

## Application and agreement for foreign maid insurance

### Statement under section 25(5) of Insurance Act, Cap. 142 (Or any future amendments to it)

You must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying. Otherwise, the insurance policy may not be valid.

#### Your details (employer)

|                            |        |                                  |  |             |
|----------------------------|--------|----------------------------------|--|-------------|
| Name (as shown in NRIC)    |        | NRIC or FIN number               | Date of birth (dd/mm/yyyy)   |             |
| Residential address        |        | SB transmission reference number | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |             |
| Contact number<br>(Office) | (Home) | (Handphone)                      | Email  | Nationality |
| Occupation                 |        |                                  |  |             |

#### Details of foreign maid

|                             |                                      |                                   |
|-----------------------------|--------------------------------------|-----------------------------------|
| Name (as shown in passport) | Passport number                      | Passport expiry date (dd/mm/yyyy) |
| Nationality                 | Date of birth (dd/mm/yyyy)           | Monthly wages                     |
| Work permit number          | Work permit expiry date (dd/mm/yyyy) |                                   |

#### Details of insurance

|   |  |
|---|--|
| <b>Please tick <input checked="" type="checkbox"/> one</b><br><input type="checkbox"/> Plan 1a <input type="checkbox"/> Plan 1b <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3 <input type="checkbox"/> Plan 4 | <b>Optional coverage</b><br><input type="checkbox"/> Additional \$5,000 hospital and surgical expenses<br><input type="checkbox"/> Additional \$10,000 hospital and surgical expenses<br><input type="checkbox"/> Additional \$15,000 hospital and surgical expenses<br><input type="checkbox"/> Additional \$20,000 hospital and surgical expenses<br><input type="checkbox"/> Additional \$25,000 hospital and surgical expenses |
| Period of insurance (dd/mm/yyyy)<br>From _____ To _____   |  |

#### Personal data collection statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by Income includes all personal data provided in this form, or in any supplementary form or any document provided, or to be provided to us by you or your insured persons or from other sources from time to time including personal data of additional insured persons to be covered, for the purpose of this insurance application or transaction. It includes all personal data for us to evaluate or administer this application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data provided in the application form, the personal data will also include any subsequent information we collect on health or financial situation, or any information that is necessary for us to decide whether to insure and on what terms to insure, such as test results, medical examination results, and health records from medical practitioners or other insurance companies.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

##### 1. Purpose of collection

We may collect and use the personal data to:

- carry out identity checks;
- communicate on purposes relating to an application or policy;
- decide whether to insure or continue to insure you and your insured persons;
- determine and verify your creditworthiness for the financial and insurance products you apply for;
- provide financial advice for product recommendation based on your financial needs analysis;
- provide ongoing services and respond to your inquiries or instructions;
- make or obtain payments;
- investigate and settle claims;
- recover any debt owed to us;
- detect and prevent fraud, unlawful or improper activities;
- conduct research and statistical analysis;
- coach employees and monitor for quality assurance;
- reinsure risks and for reinsurance administration;
- comply with all applicable laws, including reporting to regulatory and industry entities; and
- inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption.

If you give your consent under Section 5, we may also collect and use your personal data to contact you on our marketing or promotional materials relating to our financial products or services via telephone calls, text messages, faxes, mails, or emails.

**2. Disclosure of personal data**

We may disclose personal data belonging to you and your insured persons for the purposes set out in Section 1 above to these parties:

- (a) your financial advisers;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as courier service, underwriting survey, printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations; and
- (k) regulators, law enforcement and government agencies.

**3. Consequence of withdrawing consent to the collection, use and disclosure of personal data**

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us.

But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate all your policies with us.

**4. Access and correction rights**

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

**5. Marketing material option**

Please indicate if you wish to receive marketing or promotional materials on our financial products, and related services, programmes and events, via telephone calls, text messages, faxes, mails, or emails.

Yes  No

If you do not indicate your option here, we will follow any existing option you may have indicated previously.

We will use the contact particulars, including any update, you have given to us to contact you.

You may make your request to withdraw your consent, access or correct your personal data by writing to:

The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email to: DPO@income.com.sg

**6. Income's rewards programme**

Please indicate if you wish to be a member of Income's rewards programme.

Yes  No

If you would like to receive updates on the rewards programme, please also select "Yes" under the marketing material option.

For more information on Income's rewards programme, please visit [www.income.com.sg/rewards](http://www.income.com.sg/rewards)

**Declaration and authorisation**

- 1 I have not withheld any material information relating to this application. I accept full responsibility for it.
- 2 I agree that this application and other written statements, information or declaration I have made or made on my behalf, will form the basis of the contract of insurance between me and Income.
- 3 I acknowledge that you will not be legally responsible for any claims until you have accepted this application and you have received the premium in full.
- 4 I am aware that I can get advice from a qualified adviser before I sign this application. If I choose not to, I take full responsibility for making sure that this product is appropriate for my financial needs and insurance aims.
- 5 I declare that I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me.
- 6 I confirm that I understand and agree to the 'Personal data collection statement'.

**You must give all the facts truthfully when you make this application. If you fail to reveal any material information in this application, you may not receive any benefits under your policy. If you are in doubt as to whether a fact is material, you should reveal it anyway. This includes any fact which you may have given to the adviser but is not written in this application. Please check to make sure you are fully satisfied with the information in this application.**

\_\_\_\_\_  
Your signature (the employer)

\_\_\_\_\_  
Date (dd/mm/yyyy)

**Important note**

- 1 Please do not leave any answer blank. Write 'none' or 'NA' where relevant.

**For official use**

|                |                               |  |
|----------------|-------------------------------|--|
| Adviser's name | Adviser's code                | Campaign code  |
| Policy number  | Premium (inclusive of 7% GST) | Policy delivery<br><input type="checkbox"/> Hand <input type="checkbox"/> Mail |

**Agreement for issuing letters of guarantee or foreign maid insurance (or both)**

Date:

To: **NTUC Income Insurance Co-operative Limited**

**(This applies to plans 1a, 1b, 3 and 4.)**

1 Please issue:

- a a letter of guarantee for S\$5,000, in favour of the Controller of Immigration, Singapore as security for my worker keeping to all conditions under the security bond; or
- b an insurance bond for S\$2,000 or S\$7,000 in favour of the Philippine Overseas Labor Office, Philippines Embassy as security for my worker keeping to all the conditions under the Philippines Embassy's standard employment contract for Filipino workers in Singapore and signed by:

(My name) \_\_\_\_\_ to employ a foreign maid, during the period of insurance.

I will protect you legally under the terms of the counter indemnity appearing below, which will form part of this agreement.

**(This applies to plans 2, 3 and 4.)**

2 I, the employer of the foreign maid named in the application form:

- a ask you to issue me with the foreign maid insurance; and
- b declare that the details given are true and correct. I have not withheld any material information relating to this proposal. This declaration and the proposal will form the basis of the contract to be made between me and NTUC Income Insurance Co-operative Limited.

Your signature : (the employer) \_\_\_\_\_

Signature : (witness) \_\_\_\_\_

Name : \_\_\_\_\_

Name : \_\_\_\_\_

NRIC number : \_\_\_\_\_

NRIC number : \_\_\_\_\_

Home phone : \_\_\_\_\_

Home phone : \_\_\_\_\_

## Counter indemnity

I agree to the following conditions in return for you providing either a letter of guarantee or insurance bond as described on the previous page.

- 1 I will, at all times, compensate you against all claims, payments, demands, action suits, proceedings, losses, liabilities costs and expenses which may be taken or made against you or which you may suffer under the letter of guarantee or insurance bond.  
As long as I pay the extra premium for the waiver of this counter indemnity, I will only be liable to you as described above if I break any of the conditions under the security bond deliberately or as a result of my negligence. If any of the conditions under the security bond are broken and this was not caused by my deliberate act or negligence, I will only be liable to pay you a fixed amount of S\$250. This condition only applies if I pay the extra premium for the waiver of this counter indemnity.
- 2 Within 14 days of any payment you make under the letter of guarantee or insurance bond, I will repay you any payments plus interests at a rate of 8% a year from the date you make the payment until the date you receive full payment from me.
- 3 I will pay you all costs, charges and expenses including legal costs you may suffer in enforcing or trying to get payment of all or any part of the money agreed to be paid. This includes any legal proceedings you may begin against me.
- 4 You may settle out of court, all claims, payments, demands, action suits, proceedings, losses and liabilities which may be taken or made against me under the letter of guarantee or insurance bond.
- 5 All receipts, vouchers, statement of account or other evidence of payments you have made or of all liabilities or obligations you have because of the letter of guarantee or insurance bond will be evidence against me and my estate of the amount I owe you.
- 6 This counter indemnity will continue indefinitely and you may decide to give me extra time to pay or accept other offers from me or make other arrangements with me, or extend the validity of the letter of guarantee or insurance bond without it affecting my legal responsibility under this counter indemnity.
- 7 This counter indemnity will stay in force (even when the security bond ends) until you have no further liability under the security bond.
- 8 Any demand you make can be given in writing to me by your servant, agent or employee or by your solicitors either serving it personally on me or sending it by post to me at my last known address.
- 9 Anyone who is not involved in this counter indemnity will have no rights under the Contracts (Rights of Third Parties) Act (cap. 53B) to enforce any of the terms in it.
- 10 This counter indemnity is governed by the laws of the Republic of Singapore and I and you agree that any disputes will be heard by the Singapore courts.

Your signature : (the employer) \_\_\_\_\_

Signature : (witness) \_\_\_\_\_

Name : \_\_\_\_\_

Name : \_\_\_\_\_

NRIC number : \_\_\_\_\_

NRIC number : \_\_\_\_\_

Home phone : \_\_\_\_\_

Home phone : \_\_\_\_\_

Home address : \_\_\_\_\_

Home address : \_\_\_\_\_

## Product summary: foreign maid insurance

| Type of plans   |         |         |              |              |                   |
|---|---------|---------|--------------|--------------|-------------------|
| Cover   | Plan 1a | Plan 1b | Plan 2       | Plan 3       | Plan 4            |
| Performance bond to Philippines embassy   | \$2,000 | \$7,000 | -            | -            | -                 |
| Guarantee bond to Ministry of Manpower  | -       | -       | -            | \$ 5,000     | \$ 5,000          |
| Personal accident   | -       | -       | \$40,000     | \$40,000     | \$40,000          |
| Outpatient medical expenses due to injury   | -       | -       | \$ 2,000     | \$ 2,000     | \$ 2,000          |
| Sending your foreign maid home  | -       | -       | \$10,000     | \$10,000     | \$10,000          |
| Hospital and surgical expenses (each year)  | -       | -       | \$15,000     | \$15,000     | \$15,000          |
| Wages compensation (up to 30 days)  | -       | -       | \$30 per day | \$30 per day | \$30 per day      |
| Expenses if you have to stop employing your foreign maid  | -       | -       | \$ 300       | \$ 300       | \$ 300            |
| Special grant   | -       | -       | \$ 2,000     | \$ 2,000     | \$ 2,000          |
| Personal liability  | -       | -       | \$25,000     | \$25,000     | \$25,000          |
| Renewal of work permit services (see note 1)  | -       |         |              |              | Included          |
| <b>Basic premium rates (including 7% GST, except for Plan 1a and Plan 1b)</b>   |         |         |              |              | <b>See note 2</b> |
| 1 Premium for 14 months policy  | -       | -       | \$127.33     | \$158.36     | \$268.61          |
| a option with waiver of counter indemnity (excess: \$250) see note 3  | -       | -       | -            | \$193.67     | \$303.92          |
| 2 Premium for 26 months policy  | \$33    | \$67    | \$201.16     | \$263.22     | \$373.47          |
| b option with waiver of counter indemnity (excess: \$250) see note 3  | -       | -       | -            | \$314.58     | \$424.83          |
| <b>Premium rates for extra hospital and surgical expenses cover (including 7% GST)</b>  |         |         |              |              |                   |
| <b>For 14 months policy</b>   |         |         |              |              |                   |
| Additional \$5,000 hospital and surgical expenses   | -       |         | \$22.47      |              |                   |
| Additional \$10,000 hospital and surgical expenses  | -       |         | \$37.45      |              |                   |
| Additional \$15,000 hospital and surgical expenses  | -       |         | \$50.29      |              |                   |
| Additional \$20,000 hospital and surgical expenses  | -       |         | \$67.41      |              |                   |
| Additional \$25,000 hospital and surgical expenses  | -       |         | \$84.53      |              |                   |
| <b>For 26 months policy</b>   |         |         |              |              |                   |
| Additional \$5,000 hospital and surgical expenses   | -       |         | \$36.38      |              |                   |
| Additional \$10,000 hospital and surgical expenses  | -       |         | \$60.99      |              |                   |
| Additional \$15,000 hospital and surgical expenses  | -       |         | \$83.46      |              |                   |
| Additional \$20,000 hospital and surgical expenses  | -       |         | \$112.35     |              |                   |
| Additional \$25,000 hospital and surgical expenses  | -       |         | \$141.24     |              |                   |
| <b>Notes</b>  |         |         |              |              |                   |
| 1 Renewal of work permit is done by NTUC Income Employment Agency (licence no. 96C5724).  |         |         |              |              |                   |
| 2 Premium is inclusive of courier service and admin fees to MOM for renewal (\$30) or issuance of work permit (\$30).   |         |         |              |              |                   |
| 3 To limit your bond liabilities to \$250 when the \$5,000 security bond is broken, you should buy the waiver option. It only applies if the bond is broken and this is beyond your control and is not caused by your deliberate act (for example, if your maid runs away). |         |         |              |              |                   |