

United Foreign Domestic Worker Insurance



UNITED FOREIGN DOMESTIC WORKER INSURANCE

United Foreign Domestic Worker Insurance is a package insurance plan that meets the new requirement, set by the Ministry of Manpower, which takes effect from 1 January 2010. Our packages also provide other insurance benefits to you and your foreign domestic worker.

Geographical Limit - Singapore

Table of Benefits (Valid from January 2010)

TYPE OF PACKAGE		Plan 1 (S\$)	Plan 2 (S\$)
		Maximum Limit Per Plan	
1	Security Deposit Bond	5,000	5,000
2	Personal Accident (arising from an Accident)		
	(A) Accidental Death	40,000	40,000
	(B) Permanent Disablement – Subject to the Schedule of Benefit	Up to 40,000	Up to 40,000
	(C) Medical Expenses	1,000	3,000
	(D) Traditional Chinese Medicine	350	500
3	Hospitalisation And/Or Surgical Expenses* – Limit per year	15,000	20,000
4	Reimbursement Benefit – Up to maximum of 30 days	30 per day	30 per day
5	Termination Expenses	350	500
6	Repatriation Expenses	10,000	10,000
7	Replacement Benefit	Not covered	500
8	Foreign Domestic Worker's Liability	5,000	10,000

* The limit for *Hospitalisation And/Or Surgical Expenses* is aggregated for each year of the policy period.

TYPE OF PACKAGE		Plan 1 (S\$)	Plan 2 (S\$)
Premium Payable For 26-Month Cover (including 7% GST)			
1	Insurance Benefits (with Security Bond)	267.50	374.50
2	Insurance Benefits (without Security Bond)	214.00	321.00
3	Security Deposit Protector**	53.50	53.50
Premium Payable For 14-Month Cover (including 7% GST)			
1	Insurance Benefits (with Security Bond)	246.10	299.60
2	Insurance Benefits (without Security Bond)	160.50	214.00
3	Security Deposit Protector	Not available	

** Security Deposit Protector must be purchased at the same time as the insurance package. The Employer is responsible for the first S\$250.00 in the event of a claim.

Brief Description of Product Benefits

1 Security Deposit Bond

A guarantee given to the Ministry of Manpower as required by the Security Bond made under section 12 of Employment of Foreign Manpower (Work Passes) Regulations or section 21 of Immigration Regulations.

2 Personal Accident

(A) Accidental Death

A lump-sum benefit will be payable to the foreign domestic worker's beneficiary in the event of an Accident resulting in Death.

(B) Permanent Disablement

A lump-sum benefit (subject to the Schedule of Benefits) will be payable to the foreign domestic worker or her beneficiary in the event of an Accident resulting in Permanent Disablement.

(C) Medical Expenses

Reimbursement of the actual medical expenses necessarily incurred for out-patient treatment (including day surgery) arising from an Accident.

(D) Traditional Chinese Medicine

Reimbursement of the actual medical expenses necessarily incurred for treatment by herbalist, acupuncturist and bonesetter on injuries other than fractures arising from an Accident. Such treatment must be given by a qualified Traditional Chinese Medicine Practitioner.

3 Hospitalisation And/Or Surgical Expenses

Reimbursement of the actual charges incurred (including day surgery) for hospitalisation and/or surgery expenses for in-patient treatment incurred due to an Accident, Sickness or Illness.

4 Reimbursement Benefit

Reimbursement for the salary and levy paid by the Employer for the period whilst the foreign domestic worker is hospitalised as a result of an Accident, Sickness or Illness.

5 Termination Expenses

Reimbursement of the reasonable expenses incurred for terminating the service of the foreign domestic worker upon confirmation from a registered Physician or Surgeon that she is medically unfit to continue to work.

6 Repatriation Expenses

Reimbursement of the reasonable expenses incurred for repatriating the body or ashes of the deceased foreign domestic worker from Singapore to her home country in the event of death due to an Accident, Sickness or Illness.

7 Replacement Benefit

Reimbursement of the reasonable expenses incurred for hiring a new foreign domestic worker to replace the deceased or medically-unfit existing foreign domestic worker and the replacement with a new foreign domestic worker must be made within thirty (30) days from the date of termination of the existing foreign domestic worker.

8 Foreign Domestic Worker's Liability

Indemnify the Employer for legal liability in respect of any bodily injury to or property damage of third party as a result of the foreign domestic worker's accidental negligence in the course of her employment with the Employer in Singapore.

Optional Cover

Security Deposit Protector

In the event of forfeiture of the Security Deposit arising from any one of the following:

- (A) the foreign domestic worker's unexplained disappearance;
 - (B) the foreign domestic worker's getting pregnant during her stay in Singapore;
 - (C) the foreign domestic worker marrying a Singapore citizen or a permanent resident during her stay in Singapore,
- the Employer is required to pay the Company the first S\$250.00 only instead of S\$5,000.00 as agreed in the Letter of Indemnity.

All insurance terms and conditions are stated in the United Foreign Domestic Worker Insurance standard policy.

Important Definitions

- 1 Accident or Accidental shall mean any injury resulting solely and directly from accidental external violent and visible means.
- 2 Pre-existing Condition shall mean any Sickness, Illness, condition or symptom which existed prior to the effective date of this Policy:
 - (A) for which treatment, medication, advice or diagnosis has been sought or received; or
 - (B) which originated or was known to exist by the Insured or the Insured Person prior to the effective date of this Policy whether or not treatment or advice or diagnosis was sought or received.
- 3 Sickness or Illness shall mean a physical condition marked by a pathological deviation from the normal healthy state.
- 4 Traditional Chinese Medicine Practitioners shall mean Chinese Physicians who hold a valid licence from the Ministry of Health, Singapore and/or are registered with the Traditional Chinese Medicine Practitioners Board.

Major Exclusions

This Policy generally does not cover:

- (A) Pre-existing Conditions;
- (B) Any Benefits arising directly or indirectly from intentional self-inflicted injuries;
- (C) Any Benefits arising directly or indirectly from suicide or attempted suicide (while sane or insane);
- (D) Consequential loss of any kind or description whatsoever;
- (E) War and kindred risks;
- (F) Acts of terrorism.

For the full list of Exclusions, you can request a copy of the specimen Policy from the Company.

The above information is not a contract of insurance. The specific terms, conditions and exclusions applicable to this product are set out in the policy, which will be issued to you upon acceptance of your proposal.

*For more information, please call United Overseas Insurance Limited at **6222 7733** or your Insurance Adviser.*

UNITED FOREIGN DOMESTIC WORKER INSURANCE APPLICATION FORM

Statement pursuant to Section 25(5) of the Insurance Act, you are to disclose in this form, fully and faithfully, all the facts that you know or ought to know, otherwise this Policy issued hereunder may be void.

Type of Package	Premium Payable (including 7% GST) <i>Please tick the appropriate box</i>			
	Insurance Benefits (with Security Bond)		Insurance Benefits (without Security Bond)	
	26-Month	14-Month	26-Month	14-Month
Plan 1	<input type="checkbox"/> S\$267.50	<input type="checkbox"/> S\$246.10	<input type="checkbox"/> S\$214.00	<input type="checkbox"/> S\$160.50
Plan 2	<input type="checkbox"/> S\$374.50	<input type="checkbox"/> S\$299.60	<input type="checkbox"/> S\$321.00	<input type="checkbox"/> S\$214.00
Optional Cover	<input type="checkbox"/> Security Deposit Protector S\$53.50 (Optional cover is not applicable to 14-month plan)			

Total Premium Payable: _____

Period of Insurance: From _____ To _____

APPLICANT'S PARTICULARS Full name as in NRIC/Passport (underline surname) <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Dr		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Occupation	Nationality
Mailing Address		Postal code
NRIC/Passport No.	Date of Birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Contact No. (Mobile Phone)	(House)	(Office)
Email Address	Name of Applicant's Employer	

FOREIGN DOMESTIC WORKER'S PARTICULARS Full name as in Passport (underline surname)		
Nationality	SB Transmission No.	Passport No.
Date of Birth (dd/mm/yyyy)	Work Permit No.	

LOCAL GUARANTOR'S PARTICULARS (LOCAL GUARANTOR IS REQUIRED IF APPLICANT IS A FOREIGNER OR HAS NO INCOME) Full name as in NRIC/Passport (underline surname) <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Dr		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Occupation	Nationality: Singaporean/S'pore PR [^]
Mailing Address		Postal code
NRIC/Passport No.	Date of Birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Contact No. (Mobile Phone)	(House)	(Office)
Email Address	Name of Guarantor's Employer	

[^] Delete as appropriate

Declaration

I hereby declare that the statements and particulars stated herein are complete and correct and that no facts have been suppressed or mis-stated. I agree that this proposal shall form the basis of the contract between the Company and me.

I am aware that I can seek advice from a qualified adviser before making a commitment to purchase the product. In the event that I choose not to seek advice from a qualified adviser, I take sole responsibility to ensure that this product is appropriate for my financial needs and insurance objectives.

Applicant's Signature

Date

Mode of Payment

*This policy is subject to **Payment Before Cover Warranty**, ie. full premium payment must be made before policy inception at the time of documentation.*

Please charge S\$_____ (including 7% GST) to my VISA/MasterCard Credit Card^ (^ Delete as appropriate)

Card No. _____ - _____ - _____

Expiry Date (mm/yy): _____ / _____ V-code _____

I enclose a cheque for S\$_____ (including 7% GST) payable to **United Overseas Insurance Limited**.
Bank/Cheque No.: _____

Authorised Insurance Agent/Broker

Please submit the required supporting documents together with the completed Application Form:

For Applicant:

- A copy of NRIC or passport

For Local Guarantor (if applicable):

- A copy of NRIC

For New Maid:

- A copy of the In-Principle Approval Letter issued by the Ministry of Manpower
- A duly completed and signed Letter of Indemnity

For Renewal Case:

- A copy of the Renewal Notice issued by the Ministry of Manpower
- A copy of the Foreign Domestic Worker's passport
- A copy of the Work Permit
- A duly completed and signed Letter of Indemnity

United Overseas Insurance Limited
3 Anson Road
#28-01 Springleaf Tower
Singapore 079909

Dear Sirs

Letter of Indemnity

IN CONSIDERATION of your issuing a Letter of Guarantee No. DHOB12 _____ on behalf of _____
<name of applicant> of _____ <address of the applicant> in
favour of the Ministry of Manpower, Singapore for the sum of SINGAPORE DOLLARS Five Thousand (S\$5,000.00) for the security deposit required
by the said Ministry of Manpower for the period from _____ to _____ in connection with the Security Bond made
under section 12 of Employment of Foreign Manpower (Work Passes) Regulations or section 21 of Immigration Regulations, I/we hereby undertake
jointly and severally to indemnify you against any loss and/or damage whatsoever which you may sustain by reason of the issue of the said Letter of
Guarantee at our request.

I/We jointly and severally agree that this undertaking shall not be discharged or released by any arrangements that you make with any or all of us, with
or without the consent of the others in respect of the alteration in the obligations undertaken by each of us hereunder, or in any forbearance whether
as to payment, time, performance or otherwise.

And I/we hereby jointly and severally undertake to deposit immediately as security in respect of this indemnity, a sum not exceeding SINGAPORE
DOLLARS Five Thousand (S\$5,000.00) at any time you may require of any of us throughout the duration of this Indemnity, provided that the total
security so deposited shall not exceed in the aggregate, the sum of SINGAPORE DOLLARS Five Thousand (S\$5,000.00).

I/We jointly and severally agree that our undertaking given in this Indemnity is irrevocable and shall remain in force and effect until your liabilities
arising under the Letter of Guarantee No. DHOB12 _____ given by you, have been fully determined, and such Letter
of Guarantee released and returned to you for your cancellation.

Dated this _____ day of _____ 20____ .

Yours faithfully

In the presence of

(Signature of the Employer)

(Signature of Witness)

Name:
NRIC No.:
Address:
Occupation:

Name:
NRIC No.:
Address:
Occupation:

(Signature of Local Guarantor)

(Signature of Witness)

Name:
NRIC No.:
Address:
Occupation:

Name:
NRIC No.:
Address:
Occupation:

United Overseas Insurance Limited

3 Anson Road

#28-01 Springleaf Tower

Singapore 079909

Tel : (65) 6222 7733

Fax : (65) 6327 3869/6327 3872

Email : contactus@uoi.com.sg

Website : uoi.com.sg

Co. Reg. No. 197100152R

United Overseas Insurance Limited (the “Company”), a member of the United Overseas Bank Group, was incorporated in Singapore in 1971 and has been listed on the Singapore Exchange since 1978.