Underwritten by:

Singlife

Singapore Life Ltd.
4 Shenton Way #01-01
SGX Centre 2 Singapore 068807
Company's Registration No. 196900499k

Managed by

bolttech agency

bolttech Insurance Agency Pte. Ltd.
152 Beach Road #26-08
The Gateway East
Singapore 189720
T (65) 6535 6838 F (65) 6535 6828
agency.bolttech.sg

MIGRANT DOMESTIC WORKER (MDW) 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		Gender ☐ M ☐ F	Nationality ☐ Singaporean ☐ Others _____
Address			NRIC/FIN No.
Date of Birth (dd/mm/yyyy)	Mobile No.	Email	SB Transmission No.

B. MIGRANT DOMESTIC WORKER (MDW) PARTICULARS

Name of MDW		Work Permit No.
Nationality ☐ Filipino ☐ Indonesian ☐ Myanmar ☐ Others _____	Date of Birth (dd/mm/yyyy)	Passport No.
Name of Employment Agency:	Policy start date (dd/mm/yyyy) From:	

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

Enhanced Plan (Waiver of Co-Insurance) Please tick to enhance your plan ☐ S$10.80	Plan 1	
	14-month	26-month
Insurance + Letter of Guarantee	☐ S$367.20	☐ S$550.80
Insurance + Letter of Guarantee + Waiver of Indemnity	☐ S$421.20	☐ S$604.80

I consent to Singapore Life Ltd ("Singlife") (and/or Singlife related group of companies) collecting, using and/or disclosing my personal data (whether contained in this form or obtained from other source; existing data in Singlife's record or to be collected in future) for the following purposes:

- To issue and administer my existing and/or new policy(ies) and/or accounts with Singlife, and such other purposes ancillary or related to the administering of the policy(ies) and/or accounts, including the processing of my personal data for underwriting purposes, payment of premiums and/or claims purposes;
- For statistical, research, compliance, audit and regulatory purposes.

I also consent to Singlife (and Singlife related group of companies) disclosing and transferring my personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers and intermediaries, whether located in Singapore or elsewhere, for the above purpose.

I have read and understood Singlife's Data Protection Notice which may be found at www.singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I am aware that I should visit your website regularly to ensure that I am well informed of the updates.

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: **Singapore Life Ltd.**
4 Shenton Way #01-01 SGX Centre 2 Singapore 068807

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, **Singapore Life Ltd.** ("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:

1. 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.
2. 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.
3. 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.
4. 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.

_____ Signature of Proposer / Employer

_____ Date

Schedule A: Migrant Domestic Worker Insurance & Bond Package

Section	Coverage	Plan 1
	Letter of Guarantee	S$5,000
1	**Personal Accident**	
	(A) Death	S$60,000
	(B) Permanent Disablement	As per scale in Policy
	(C) Medical Expenses	S$1,500
2	Hospital & Surgical Expenses (Worldwide) 25% Co-payment will apply in Excess of S$15,000	S$120,000 (Annual Limit : S$60,000) Waiver of Co-Payment at $10.80 when you select Enhanced plan
3	(A) Recuperation Expenses (Max 60 Days)	S$10 per day
	(B) Temporary Help Benefit (Max 30 Days)	S$10 per day
4	Repatriation Expenses	Up to S$10,000
5	Wages & Levy Reimbursement	S$30 per day
6	Termination / Re-Hiring Expense	S$500
7	Outpatient Kidney Dialysis / Cancer Treatment	S$5,000 (Policy Limit)
8	Special Grant	S$2,000
9	Maid & Household Liability	S$50,000 AOA (Any One Accident)
10	Fidelity Guarantee	S$1,000
Premium	**14-month**	**S$367.20 (Incl GST)**
	26-month	**S$550.80 (Incl GST)**
Reimbursement of Indemnity paid to insurer (excess $250)		
If purchased with Policy		**S$54.00 (Incl GST)**
If purchased subsequently		**S$86.40 (Incl GST)**

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 ocurrence 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 or www.lia.org.sg or www.sdic.org.sg)