

Domestic Helper Insurance - Proposal Form

Employer				
Name			NRIC/FIN	
Mailing Address			Postal Code	
Date of Birth	Gender	Race	Marital Status	Nationality
Contact No.	Email			Occupation

Note: Please use "dd/mm/yyyy" format for all DATE fields.

Domestic Maid			
Name			Passport No.
Date of Birth (dd/mm/yyyy)	Gender	Marital Status	Nationality
Period of Insurance		SB Transmission No:	FIN No:
From:	For:		WP No:
Selected Plan			

Optional Cover	
Waiver of Counter Indemnity for Insurance Guarantee Bond to MOM	
Philippines Embassy Bond	
Employer's Liability (Applicable to MSIG MaidPlus only)	
Reduction of Co-Payment (Applicable to MSIG MaidPlus only)	

Proposer's Signature

Date

Important Notice: Statement Pursuant to Section 25(5) of the Insurance Act (Cap. 142) -
You are to disclose in this form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued may be void.

The insurance will not be in force until the application and premium have been received and accepted by the company.

Please note that by submitting this form, you are deemed to have given us the consent to collect, use and disclose the information for the purpose of obtaining the quotation; issuance of policy; and also to contact you via (phone/fax/text/email) on matters related to your maid insurance.

Please email form to: Lyongohsh@gmail.com