

Proposal Form – MaidCare

Please complete all sections to facilitate the processing of your application.

Statement pursuant to Section 23(5) of the Insurance Act 1966 or any subsequent amendments thereof. You are to disclose in the proposal form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

Name of Producer & Producer Code: _____

Particulars of Proposer

Name of Proposer: _____		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Age: _____
Mailing Address: _____		Postal code () _____	
NRIC/Passport No.: _____	Mobile No.: _____	Email: _____	

Particulars of Maid

(This Insurance is not applicable to Maid who is 65 years old and above as at date of Application.)

Name of Maid: _____		Passport No.: _____
Date of Birth: _____	Age: _____	Nationality: _____
Effective Date (DD/MM/YYYY): <input type="checkbox"/> 14 months <input type="checkbox"/> 26 months		From: _____
FIN No.: _____	Reimbursement of Indemnity paid to Insurer: <input type="checkbox"/> No <input type="checkbox"/> Yes	Selection of Plan <input type="checkbox"/> Standard <input type="checkbox"/> Standard Plus

Remarks: The Proposer will need to indemnify Liberty Insurance Pte Ltd for all sums that they may incur arising out of the Letter of Guarantee.

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Name of Proposer: _____

Mode of Payment

☐ Credit Card
(VISA/Mastercard)



Scan the QR code to go to our authorized third-party payment gateway, Red Dot Payment, for secure credit card payment.
<https://connect.reddotpayment.com/instanpanel/instanpay/index/libertymaidcare2>

☐ PayNow Corporate



Scan the PayNow QR code with your bank app or enter the following UEN in your bank app.

- PayNow UEN: **199002791D203**
- Entity Name: Liberty Insurance Pte Ltd
- Remarks: LAST 4 digits of the Proposer NRIC No. (including alphanumeric) and LAST 4 digits of Proposer Mobile No. (Eg. **316E-2632**)
- Please provide a screen capture of the payment

Upon making payment, kindly email payment confirmation and completed proposal form to maidcare@libertyinsurance.com.sg.

PAYMENT BEFORE COVER WARRANTY (INDIVIDUAL)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date of the coverage, failing which the Policy shall be deemed to be automatically cancelled and no benefits whatsoever shall be payable by the Company.

DECLARATION

I, the Proposer, declare and warrant that:

- All information provided by me/us in connection with this application are true, accurate and complete
- I agree that this application and declaration shall be the basis of the contract between Liberty and myself
- I agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- If I do not fully and faithfully give the facts as I know them or ought to know them, I may receive nothing from the policy
- I agree to the policy terms, exclusions and conditions as expressed in the brochure, proposal form, policy wordings and endorsements
- I/we give consent to Liberty Insurance Pte Ltd ("Liberty") and third-parties including related entities, employees, agents, other insurers, contractors & service-providers (collectively, "Appointees") to collect, use and disclose all personal data relating to myself or other individuals that I/we have furnished in the past, present & in the future, for one or more of the purposes described in Liberty's Data Protection Policy, including but not limited to considering whether to provide insurance, carrying out due diligence, pricing, administering and servicing my policies, communicating with me/us, renewals, reinsurance, collections, claims, accounting, audit, legal, compliance, research, analysis, information-sharing, surveys, data storage & backups. I/we have read and agreed to the full Policy at www.libertyinsurance.com.sg/data-protection-policy, both now and in advance as it may be amended from time to time. If there is any personal data relating not to myself/us but to other individuals that I/we have furnished in the past, present & in the future, I/we warrant that I/we have obtained prior consent from these data subjects (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty and its Appointees to collect, use and disclose their personal data for the abovementioned purposes and on the same terms herewith. I/we warrant that all personal data I/we have provided are accurate and complete, and I/we shall inform Liberty of any changes to the personal data to my knowledge as soon as practicable.

IMPORTANT NOTICE TO SUBMITTER

If you, the submitter of this form, are submitting this form for another person who is the actual Proposer, and in consideration for Liberty processing this application upon your request:

- You agree that you have been validly & legally authorised by the Proposer to do so; and
- You warrant that you have shown this entire completed document to the intended Proposer and had obtained his/her agreement to everything; and
- You, in your personal capacity, agree to indemnify and keep Liberty Insurance Pte Ltd indemnified against all proceedings, costs, expenses, claims, liabilities, losses or damages if any part of this Notice turns out to be false, howsoever whatsoever, on a strict liability basis, that is, even if your state of mind was unintentional, intentional, negligent, inadvertent, accidental, unknowing, etc.

Date



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Name of Proposer: _____

Letter of Indemnity

In consideration of Liberty Insurance Pte Ltd ("the insurer") agreeing at my/our request to issue a Letter of Guarantee ("the MOM Guarantee") in favor 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 favor 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 Guarantees 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.

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- a) You agree that you have been validly & legally authorised by the Proposer to do so; and
- b) You warrant that you have shown this entire completed document to the intended Proposer and had obtained his/her agreement to everything; and
- c) You, in your personal capacity, agree to indemnify and keep Liberty Insurance Pte Ltd indemnified against all proceedings, costs, expenses, claims, liabilities, losses or damages if any part of this Notice turns out to be false, howsoever whatsoever, on a **strict liability basis**, that is, even if your state of mind was unintentional, intentional, negligent, inadvertent, accidental, unknowing, etc.

Signatory of Proposer

Date



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Summary of Benefits

Section	Description of Benefits	Standard	Standard Plus
1	Letter of Guarantee to Ministry of Manpower ¹	S\$5,000	S\$5,000
2	Personal Accident A. Death B. Permanent Disablement C. Medical Expenses	S\$60,000 As per scale in Policy S\$2,000	S\$60,000 As per scale in Policy S\$2,000
3	Hospital & Surgical Expenses Co-insurance applicable to bills exceeding S\$15,000	S\$60,000 per annum 25%	S\$60,000 per annum 0%
4	Daily Benefit	S\$20 per day (maximum 60 days)	S\$20 per day (maximum 60 days)
5	Repatriation Expenses	S\$10,000	S\$10,000
6	Wages & Levy Reimbursement	Up to S\$30 per day (maximum 60 days)	Up to S\$30 per day (maximum 60 days)
7	Re-hiring Expenses	S\$350	S\$350
8	Outpatient Kidney Dialysis/Cancer Treatment	S\$2,500	S\$2,500
9	Special Grant	S\$1,000	S\$1,000
10	Reimbursement of Indemnity Paid to Insurer	Optional	Optional
Extension A	Maid's (Insured Person) Personal Belongings	S\$250	S\$250
Extension B	Employer's and Maid's Liability	S\$20,000 (Any One Accident/ in the aggregate)	S\$20,000 (Any One Accident/ in the aggregate)

Premiums

Premium payable	Standard	Standard Plus
For 26 months (Include prevailing GST)	S\$555.90	S\$654.00
For 14 months (Include prevailing GST)	S\$416.93	S\$490.50

¹The Insured will need to indemnify Liberty Insurance Pte Ltd for all sums that Liberty Insurance Pte Ltd may incur arising out of the Letter of Guarantee.



Reimbursement of Indemnity Paid to Insurer

Additional premium payable (optional)

Flat Rate (Include prevailing GST)	S\$54.50
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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 subject to a waiting period of 30 days from the policy inception date
- 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

Cancellation Refund Policy

Liberty Insurance will refund the premium based on the following Short-term Refund Table. No premium refund shall be given in the event of a claim.

Short-term Refund Table:

Period of Cancellation	Within 60 days	Within 61 to 120 days	Within 121 to 180 days	After 180 days
26 months policy	80% of Premium	50% of Premium	30% of Premium	No Refund
14 months policy	70% of Premium	50% of Premium	No Refund	No Refund

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 (servicecenter@libertyinsurance.com.sg) or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).



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 (MI) requirements:

	Yes/No
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	No*
Age-differentiated premiums are in 2 age bands: (1) ≤ 50 years old and (2) > 50 years old	No*
Insurers will reimburse our portion of the hospital bill to hospitals directly upon admissibility of the medical claim	No*

*These features are to be implemented on/after 1st July 2025 in accordance with MOM's Stage 2 requirement under enhanced MI for Work Permit and S Pass Holders

