

INTERMEDIARY:

Domestic Maid Application Form

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.

A. PROPOSER'S PARTICULARS

The Proposer			
Address		Marital Status	Age
		Sex	
		Telephone No. (R) (H/P) (O)	
NRIC No	SB Transmission No	Nationality	
Occupation		Annual Income (S\$)	
Name of Company			

B. MAID'S PARTICULARS

Name of Maid	
*Date of Birth (DD/MM/YYYY) / /	Passport No.
Nationality	Work Permit No.
Effective Date (dd/mm/yyyy)	
From / /	for <input type="checkbox"/> 26 Months <input type="checkbox"/> 14 Months (Please Tick)

C. CHOICE OF INSURANCE COVERAGE (Please see details overleaf):

Plan 1 / Plan 2 / Plan 3 (Please Tick)

D. REIMBURSEMENT OF INDEMNITY PAID TO

INSURER: Yes / No (Please Tick)

(For details of coverage, please see overleaf. This option is not available if proposer is a foreigner or above age 65.)

LETTER OF INDEMNITY

To : **Liberty Insurance Pte Ltd**, 51 Club Street #03-00, Liberty House, Singapore 069428

Dear Sirs,

RE: COUNTER-INDEMNITY FOR LETTER OF GUARANTEE NO. _____

In consideration of **Liberty Insurance Pte Ltd** ("the insurer") agreeing at my/our request to issue a Letter of Guarantee ("the Guarantee") in favour of Ministry of Manpower ("MOM") guaranteeing the payment on demand of any sum or sums not exceeding in total Singapore Dollars Five Thousand (S\$5,000) in lieu of the cash deposit of Singapore Dollars Five Thousand (S\$5,000) that the employer would otherwise have to provide as security under the Security bond executed by the employer in favour of MOM, 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, demand, 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 guarantee and/or this Counter-Indemnity.
2. Where any request is made upon the Insurer by MOM for payment of any sum pursuant to the Guarantee, ("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 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 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 Guarantee or on any other ground whatsoever.
4. I/We shall not be discharged or released from this indemnity by any compromise, variation or arrangement made between MOM and the Insurer in relation to the obligation undertaken by the insurer under the guarantee or by any forbearance whether as to payment, time, performance or otherwise given by MOM 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 Guarantee is fully discharged to the Insurer's satisfaction.
6. This indemnity shall be governed by and construed in accordance with the laws of Singapore.

In WITNESS WHEREOF I/we have hereto subscribed my/our name(s) this day of year

Signature of Witness

Full Name:
NRIC No.:
Address:

Signature of Proposer

Full Name:

Signature of Witness

Full Name:
NRIC No.:
Address:

3rd Party Corporate Guarantor (with Co Stamp)
or individual guarantor. (Applicable if proposer is a foreigner)

Full Name:
NRIC No.:
Address:

INSURANCE COVERAGES:

PLAN 1 – Premium: S\$246.10 (GST included) for 26 Months ; Premium: S\$184.58 (GST included) for 14 Months

Section	Coverage	Limit
1.	Letter of Guarantee to Ministry of Manpower	S\$5,000
2.	Personal Accident	
	(A) Death	S\$40,000
	(B) Permanent Disablement	As Per Scale in Policy
	(C) Medical expenses	S\$1,000
3.	Hospital & Surgical Expenses	S\$15,000 per annum
4.	Daily Benefit	Not Covered
5.	Repatriation Expenses	S\$10,000
6.	Wages & Levy Reimbursement	Not Covered
7.	Re-Hiring Expenses	Not Covered
8.	Outpatient Kidney Dialysis / Cancer	Not Covered
9.	Special Grant	Not Covered
10.	Reimbursement of Indemnity Paid to Insurer	Optional

PLAN 2 – Premium: S\$267.50 (GST included) for 26 Months ; Premium: S\$200.63 (GST included) for 14 Months

Section	Coverage	Limit
1.	Letter of Guarantee to Ministry of Manpower	S\$5,000
2.	Personal Accident	
	(A) Death	S\$40,000
	(B) Permanent Disablement	As Per Scale in Policy
	(C) Medical expenses	S\$2,000
3.	Hospital & Surgical Expenses	S\$15,000 per annum
4.	Daily Benefit	S\$20 per day (Maximum 60 days)
5.	Repatriation Expenses	S\$10,000
6.	Wages & Levy Reimbursement	Up to S\$30 Per day (Maximum 60 days)
7.	Re-Hiring Expenses	S\$350
8.	Outpatient Kidney Dialysis / Cancer	S\$2,500 (Policy Limit)
9.	Special Grant	S\$1,000
10.	Reimbursement of Indemnity Paid to Insurer	Optional

PLAN 3 – Premium: S\$374.50 (GST included) for 26 Months ; Premium: S\$280.88 (GST included) for 14 Months

Section	Coverage	Limit
1.	Letter of Guarantee to Ministry of Manpower	S\$5,000
2.	Personal Accident	
	(A) Death	S\$40,000
	(B) Permanent Disablement	As Per Scale in Policy
	(C) Medical expenses	S\$3,000
3.	Hospital & Surgical Expenses	S\$30,000 per annum
4.	Daily Benefit	S\$30 per day (Maximum 60 days)
5.	Repatriation Expenses	S\$10,000
6.	Wages & Levy Reimbursement	Up to S\$30 Per day (Maximum 60 days)
7.	Re-Hiring Expenses	S\$500
8.	Outpatient Kidney Dialysis / Cancer	S\$5,000 (Policy Limit)
9.	Special Grant	S\$3,000
10.	Reimbursement of Indemnity Paid to Insurer	Optional

REIMBURSEMENT OF INDEMNITY PAID TO INSURER (OPTIONAL)

(Additional Premium: Flat S\$53.50 GST included)

In the event that Liberty Insurance is required to make payment under the Security Bond required by Ministry of Manpower, the Proposer will need only reimburse Liberty the "Excess" amount, provided that the payment is not caused by or resulting from the Proposer's breach of the conditions under the Security Bond. The "Excess" amount will vary as follows:

- (a) S\$250/- if this extension of coverage is purchased when the insurance package is first arranged.
- (b) S\$500/- if this extension is purchased mid-term but within one month of the policy inception date subject to a waiting period of 30 days from the date of inclusion.