

MAIDGR8

Great is having all the essential protection for your helper



In your busy schedule, your maid is there to assist you and lighten your workload at home. With MaidGR8, you can provide your maid with the protecting she needs while protecting your responsibility as an employer.

MaidGR8 provides the necessary coverage required by Ministry of Manpower for your helper while she is in Singapore. There are three comprehensive plans for you to choose from.

For your maid, there is 24-hour coverage of up to S\$60,000 for death, permanent disablement and up to S\$3,000 for medical expenses.

In the event of death or permanent disablement due to accident or illness, a repatriation benefit of up to S\$10,000 will be handy to aid her journey back home safely.

MaidGR8 provides protection for both you and your maid.

No worries hiring a maid with MaidGR8

Contact your representative for a comprehensive plan to protect your maid.

To contact us:

 **+65 6248 2888**

 **greateasterngeneral.com**

 **gicare-sg@greateasterngeneral.com**

Important Notes:

1. This brochure is for general information only. It is not a contract of insurance. Please refer to the policy documents for the precise terms and conditions of the insurance plan.
2. This policy is subject to the Premium Before Cover Warranty Clause, which requires the premium to be paid and received on or before the inception date of the policy.
3. This plan is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your 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 us or visit the General Insurance Association (GIA) or SDIC websites (www.gia.org.sg or www.sdlic.org.sg).
4. MaidGR8 is underwritten by Great Eastern General Insurance Limited, a wholly-owned subsidiary of Great Eastern Holdings Limited and a member of the OCBC Group.

Information correct as at 13 March 2018.

All the essentials you need to protect your maid



- Coverage of up to S\$60,000 for accidental death or permanent disablement
- Benefits of up to S\$10,000 for repatriation to home country in case of death or permanent disablement due to accident or illness
- Reimbursement of hospital and surgical expenses of up to S\$30,000 per year in case of accident or illness
- Liability to third party of up to S\$50,000 which covers your legal liability to third party due to your maid's negligence.
- Benefit of up to S\$500 for termination and rehiring expenses if your maid was found unfit to carry on her duties
- Employer's liability of up to S\$50,000 covering your legal liability as an employer arising from injury or disease claimed by your maid.

Your benefits at a glance:

No	Coverage	Plan A	Plan B	Plan C
1	Insurance Guarantee	-	S\$5,000	S\$5,000
2	Personal Accident a. Death b. Permanent Disablement c. Medical Expenses d. TCM Treatment (per accident)	S\$60,000 Up to S\$60,000 Up to S\$2,000 Up to S\$150	S\$60,000 Up to S\$60,000 Up to S\$2,000 Up to S\$150	S\$60,000 Up to S\$60,000 Up to S\$3,000 Up to S\$150
3	Hospital and Surgical Expenses (per year)	Up to S\$15,000	Up to S\$15,000	Up to S\$30,000
4	Repatriation Expenses	Up to S\$10,000	Up to S\$10,000	Up to S\$10,000
5	Recuperation Benefit	-	S\$20 per day (max 60 days)	S\$30 per day (max 60 days)
6	Wages Compensation & Levy Reimbursement	-	Up to S\$35 per day (max. 60 days)	Up to S\$35 per day (max. 60 days)
7	Termination & Rehiring Expenses	-	Up to S\$350	Up to S\$500
8	Special Grant	-	S\$1,000	S\$3,000
9	Employer's Liability to Domestic Maid	-	Up to S\$50,000	Up to S\$50,000
10	Liability to Third Party	-	Up to S\$50,000	Up to S\$50,000
11	Fidelity Guarantee (Excess: S\$50)	-	Up to S\$5,000	Up to S\$5,000
12	Domestic Maid's Effects	-	Up to S\$300	Up to S\$300
Optional Benefit				
13	Reimbursement of Indemnity Paid to Insurer (Excess: S\$250)	-	S\$5,000	S\$5,000

Premium (inclusive of prevailing GST)

14 months	S\$143.38	S\$187.25	S\$235.40
14 months (with Optional Benefit)	-	S\$240.75	S\$288.90
26 months	S\$217.21	S\$278.20	S\$353.10
26 months (with Optional Benefit)	-	S\$331.70	S\$406.60

Note: Optional Benefit may be purchased subsequently at \$85.60 (inclusive of prevailing GST) within one month from the policy commencement date, subject to a waiting period of 30 days.

Plan Type	Embassy Bond - Coverage	Premium for 26 months (GST exempt)
Plan E	S\$2,000 Performance Bond to Philippines Embassy	S\$45.00
Plan F	S\$7,000 Performance Bond to Philippines Embassy	S\$75.00

For Embassy Bond application, please submit documents to gicare-sg@greatasterngeneral.com.

Application for MaidGR8 must be accompanied by:

1. A fully completed Proposal Form.
2. The duly signed Letter of Indemnity.
3. A copy of the In-Principal Approval letter or Work Permit Renewal Notice from the MOM/Work Pass Division.
4. A copy of the maid's passport.

MaidGR8 Proposal Form

Statement pursuant to section 25(5) of the Insurance Act (Cap. 142) (or any subsequent amendment thereof), you are to disclose in this proposal form, fully and faithfully, all the facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, you may receive nothing from the policy.

Choice of one plan (Please tick and fill in the details)

Plan Type: Plan A / Plan B with Optional Benefit
 Plan B / Plan C with Optional Benefit
 Plan C / Plan E
 Plan D / Plan F

Commences on: _____ (dd/mm/yy)

Period: 14 months 26 months

Employer's (Proposer) particulars (Please tick and fill in the details)

Name: _____

Mr Mrs Miss Mdm Dr

Gender: M F NRIC No.: _____

SB Transmission Ref No.: _____

Nationality: _____

Occupation: _____

Date of birth: _____ (dd/mm/yy)

Address: _____

Postal code: _____

Contact No.: _____ (HP)

_____ (H)

_____ (O)

Email: _____

Maid's particulars (Please fill in the details)

Name: _____

Passport No.: _____

Date of birth: _____ (dd/mm/yy)

Work Permit No.: _____

Nationality: Filipino

Indonesian

Myanmar

Others (Please specify nationality): _____

Payment mode (Please tick and fill in the details)

Premium payable: S\$ _____ (including prevailing GST)

By Credit Card (Visa/MasterCard only)

I/We hereby authorise Great Eastern General Insurance Limited to charge the above premium to the following card. Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to its use.

Credit Card No.:

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Expiry Date: (mm) (yy) CW:

Name of cardholder: _____

NRIC No.: _____ Signature: _____

By Cheque (Cheque No.: _____)

Please make cheque payable to "GEG".

By Cash

Declaration

By submitting this Application Form, I/we hereby declare the following:

- I declare that the above particulars and statements given are true, correct and complete, and I have not withheld any information that is likely to affect the acceptance of this Proposal.
- I understand and agree that no insurance shall take effect until this application has been fully accepted, full payment is received and a policy is issued by Great Eastern General Insurance Limited ("GEG").
- I/We understand and agree that the declarations and disclosures herein shall form the basis of the policy, and subject to the policy terms, conditions and exclusions.

Policy Application, Service and Administration

By providing the information set out above, I/we agree and consent to Great Eastern General Insurance Limited ("GEG"), its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives"), collecting, using, disclosing and sharing amongst themselves my/our personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate my/our proposal and to provide the products or services which I am/ we are applying for (including, without limitation, any policy renewals and policy upgrades, substitutions or replacements).

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <https://www.greatesternlife.com.sg/privacy-and-security-policy.html> and which I/we confirm I/we have read and understood.

Yes, I/we would also like to stay in touch with the Companies to get updates and rewards via (tick one or more):

phone?

mail, email and other means of communication

By ticking the box(es) above, I/we understand that:

(a) the Companies and their Representatives may collect, use and/or disclose my/our personal data for contacting me/us about products and services offered by the Companies; and

(b) my/our response here does not affect my/our other consents given to the Companies and their Representatives, and their rights at law in respect of my/our personal data¹.

¹ This consent is independent of this Proposal and the relevant policy.

² This option includes voice calls, text and fax via my/our Singapore telephone numbers provided in this form and my/our other Singapore telephone numbers in your records from time to time.

³ Leaving any of the boxes above blank will not be treated as a withdrawal of any other consent I/we may have previously provided to the Companies and their Representatives.

Signature of the Employer (Proposer)

Date

Letter of Indemnity

To: Great Eastern General Insurance Limited
1 Pickering Street #16-01 Great Eastern Centre Singapore 048659

Dear Sirs,

COUNTER-INDEMNITY FOR INSURANCE GUARANTEE NO.:

In consideration of Great Eastern General Insurance Limited ("the Insurer") agreeing at my/our request to issue a Letter of Guarantee / Bond (collectively, "Guarantees") guaranteeing the satisfactory performance and observance of the conditions imposed on the Employer under the Guarantee for:

- (a) the sum of S\$5,000 in favour of the Ministry of Manpower ("MOM"); and/or
- (b) the sum of S\$2,000 or S\$7,000, whichever applicable, a Bond in favour of the Labour Attache ("the Labatt"), Embassy of the Philippines whichever applicable.

I/We hereby agree as follows:

1. I/We hereby jointly and severally irrevocably and unconditionally undertake for myself/ourselves my/our heirs, executors, administrators, assignees and successors to indemnify the Insurer on demand in full against all claim payments, demands, action suits, proceedings, losses, liabilities, costs 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 Insurer in connection with either or both the Guarantees of this Counter Indemnity.
2. I/We agree that the Insurer may in its absolute discretion compromise all claims, payment, demands, actions, suits, proceedings, losses or liabilities, which may be taken or made against it under either or both the Guarantees.
3. I/We also agree to accept all receipts, vouchers and other evidence of all payments made by the Insurer or all liabilities or obligations incurred by it by reason of either or both the Guarantees as conclusive evidence against me/us and my/our estates of the fact and extent of my/our liability herein to the Insurer.
4. I/We further agree that the Insurer shall be entitled to impose an interest charge of 9% per annum on any sum of money paid out by the Insurer on my/our behalf in connection with the above Guarantees whether to the Controller of Immigration or otherwise and that such interest will be payable on any sum(s) of money paid by the Insurer on my/our behalf in the event that I/we do not settle the said outstanding payment(s) made on my/our behalf within 7 days from the date I/we am/are given notice by the Insurer of the same.
5. I/We hereby agree that the Insurer shall be entitled at any time without prior notice to me/us or the need for my/our consent to assign to any person (including any firm, company or corporation) all or any part of its rights and benefits hereunder and in that event this Counter-Indemnity shall thereafter be read and construed and shall have effect, as if the assignee was a party hereto in the capacity of the Insurer to the intent that such assignee shall have the same rights against me/us as it would have had if the assignee had been a party hereto in the place of the Insurer and had issued the Guarantees. I/We also agree to pay to the Insurer on demand all taxes or stamp payable in respect of that assignment.
6. This Counter-Indemnity shall be governed by and construed in accordance with the Laws of Singapore.
7. My/Our liability hereunder is irrevocable and shall remain in full force or effect until the Insurer's liability under either or both the Guarantees is/are discharged.

In witness whereof I/we have hereunto subscribed my/our name(s) this _____ day _____ of _____ month _____ year

Signature of The Employer - The First Guarantor

Full Name: _____

NRIC No.: _____

Agent Code: _____ Agent Name: _____