

Arranged by:

Underwritten by:



ANDA INSURANCE AGENCIES PTE LTD
 1 King George's Avenue #06-00 Rehav Building Singapore 208557
 Tel: 6534 2288 Email: dh@anda.com.sg
 Co. Reg. No.: 197903504K



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.

eProtect Helper Insurance Proposal Form

EMPLOYER	Name as per NRIC (Mr/Mrs/Mdm/Ms/Dr):		Gender: Male / Female	
	Home Address:		Nationality:	
			Postal Code: S	
	NRIC No. / FIN:	Date of Birth:	SB Transmission Ref. No.:	
	Tel (Home):	(Office):	(HP):	Email:
MAID	Name of Domestic Worker:		FIN:	
	Passport No.:	Date of Birth:	Work Permit No.:	
	Nationality: (a) Filipina (b) Sri Lankan (c) Thai (d) Indonesian (e) Indian (f) Myanmarese (g) Others:			
INSURANCE APPLIED FOR	<input type="checkbox"/> (1) Basic Plan () Add-on 1: Security Bond Protector () Letter of Guarantee Only <input type="checkbox"/> (2) Silver Plan () Add-on 2: Additional Benefits () Insurance Only (without guarantee) <input type="checkbox"/> (3) Gold Plan () Add-on 3: Dental Care <input type="checkbox"/> (4) Platinum Plan () Add-on 4: Psychiatric Care			
	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.

Terms and Conditions for Personal Data Protection

I/We expressly authorise and consent to Etiqa Insurance Pte Ltd. ("Etiqa"), its officers and employees, at their sole discretion, to disclose any and all information relating to me/us, including my/our personal particulars, my/our transactions and dealings and my/our policies of insurance with Etiqa, to any of the following persons, whether in Singapore or elsewhere, for purposes reasonably required to evaluate my/our application and to provide the product or services which I/we am/are applying for (including any new policy application, renewals and/or alterations), for such persons to market relevant products/services and such other purposes as described in Etiqa's Data Protection and Privacy Statement on Etiqa's website:

Etiqa's holding company, subsidiary, branches, representative officers, related corporations or affiliates; any of Etiqa's contractors or third party service providers or distribution partners or professional advisers or representative; any regulatory, supervisory or other authority, court of law, tribunal or person, in any jurisdiction, where such disclosure is required by law, regulation, judgement or order of court or order of any tribunal or as a matter of practice; any actual or potential assignee(s) or transferee(s) of any rights and obligations of Etiqa under or relating to my policy or policies for any purpose connected with the proposed assignment or transfer; any credit bureau or insurer, for such purpose(s) that Etiqa in its reasonable opinion considers appropriate including but not limited to the purposes of underwriting, customer servicing and investigation; any business partners, third party referrers, broker, introducer or other intermediary; and any other party to whom you have consented the disclosure of your Personal Data

Policy Application

By providing the information, I/We consent to Etiqa and its related, its agents, authorised service providers and marketing partners collecting, using or disclosing and/or processing my/our personal data, for the purpose to evaluate my/our proposal form and to provide the product and services which I/We am applying for and such other purposes as stated in Etiqa's Data Protection Statement on Etiqa's website, which I/We confirmed that I/We have read and understood.

I/We confirm and agree that my/our consents herein supplement but do not supersede or replace any other consents which I/We may have previously provided to Etiqa, and are additional to any rights which Etiqa may have at law to collect, use or disclose my personal data, with or without my/ our consent, to the extent permitted under applicable law.

In addition, where personal data of any person is disclosed by me/us, I/ We further confirm and represent that I/ We have obtained the consent of the individual concerned for the purposes, unless such consent is not required under applicable laws.

Marketing Consent

By selecting below, I/We consent to receive marketing communication from Etiqa on Etiqa's insurance products via the following channel:

- Phone Call Phone number-based messaging (e.g.) SMS / MMS, WhatsApp Direct Mail Email All

I/ We can choose to withdraw my consent by submitting the Marketing Withdrawal Form at www.etiqa.com.sg or email to customer.service@etiqa.com.sg. For more details, please refer to Etiqa's Data Protection Statement on Etiqa's website.

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

In consideration of Etiqa Insurance Pte. Ltd. (the "Company") agreeing at my request to issue a Letter of Guarantee in favour of the Ministry of Manpower ("MOM") for the sum of \$5,000 (hereinafter called the "MOM Guarantee") guaranteeing the satisfactory performance and observation of the conditions imposed on me by the MOM in the Security Bond executed by me in favour of the MOM (known as the "Guarantee"), I hereby agree as follows:

- 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 the Guarantee including, without limitation, any legal and other costs on an indemnity basis, charge interest or expense incurred by the Company in connection with the Guarantee 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 the Guarantee. 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 the Guarantee as conclusive evidence against me and my estate of the fact and extent of my liability herein to be Company.
- I further agree that the Company will be entitled to impose an interest charge of 9% per annum on any sum of money paid out by the Company 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 the Company 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 the Company of the same.
- My liability hereunder is irrevocable and shall remain in full force or effect until the Company's liability under the Guarantee is discharged.

DECLARATION

I, the Proposer, declare and warrant that:

- a) All information provided by me in connection with this application are true, accurate and complete
- b) I agree that this application and declaration shall be the basis of the contract between Etiqa and myself
- c) If I do not fully and faithfully give the facts as I know them or ought to know them, I may receive nothing from the policy
- d) I agree to the policy terms, exclusions and conditions as expressed in the proposal form, policy wordings and endorsements
- e) I/We understand and agree that in the event Etiqa becomes aware that I/we or any Life Insured am/are or have become a prohibited person, meaning a person or entity who is subject to any laws, regulations and/or sanctions administered by any governmental or regulatory authorities or any competent authority or law enforcement in any country, which have the effect of prohibiting Etiqa from providing insurance coverage or otherwise offering any benefits to me or any Life Insured under the Policy or proposal submitted or any cover note issued, whichever applicable ("Prohibited Person"), I/we agree that Etiqa may suspend, terminate or void the Policy or my/our insurance coverage under the Policy, whenever applicable, with effect from an appropriate date or from inception at the sole discretion of Etiqa, and shall not be required to transact any business with me in connection with the Policy, including but not limited to making or receiving any payments under the Policy or proposal submitted or any cover note issued, whichever applicable.

In addition, in the event Etiqa becomes aware that any of the Life Insured, trustee, assignee, beneficiary, beneficial owner, nominee, mortgagee or financier, and in relation to an entity, its director, partner, manager, person having executive authority, authorized signatory, shareholder or beneficial owner named in or connected with the Policy or any persons Related* to the aforementioned person or entity is or has become a Prohibited Person, I/we agree that Etiqa may suspend, terminate or void the Policy or my/our insurance coverage under the Policy, whenever applicable, with effect from an appropriate date or from inception at the sole discretion of Etiqa, and shall not be required to transact any business with me in connection with the Policy, including but not limited to making or receiving any payments under the Policy or proposal submitted or any cover note issued, whichever applicable. As an ongoing obligation, I/we will immediately inform Etiqa if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons.

*Related includes a parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling and adopted sibling.

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:

eProtect Helper Insurance

SECTION	COVERAGE	PLAN TYPE				
		BASIC	SILVER	GOLD	PLATINUM	
1	Waiver of Co-insurance	No	Yes	Yes	Yes	
	LETTER OF GUARANTEE to Ministry of Manpower	\$5,000	\$5,000	\$5,000	\$5,000	
2	PERSONAL ACCIDENT FOR INSURED PERSON					
	(a) Accidental Death	\$60,000	\$70,000	\$80,000	\$100,000	
	(b) Permanent Disablement	\$60,000	\$70,000	\$80,000	\$100,000	
	(c) Medical Expenses	\$ 1,000	\$ 3,000	\$ 4,000	\$ 4,000	
	(d) TCM Expenses (Per Accident)	N.A.	\$ 200	\$ 300	\$ 300	
3	REPATRIATION EXPENSES	\$10,000	UNLIMITED when services are provided by our appointed emergency medical assistance provider, HENG-GREF International Assists Pte Ltd (Tel: 6272 6018), OTHERWISE our limit of liability is \$10,000. Only Silver, Gold and Platinum Plan covers death and/or permanent disablement due to ANY CAUSE , including suicide and/or unexplained causes.			
4	HOSPITALISATION & SURGICAL EXPENSES (PER YEAR) Co-Payment of 25% for the amount above the first \$15,000 applies to Basic Plan only	With Co-Payment	Without Co-Payment			
		\$60,000	\$60,000	\$80,000	100,000	
5	OUTPATIENT CANCER TREATMENT AND/OR KIDNEY DIALYSIS	N.A.	\$3,000	\$3,000	\$3,000	
6	CRITICAL ILLNESS	N.A.	\$3,000	\$3,000	\$3,000	
7	WAGES REIMBURSEMENT	\$35 per day (Max 60 days of Hospitalisation)	\$35 per day (Max 60 days of Hospitalisation)			
8	RE-HIRING EXPENSES	\$ 750	\$ 750	\$1,000	\$1,000	
9	DOMESTIC WORKER'S LIABILITY TO THIRD PARTY	\$5,000	\$5,000	\$7,500	\$7,500	
10	SPECIAL GRANT	\$3,000	\$3,000	\$4,000	\$4,000	
PLAN PREMIUM		26 months	\$490.50	\$591.33	\$694.88	\$794.07
		14 months	\$367.88	\$443.50	\$521.16	\$595.55
INSURANCE ONLY (SECTIONS 2 to 10 above) for 26 MONTHS		\$460.22	\$561.05	\$664.60	\$763.79	
LETTER OF GUARANTEE ONLY for 14 and 26 MONTHS		\$100.00				

OPTIONAL ADD-ON BENEFITS	
OPTIONAL ADD-ON 1: SECURITY BOND PROTECTOR 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 : \$54.50 If taken within 3 months of policy inception : \$87.20 (Subject to acceptance & Waiting Period of 30 days)
OPTIONAL ADD-ON 2: ADDITIONAL BENEFITS 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: \$32.70 14 months: \$21.80
OPTIONAL ADD-ON 3: DENTAL CARE 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 Plan Policy Period For 26 Months : \$327.00 For 14 Months : \$239.80 \$436.00 : \$327.00 Waiting Period of 60 days if taken within 3 months of policy inception
OPTIONAL ADD-ON 4: IN-HOSPITAL PSYCHIATRIC CARE Covers psychiatric treatment by a registered psychiatrist as an inpatient in a hospital \$3,000 \$5,000	Policy Period follows the main Plan Policy Period Waiting Period of 60 days if taken within 3 months of policy inception For 26 Months : \$ 65.40 For 14 Months : \$ 43.60 \$ 81.75 : \$ 54.50

Premium is inclusive of GST except Letter of Guarantee Only.

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 upon 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 Etiqa or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

