

UOI DOMESTIC HELPER 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.

1. Plan selection (Please tick box where applicable)		
Duration	For 26-month cover	
Plan Type/ Premium Payable	50 years old & below	51 years old and above
	<input type="checkbox"/> Silver Plan \$552.70 <input type="checkbox"/> Gold Plan \$754.56 Premiums above are inclusive of 9% GST	<input type="checkbox"/> Silver Plan \$736.39 <input type="checkbox"/> Gold Plan \$1,003.84
Period of insurance:	From _____	To _____
2. Applicant's particulars		
Name (as per NRIC/ Foreign Identification Number (FIN))		
Mailing address		
Home tel. number	Office tel. number	
Mobile tel. number	Email address	
NRIC No./ FIN	Nationality	
Date of birth	Marital status	
Occupation	Estimated annual income	Name of employer
3. Local guarantor's particulars (Application under the Joint Income or Sponsorship scheme only)		
Name (as per NRIC)		
Address		
Home tel number	Office tel. number	
Mobile tel. number	Email address	
NRIC number	Nationality	
Date of birth	Marital status	
4. Migrant Domestic Helper's particulars		
Domestic helper's name (as per FIN)		Nationality
Passport number	FIN	Date of birth

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Name of applicant: _____

5. Payment mode (Please tick box where applicable, and complete relevant fields)

Note: This policy is subject to Payment Before Cover Warranty, ie. full premium payment must be made before policy inception.

Please charge S\$_____ to my * MasterCard/ Visa Credit/Debit card/ American Express
(* delete as appropriate)

Name of cardholder: _____

Card No: _____

Card Expiry date: ____/____ (mm/yy) Verification Code _____

Corporate PayNow UEN No – 197100152RU01
To provide your name in the reference column


UNITED OVERSEAS INSURANCE LTD



SCAN TO PAY

6. Declaration

I hereby declare that the above statements and particulars 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 I.

I and my guarantor (if any) agree to indemnify UOI against all payment, costs and expenses incur by UOI under the obligation of such Letter of Guarantee to MOM

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 to my financial needs and insurance objectives.

I also acknowledge by providing personal data relating to a third party (eg. information of my dependent, spouse, children, parents and/or employees), I represent and warrant that the consent of that third party has been obtained for the collection, use and disclosure of the personal data for the Purposes stated in UOI's Privacy Notice. UOI may disclose my/our personal data to its third party service providers or agents (including lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes, as such third party service providers or agents, if engaged by UOI, would be processing my/our personal data for UOI for one or more of the above Purposes. This may include disclosure to industry association.

Applicant's Signature _____

Date _____

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

For Applicant and Local Guarantor (if applicable): A copy of NRIC or passport

For New Maid

- A copy of the In-Principle Approval Letter issued by the Ministry of Manpower (MOM)

For Renewal Case

- A copy of the Renewal Letter issued by MOM
- A copy of the Migrant Domestic Helper's passport and Work Permit