

INTERMEDIARY	Name:
	Code:
✉ maid@hlas.com.sg	

MAID PROTECT360 PROPOSAL FORM

IMPORTANT NOTES

Statement Pursuant to Section 25(5) of the Insurance Act, Singapore : You are to disclose in this Proposal Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

- Please note that this insurance is subject to the premium being paid and received in full by the Company before the inception date, failing which there will be no liability under this cover.
- The liability of the Company does not commence until this Application is accepted and the premium paid in accordance with Clause 1 above.
- This brochure is for general information only and is not a contract of insurance. Please refer to the policy wordings for the precise terms, conditions and exclusions.
- Important Notes: You are to disclose in this proposal form **FULLY** and **FAITHFULLY** all the facts which you know or ought to know in respect of the risk proposed, otherwise the policy issued hereafter may be void.

***All fields are compulsory**

PROPOSER (EMPLOYER'S) DETAILS

Name of Proposer*		NRIC/ Passport No.*	Date of Birth (DD/MM/YYYY)*
Home Address*			Postal Code*
Gender: M / F*	Nationality*	Employer's Contact No (Home)	SB Transmission Ref No.*
Employer's Email Address*		Employer's Contact No (Mobile)*	

MAID'S DETAILS

Full Name of Maid*		Passport No.*
Nationality*	Work Permit Number*	Date of Birth (DD/MM/YYYY)*

PERIOD OF INSURANCE

New Application
 Renewal Application
 Effective Date (DD/MM/YYYY)*

ESSENTIAL COVERAGE

	26 Months	14 Months
Basic	<input type="checkbox"/> \$239.00	<input type="checkbox"/> \$184.00
Enhanced	<input type="checkbox"/> \$292.00	<input type="checkbox"/> \$225.00
Premier	<input type="checkbox"/> \$377.00	<input type="checkbox"/> \$290.00
Exclusive	<input type="checkbox"/> \$456.00	<input type="checkbox"/> \$351.00

OPTIONAL COVERAGE

(i) Waiver of Indemnity	<input type="checkbox"/> \$53.50	
(ii) Six-Monthly Medical Examination (MOM)	14 Months <input type="checkbox"/> \$42.80	26 Months <input type="checkbox"/> \$107.00
(iii) Philippine Embassy Bond	\$2,000 <input type="checkbox"/> \$40.00	\$7,000 <input type="checkbox"/> \$70.00
(iv) Enhanced Medical Benefits	14 Months <input type="checkbox"/> \$135.50	26 Months <input type="checkbox"/> \$171.20

Total Premium Payable (incl GST) \$

PAYMENT MODE

<input type="checkbox"/> Cheque Payment	<input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Master Card Holder's Name
Cheque Number / Bank	Credit card number Credit Card Expiry Date

COUNTER INDEMNITY & DECLARATION

- I do hereby declare and agree
- All the information provided in this application are true and correct and that this application and I have not withheld any information likely to affect the acceptance of this application;
 - This application shall form the basis of the contract between the Company and myself, and I will accept the terms, exclusions and conditions of the policy to be issued or endorsement incorporated thereon. I declared that the domestic helper is in good health and free from any physical impairment. I understand that all Pre-existing Conditions before the effective date of this Policy are not covered. Any Guarantee issued pursuant to this Proposal shall be subject to the Counter-Indemnity set forth in the attached terms and conditions.
 - I agree to the following conditions in return for you providing either a letter of guarantee or insurance bond as described in the application form:
 - to jointly and severally indemnify the Company 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 the Company or incurred or which the Company may suffer under the liability or obligations of the Guarantee(s);
 - my liability to indemnify the Company shall be limited to a fixed sum of S\$250 where the breach of condition under the Guarantee was caused by or resulted from the domestic helper's unexplained disappearance not caused by my deliberate act or omission. This condition only applies if I pay the extra premium for the waiver of this counter indemnity;
 - agree that the Company may in its absolute discretion compromise all claims, payments, demands, actions, suits, proceedings losses or liability which may be taken or made against the Company under the Guarantee(s);
 - To accept all receipts vouchers and other evidence of all payments made by the Company or of all liabilities or obligations incurred by the Company because of the Guarantee(s) will be accepted as conclusive evidence against me and my estate of the fact and extent of my liability;
 - agree to pay the Company, interest based on the rate of 6% per annum on all sums paid by them under the Guarantee(s) calculated from the date when payment was made until the date when I reimburse them, and to pay on an Indemnity Basis, all costs incurred by the Company in the course of pursuing legal proceedings to enforce their rights under this Indemnity against me;
 - this indemnity will continue indefinitely and the Company may at their discretion without giving any notice to me extend the validity of the Guarantee(s) without discharging or impairing my liability under this indemnity;
 - that no delay or omission on the part of the Company in exercising any right, power, privilege or remedy in respect of this Indemnity shall impair such right, power, privilege or remedy. The rights, powers, privileges and remedies provided in this Indemnity are cumulative and not exclusive of any rights, powers, privileges, and remedies provided by law;
 - 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; and
 - This Indemnity shall be governed by the laws of the Republic of Singapore and I irrevocably submit to the jurisdiction of the Courts of the Republic of Singapore.
 - No material information has been withheld from the Company in making the application.
 - The application for insurance has been completed wholly by me and not by other person
 - Understand and agree that no insurance is in force until an Application is accepted by the Company and a Policy is issued.
 - Understand and agree that where a third party credit card is used, I declare that the cardholder has authorized and consented to its use.
 - Agree on behalf of myself and any person(s), firm or corporation that any information collected or held by The Company (whether contained in this Application or otherwise obtained) may be used and disclosed by the Company, its associated individuals / companies or any independent third parties (within or outside Singapore) for any matters relating to the Application, any Policy issued and to provide advice or information concerning products and services which the Company believes may be of interest to me/us, and to communicate with me for any purpose.
 - I agree to your Policy on Personal Data ("Policy on Personal Data"), that all personal data provided to the Company or acquired by the Company from the public domain, as well as personal data that arises as a result of the provision of services to me will be subjected to such Policy on Personal Data as may be varied from time to time. Please refer to the Company's website (www.hlas.com.sg) for more details.
By submitting this application, I give my consent to the Company:
 - collecting, using, disclosing and/or processing my personal data;
 - collecting personal data about me from sources other than myself and using, disclosing and/or processing the same;
 - disclosing my personal data to the third parties whom the Company liaise with; and
 - transferring my personal data out of Singapore to the third parties whom the Company liaise with, where such third parties are sited (whether in Singapore or outside of Singapore), for the Purposes as described in the Policy on Personal Data.
 - I understand that I may write to HL Assurance's Data Privacy Officer at 11 Keppel Road #11-01 ABI Plaza ABI Plaza, Singapore 089057 or call at +65 6702020 to withdraw my consent, for any request for access to and/or correction of any information supplied to HL Assurance
- I understand that I consent to receive marketing and promotional information from HL Assurance, HL Assurance's group of companies and/or HL Assurance's business partners by post and/or emails.
- I agree to receive updates from HL Assurance on financial products and promotions via SMS and/or phone calls.

X	
Signature of Proposer/Employer	Signature of Witness
Name: _____	Name: _____
NRIC Number: _____	NRIC Number: _____

TABLE OF BENEFITS

Sections	Coverage (Worldwide)		Maximum Benefit Payable			
			Basic	Enhanced	Premier	Exclusive
1.	Personal Accident					
A.	Accidental Death		\$60,000	\$60,000	\$60,000	\$60,000
B.	Permanent Disablement		\$60,000	\$60,000	\$60,000	\$60,000
C.	Medical Expenses		\$1,000	\$2,000	\$3,000	\$4,000
	• Clinical Visit	per visit	\$50	\$75	\$100	\$200
	• Dental	per accident	N.A	\$100	\$250	\$400
	• Ambulance Fee	per visit	N.A	\$100	\$100	\$100
	• Treatment by Chinese Physician	per annum	N.A	N.A	\$100	\$200
	• Physiotherapy		N.A	N.A	\$250	\$300
2.	Hospital & Surgical Expenses*		\$30,000	\$40,000	\$60,000	\$80,000
	• Annual Sub-Limit		\$15,000	\$20,000	\$30,000	\$40,000
	• Hospital Cash#	per day	N.A	\$20	\$30	\$50
3.	Repatriation Expenses		\$10,000	\$10,000	\$10,000	\$10,000
4.	Insurance Guarantee Bond - Ministry of Manpower		\$5,000	\$5,000	\$5,000	\$5,000
5.	Termination and Re-Hiring Expenses		\$200	\$300	\$500	\$600
6.	Special Grant		N.A	\$2,000	\$3,000	\$5,000
7.	Liability to Third Parties		N.A	\$3,000	\$5,000	\$7,000
8.	Maid Personal Belongings		N.A	\$1,000	\$2,000	\$3,000
9.	Wages Compensation & Levy Reimbursement#	per day	N.A	\$30	\$50	\$60
10.	Home Contents (Accidental Fire)		\$5,000	\$10,000	\$20,000	\$30,000
	Outpatient Medical Benefits		N.A.	✓	✓	✓
	Outpatient Dental Benefits		N.A.	✓	✓	✓
ESSENTIAL COVERAGE PREMIUM RATES (with GST)						
	14 Months		\$184.00	\$225.00	\$290.00	\$351.00
	26 Months		\$239.00	\$292.00	\$377.00	\$456.00
OPTIONAL COVERAGE PREMIUM RATES (with GST)						
(i)	Waiver of Counter Indemnity (Excess \$250)			\$53.50		
(ii)	Insurance Guarantee Bond – Philippine Overseas Labour Office, Singapore					
	• Bond Amount \$2000			\$40.00		
	• Bond Amount \$7000			\$70.00		
(iii)	Enhanced Medical Benefits					
	• 14 Months			\$135.50		
	• 26 Months			\$171.20		
	A.	Additional Hospital & Surgical Expenses (Infectious Disease Extension)	\$5000 Annual limit			
	B.	Infectious Disease Medical Expenses (Dengue, Zika, SARS, Malaria, HFMD, Avian Influenza)	\$500			
C.	Critical Illness (Major Cancer, Heart Attack, Stroke, CABP, Kidney Failure)	\$5000				
D.	COVID-19 (Hospitalization coverage include 14 days (SHN) and full tenure of policy)	\$15,000 Annual limit				
(iv)	Six-Monthly Medical Examination (MOM)					
	• Up to 2 Times (14 Months Policy)			\$42.80		
	• Up to 4 Times (26 Months Policy)			\$107.00		

* Up to 90 days Pre & Post Hospitalisation, Day Surgery

Up to 30 days

Policy Cancellation & Refund

In the events of termination of the Domestic Helper's Work Permit or employment contract with the Employer in Singapore, the insurance coverage will cease automatically from the date of the Letter of Discharge from the Ministry of Manpower. Refund will be made payable for the Policy Cancellation within 365 days from the date of inception in accordance with the scale of refund as indicated in our policy wordings.

Conditions : No refund shall be made payable if a claim is made under the policy. Refund will be based on Annual Premium.

Policy Owners' Protection Scheme

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 your insurer or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdric.org.sg).