

MaidPlus Application Form

The Insurance Act: In this Application Form, you are required to disclose fully and faithfully all the facts you know or ought to know in respect of the risk that is being proposed; otherwise the Policy issued hereunder may be void.

Please ☒ tick where appropriate.

(A) Particulars of Applicant

Name Mr/Mrs/Ms/Mdm/Dr* _____ Gender ☐ Male ☐ Female
 (*delete if not applicable) (Name as in your NRIC/FIN/Passport. Please underline surname.)

Residential Address _____ Postal Code _____

If your mailing address above is different from the existing record with MSIG (if any), would you like to update all your existing policies with the new mailing address? ☐ Yes ☐ No

NRIC/FIN No _____ Date of Birth _____ Nationality _____ Occupation _____
 (Please provide NRIC No. if Applicant is a Singaporean/PR)

Marital Status ☐ Single ☐ Married ☐ Others Race ☐ Chinese ☐ Malay ☐ Indian ☐ Others _____ SB Transmission No. _____
 (please specify)

Tel _____ (Home) _____ (HP) Email _____

(B) Particulars of Maid

Type of Maid: ☐ New ☐ Transfer ☐ Renewal FIN No _____

Name Mr/Mrs/Ms/Mdm* _____ Passport No _____

Work Permit No _____ Date of Birth _____ Place of Birth _____

Gender ☐ Male ☐ Female Nationality _____ Marital Status _____

(C) Cover Required (Please ☒ tick your choice of plan and optional covers)

		Standard		Classic		Premier	
		Sum Insured/ Limit	Premium (including 9% GST)	Sum Insured/ Limit	Premium (including 9% GST)	Sum Insured/ Limit	Premium (including 9% GST)
Maids 50 years old and below		As per policy 25% co-payment applies*	\$585.33	As per policy 25% co-payment applies*	<input type="checkbox"/> \$644.19	As per policy 25% co-payment applies*	<input type="checkbox"/> \$728.12
Maids 51 to 60 years old			<input type="checkbox"/> \$1,127.06		<input type="checkbox"/> \$1,239.33		<input type="checkbox"/> \$1,400.65
Optional Covers							
1. Waiver of Counter Indemnity for Insurance Guarantee Bond to MOM (Excess: S\$250)		\$5,000	<input type="checkbox"/> \$54.50	\$5,000	<input type="checkbox"/> \$54.50	\$5,000	<input type="checkbox"/> \$54.50
2. Employer’s Liability		\$300,000 \$500,000 \$1,000,000	<input type="checkbox"/> \$27.25 <input type="checkbox"/> \$38.15 <input type="checkbox"/> \$70.85	\$300,000 \$500,000 \$1,000,000	<input type="checkbox"/> \$27.25 <input type="checkbox"/> \$38.15 <input type="checkbox"/> \$70.85	\$300,000 \$500,000 \$1,000,000	<input type="checkbox"/> \$27.25 <input type="checkbox"/> \$38.15 <input type="checkbox"/> \$70.85
3. Reduction of Co-payment (applicable to section 2)	Maids 50 years old and below	10%	<input type="checkbox"/> \$58.86	10%	<input type="checkbox"/> \$64.31	10%	<input type="checkbox"/> \$73.03
		0%	<input type="checkbox"/> \$155.87	0%	<input type="checkbox"/> \$171.13	0%	<input type="checkbox"/> \$192.93
	Maids 51 to 60 years old	10%	<input type="checkbox"/> \$112.27	10%	<input type="checkbox"/> \$124.26	10%	<input type="checkbox"/> \$140.61
		0%	<input type="checkbox"/> \$298.66	0%	<input type="checkbox"/> \$329.18	0%	<input type="checkbox"/> \$371.69
Total Premium			\$		\$		\$

*Refer to MaidPlus Benefits Summary in the policy on co-payment conditions applicable to section 2 for more details.

Currency: Singapore Dollars

Period of Insurance: 26 months starting from _____

(D) Premium Payment

Please charge S\$ _____ to my Visa/MasterCard Credit Card* no - - -

Name of Bank _____ Name on Credit Card _____ Card Expiry Date /

*Note: Credit card payment is acceptable for personal application only

This credit card ☐ belongs to the Insured ☐ belongs to someone other than the Insured

Please state relationship to Insured _____

Signature of Cardholder

Date

(E) Preference For Receiving Updates *(Please mark one box)*

- ☐ Yes, I agree to receive updates from MSIG on insurance products and promotions via SMS and/or phone calls.
- ☐ No, I do not wish to receive updates from MSIG on insurance products and promotions via SMS and/or phone calls.

(F) Declaration

I want to effect the insurance specified here and declare that I:

- warrant that the information given and answers to the questions in this Application are true and correct to the best of my knowledge and have not withheld any facts likely to influence MSIG's assessment of this Application;
- warrant that the maid is in good health and free from physical defects, infirmity or illness or recurring illness;
- agree to ensure that the insured maid meets the vaccination required by the Singapore government at all times;
- understand that all pre-existing conditions are not covered for the first 12 months of the maid's employment with me. Thereafter, pre-existing conditions are covered under Section 2 of our policy document subject to:
 - sum insured up to \$60,000; and
 - 25% co-payment for the eligible claims amount which is above \$15,000;
- understand that I am liable to co-pay the eligible claims amount above \$15,000 unless I have selected 0% co-payment option during the application of this policy;
- understand that the personal accident benefits of this insurance will only be payable upon an accident occurring;
- agree to accept the terms, conditions and exclusions contained in the policy and as modified or extended and agree that this Application, Declaration and any other information provided shall form the basis of the contract;
- understand that any guarantee issued by MSIG pursuant to the policy is subject to the Counter Indemnity as attached and I agree to the terms and conditions therein;
- understand this Application will be subject to the approval and acceptance by MSIG and the premium fully paid and received by MSIG before cover can be effected; and
- understand and accept that my personal particulars will be collected, used and disclosed by MSIG in accordance with the Personal Data Protection Act 2012 and MSIG's Privacy & Cookies Policy, for the provision of all services related to, and protection under, this insurance policy, including for proper servicing, underwriting and claims administration. MSIG may disclose my personal particulars to its business partners and third party service providers for these purposes. MSIG may also send me marketing mailers by post or emails. Where there are more than one individual insured persons, I confirm they have consented to MSIG's collection, use and disclosure of their personal particulars. Please refer to the full [MSIG's Privacy & Cookies Policy](#) for more information.

Signature of Applicant (Employer)

Date

Agent/Broker Stamp

This Policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation. For more information on the scheme, please visit www.gia.org.sg / www.lia.org.sg or www.sdic.org.sg.

This document is not a contract of insurance. Full details of the terms, conditions and exceptions of this insurance are provided in the Policy and will be sent to you upon acceptance of your application by MSIG Insurance (Singapore) Pte. Ltd.

Counter Indemnity

To: MSIG Insurance (Singapore) Pte. Ltd.

The Counter Indemnity shall apply if I have not selected the Waiver of Counter Indemnity for Insurance Guarantee Bond (hereinafter referred to as "Guarantee") to Ministry of Manpower, Singapore (hereinafter referred to as "MOM").

In consideration of MSIG Insurance (Singapore) Pte. Ltd. (hereinafter referred to as "MSIG") agreeing at my request to provide a Guarantee for the sum of Singapore Dollars Five Thousand Only (\$5,000) to MOM, as security for the due and satisfactory observance and performance of all conditions under the Security Bond in connection with my employment of a foreign domestic worker.

I hereby irrevocably and unconditionally agree and undertake as follows:

- to indemnify MSIG 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 MSIG or incurred or become payable by MSIG under the abovementioned Guarantee;
- that MSIG may at its absolute discretion compromise all claims, payments, demands, actions, suits, proceedings, losses, liabilities, costs, interests and expenses which may be taken or made against MSIG under the Guarantee;
- to accept all receipts, vouchers and other evidence of all payments made by MSIG or of all liabilities or obligations incurred by MSIG by reason of the Guarantee as conclusive evidence against me and my estate of the fact and extent of my liability herein;
- to pay MSIG interest based on 6% per annum on all sums paid by MSIG under the Guarantee calculated from the date when payment was made by MSIG until the date when full payment is received by MSIG from me, and to pay on an indemnity basis, all costs and expenses MSIG incurred or may incur in enforcing its rights under this Counter Indemnity including but not limited to any action or legal proceedings that may be commenced by MSIG;
- that this Counter Indemnity shall be a continuing indemnity and MSIG may at any time or times at its discretion without giving any notice to me extend the validity of or renew the Guarantee, or grant any indulgence or make any arrangement or compromise in relation to the Guarantee, without discharging or impairing my liability under this Counter Indemnity;
- that no delay or omission on the part of MSIG in exercising any rights, power, privilege or remedy in respect of this Counter Indemnity shall impair such rights, power, privilege or remedy. The rights, powers, privileges and remedies provided in this Counter Indemnity are cumulative and not exclusive of any rights, powers, privileges and remedies provided by law;
- my liability herein is irrevocable and shall remain in full force and effect until the liability of MSIG under the Guarantee has been fully discharged to the satisfaction of MSIG; and
- that this Counter Indemnity shall be governed and construed by the laws of the Republic of Singapore, and I irrevocably submit to the jurisdiction of the Courts of the Republic of Singapore.

IN WITNESS WHEREOF, I have signed this Counter Indemnity on _____ day of _____ 20 _____

Signature of Applicant (Employer)

Signature of Witness

Name: _____

Name: _____

NRIC/FIN/Passport No: _____

NRIC/FIN/Passport No: _____

Address: _____

Address: _____