

## MIGRANT DOMESTIC WORKER INSURANCE APPLICATION FORM

The Insurance Act: You are under a duty to disclose to the Company every fact you know, or could reasonably be expected to know, that may influence the Company's assessment and acceptance of the risk and the terms of such acceptance. If you are uncertain as to whether a particular information is material, these facts should be disclosed to the Company, otherwise the Policy issued may be void.

**IMPORTANT NOTICE:** Please read the policy wordings for the full terms, conditions and exclusions. A copy of the policy wording may be obtained from your intermediary.

### A. PROPOSER / EMPLOYER PARTICULARS

Name of Proposer <b>Seng Hong Lang</b>	Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Nationality <input checked="" type="checkbox"/> Singaporean <input type="checkbox"/> Others _____
Address <b>Blk 26 Jalan Klinik #05-52 S(160026)</b>		NRIC/FIN No. <b>S2029262H</b>
Date of Birth (dd/mm/yyyy) <b>12/02/1944</b>	Mobile No. <b>97549789</b>	Email <b>seowhiah@gmail.com</b>

### B. MIGRANT DOMESTIC WORKER (MDW) PARTICULARS

Name of MDW <b>THE SU KO</b>	FIN No. <b>G2613514T</b>
Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> Indonesian <input checked="" type="checkbox"/> Myanmar <input type="checkbox"/> Others _____	Date of Birth (dd/mm/yyyy) (Age Limit 69 and Below) <b>27/03/1990</b>
Name of Employment Agency: <b>DIRECT</b>	Passport No. <b>MI997992</b>
Policy start date (dd/mm/yyyy)	From:

### C. CHOICE OF INSURANCE COVERAGE (PLEASE TICK ) / PREMIUM (INCLUSIVE OF GST)

	Basic		Standard		Deluxe 		Premier	
	14-month	26-month	14-month	26-month	14-month	26-month	14-month	26-month
Insurance + Letter of Guarantee	<input type="checkbox"/> S\$283.40	<input type="checkbox"/> S\$425.10	<input type="checkbox"/> S\$381.50	<input checked="" type="checkbox"/> S\$566.80	<input type="checkbox"/> S\$436.00	<input type="checkbox"/> S\$654.00	<input type="checkbox"/> S\$490.50	<input type="checkbox"/> S\$730.30
Insurance + Letter of Guarantee + Waiver of Indemnity	<input type="checkbox"/> S\$337.90	<input type="checkbox"/> S\$479.60	<input type="checkbox"/> S\$436.00	<input type="checkbox"/> S\$621.30	<input type="checkbox"/> S\$490.50	<input type="checkbox"/> S\$708.50	<input type="checkbox"/> S\$545.00	<input type="checkbox"/> S\$784.80

### COUNTER-INDEMNITY FORM

**IMPORTANT NOTICE:** The Employer is hereby notified that by virtue of signing this Counter-Indemnity Form, it is hereby understood and agreed that a copy of it, either by way of fax or otherwise, shall be deemed binding and legally enforceable in a court of law and shall have the same legal effects as that of the original.

To: **Allied World Assurance Company, Ltd (Singapore Branch)**  
60 Anson Road #08-01 Mapletree Anson Singapore 079914

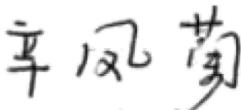
Dear Sirs,

RE: COUNTER-INDEMNITY FOR LETTER OF GUARANTEE NO. \_\_\_\_\_

In lieu of the cash deposit that I/we would otherwise have to provide as security, **Allied World Assurance Company, Ltd (Singapore Branch)**. ("you") agrees to my/our request to provide a Letter of Guarantee for \$5,000 to the Ministry of Manpower of Singapore and/or Controller of Immigration of Singapore.

In return, I/we agree and undertake as follows:

- I/We will, at all times, unconditionally and irrevocably guarantee to jointly and severally compensate you for all claims, payments, demands, actions, suits, proceedings losses, liabilities, costs and expenses whatsoever (including legal costs and expenses determined on a solicitor or client basis) which may be taken or made against you or which become payable by you under the Letter of Guarantee.
- You will have absolute discretion to compromise all claims, payments, demands, actions, suits, proceedings, losses and liabilities whatsoever which may be taken or made against you under the Letter of Guarantee.
- I/We shall accept the receipts, vouchers or any other evidence of all payments made by you or all liabilities or obligations incurred by you because of the Letter of Guarantee conclusive evidence of my/our liability to you.
- This counter indemnity shall be a continuing demand and you may at any time have absolute discretion without giving any notice to me/us extend the validity of the Letter of Guarantee without discharging or impairing my/our liability under the indemnity.



17/2/2025

Signature of Proposer / Employer / Date

Signature of Witness / Date

## Migrant Domestic Worker Insurance & Bond Package

Section	Coverage	Basic	Standard	Deluxe 	Premier
1	Letter of Guarantee to MOM	S\$5,000			
	<b>Personal Accident</b>				
	(A) Death	S\$60,000	S\$60,000	S\$60,000	S\$70,000
	(B) Permanent Disablement	As per scale in Policy			
	(C) Medical Expenses	S\$500	S\$1,500	S\$3,500	S\$4,000
2	Hospital & Surgical Expenses (Worldwide)	S\$120,000 (Annual Limit: S\$60,000)	S\$120,000 (Annual Limit: S\$60,000)	S\$160,000 (Annual Limit: S\$80,000)	S\$200,000 (Annual Limit: S\$100,000)
	Co-Insurance applicable for claimable amount beyond first S\$15,000 per year	25%	0%	0%	0%
3	(A) Recuperation Expenses (Max 60 Days)	Nil	S\$10 / day	S\$20 / day	S\$30 / day
	(B) Temporary Help Benefit (Max 30 Days)	Nil	S\$10 / day	S\$20 / day	S\$30 / day
4	Repatriation Expenses	Up to S\$10,000			
5	Wages & Levy Reimbursement (Max 60 Days)	Nil	S\$30 / day	S\$40 / day	S\$50 / day
6	Termination / Re-Hiring Expense	Nil	S\$500	S\$600	S\$700
7	Outpatient Kidney Dialysis / Cancer Treatment	Nil	S\$5,000 (Policy Limit)		
8	Special Grant	S\$1,000	S\$2,000	S\$3,000	S\$4,000
9	Maid & Household Liability	S\$5,000	S\$50,000		
10	Fidelity Guarantee	Nil	S\$1,000	S\$3,000	S\$5,000
Premium	14-month (Incl GST)	S\$283.40	S\$381.50	S\$436.00	S\$490.50
	26-month (Incl GST)	S\$425.10	S\$566.80	S\$654.00	S\$730.30
<b>Reimbursement of Indemnity paid to insurer (excess S\$250)</b>					
If purchased with Policy (Incl GST)		S\$54.50			
If purchased subsequently (Incl GST)		S\$87.20			

### Key Benefit Highlights:

- Worldwide coverage, including whilst your maid is on home leave (with valid work permit)
- Treatment by Licensed TCM registered with MOH
- Day Surgery hospital expenses
- Communicable diseases or illness covering hospitalisation expenses for quarantine or isolation e.g. for Covid-19, SARS, Tuberculosis, H1N1, Dengue Fever, MERS
- Direct settlement with hospitals upon the admissibility of claim (less 25% co-payment if any)
- Covers first occurrence of mental conditions including self-inflicted injuries arising from attempted suicide
- Personal Accident Medical Expenses limit applies on a per accident basis, no maximum annual or policy limit

### Refund Policy:

Cancellation Period	Within 60 days	Within 61 to 120 days	Within 121 to 180 days	Within 181 to 270 days	After 270 days
14-month Policy	70% of Premium	50% of Premium	No Refund	No Refund	No Refund
26-month Policy	70% of Premium	50% of Premium	30% of Premium	20% of Premium	No Refund

This Policy is protected under the Policy Owner's 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](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg))