16 of the Permanent Disability Scale of Section 1, which prevents her from engaging in or attending to her employment or occupation as Your **Maid**.
2. burial or cremation of the **Maid** in Singapore and/or conveyance of body or ashes from Singapore to her country of origin.

We will only pay under this Section if a detailed account with supporting bills is submitted to and approved by Us.

SECTION 6 – TERMINATION EXPENSES

We will reimburse You for the actual expenses incurred up to the Sum Insured as specified in the Table of Benefits in respect of termination of the **Maid's** services as a result of her being certified to be medically unfit to perform the usual services as required of her as a **Maid** due to **Injury** or **Illness** sustained during the **Period of Cover**, provided that such certification is given by a **Doctor**.

SECTION 7 – REPLACEMENT MAID EXPENSES

We will reimburse You for the actual employment agency's fees incurred in hiring a replacement foreign domestic worker up to the Sum Insured as specified in the Table of Benefits following the termination of the **Maid's** services as a result of her death or being certified to be medically unfit to perform the usual services as required of her as a **Maid** due to **Injury** or **Illness** sustained during the **Period of Cover**, provided that such certification is given by a **Doctor**.

Provided that prior agreement is obtained from Us for all such expenses and that the replacement foreign domestic worker be employed within 90 days from the termination of the **Maid's** services.

Exceptions to Section 7

1. No payment shall be made under this Section unless the replacement maid is a foreign domestic worker whose work permit is issued by the Ministry of Manpower.
2. No payment shall be made under this Section if the death or permanent disablement of the **Maid** is caused directly or indirectly by the **Insured** or the **Insured's** household members residing with the **Insured**.

SECTION 8 – SPECIAL GRANT

If Your **Maid** dies in the course of her employment with You in Singapore during the **Period of Cover**, We will pay a special grant to her estate or legal personal representative the Sum Insured as specified in the Table of Benefits.

SECTION 9 – LIABILITY TO THIRD PARTIES

We will indemnify You against all sums which You are legally liable to pay as compensation for **Accidents** resulting in:

1. death or bodily injury to any other person
2. loss of or damage to property belonging to other persons

caused by the negligence of Your **Maid** in the course of and arising out of her employment with You in Singapore during the **Period of Cover**.

We will also pay:

1. costs and expenses of litigation recovered by any claimant from You and/or Your **Maid**
2. costs and expenses of legal defence incurred by You and/or Your **Maid** with Our written consent.

Exceptions to Section 9

We will not pay for:

1. liability in respect of loss or damage to property belonging to or in the charge or under the control of You or Your **Maid**.
2. liability for death, **Injury**, **Illness** or loss of or damage to property:
 - (a) arising out of any deliberate or malicious act.
 - (b) arising out of Your own employment, business or profession.
 - (c) arising out of a contract or agreement which would not have arisen in the absence of such contract or agreement.

3. any claim or loss arising out of any activities or business conducted or transacted via the Internet, Intranet, Extranet or via Your or the **Maid's** own website, Internet site, web address or via the transmission of electronic mail or documents by electronic means.
4. fines, penalties, exemplary or punitive damages.
5. judgments which are not in the first instance delivered by or obtained from a Court of competent jurisdiction within the Republic of Singapore nor to orders obtained in the said Court for the enforcement of judgments made outside the Republic of Singapore whether by way of reciprocal agreement or otherwise.

SECTION 10 – MAID’S PERSONAL BELONGINGS

We will reimburse You up to the Sum Insured as specified in the Table of Benefits for loss of or damage to personal effects belonging to Your **Maid** caused by fire, water following bursting or overflowing of water tank(s), apparatus or pipe(s) or flood damage including theft accompanied by actual forcible and violent entry to or exit from the **Insured's** residence in Singapore during the **Period of Cover**.

SECTION 11 – INSURANCE GUARANTEE BOND (to Ministry of Manpower)

We will furnish a Letter of Guarantee (to be issued separately) on Your behalf in lieu of the sum of S\$5,000 which You are required to deposit with the Ministry of Manpower in respect of the **Maid** employed.

Pursuant to the Letter of Guarantee, We will guarantee and undertake as principal debtor to pay the Ministry of Manpower on demand, any sums not exceeding S\$5,000.

Conditions applicable to this Section:

1. You must counter-indemnify Us against all claims, payment, losses, liabilities, costs, or expenses whatsoever which We incur or may incur under the terms of the Letter of Guarantee.
2. this Section will not be in force unless and until the Counter Indemnity documents have been correctly executed, delivered to and accepted by Us.

OPTIONAL COVERS

SECTION 12 – ADDITIONAL HOSPITAL & SURGICAL EXPENSES (Please refer to the **Schedule** to see if this section is in force)

The maximum total sum payable under Section 2 shall be increased by the Sum Insured as specified in the **Schedule** under Section 12.

SECTION 13 – WAIVER OF COUNTER INDEMNITY (Please refer to the **Schedule** to see if this section is in force)

In the event of a demand made by the Ministry of Manpower on the Letter of Guarantee covered under Section 9 of this Policy, the **Company** shall waive its rights to indemnification against the **Insured** under the Counter Indemnity for the said Letter of Guarantee.

Provided that the waiver given by Us under this Section does not apply to:

1. any loss or payment which the **Insured** is aware of prior to effecting cover.
2. any loss or payment arising out of any circumstances caused directly by the **Insured** or **Insured's** family members or tenants residing with the **Insured**.
3. the amount stated as Excess in the **Schedule**.

SECTION 14 – EMPLOYER’S LIABILITY

(Please refer to the **Schedule** to see if this section is in force)

In the event Your **Maid** sustains **Injury** or **Illness** in Singapore during the **Period of Cover**, We will indemnify You against all sums for which You are liable to pay compensation at Common Law including all costs and expenses incurred with the written consent of the **Company**, up to the Limit specified in the **Schedule**.

SECTION 15 – INSURANCE GUARANTEE BOND

(to Philippine Overseas Labour Office, Singapore)

(Please refer to the **Schedule** to see if this section is in force)

We will furnish a Letter of Guarantee (to be issued separately) on Your behalf in lieu of the sum S\$2,000 or S\$7,000 as specified in the **Schedule** which You are required to deposit with the Philippine Overseas Labour Office, Singapore in respect of the **Maid** employed.

Pursuant to the Letter of Guarantee, We will guarantee and undertake as principal debtor to pay the Philippine Overseas Labour Office, Singapore on demand, any sums not exceeding S\$2,000 or S\$7,000 as specified in the **Schedule**.

Conditions applicable to this Section:

1. You must counter-indemnify Us against all claims, payment, losses, liabilities, costs, or expenses whatsoever which We incur or may incur under the terms of the Letter of Guarantee.
2. this Section will not be in force unless and until the Counter Indemnity documents have been correctly executed, delivered to and accepted by Us.

TABLE OF BENEFITS

The maximum limits of claims, compensation, expenses or benefits payable by Us for each claim and in total per Policy unless otherwise specified in the Table of Benefits below.

SECTION	BENEFITS	SUM INSURED OR LIMIT PER POLICY UNLESS OTHERWISE SPECIFIED (SINGAPORE DOLLARS)
1.	Personal Accident (A) Death (B) Permanent Disablement (C) Medical Expenses (i) Dental Treatment due to Injury (ii) Treatment by Chinese Physician due to Injury (iii) Medical Expenses for Dengue Fever	\$60,000 per year \$60,000 per year Refer to the Permanent Disability Scale for the applicable percentage of Sum Insured payable \$1,000 \$500 (sub-limit) \$100 (sub-limit) \$100 (sub-limit)
2.	Hospital & Surgical Expenses (including Day Care Surgery, Pre-Hospitalisation Diagnostic Services and Post-Hospitalisation Follow-up Treatment)	\$15,000 per year
3.	Alternative Domestic Help Benefit	\$50 per day, maximum 30 days
4.	Wages & Levy Reimbursement	\$30 per day, maximum 30 days

5.	Repatriation Expenses	\$10,000
6.	Termination Expenses	\$300
7.	Replacement Maid Expenses	\$500
8.	Special Grant	\$2,000
9.	Liability to Third Parties	\$5,000
10.	Maid's Personal Belongings	\$300
11.	Insurance Guarantee Bond (to Ministry of Manpower)	\$5,000
OPTIONAL COVERS		
PLEASE REFER TO THE SCHEDULE FOR THE SELECTED COVER(S) AND SUM INSURED OR LIMIT		
12.	Additional Hospital & Surgical Expenses	Refer to the Schedule
13.	Waiver of Counter Indemnity	Refer to the Schedule
14.	Employer's Liability	Refer to the Schedule
15.	Insurance Guarantee Bond (to Philippine Overseas Labour Office, Singapore)	\$2,000 or \$7,000 as specified in the Schedule

GENERAL CONDITIONS

(Applicable to the whole Policy)

1. Observance

The due observance and fulfillment of the Terms of this Policy by the **Insured** and the **Maid** and the truth of the statements and answers in the Application Form shall be conditions precedent to any liability by Us to make any payment under this Policy.

2. Alteration

We have the right to vary the premium payable and all other Terms of this Policy by giving the **Insured** 30 days' notice of such variations.

3. Reasonable Precaution

You and the **Maid** must take all reasonable precautions to safeguard the **Maid** against any loss insured under this Policy.

4. Who can Claim

You, the **Maid**, the **Maid's** legal representative or any other person appointed by the Controller of Work Passes to act on behalf of the **Maid** or the **Maid's** legal representative can submit a claim under this Policy.

5. Fraudulent Claims

If You, the **Maid** or anyone acting on their behalf make any claim under this Policy knowing the claim to be fraudulent or exaggerated, this Policy shall become void and all benefits forfeited.

6. Policy Assignment

This Policy is not assignable by You and We shall not be affected by notice of any trust, charge, lien, assignment or other dealing with this Policy.

7. Discharge

The receipt of any compensation payable under this Policy by You or that of the **Maid** or of Your or her legal personal representatives as the case may be shall in all cases be an effectual discharge to Us.

8. Cancellation

We can cancel this Policy or any Section by giving You 14 days' notice in writing via registered mail to Your last known address with exception to Section 11 and optional Section 15 (if stated in the **Schedule**).

If We cancel the Policy, We will provide a pro-rated refund of the premiums paid less the premium for optional Section 15 (if stated in the **Schedule**) for any unexpired **Period of Insurance**.

You may cancel the entire Policy by giving 14 days' notice in writing to Our office provided that full discharge is given to Us in writing by the relevant authorities in respect of Our liability under Section 11 or optional Section 15 (if stated in the **Schedule**).

If You cancel the Policy, We will refund to You the premiums paid for the unexpired **Period of Insurance**, subject to a minimum premium of S\$50 to be retained by Us and according to the following scale for short-period refund:

Number of days in force prior to cancellation	Percentage of Policy Premium entitled for refund
Within 60 days	80%
Within 61 to 90 days	60%
Within 91 to 180 days	30%
After 180 days	No Refund

There shall be no refund if there is any claim made on the Policy.

9. Termination

(a) The entire Policy will terminate immediately upon:

- (i) non-payment of premium by the due date as described in the Payment Before Cover Warranty of this Policy; or
- (ii) the cancellation of this Policy as described in General Condition 8 – Cancellation.

(b) Unless We have agreed otherwise in writing, this Policy will terminate in any of the following circumstances, whichever first occurs:

- (i) For a **Maid** who is renewing her work permit under the employment of the **Insured**, the cover ceases immediately after the expiry date of the **Maid's** current work permit for which the full employment period is covered by this Policy.
- (ii) For a **Maid** who is transferring to a new employer, the cover ceases on the date of issue of the new work permit by Ministry of Manpower (Singapore) for the new employer.
- (iii) For a **Maid** who is leaving Singapore after the cancellation of the work permit, cover ceases as follow:
 - For Section 1, the cover ceases upon the **Maid's** clearance of the Singapore immigration for departure.
 - For Section 2, the cover ceases upon the **Maid's** clearance of the Singapore immigration for departure or the original expiry of the policy, whichever is the earlier.
 - For Section 11, 13 and 15, the cover ceases upon discharge of the security bond by the relevant authorities or the original expiry of the policy, whichever is the earlier.
 - For other sections not stated above, the cover ceases upon cancellation of the work permit.

10. Other Insurances

(Not applicable to Benefits A and B under Section 1)

If at the time of any loss, damage or liability insured by this Policy, there is any other subsisting insurance or insurances whether taken up by You or by any other person or persons covering such loss, damage or liability, We shall not be liable to pay or contribute more than its rateable proportion of such loss, damage or liability.

11. Arbitration

If there is any dispute as to the liability or amount to be paid under this Policy, such dispute shall be determined by arbitration in accordance with the statutory provisions on arbitration in that behalf for the time being in force. It is hereby expressly stipulated that it shall be a condition precedent to any right of action or suit upon this Policy that an arbitration award shall be first obtained.

If the dispute shall not within 12 months from the date of disclaimer of liability or date of rejection of the offer made have been referred to arbitration under the provisions herein contained, then such claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

12. Time Limit of Commencement of Action or Suit

If an action or suit is not commenced within 12 months after the arbitration award is made under Condition 11 – Arbitration of this Policy, the **Company** shall not be liable for such claim under this Policy and such claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable against the **Company**.

13. Subrogation

In the event of a claim We are entitled to undertake in the name and on behalf of You or the **Maid** the absolute conduct control and settlement of any proceedings and to take proceedings at Our expense and for Our benefit but in Your name or the **Maid** to recover compensation or secure indemnity from any third party in respect of anything covered by this Policy.

14. Exclusion of Rights under the Contracts (Rights of Third Parties) Act

With the exception of the **Maid**, the **Maid's** legal representative or any other person appointed by the Controller of Work Passes to act on behalf of the **Maid** or the **Maid's** legal representative, any other person who is not a party to this Policy contract shall have no right under the Contracts (Rights of Third Parties) Act (Cap53B) to enforce any of its terms.

15. Legal Proceedings

No action in law or equity shall be brought to recover under the Policy until after the expiration of 60 days from the date proof of claim has been furnished in accordance with the Policy conditions. The parties submit themselves to the exclusive venue and jurisdiction of the Courts of Singapore for the resolution of any conflict or dispute between the parties with regard to the Policy, save where the circumstances are governed by the Arbitration clause of the Policy.

16. Governing Laws

This Policy contract is governed by the laws of Singapore.

CLAIM CONDITIONS

(Applicable to the whole Policy)

On the happening of any **Injury** or **Illness** which may give rise to a claim under this Policy You or the **Maid** must:

1. give notice in writing to Us within 21 days stating the circumstances of the death, **Injury** or **Illness**.
2. deliver to Us as soon as reasonably practicable a claim in writing with such detailed particulars and proof as may be reasonably required.

(a) You or the **Maid** must give Us all reports, certificates and information required by Us which shall be furnished at Your or the **Maid's** expense and shall be in such form as We shall prescribe.

(b) You must ensure that the **Maid** shall from time to time submit herself to medical examination at the expense of Us as may be required in connection with any claim.

3. ensure that in the case of death where any reasonable doubt exists as to the cause of it, a **Doctor** appointed by Us is allowed to make a post-mortem examination of the body of the **Maid** at Our expense.

GENERAL EXCEPTIONS

(Applicable to the whole Policy)

1. The Policy does not cover:

(a) any expenses incurred as a result of **Illness** contracted or which manifests itself during the first 30 days from the start of the **Period of Cover** unless You and the **Maid** had been continuously insured by Us for not less than the preceding 12 months.

(b) any expenses or compensation for treatment or service incurred as a direct or indirect result of **Pre-existing Conditions**.

(c) any consequential loss or damage of any kind whatsoever.

2. We will not pay any sum in respect of **Injury** to the **Maid** or any expenses directly or indirectly consequent upon:

(a) any unlawful act of the **Maid** or wilful exposure to danger (other than in an attempt to save human life) or wilful act or wilful neglect of the **Maid**;

(b) suicide, attempted suicide or intentional self-injury while sane or insane or caused directly by the **Maid's** deliberate act;

(c) the effect or influence (temporary or otherwise) of intoxicating liquor or drugs not prescribed by a **Doctor**;

(d) venereal disease, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or other communicable diseases;

(e) psychiatric or insanity or conditions related to functional disorder of the mind, nervous disorders;

(f) pregnancy, childbirth, miscarriage, abortion, sterilization, menopause or any complications arising from any of these;

(g) hazardous sports including but not limited to winter sports (other than leisure skiing), rock climbing, mountaineering, water-skiing, underwater activities involving artificial breathing apparatus, aerial activities and motor sports; or

(h) riot, strike or civil commotion (unless unforeseeable).

3. The insurance by this Policy excludes:

death, disability, loss, damage, destruction, any legal liabilities, cost or expense including consequential loss of whatsoever nature, directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss;

(a) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or

- (b) any act of terrorism including but not limited to:
- (i) the use or threat of force, violence or
 - (ii) harm or damage to life or to property (or the threat of such harm or damage) including, but not limited to, nuclear radiation or contamination by chemical or biological agents,

by any person(s) or group(s) of persons, committed for political, religious, ideological or similar purposes, express or otherwise, or to put the public or any section of the public in fear; or

- (c) any action taken in controlling, preventing, suppressing or in any way relating to (a) or (b) above.

If the **Company** alleges that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance the burden of proving the contrary shall be upon the **Insured**.

4. This clause shall be paramount and shall override anything contained in this insurance inconsistent therewith;

In no case shall this insurance cover loss, damage, liability or expense directly or indirectly caused by or contributed to, by or arising from:

- (a) ionising radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel;

- (b) the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof;

- (c) any weapon or device employing atomic or nuclear fission or fusion or other like reaction or radioactive force or matter;

- (d) the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter. The exclusion in this sub-clause does not extend to radioactive isotopes, other than nuclear fuel, when such isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific or other similar peaceful purposes;

- (e) any chemical, biological, bio-chemical or electromagnetic weapon.

5. Section 9 and Section 14 exclude all claims and losses based upon, arising out of, directly or indirectly resulting from or in consequence of, or any way involving:

- (a) asbestos, or

- (b) any actual or alleged asbestos related injury or damage involving the use, presence, existence, detection, removal, elimination or avoidance of asbestos or exposure or potential exposure to asbestos.

In any claim and in any action suit or other proceedings where We allege that by reason of any of the above Exceptions any loss is not covered by this Policy the burden of proving that such loss is covered will be upon You or the **Maid**.

PAYMENT BEFORE COVER WARRANTY

(Applicable to Policy issued to an individual)

1. The premium due must be paid to the **Company** (or Our intermediary through whom this Policy or Bond was effected) on or before the first day of the **Period of Insurance**. Payment shall be deemed to have been effected to the **Company** or the intermediary when one of the following acts takes place:

- (a) cash or honoured cheque for the premium is handed over to the **Company** or Our intermediary;

- (b) a credit or debit card transaction for the premium is approved by the issuing bank;

- (c) a payment through an electronic medium including the internet is approved by the relevant party;

- (d) a credit in favour of the **Company** or Our intermediary is made through an electronic medium including the internet.

2. In the event that the total premium due is not paid to the **Company** (or Our intermediary through whom this Policy or Bond was effected) on or before first day of the **Period of Insurance**, then the insurance shall not attach and no benefits whatsoever shall be payable by the **Company**. Any payment received thereafter shall be of no effect whatsoever as cover has not attached.

USEFUL PROCEDURES

1. Making a Claim

Report Your claim to Us and send Us a completed claim form together with all supporting documents. Information requested on the claim form includes the claimant's personal particulars, contact details and policy number. You should also include a brief description of the claim and particulars of other persons or witnesses involved, if applicable. Refer to Our website for details.

2. Your Feedback Channels

If You have any feedback or comments on Our service, tell Us about it. Our Service Quality Team will acknowledge receipt of Your feedback within one working day and give You a final reply within seven working days. Refer to Our website for details.

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

IMPORTANT – The Insured is requested to read this Policy. If any error or misdescription be found, the Policy should be returned to the issuing office for correction.