



Liberty Insurance Pte Ltd
51 Club Street #03-00 Liberty House
Singapore 069428
Tel: 1800-LIBERTY (542 3789)
Reg. No. 199002791D | GST Reg. No.M2-0093571-3
www.libertyinsurance.com.sg

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: | Age: |
| _____ | | _____ | _____ |
| Mailing Address: | | | |
| _____ | | Postal code | () |
| NRIC No.: | Contact No.: | Nationality: | |
| _____ | _____ | _____ | |
| Email: | | SB Transmission No.: | |
| _____ | | _____ | |

Particulars of Maid

| | | |
|------------------------------|--------------|------------------|
| Name of Maid: | | Passport No.: |
| _____ | | _____ |
| Date of Birth: | Nationality: | Work Permit No.: |
| _____ | _____ | _____ |
| Effective Date (DD/MM/YYYY): | | From: _____ |
| _____ | | _____ |

| | | |
|-------------------------------|---|---------------------------|
| Choice of Insurance Coverage: | Reimbursement of Indemnity paid to Insurer: | Philippines Embassy Bond: |
| _____ | _____ | _____ |

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 and/or Embassy Bond.



Proposal Form – MaidCare

Name of Proposer: _____

Mode of Payment

| | | |
|--|---|-------------------|
| <input type="checkbox"/> Cheque ¹ | Bank: _____ | Cheque No.: _____ |
| <input type="checkbox"/> Credit Card | | |
| Type of Credit Card: _____ | Name of Cardholder (as shown on card): _____ | |
| Credit Card No.: _____ | Expiry Date: _____ | |

I hereby authorise Liberty Insurance Pte Ltd to debit my Credit Card account specified above.

¹Please cross your cheque & make payable to 'LIBERTY INSURANCE PTE LTD'. Kindly indicate (1) Name of Proposer; (2) Contact No.; (3) Name of Product; (4) Producer Code at the back of your cheque.

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 have read & agreed entirely to all terms in Liberty's Data Protection Policy, available on request & also at www.libertyinsurance.com.sg/data-protection-policy, both now & in advance as it may be amended from time to time.

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



Proposal Form – MaidCare

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 and/or to issue a Letter of Guarantee (hereinafter called the Labatt Guarantee) in favor of the Labor Attache (the Labatt), Embassy of the Philippines for the sum of S\$2,000 or S\$7,000, whichever applicable, (collectively known as the Guarantees) guaranteeing the satisfactory performance and observance of the conditions imposed on the Employer by the Labatt in the Embassy of the Philippines’ Standard Employment Contract for Filipino workers in Singapore executed by the Employer in favor of the Labatt, 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 and/or the Labatt for payment of any sum pursuant to the Guarantees, (“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/or the Labatt 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 and/or the Labatt 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 Guarantees 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/or the Labatt and the Insurer in relation to the obligation undertaken by the insurer under the Guarantees or by any forbearance whether as to payment, time, performance or otherwise given by MOM and/or the Labatt 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 Guarantees is fully discharged to the Insurer’s satisfaction.
6. This indemnity shall be governed by and construed in accordance with the laws of Singapore.

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:

- 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.

Date



Proposal Form – MaidCare

Summary of Benefits

| Section | Description of Benefits | Plan 1 | Plan 2 | Plan 3 |
|-------------|--|--|--|--|
| 1 | Letter of Guarantee to Ministry of Manpower ¹ | S\$5,000 | S\$5,000 | S\$5,000 |
| 2 | Personal Accident | | | |
| | A. Death | S\$60,000 | S\$60,000 | S\$60,000 |
| | B. Permanent Disablement | As per scale in Policy | As per scale in Policy | As per scale in Policy |
| | C. Medical Expenses | S\$1,000 | S\$2,000 | S\$3,000 |
| 3 | Hospital & Surgical Expenses | S\$15,000 per annum | S\$15,000 per annum | S\$30,000 per annum |
| 4 | Daily Benefit | Not covered | S\$20 per day (maximum 60 days) | S\$30 per day (maximum 60 days) |
| 5 | Repatriation Expenses | S\$10,000 | S\$10,000 | S\$10,000 |
| 6 | Wages & Levy Reimbursement | Not covered | Up to S\$30 per day (maximum 60 days) | Up to S\$30 per day (maximum 60 days) |
| 7 | Re-hiring Expenses | Not covered | S\$350 | S\$500 |
| 8 | Outpatient Kidney Dialysis/ Cancer Treatment | Not covered | S\$2,500 | S\$5,000 |
| 9 | Special Grant | Not covered | S\$1,000 | S\$3,000 |
| 10 | Reimbursement of Indemnity Paid to Insurer | Optional | Optional | Optional |
| Extension A | Maid's (Insured Person) Personal Belongings | S\$200 | S\$250 | S\$300 |
| Extension B | Employer's and Maid's Liability | S\$10,000 (Any One Accident/ In the aggregate) | S\$20,000 (Any One Accident/ In the aggregate) | S\$30,000 (Any One Accident/ In the aggregate) |
| | Premium for 26 months[^] | S\$270.00 | S\$297.00 | S\$410.40 |
| | Premium for 14 months[^] | S\$202.51 | S\$222.75 | S\$307.80 |

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 | S\$54.00 |
|-----------|----------|

Premiums above include prevailing GST.



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

| Period of Cancellation | Percentage of Refund |
|------------------------|----------------------|
| Within 60 days | 80% of Premium |
| Within 61 to 120 days | 50% of Premium |
| Within 121 to 180 days | 30% of Premium |

No premium refund shall be given where a claim has been lodged under the policy.

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).

