



Let us take care of you of your worries whilst your maid relieves you of your domestic chores. Our **Maid Delight** protects you, as an employer, and your foreign maid with benefits required by law and much more.

Depending on the insurance plan you require, our Maid Delight offers you the following protections:

**Your Benefits**

- **Guarantee to Controller of Immigration**  
We will issue a letter of guarantee of \$5,000 on your behalf to the Controller of Immigration.
- **Hospital and Surgical Expenses**  
In the event that your maid is hospitalised due to accidental injury or illness, we will reimburse you the hospital and surgical expenses you incurred for your maid's treatment at a Singapore Government Restructured Hospital (defined in the policy). Reimbursement is based on standard Class "C" rate or Class "B2" rate if Class "C" ward is not available.
- **Wages and Levy Compensation**  
We will pay you a daily sum for each complete day that your maid has been hospitalised.
- **Post-hospitalisation Recuperation**  
We will pay you a daily sum for each complete day that your maid has been certified as totally unfit for work immediately following her discharge from hospital.
- **Repatriation Expenses**  
We will reimburse you the expenses necessarily incurred by you for the repatriation of the maid to her home country if she becomes totally and permanently disabled. In the event of your maid's death in Singapore, we will reimburse you the expenses necessarily incurred for burial or cremation of the maid and/or transportation of the remains to her home country. Repatriation expenses are payable even if death or total permanent disability is caused by suicide.
- **Termination Expenses**  
We will reimburse you the expenses incurred if your maid is unable to continue with her employment due to injury, illness or disease.
- **Waiver of Indemnity (Optional Cover)**  
We will limit your liability to only S\$250.00 when you are required to reimburse Tokio Marine Insurance Singapore Ltd on the happening of any one of the following events provided they are not caused by your deliberate act or omission:  
(1) the maid's unexplained disappearance,  
(2) her getting married to a Singaporean or Singapore PR or  
(3) her getting pregnant
- **Medical Expenses**  
We will reimburse you for expenses you incurred for your maid's medical treatment as a result of accidental bodily injury up to the sub-limit as specified you the Schedule.
- **Treatment by Chinese Physicians**  
We will reimburse you for expenses incurred for your maid's medical treatment by a Chinese Physician as a result of accidental bodily injury up to the sub-limit as specified in the Schedule.

- **Treatment for Dengue Fever**  
We will reimburse you for medical expenses you incurred for the treatment of dengue fever up to the sub-limit as specified in the Schedule.
- **Personal Accident**  
Insures your maid against accidental death or injuries as per the Scale of Benefits.

Scale of Benefits	
Disabilities	% of Sum Insured
Death or permanent total disability	100%
Loss of sight in both eyes	100%
Loss of sight in one eye and loss of one hand or one foot	100%
Loss of sight in one eye	50%
Loss of both hands or feet or one hand and one foot	100%
Loss of one hand or one foot	50%
Loss of hearing or speech	50%
Loss of hearing in one ear	15%
Loss of arm at shoulder	75%
Loss of arm below shoulder	65%
Loss of leg at hip	75%
Loss of leg below hip	65%
Loss of thumb (both phalanges)	25%
Loss of thumb (one phalanx)	10%
Loss of index finger (three phalanges)	10%
Loss of index finger (two phalanges)	8%
Loss of index finger (one phalanx)	4%
Loss of finger other than thumb or index finger (three phalanges)	5%
Loss of great toe (two phalanges)	5%
Loss of great toe (one phalanx)	2%
Loss of other toe (one or more phalanges)	1%
<b>Notes</b>	
<ul style="list-style-type: none"> <li>• Where permanent disability is not indicated in the Scale of Benefits above (other than loss of sense of taste or smell for which no benefit is payable), we will adopt a percentage of disability based on the assessment by our appointed doctor that is consistent with the Scale of Benefits above and without regard to the maid's employment.</li> <li>• If an injury or a disability forms part of another injury or disability, the higher of either benefit will be payable and the total benefits payable under the policy shall not exceed the sum insured.</li> </ul>	

**Exclusion Applicable to Hospital & Surgical and Follow-up Medical Expenses Covers**

- The Maid Insurance does not pay for:
- \* medical expenses recoverable under the Work Injury Compensation Act (Cap354) or similar Act or from any medical benefit scheme;
  - \* special nursing, vision or dental care;
  - \* routine physical examinations, health check-ups or diagnostic tests;

**Maid Delight**

## Proposal Form

### Important Notice

Under the Insurance Act, you must tell us the facts that you know, or ought to know, about the risk that you are proposing. If you do not tell us everything that is relevant or if you mislead us, we may refuse to pay a claim or part of it, or cancel the policy.

\* treatment of an optional nature;  
 \* hospitalisation primarily for diagnostic purposes or routine care, convalescent, custodial or institutional care, rest or rehabilitation;  
 \* non-medical personal service;  
 \* procurement or use of special braces, appliances, equipment or other prosthetic devices;  
 \* expenses connected to any non-accidental conditions which manifest itself within the first fourteen (14) days from the commencement of this policy or from the date of the maid arriving in Singapore whichever shall be the later unless the maid has been continually insured by us for at least the last preceding 12 months.

### Exclusions Applicable to All Covers Except Guarantee and Repatriation Expenses Cover

The Maid Insurance will not pay for injury (including death), illness or disability directly or indirectly resulting from:

\* pregnancy, childbirth, miscarriage or any complications thereof;  
 \* pre-existing defects or infirmity or condition for which the maid received medical treatment, diagnosis, consultation or prescribed drugs prior to the commencement of this policy;  
 \* communicable diseases requiring isolation or quarantine by law;  
 \* illness or disease of any kind howsoever contracted, even if through injury. However, this exclusion shall not apply to disease directly resulting from medical treatment rendered necessary by an injury or to infection directly resulting from an injury (applicable to Personal Accident cover only);  
 \* intentional self-inflicted injury, suicide or any attempt thereat, regardless whether your maid is sane, insane or under any mental distress, depression, anxiety, the effect of alcohol or drugs;  
 \* sexually transmitted disease, or Acquired Immune Deficiency Syndrome (AIDS), AIDS related complexes and all illness or disease associated with the Human Immunodeficiency Virus (HIV) infection howsoever contracted, even if through injury;  
 \* motor-cycling (whether as a driver or passenger);  
 \* the maid engaging in or taking part in any wilful, malicious or unlawful act or unlawful employment;  
 \* war, invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolution, insurrection or military or usurped power or confiscation or nationalisation or requisition or destruction of property by or under the order of any government or public or local authority;  
 \* use, existence or escape of nuclear weapons material

or ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel;  
 \* any action in controlling, preventing, suppressing, retaliating against or responding to any act of terrorism.

Section	Aggregate per Policy Period
<b>SCHEDULE OF BENEFITS</b>	
<b>MAID Delight</b>	
1. Personal Accident	
i. resulting in Death OR	S\$40,000
ii. Permanent Disability	S\$40,000
iii. Accidental Medical Expenses including	S\$1,000
*Medical expenses for treatment by Chinese Physicians	S\$150
*Medical expenses for treatment of Dengue Fever	S\$150
2. Repatriation Expenses	S\$10,000
3. Hospital & Surgical Expenses in Singapore including Day surgery, 90 days Pre-Hospitalisation and Post-Hospitalisation treatment	S\$10,000 (Subject to per annum limit of S\$5,000)
4. Wages Compensation & Levy Reimbursement	(Subject to S\$30 per day) S\$900
5. Termination Expenses	S\$250
6. Recuperation Expenses After Hospitalisation	S\$1,200 (Subject to S\$20 per day)
<b>LETTER OF GUARANTEE/WAIVER OF COUNTER INDEMNITY</b>	
7. Letter of Guarantee to the Controller of Immigration (Optional)	S\$5,000
8. Waiver of Counter Indemnity (Optional)	S\$5,000 subject to excess of S\$250
<b>COVERAGE SELECTION/PREMIUM (Before GST)</b>	
<b>26 months</b>	
(a) Insurance Benefits Only (Items 1 to 6)	S\$200
(b) Insurance + Guarantee to Immigration (Items 1 to 7)	S\$250
(c) Insurance + Guarantee to Immigration + Waiver of Counter Indemnity (Items 1 to 8)	S\$300
<b>OPTIONAL COVER/PREMIUM</b>	
<b>(Additional Premium to add on to the above Coverage Selection)</b>	
9. Letter of Guarantee to Philippines Embassy	a) S\$2,000 (applying through an accredited maid agency)
(as required by The Philippines Overseas Labour Office)	b) S\$7,000 (through direct hiring)
Premium (Before GST)- Additional premium to add on to above Coverage Selection	a) S\$50 b) S\$70

### IMPORTANT

This brochure is not an insurance policy and does not contain the fully details of the insurance cover. The specific terms, conditions and exclusions applicable to the insurance are contained in the policy which will be issued to you upon acceptance of your application. A copy of the specimen policy can be made available to you upon request.

### A. Particulars of Proposer (EMPLOYER)

Name (as in NRIC or passport): \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

NRIC/Passport No.: \_\_\_\_\_

Nationality: \_\_\_\_\_

Sex: M / F\*

Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

CPF No.: \_\_\_\_\_

*\*Delete where not applicable*

### B. Particulars of Maid

Name (as in work permit): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Work Permit No.: \_\_\_\_\_

Passport No.: \_\_\_\_\_

Nationality (Please "✓" your answer)

Filipino

Sri Lankan

Indonesian

Others (please specify: \_\_\_\_\_)

### C. Proposed Insurance

Period of Insurance:

From: \_\_\_\_\_

To: \_\_\_\_\_

Select an insurance plan (Please "✓" your answer)

With guarantee

Without guarantee

With guarantee and waiver of counter indemnity

**Premium Computation**

	\$
Annual Premium	
Add: GST	
<b>Total Premium Payable</b>	

TOKIO MARINE INSURANCE SINGAPORE LTD.  
80 ANSON ROAD  
#09-00 FUJI XEROX TOWERS  
SINGAPORE 079907

Letter of Guarantee No.:

**D. Declaration**

I declare that:

- I am not a bankrupt;
- the person(s) to be insured is/are in good health and free from any physical impairment (saved as disclosed herein) and residing in Singapore;
- statements made in this proposal form are true and complete and they shall form the basis of the contract between me and Tokio Marine Insurance Singapore Ltd.

\_\_\_\_\_  
Signature of proposer

\_\_\_\_\_  
Date

**E. Declaration By Intermediary**

I/We declare that : (Please "√" your answer)

this proposal is not procured through any Foreign Domestic Employment Agency.

this proposal is procured through a Foreign Domestic Employment Agency : \_\_\_\_\_

\_\_\_\_\_. I/We understand that this proposal may not be accepted if the above mentioned Employment Agency is not registered with Tokio Marine Insurance Singapore Ltd\* as "Trade Specific Agent".

\_\_\_\_\_  
Name & Signature of Intermediary

\_\_\_\_\_  
Agent/Broker Account Code

\_\_\_\_\_  
Date

**COUNTER INDEMNITY**

In consideration of the Tokio Marine Insurance Singapore Ltd ("you" or Tokio Marine Insurance Singapore Ltd) having at my/our request provided a Letter of Guarantee ("Guarantee") for the sum of Singapore Dollars Five Thousand Only (S\$5,000) to the Controller of Immigration, Singapore, I/We the undersigned, agree with you as follows:

1. that I/we will at all times hereinafter unconditionally and irrevocably guarantee to jointly and severally indemnify Tokio Marine Insurance Singapore Ltd and keep Asia Insurance indemnified against all claims payments, demands, actions, suits, proceedings, losses, liability, costs and expenses whatsoever (including legal cost and expenses determined on a solicitor or client basis) which may be taken or made against Tokio Marine Insurance Singapore Ltd or incurred or become payable by Tokio Marine Insurance Singapore Ltd under the liability or obligation of Asia Insurance under the Guarantee.
2. Tokio Marine Insurance Singapore Ltd may at their absolute discretion compromise all claims payments, demands, actions, suits, proceedings, losses and liabilities whatsoever which may be taken or made against Tokio Marine Insurance Singapore Ltd under the Guarantee.
3. I/We shall accept as conclusive evidence the receipts, vouchers or any other evidence of all payments made by Tokio Marine Insurance Singapore Ltd or of all liabilities or obligations incurred by Tokio Marine Insurance Singapore Ltd by reason of the Guarantee as conclusive evidence against me/us and my/our estate of the fact and extent of my/our liability herein to Tokio Marine Insurance Singapore Ltd.
4. The indemnity shall be a continuing indemnity and Tokio Marine Insurance Singapore Ltd may at any time or times at Tokio Marine Insurance Singapore Ltd absolute discretion without giving any notice to me/us extend the validity of the Guarantee without discharging or impairing my/our liability under the indemnity.

In witness whereof I/we have hereunto subscribed my/our name(s) this \_\_\_\_\_ day of \_\_\_\_\_

<p>A. I/We guarantee</p>  <p>Signature  Name :  NRIC No. :  Address :</p>	<p>B. I witness</p>  <p>Signature  Name :  NRIC No. :  Address :</p>
<p>C. I/We guarantee</p>  <p>Signature  Name :  NRIC No. :  Address :</p>	<p>D. I witness</p>  <p>Signature  Name :  NRIC No. :  Address :</p>

\* Asia Insurance is now know as Tokio Marine Insurance Singapore Ltd