



Underwriting Agent:



**ANDA INSURANCE AGENCIES PTE LTD**

1 King George's Avenue #06-00 Rehav Building Singapore 208557  
Tel : 6534 2288 Fax : 6534 2222 Email : enquiries@anda.com.sg  
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Co Reg. No. : 197903504K GST Reg. No. : M2-0036589-5

**PROPOSAL FORM**

AXA Insurance Pte Ltd  
8 Shenton Way #24-01 AXA Tower  
Singapore 068811  
www.axa.com.sg  
Company Reg. No.: 199903512M  
GST Registration No.: 199903512M

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.

**SmartHelper Insurance**

<b>EMPLOYER</b>	Name (Mr/Mrs/Mdm/Ms/Dr) :			
	Home Address:			
				Postal Code: S
	NRIC / FIN No.:		SB Transmission Ref. No.:	
	Tel (Home):	(Office):	(HP):	Email:
<b>MAID</b>	Name of Domestic Helper:			
	Passport No.:	Date of Birth:	Work Permit No.:	
	Nationality: (a) Filipina (b) Sri Lankan (c) Thai (d) Indonesian (e) Indian (f) Myanmar (g) Others:			
<b>INSURANCE APPLIED FOR</b>	(1) Letter of Guarantee <input type="checkbox"/>	(3) Standard Plan <input type="checkbox"/>	( ) With Guarantee	( ) With Add-on 3 Additional Benefits
	(2) Philippine Embassy Bond <input type="checkbox"/>	(4) Compre-Plus Plan <input type="checkbox"/>	( ) Without Guarantee	( ) With Psychiatric Care
	(a) \$2,000	(5) Ultimate-Plus Plan <input type="checkbox"/>	( ) With Security Bond Protector	( ) With Dental Care
	(b) \$7,000		( ) With H&S Top-Up of	
			\$10,000/ \$20,000/ \$30,000/	
			\$40,000/ \$60,000	
	NOTE: Only "Plus" Policies cover Repatriation Expenses for death and/or permanent disablement due to ANY CAUSE, including suicide and/or unexplained causes			
	Period of Cover: _____ to _____ ( _____ months)			

I hereby declare that the information given above is true and complete and that I have not withheld any material fact. This Proposal and any Guarantee issued pursuant to this Proposal shall be subject to the Counter Indemnity below to which terms and conditions I agree.

**Personal Data**

I confirm that the information I have provided is my personal data and, where it is not my personal data, that I have the consent of the owner of such personal data to provide such information. By providing this information, I understand and give my consent for AXA Insurance Pte Ltd (collectively "AXA") and their respective representatives or agents to:

- a. Collect, use, store, transfer and/or disclose the information, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling AXA to provide me with services required of an insurance provider, including the evaluating, processing, administering and/or managing of my relationship and policy(ies) with AXA, and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").
- b. Collect, use, store, transfer and/or disclose personal data about me and those whose personal data I have provided from sources other than myself for the Purposes.
- c. Contact me to share with me information about products and services from AXA that may be of interest to me by post and e-mail and
  - By telephone
  - By fax
  - By text message

Anda Insurance Agencies Pte Ltd may, from time to time, contact you in relation to other products or services that may interest you.

Please tick the box if you do not wish to receive this information.

Signature of Witness

Full Name : .....

NRIC No. : ..... Tel: .....

Address : .....

Signature of Employer/Applicant

Date: .....

**TERMS AND CONDITIONS OF COUNTER INDEMNITY FOR LETTER OF GUARANTEE APPLIED FOR ABOVE**

In consideration of AXA Insurance Pte Ltd (the Company) agreeing at the request of the party executing this Counter Indemnity to issue a Letter of Guarantee in favour of the Ministry of Manpower, Singapore (MOM) for the sum of \$5000 (hereinafter called the MOM Guarantee) guaranteeing the satisfactory performance and observation of the conditions imposed on the Employer by the MOM in the Security Bond executed by the Employer in favour of the MOM and/or to issue a Letter of Guarantee in favour of the Labour Attache (the Labatt), Embassy of the Philippines for the sum of \$2000 or \$7000, whichever applicable, (hereinafter called the Labatt Guarantee) (collectively known as the Guarantees) guaranteeing the satisfactory performance and observation of the conditions imposed on the Employer by the Labatt in the Embassy of the Philippines' Standard Employment Contract for Filipino workers in Singapore executed by the Employer in favour of the Labatt, I the Employer hereby agree as follows:

1. I hereby irrevocably and unconditionally undertake for myself/my heirs executors administrators assigns and successors, as a continuing obligation, to 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 it or incurred or become payable by it under or in respect of either of both the Guarantees including, without limitation, any legal and other costs on an indemnity basis, charge interest or expense incurred by the Company in connection with either or both the Guarantees of this Counter Indemnity. I agree that the Company may in its absolute discretion compromise all claims payments demands actions suits proceedings losses liabilities which may be taken or made against it under either or both the Guarantees. I also agree to accept all receipts vouchers and other evidence of all payments made by the Company or of all liabilities or obligations incurred by it by reason of either or both the Guarantees as conclusive evidence against me and my estate of the fact and extent of my liability herein to be Company.
2. I further agree that you will be entitled to impose an interest charge of 9% per annum on any sum of money paid out by you on my behalf in connection with the above guarantee whether to the MOM or otherwise and that such interest will be payable on any sum(s) of money paid by you on my behalf in the event that I do not settle the said outstanding payment(s) made on my behalf within 7 days from the date I am given notice by you of the same.
3. My liability hereunder is irrevocable and shall remain in full force or effect until the Company's liability under either or both the Guarantees is discharged.

# SmartHelper Insurance

SECTION	COVERAGE	SUM INSURED			
		STANDARD PLAN	COMPRE-PLUS PLAN	ULTIMATE-PLUS PLAN	
1	LETTER OF GUARANTEE to Ministry of Manpower	\$5,000	\$5,000	\$5,000	
2	PERSONAL ACCIDENT FOR INSURED PERSON				
	(a) Accidental Death	\$60,000	\$60,000	\$60,000	
	(b) Permanent Disablement	\$60,000	\$60,000	\$60,000	
	(c) Medical Expenses	\$1,000	\$ 2,000	\$ 3,000	
	(d) TCM Expenses (Per Accident)	N.A.	\$ 150	\$ 200	
3	REPATRIATION EXPENSES	\$10,000 when services are provided by our appointed emergency medical assistance provider, HENG-GREF International Assists Pte Ltd (Tel: 6272 6018), <b>OTHERWISE</b> our limit of liability is \$3,000.	UNLIMITED when services are provided by our appointed emergency medical assistance provider, HENG-GREF International Assists Pte Ltd (Tel: 6272 6018), <b>OTHERWISE</b> our limit of liability is \$3,000.  Only "Plus" Policies cover death and/or permanent disablement due to <b>ANY CAUSE</b> , including suicide and/or unexplained causes.		
4	HOSPITALISATION & SURGICAL EXPENSES (PER YEAR)	\$15,000	\$15,000	\$20,000	
5	OUTPATIENT CANCER TREATMENT AND/OR KIDNEY DIALYSIS	N.A.	\$ 1,000	\$ 3,000	
6	CRITICAL ILLNESS	N.A.	\$ 1,000	\$ 3,000	
7	WAGES REIMBURSEMENT	N.A.	\$30 per day (Max 60 days of Hospitalisation)	\$30 per day (Max 60 days of Hospitalisation)	
8	RE-HIRING EXPENSES	N.A.	\$ 500	\$ 750	
9	DOMESTIC HELPER'S LIABILITY TO THIRD PARTY	N.A.	\$3,000	\$5,000	
10	SPECIAL GRANT	N.A.	\$2,000	\$3,000	
PLAN PREMIUM	<b>26 months</b>	<b>\$256.80</b>	<b>\$278.20</b>	<b>\$310.30</b>	
	<b>14 months</b>	<b>\$192.60</b>	<b>\$208.65</b>	<b>\$232.73</b>	
FOR 26 MONTHS	INSURANCE ONLY (SECTIONS 2 to 10 above)	\$214.00	\$235.40	\$267.50	
	LETTER OF GUARANTEE ONLY		\$100.00		
	PHILIPPINE EMBASSY BOND		\$2,000 Bond : \$35.00 \$7,000 Bond : \$70.00		
	<b>OPTIONAL ADD-ON BENEFITS</b>				
	<b>ADD-ON 1 : SECURITY BOND PROTECTOR</b> Reimburses the employer for the Loss of the Security Bond, if forfeited due to the Maid's fault subject to an excess of \$250	- If taken at policy inception	: \$53.50		
		- If taken within 3 months of policy inception	: \$85.60		
			Subject to acceptance & Waiting Period of 30 days		
	<b>ADD-ON 2 : TOP-UP HOSPITALISATION AND SURGICAL EXPENSES (SECTION 4)</b> A choice to increase annual limit by \$10,000, \$20,000, \$30,000, \$40,000 or up to the maximum of \$60,000	For Up to 26 Months or The Expiry Date of Policy, whichever is earlier  Top-ups are allowed for Policies issued within 3 months & subject to Insurer's acceptance and a Waiting Period of 30 days			
		Taken at policy inception	Taken within 3 months		
	Add	\$10,000	\$ 64.20	\$ 96.30	
	\$20,000	\$107.00	\$160.50		
	\$30,000 (For Ultimate-Plus only)	\$160.50	\$240.75		
	\$40,000 (For Ultimate-Plus only)	\$214.00	\$321.00		
	\$60,000 (For Ultimate-Plus only)	\$256.80	\$385.20		
<b>ADD-ON 3 : ADDITIONAL BENEFITS</b> 1. Daily Hospital Allowance, up to \$600 (\$20 per day, max 30 days) 2. Alternative Maid Services, up to \$600 (\$20 per day, max 30 days) 3. Ambulance Fees, up to \$300 4. Fidelity Guarantee, up to \$2,000		26 months : \$32.10 14 months : \$21.40			
<b>ADD-ON 4 : DENTAL CARE</b> Covers dental expenses (non-surgical and medically necessary) arising from tooth decay resulting in an oral cavity \$1,000 \$3,000 Maximum 2 teeth per Period of Insurance Excess of 20% for each and every claim		Policy Period follows the main Package Policy Period  For 26 Months \$321.00 \$428.00 For 14 Months \$235.40 \$321.00  Waiting Period of 60 days if taken within 3 months of policy inception			
<b>ADD-ON 5 : IN-HOSPITAL PSYCHIATRIC CARE</b> Covers psychiatric treatment by a registered psychiatrist as an inpatient in a hospital  \$3,000 \$5,000		Policy Period follows the main Package Policy Period Waiting Period of 60 days if taken within 3 months of policy inception  For 26 Months \$ 64.20 \$ 80.25 For 14 Months \$ 42.80 \$ 53.50			

Premium is including GST except Letter of Guarantee Only and Philippine Embassy Bond

Section 4 (Hospitalisation & Surgical Expenses) extends to cover treatment for Communicable Diseases such as COVID-19, Dengue Fever and Severe Acute Respiratory Syndrome (SARS). Covers COVID-19 medical expenses for hospitalisation treatment within 14 days of arrival in Singapore.

The premium is calculated on 24 months' period basis in line with the work permit period. We do not charge any premium for the additional two months' grace period as required by MOM. This additional two months' period cannot be transferred to the next work permit renewal or extension period.

This Policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for this 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 AXA or visit the GIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).