


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

MAID PROTECT360 PRO 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.
- *Please email this completed proposal form together with a copy of the In-principle approval (IPA) or Renewal letter from MOM in order for us to process the application.

***All fields are compulsory**

EMPLOYER'S DETAILS

Name of Employer*		NRIC/ FIN Number*	Date of Birth* <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home Address*		Postal Code*	
Gender* <input type="checkbox"/> M <input type="checkbox"/> F	Nationality* <input type="checkbox"/> Singaporean <input type="checkbox"/> Others _____	SB Transmission Ref No.*	
Employer's Email Address*		Employer's Mobile No*	

MAID'S DETAILS

Name of Maid*		Date of Birth* <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Nationality* <input type="checkbox"/> Philippines <input type="checkbox"/> Indonesia <input type="checkbox"/> Myanmar <input type="checkbox"/> India <input type="checkbox"/> Cambodia <input type="checkbox"/> Sri Lanka <input type="checkbox"/> Other.....			
FIN Number*	Work Permit Number*	Passport Number*	

TYPE OF APPLICATION

POLICY EFFECTIVE DATE

New Maid Renewal Maid Transfer Maid

FROM / /

CHOICE OF PLAN (PLEASE TICK ✓ PREMIUM WITH GST)

	BASIC		ENHANCED		PREMIER		EXCLUSIVE	
	14 Months	26 Months	14 Months	26 Months	14 Months	26 Months	14 Months	26 Months
Aged 50 & below	<input type="checkbox"/> \$ 390.40	<input type="checkbox"/> \$ 507.00	<input type="checkbox"/> \$ 428.80	<input type="checkbox"/> \$ 556.90	<input type="checkbox"/> \$ 449.40	<input type="checkbox"/> \$ 583.60	<input type="checkbox"/> \$ 532.80	<input type="checkbox"/> \$ 692.00
Aged 51 & above	<input type="checkbox"/> \$1,081.60	<input type="checkbox"/> \$1,404.70	<input type="checkbox"/> \$1,131.40	<input type="checkbox"/> \$1,469.30	<input type="checkbox"/> \$1,156.50	<input type="checkbox"/> \$1,501.90	<input type="checkbox"/> \$1,239.90	<input type="checkbox"/> \$1,610.30

OPTIONAL COVERAGE (PREMIUM WITH GST)

Section 13: Waiver of Indemnity (Excess of \$250)	<input type="checkbox"/> \$ 54.50	
Section 14: Enhanced Medical Benefits <i>(Additional Hospital & Surgical Expenses, Critical Illness, Mobility Aid & Free Medical Tele-Consultation)</i>	14 Months (aged 50 & below) <input type="checkbox"/> \$ 81.80	26 Months (aged 50 & below) <input type="checkbox"/> \$ 105.80
	14 Months (aged 51 & above) <input type="checkbox"/> \$ 239.80	26 Months (aged 51 & above) <input type="checkbox"/> \$ 411.00
Six-Monthly Medical Examination (MOM)	14 Months (up to 2 times) <input type="checkbox"/> \$ 54.50	26 Months (up to 4 times) <input type="checkbox"/> \$ 109.00

Total Premium Payable (with GST) \$

PREMIUM PAYMENT

Credit Card Type Visa Master

Cardholder Name

Credit Card Number

Name of Bank

Credit Card Expiry Date (MM/YYYY)

I/We hereby authorise HL Assurance Pte. Ltd. to charge the stated annual premium to the following credit card. Where a third-party credit card is used, I/We declare that the cardholder has authorized and consented to use this.

COUNTER OF INDEMNITY

I/We agree to the following conditions in return for you providing either a letter of guarantee or an 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/our 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/our deliberate act or omission. This condition only applies if I/We 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 liabilities 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/us and my/our estate of the fact and extent of my/our liabilities;
- 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/We 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/us;
- this indemnity will continue indefinitely, and the Company may at their discretion, without giving any notice to me/us, extend the validity of the Guarantee(s) without discharging or impairing my/our liabilities 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/We irrevocably submit to the jurisdiction of the Courts of the Republic of Singapore.

DECLARATION

I/We do hereby declare and agree:

1. all the information provided in this application is true and correct, and that this application and I/We have not withheld any information likely to affect the acceptance of this application.
2. this application shall form the basis of the contract between the Company and myself/ourselves. I/We will accept the policy's terms, exclusions, and conditions to be issued or endorsement incorporated thereon. I/We declared that the domestic helper is in good health and free from physical impairment. I/We 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 above terms and conditions.
3. no material information has been withheld from the Company in making the application.
4. the insurance application has been completed wholly by me/us and not by other person.
5. I/We understand and agree that no insurance is in force until the Company accepts an Application, and a Policy is issued.
6. 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/us for any purpose.
7. I/We 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/us 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/We give my/our consent to the Company:
 - collecting, using, disclosing and/or processing my/our personal data;
 - collecting personal data about me/us from sources other than myself/ourselves and using, disclosing and/or processing the same;
 - disclosing my/our personal data to the third parties whom the Company liaise with; and
 - transferring my/our personal data out of Singapore to the third parties with whom the Company liaises, where such third parties are sited (whether in Singapore or outside of Singapore), for the purposes described in the Policy on Personal Data.
8. I/We understand that I/We may write to HL Assurance's Data Privacy Officer at 11 Keppel Road #11-01 ABI Plaza, Singapore 089057 or call at +65 67020202 to withdraw my/our consent for any request for access to and/or correction of any information supplied to HL Assurance Pte Ltd.

I/We understand that I/We consent to receive marketing and promotional information from HL Assurance Pte. Ltd, HL Assurance's group of companies and/or HL Assurance's business partners by post and/or emails.

I/We agree to receive updates from HL Assurance on financial products and promotions via phone calls and/or phone number-based messaging.

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Signature of Employer:
Name:
NRIC/FIN No.:

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Signature of Witness:
Name:
NRIC/FIN No.: