

PC/NB/PLDBCL/014

18 Apr 2017

SIM HONG WEI  
71 LORONG K TELOK KURAU  
BETA GROVE  
SINGAPORE 425688

Dear Policyholder

**FOREIGN MAID INSURANCE**  
**POLICYHOLDER NAME: SIM HONG WEI**  
**POLICY NUMBER: 5090509797**

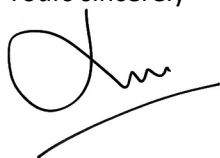
Thank you for insuring with Income. We are pleased to be able to serve your protection and financial planning needs.

Please read the enclosed policy documents to ensure that the benefits meet your requirements.

For any correspondence on your FOREIGN MAID INSURANCE policy, please quote your policy number. This will help us to assist you quickly. Please also update us of any changes to your residential address and contact numbers.

If you have any queries, please call our Customer Service Officers at 6788 6616 or email to [csquery@income.com.sg](mailto:csquery@income.com.sg).

Yours sincerely



Ken Ng  
Chief Executive

**Notes:**

Income is a member of the Policy Owners' Protection Scheme (PPF Scheme). This scheme is administered by the Singapore Deposit Insurance Corporation (SDIC) with the aim of helping policy owners reduce their losses in the event that a life or general insurer under the scheme fails. For more information on the types of benefits that are covered under the scheme, please visit the GIA/LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)). Alternatively, you can visit our website ([www.income.com.sg](http://www.income.com.sg)) for a list of the insurance products that are covered under the PPF Scheme.

The Singapore General Insurance Code of Practice is available at [www.gia.org.sg](http://www.gia.org.sg).

**FOREIGN MAID INSURANCE POLICY**

**THE SCHEDULE**

Policy Number : 5090509797  
The Policyholder : SIM HONG WEI  
71 LORONG K TELOK KURAU  
BETA GROVE  
SINGAPORE 425688

Period of Insurance : 19 Apr 2017 to 18 Jun 2019  
Cover Type : Plan 3  
Sum Insured : As stated below  
Premium (inclusive GST) : S\$314.58

**Interest Insured**

Insured Person : HUNG LINE  
Passport Number : MC098308  
Age : 27  
Work Permit Number : 094072689  
SB Submission Number : P251284

**SCOPE OF COVER**

Section 1: Personal accident	S\$40,000.00
Section 2: Outpatient medical expenses due to injury	S\$2,000.00
Section 3: Sending your foreign maid home	S\$10,000.00
Section 4: Hospital and surgical expenses (each year)	S\$15,000.00
Section 5: Wages compensation (per day)	S\$30.00
Section 6: Expenses if you have to stop employing your foreign maid	S\$300.00
Section 7: Special grant	S\$2,000.00
Section 8: Personal liability	S\$25,000.00

**SUM INSURED/LIMIT OF INDEMNITY**

With waiver of counter indemnity

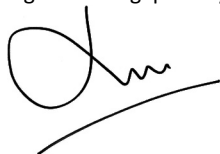
**Endorsement Operative :**  
ENDORSEMENT F1

Agency : TELESALLES-DIRECT MARKETING (00000601661)  
Date of Issue : 18 Apr 2017

**DUTY OF DISCLOSURE**

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

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## Policy Conditions

### Foreign Maid Insurance

#### Your policy

This is **your foreign maid** insurance **policy** and it contains details of benefits, conditions and exclusions relating to **you** and the **foreign maid** **you** employ. The **policy** will form the basis on which all claims will be settled. It is only valid if **you** have paid the appropriate premium in full and **we** have issued **you** with a **schedule**.

Any statement, information or declaration **you** have given on behalf of **your foreign maid**, including any declaration made over the phone, by fax, email or the internet at the time of application, will form the basis of the contract.

The **schedule** and any further endorsements are all part of the **policy**.

Please keep this document in case **you** need to refer to it.

#### Who is eligible?

This **policy** is only available to **you** if **you**:

- are living in Singapore;
- employ a **foreign maid** and she will be holding a valid work permit issued by Singapore's Ministry of Manpower; and
- have fully paid **your** premium.

#### Things to remember

- **You** must reveal all facts **you** know or ought to know which may affect the insurance cover being applied for. Otherwise, **your policy** may not be valid.
- **We** do not pay claims arising from **pre-existing medical conditions** during the **foreign maid's** first year of stay in Singapore.
- **You** must not be an undischarged bankrupt at the time of making **your** application.

#### Definitions

**Accident** or **accidental** means a sudden, unexpected event which happens during the **period of insurance** and which must be the only cause of **injury**.

**Aggravated damages** means extra damages which are awarded to compensate a person making a claim because they have suffered hurt feelings or loss of dignity as the result of the way in which the person responsible for the claim behaved.

**Basic limit** means the annual minimum coverage of the medical insurance that employers are required to buy and maintain for inpatient care and day surgery for the **foreign maid** as prescribed by the Singapore Ministry of Manpower at the start of **your policy**.

**Change of hospital and surgical expenses benefit limit** means the increase or decrease of the **hospital** and surgical benefit limit under **your policy**. The increased or decreased **hospital** and surgical benefit limit shall not be lower than the **basic limit**.

**Chinese medicine practitioner** means a legally licensed herbalist, acupuncturist or bone-setter who is registered and can practise within the scope of their licence under the laws of the country. This cannot be **you**, **your family member**, partner, business partner, employer, employee or agent.

**Chiropractor** means a legally licensed practitioner in chiropractic medicine who is registered and can practise within the scope of their licence under the laws of the country. This cannot be **you**, **your family member**, partner, business partner, employer, employee or agent.

**Dental treatment** means treatment needed to restore sound and natural teeth and which is necessary because of an **accident**.

**Emergency** means an unexpected event which affects the **foreign maid's** health and she needs immediate medical treatment to prevent death or serious immediate or long-term health problems. This must be confirmed by a **medical practitioner**.

**Exemplary damages** means extra damages awarded to make an example of the person who was responsible for the claim so that it will put off other people from doing the same.

**Family member** means **your** husband or wife, children, parents, brothers and sisters, parents-in-law, brothers-in-law, sisters-in-law, grandparents, grandparents-in-law, daughters-in-law, sons-in-law or grandchildren.

**Foreign maid** means the insured person named in the **policy** and who **you** employ as a foreign domestic worker and who holds a valid work permit.

**General practitioner** means any person registered and legally qualified by a medical degree in western medicine and authorised by the medical licensing authority of that country to provide general medical care. This should cover a variety of medical problems in patients of all ages. This often includes referring patients to an appropriate **specialist**. This person should not be **you**, **your family member**, partner, business partner, employer, employee or agent.

**Home country** means any country of which **your foreign maid** is a citizen.

**Hospital** means an establishment which is registered under the national laws and regulations which apply to care for and treat sick and injured people as bed-paying patients and which:

- has organised facilities for diagnosis, treatment and major surgery;
- provides nursing services by registered nurses 24 hours a day;
- is under the supervision of one or more **medical practitioners**; and
- is not mainly a clinic, a secure place to care for alcoholics or drug addicts, a nursing or rest or convalescent home or a home for the elderly or similar establishment.

**Injury** means damage or harm caused to the body by an external force suffered during the **period of insurance** and which is caused only by an **accident**.

**Losing** means permanent and total loss of use or loss by having part of the body (as listed in the scale of compensation table) cut or torn off, as certified by **our medical practitioner**.

**Losing hearing** means permanent and total loss of hearing, as confirmed by **our medical practitioner**.

**Losing a limb** means permanent and total loss of use or by having a hand cut or torn off at or above the wrist or a foot at or above the ankle, as confirmed by **our medical practitioner**.

**Losing sight** means permanent and total loss of use of an eye which means **your foreign maid** is absolutely blind in that eye and which is beyond cure either by surgical or other treatment. This must be confirmed by **our medical practitioner**.

**Losing speech** means permanent and total loss of the ability to speak and which is beyond cure either by surgical or other treatment, as confirmed by **our medical practitioner**.

**Medical practitioner** means any person registered and legally qualified as a doctor by a medical degree in western medicine and authorised by the medical licensing authority of that country to provide medical or surgical services within the scope of their licence and training. The **medical practitioner** cannot be **you**, **your family member**, partner, business partner, employer, employee or agent.

**Overseas** means any country outside Singapore.

**Period of insurance** means the period of cover as shown in the **schedule**.

**Permanent disability** or **permanently disabled** means suffering from one of the items of disability listed in the scale of compensation table in this **policy**, and which was caused only by an **accident**, as long as:

- the disability lasts for 12 months in a row from the date of the **accident**; and
- **our medical practitioner** confirms that it is not going to improve after 12 months.

**Permanent total disability** means disability caused only by an **accident** that:

- stops **your foreign maid** from working in any job for a salary or wage or stops her from carrying out any business whatsoever;
- lasts for 12 months in a row from the date of the **accident**; and
- **our medical practitioner** confirms is not going to improve after 12 months.

**Policy** means this document, including any information provided or declaration made by **you** for and on behalf of **your foreign maid**, the **schedule** and any endorsement **we** have issued under this **policy**.

**Policyholder** means **you** as **you** are named as **your foreign maid's** employer in the work permit.

**Pre-existing medical condition** means any injury or sickness, including any complications which may arise:

- a which **you** or **your foreign maid** knew or should reasonably know about, including symptoms which existed, before the start of the **policy**, or if there is a **change of hospital and surgical expenses benefit limit**, before the **change of hospital and surgical expenses benefit limit**;

- b which **your foreign maid** has received diagnosis, consultation, medical treatment or prescribed drugs for in the 12 months, before the start of the **policy**, or if there is a **change of hospital and surgical expenses benefit limit**, before the **change of hospital and surgical expenses benefit limit**; or
- c for which **your foreign maid** has been asked to get medical treatment or medical advice by a **medical practitioner** within 12 months, before the start of the **policy**, or if there is a **change of hospital and surgical expenses benefit limit**, before the **change of hospital and surgical expenses benefit limit**.

**Punitive damages** means extra damages which are awarded to punish the person responsible for the claim because of their behaviour.

**Schedule** means the document which proves that **you** have the insurance cover. It will list, among other things, details of **you** and **your foreign maid**, the benefits, the sum insured and the **period of insurance** covered under this **policy**.

**Serious injury** or **serious sickness** means long-term suffering of an **injury** or **sickness** which means **your foreign maid** will be unable to carry out her work as a foreign domestic worker during the **period of insurance**.

**Sickness** means worsening physical health not caused by an **accident**, for which **your foreign maid** needs the care or treatment of a **medical practitioner** during the **period of insurance**.

**Specialist** means a **medical practitioner** who has the necessary qualifications and expertise to practise as a recognised **specialist** of diagnostic techniques, treatment and prevention, in a particular field of medicine like psychiatry, neurology, paediatrics, endocrinology, obstetrics, gynaecology, orthopaedic, optometry and dermatology.

**We, our, us, and Income** means NTUC Income Insurance Co-operative Limited.

**You, your** and **yours** means the **policyholder** referred to in the **schedule**.

## What your policy covers

This **policy** will protect **you** or **your foreign maid** financially when a death, **injury**, **sickness**, legal liability or other specified event happens during the **period of insurance**.

The amount **we** will pay depends on the conditions and maximum benefit limits and sub-limits as set out in the **schedule**.

## Section 1 – Personal accident

- a If **your foreign maid** is involved in an **accident** which causes her an **injury** and this alone leads to her death or **permanent disability** within 12 months from the date of the **accident**, the personal accident cover will apply.
- b **We** will pay **your foreign maid**, her estate or her legal personal representative up to the maximum amount shown in section 1 of the **schedule** using the scale of compensation table as shown below.
- c **We** will reduce any compensation due for **accidental** death by any compensation which **we** have already paid **your foreign maid** under the scale of compensation within the same **policy** period.
- d **We** will not pay **your foreign maid** extra compensation for any specific item which is part of a greater item due under this **policy**. For example, **we** will pay **your foreign maid** for **losing** her upper limb but **we** will not also pay her for **losing** her finger or thumb.

### Scale of compensation

Item	Description of disability	Percentage of sum insured as shown under section 1 in the schedule
a	<b>Accidental death</b>	100%
b	<b>Permanent total disability</b>	100%
c	<b>Losing sight</b> of both eyes	100%
d	<b>Losing</b> two limbs	100%
e	<b>Losing sight</b> of one eye, except perception of light	50%
f	<b>Losing</b> one limb	50%
g	<b>Losing speech</b>	50%
h	<b>Losing hearing</b> in both ears	50%
i	<b>Losing</b> four fingers and thumb of one hand	50%
j	<b>Losing</b> four fingers of one hand	40%
k	<b>Losing hearing</b> in one ear	20%
l	<b>Losing</b> a thumb - 2 phalanges - 1 phalanx	25% 10%

m	<b>Losing</b> one index finger - 3 phalanges - 2 phalanges - 1 phalanx	15% 10% 5%
n	<b>Losing</b> any one other finger - 3 phalanges - 2 phalanges - 1 phalanx	10% 7% 3%
o	<b>Losing</b> metacarpals - first or second - third, fourth or fifth	3% 2%
p	<b>Losing</b> all toes of one foot	15%
q	<b>Losing</b> a great toe - 2 phalanges - 1 phalanx	5% 3%
r	<b>Losing</b> any one other toe	3%
If <b>your foreign maid</b> suffers a <b>permanent disability</b> which is not mentioned above, <b>we</b> will, after consulting <b>our</b> medical advisors, pay a percentage of the sum insured which is consistent with the scale mentioned above. <b>We</b> will not pay any benefit for <b>losing</b> sense of taste or smell.		
The total of all percentages of the sum insured due under this section will not be more than 100% during any one <b>policy</b> period.		

#### What we do not pay under section 1

Besides the general exclusions listed in part 3 of the general conditions, **we** will also not pay under Section 1 if:

- 1 the **permanent disability** or death is caused directly or indirectly by **sickness**. For example, **we** will not pay a claim if **your foreign maid** dies from a heart attack or a stroke.
- 2 the **permanent disability** or death is caused directly or indirectly by any physical disability which existed before the start of the **policy** unless **your foreign maid** had been working in Singapore as a foreign domestic helper for more than 12 months in a row.

### Section 2 – Outpatient medical expenses due to injury

- a If **your foreign maid** suffers an **injury** and needs outpatient medical treatment, **we** will pay for the necessary and reasonable costs of outpatient medical expenses recommended or asked for by a **medical practitioner** for **your foreign maid** to be treated. This applies up to 12 months from the date of the **accident** or up to the limit shown in the **schedule**, whichever comes first.

- b **We** will also pay for the reasonable and necessary expenses for treatment by a **Chinese medicine practitioner** or **chiropractor** within 12 months from the date of the **accident**, up to \$100 for each **accident**.

- c The most **we** will pay is shown in the **schedule**.

- d So that **we** can pay the claim, **you** must provide a written report of **your foreign maid's** medical condition from the **medical practitioner** together with original medical bills and receipts. **You** will have to pay any costs involved in providing this report.

### Section 3 – Sending your foreign maid home

- a If **your foreign maid** suffers **permanent disability**, **serious sickness** or **serious injury** which prevents her from carrying out her duties as a foreign domestic worker, **we** will pay for the transport expenses (air, sea or land travel) needed to send **your foreign maid** back to her **home country**.
- b If **your foreign maid** dies (including committing suicide), **we** will pay for the necessary expenses to bury or cremate the body and return the body or ashes to the **home country**.
- c **You** can only claim under either Section 3a or 3b for the same event but not both.
- d So that **we** can pay the claim, **you** must provide a written report of **your foreign maid's** medical condition from the **medical practitioner** together with original medical bills and receipts. **You** will have to pay any costs involved in providing this report.

### Section 4 – Hospital and surgical expenses

- a If **your foreign maid** suffers an **injury** or **sickness** and needs to stay in **hospital** while in Singapore or needs to go into hospital as an **emergency** while she is **overseas**, **we** will pay for the necessary and reasonable **hospital** and surgical expenses (including day surgery) which she incurs during the **period of insurance**, recommended or asked for by a **medical practitioner** for **your foreign maid** to be treated in a **hospital**, up to the limit shown in the **schedule**.



- b** The **hospital** and surgical expenses will include the following.
- 1 Room and board charges (including in an intensive care unit (ICU)).
  - 2 The necessary and reasonable costs of medical treatment by a **specialist**, only if **specialist** medical treatment is considered necessary and has been referred by a **general practitioner** (apart from **dental treatment**).
  - 3 Other **hospital** services, which include:
    - using an operating room;
    - drugs and medicine prescribed by a **medical practitioner** while **your foreign maid** is in the **hospital** as an inpatient;
    - dressings, ordinary splints and plaster casts;
    - laboratory examinations which are medically necessary;
    - electrocardiograms;
    - basal metabolism tests;
    - physical therapy;
    - anaesthesia and oxygen;
    - X-ray examinations;
    - intravenous drugs and liquids; and
    - giving blood plasma, but not the cost of the blood plasma itself.
  - 4 Fees for surgery or day surgery performed by a **medical practitioner**.
  - 5 Pre-hospitalisation treatment within 90 days before being admitted as an inpatient or day surgery which is recommended by a **medical practitioner** to treat an **injury** or a **sickness**, only if **we** pay the hospitalisation claim under the **policy**. **We** will only pay for pre-hospitalisation occurring during the **period of insurance**.
  - 6 Post-hospitalisation treatment within 90 days after **your foreign maid** leaves **hospital** for follow-ups as an outpatient for the same **injury** or **sickness** which **your foreign maid** was in **hospital** for. **We** will only pay for post-hospitalisation occurring during the **period of insurance**.
- c** So that **we** can pay the claim, **you** must provide a written report of **your foreign maid's** medical condition from the **medical practitioner** together with original medical bills and receipts. **You** will have to pay any costs involved in providing this report.
- d** **Your foreign maid** can stay in a Singapore public **hospital** in a standard class-C ward, or class-B2 ward if the class-C ward is not available. If **your foreign maid** is admitted to a ward better than class C or B2, **we** will apply the relevant 'pro ration factor' table shown below in section 4(g) to the **hospital** and surgical expenses being claimed. This means that **we** will reduce the benefits **we** will pay by multiplying the relevant pro ration factor against the expenses being claimed.
- e** For day surgery performed in a Singapore private **hospital** or in any **hospital** outside Singapore, **we** will also apply the relevant 'pro ration factor' table shown below in section 4(g) to the day surgery fees being claimed. This means that **we** will reduce the benefits **we** will pay by multiplying the relevant pro ration factor against the expenses being claimed.
- f** For **emergency** hospitalisation outside Singapore, **we** will apply the relevant pro ration factor table shown below in section 4(g) to the **hospital** and surgical expenses being claimed. This means **we** will reduce the benefits **we** will pay by multiplying the relevant pro ration factor against the expenses being claimed.
- g** Pro ration factor table
- | Type of hospital               | Type of ward | Percentage (%) |                 |
|--------------------------------|--------------|----------------|-----------------|
|                                |              | For inpatient  | For day surgery |
| Singapore private hospital     | All          | 40%            | 40%             |
| Any hospital outside Singapore | All          | 50%            | 50%             |
| Public hospital in Singapore   | A1           | 50%            | Not applicable  |
|                                | A2           | 60%            |                 |
|                                | B1           | 70%            |                 |
- h** If there is a **change of hospital and surgical expenses benefit limit** and **your foreign maid** had been working as a foreign domestic worker in Singapore for more than 12 months in a row:
- 1 **We** will pay under this section 4 for **hospital** and surgical expenses which **your foreign maid** incurs during the **period of insurance** up to the limit shown in the **schedule**; or
  - 2 If the **hospital** and surgical expenses which **your foreign maid** incurs during the **period of insurance** arises from a **pre-existing medical condition**, the following applies:
    - i) For **pre-existing medical condition** that first occurred before the start of **your** first foreign maid insurance policy issued by **us**, **we** will pay under this section 4 for **hospital** and surgical expenses; up to the **basic limit**.

- ii) For **pre-existing medical condition** that first occurred after the start of **your** first foreign maid insurance policy issued by **us**, **we** will pay under this section 4 for **hospital** and surgical expenses; up to the **hospital** and surgical benefit limit applicable, at the time the **pre-existing medical condition** first occurred or at the time she incurs the **hospital** and surgical expenses; whichever is lower but in no event below the **basic limit**.

#### What we do not pay under section 4

Besides the general exclusions listed in part 3 of the general conditions, **we** will also not pay under section 4 for the following.

- 1 Claims for nursing care that is not provided by the **hospital** or any nursing care that is provided outside Singapore.
- 2 Claims for **dental treatment** as a result of tooth, gum or oral disease or from normal wearing of the teeth.
- 3 Claims for routine physical examinations, health check-ups or tests which do not form part of the treatment or diagnosis of the actual **injury** or **sickness**.
- 4 Any treatment which is not considered medically necessary by the **medical practitioner**.
- 5 Claims relating to a **pre-existing medical condition** unless, **your foreign maid** had been working as a foreign domestic worker in Singapore for more than 12 months in a row or where it is expressly provided under section 4(h)(2) - Hospital and surgical expenses, that **we** will pay.
- 6 Claims for non-emergency treatment or hospitalisation outside Singapore.
- 7 Claims due to insanity or self-inflicted injuries or conditions related to functional disorders of the mind.
- 8 Claims for rest care or care in a sanatorium, drug addiction or alcoholism, diseases which need isolation or quarantine under current laws, including any infectious diseases declared by the health authorities of Singapore or in the country that **your foreign maid** has caught the disease from or by the World Health Organisation (WHO). This does not apply to influenza A flu virus (H1N1), hand, foot and mouth disease (HFMD) and severe acute respiratory syndrome (SARS).
- 9 Claims for congenital problems.
- 10 Claims for treatment of an optional nature, for example, plastic surgery or cosmetic surgery which is not medically necessary.
- 11 Claims for non-medical personal services such as radio, telephone, television, newspapers and guests' meals and any other items which are not medically necessary.

- 12 Claims for special braces, appliances, equipment or other prosthetic devices including spectacles, walking or home aids of any kind, dialysis machine, oxygen machine, hearing aids, wheelchairs, crutches, braces, splints and lenses and any other medical-related equipment.

- 13 Conditions arising from surgical, mechanical or chemical contraceptive methods of birth control or treatments relating to infertility.

#### Section 5 – Wages compensation

- a **We** will pay **you** **your foreign maid's** wages (including government levy on foreign domestic workers) for the period when they are in **hospital** (including hospitalisation leave granted by a **medical practitioner**) if **you** have not had domestic services carried out because **your foreign maid** is in **hospital**.
- b So that **we** can pay this benefit, **you** must be eligible to claim under section 4 - Hospital and surgical expenses.
- c **We** will pay up to the maximum amount as shown in the relevant section of the **schedule**, up to a period of 30 days.

#### Section 6 – Expenses if you have to stop employing your foreign maid

**We** will pay for the expenses which **you** have to pay when **you** stop employing **your foreign maid** because she is suffering from a **serious sickness** or **serious injury**. So that **we** can pay the claim, **you** must provide proper confirmation from a **medical practitioner**. **You** will have to pay the costs involved in doing this.

#### Section 7 – Special grant

If **your foreign maid** dies (including committing suicide), **we** will pay a special grant to her estate or legal representative, up to the limit shown in the relevant section of the **schedule**. So that **we** can pay the claim, **you** must provide **your foreign maid's** death certificate. **You** will have to pay any costs for doing so.

#### Section 8 – Personal liability

**We** will pay the benefits shown below if, during the **period of insurance**, **your foreign maid** is legally responsible for accidentally:

- a injuring someone; or
- b damaging or causing loss to someone else's property while performing her duties as a foreign domestic helper in Singapore.

**We will pay:**

- a the legal costs and expenses for representing or defending **your foreign maid**; or
- b the amount awarded against **your foreign maid** by the court in Singapore, up to the maximum amount as shown in the relevant section of the **schedule**.

**What we do not pay under section 8**

Besides the general exclusions listed in part 3 of the general conditions, **we** will also not pay under section 8 for the following, or for loss or liability directly or indirectly caused by the following.

- 1 Any claim due to **your foreign maid's** deliberate, malicious, unlawful or criminal act or failure to act.
- 2 Any claim for loss of or damage to property which **you** or a **family member** own, are in charge of or under **your** or **their** control.
- 3 Expenses for legal services which **we** have not agreed to beforehand.
- 4 Any legal responsibility that comes from an **injury** or loss or damage to property that **you** or **your family member** owns, cares for or controls.
- 5 Any legal responsibility, **injury**, loss or damage which applies to **your family member** or member of **your** household.
- 6 Any legal responsibility that results from **you** owning or **your foreign maid** using weaponry, vehicles, aircraft or watercraft.
- 7 Any legal responsibility that results from the animals **you** own or which are under **your** care or custody.
- 8 Any court judgment which is not in the first instance delivered by a court within Singapore.
- 9 Any court judgment which **your foreign maid** is appealing or is being appealed on her behalf.
- 10 Any legal responsibility that results from **your foreign maid** passing on disease to others.
- 11 Any legal responsibility that results from **your foreign maid's** abuse of controlled drugs.
- 12 Any legal responsibility that results when **your foreign maid** is under the influence of alcohol or drugs or solvents.
- 13 Any legal responsibility that is caused by **your foreign maid's** involvement with polluting or harming the environment.
- 14 Any claim for **punitive, aggravated or exemplary damages**.
- 15 **Your** liability which applies under an agreement which would not apply if the agreement did not exist.

## What you need to be aware of

### 1 Cover

The **policy** covers **your foreign maid** when she is living in Singapore or when she is travelling outside Singapore with **you** or when she is on home leave during the **period of insurance**.

### 2 Changing documents

**We** can change the terms and conditions of this **policy**. No change to this **policy** is valid unless **we** have approved it in writing and it is shown in an endorsement. Nobody else, such as a broker or an agent, can change or decide not to enforce any of the terms and conditions of this **policy**.

### 3 General exclusions

This **policy** does not cover claims for loss or liability directly or indirectly caused by or arising from:

- a **your foreign maid** travelling **overseas** for the purpose of getting medical treatment;
- b **your foreign maid** deliberately injuring herself, committing suicide (except under sections 3 and 7) or attempting suicide while sane or insane, her criminal act, provoked assault, deliberate acts or putting herself in danger (unless she is trying to save human life);
- c the effect or influence of alcohol or drugs;
- d pregnancy, childbirth, abortion, miscarriage or all complications arising from these conditions;
- e mental problems, infirmity or insanity;
- f sexually transmitted infections, human immunodeficiency virus (HIV) or any HIV-related illness including acquired immunity deficiency syndrome (AIDS) however caused;
- g **pre-existing medical conditions** or physical problems happening before the start of the **policy** unless, your foreign maid had been working in Singapore as a foreign domestic helper for more than 12 months in a row or where it is expressly provided under section 4(h)(2) - Hospital and surgical expenses, that **we** will pay;
- h **your foreign maid** taking part in flying or other aerial activities except as a fare-paying passenger in a licensed passenger-carrying aircraft;
- i **your foreign maid** taking part in any kind of speed contest or racing (other than on foot);

- j **your foreign maid** driving or riding on a motor race track;
- k **your foreign maid** taking part in any dangerous activities or sports including, but not limited to, caving, potholing, rock climbing (except on manmade walls) or mountaineering which needs to use ropes, any underwater activities involving underwater breathing apparatus, sky diving, cliff diving, bungee jumping, BASE (building, antenna, span, earth) jumping, paragliding, hang-gliding, parachuting, white-water rafting, dragon boating, hunting, horse riding, polo, show jumping, mountain biking unless **we** have otherwise agreed in writing. However, it does not include the following activities carried out for leisure under the supervision of a licensed guide or instructor: hot-air balloon rides, ice or winter sports, hiking or trekking if done outside Singapore, unless **we** have agreed in writing;
- l the consequences whether direct or indirect of war, warlike operations (whether war is declared or not), riot, revolution or any similar event;
- m radioactivity or damage from any nuclear fuel, material or waste;
- n strike, riot or civil commotion;
- o consequential loss or damage of any kind whatsoever;
- p **your foreign maid** taking part in any professional sports or in any sports for which she would or could earn or receive any form of pay;
- q riding of any motorcycle, moped or mechanically assisted pedal cycles or ATV (all-terrain vehicle).

If **we** say that, for any of the exclusions listed above, any loss, damage, cost or expense is not covered by this **policy**, **you** will have to prove otherwise. If any part of any exclusion is not valid or cannot be enforced, the other exclusions will still apply.

## 4 Payment before cover warranty

**We** (or **our** intermediary) must receive the full premium due on or before the start date of the insurance. If **we** or the intermediary do not receive the premium in full on or before the start date of the insurance, the **policy** will not be valid and **we** will not pay any benefits.

## 5 Paying benefit

**We** will pay the benefits listed in this **policy** only if **you** have:

- a met general condition 4; and
- b given **us** satisfactory proof of the claim.

**We** will pay all benefits under this **policy** to **you** unless:

- a **your foreign maid** dies or suffers **permanent disability** as described in section 1 or section 7, in which case **we** will pay the benefits to her, her estate or her legal personal representative; whichever is applicable; or
- b **you** or **your foreign maid** suffer a claim for personal liability as described in section 8, in which case **we** will pay the person **you** or **your foreign maid** is legally responsible to.

When **we** pay the benefits as described above, **we** will have no further legal responsibility to **you** or **your foreign maid** under this **policy** for the claim.

## 6 Fraud

**You** and **your foreign maid** must not act in a fraudulent way. **We** may take the action shown below if **you** or **your foreign maid**, or anyone acting for **you** or **your foreign maid**:

- a make a claim under the **policy** knowing the claim to be false or fraudulently exaggerated in any way;
- b make a statement to support a claim knowing the statement to be false in any way;
- c send **us** a document to support a claim knowing the document to be forged or false in any way; or
- d make a claim for any loss or damage caused by **your** or **your foreign maid's** deliberate act or with **your** or **your foreign maid's** knowledge.

**We** may do the following.

- a **We** will not pay the claim.
- b **We** will not pay any other claim which has been or will be made under the **policy**.
- c **We** may declare the **policy** invalid.
- d **We** can recover from **you** or **your foreign maid** the amount of any claim **we** have already paid under the **policy**.
- e **We** will not refund **your** premium.
- f **We** may not allow **you** to buy other policies from **us**.
- g **We** may report **you** to the police.

## 7 Reasonable care

**Your foreign maid** and **you** must take all reasonable precautions to avoid **injury**, **sickness**, loss or damage and take all practical steps to reduce, as far as possible, the chances of any claims.

## 8 Other insurance

If at the time of any incident which results in a claim under this **policy** **you** have other insurance covering the same loss, damage, expense or liability, **we** will not pay more than **our** share. (This does not apply to section 1 – personal accident and section 7 – special grant).

## 9 Taking over a claim

**We** are entitled to take over any rights to defend or settle any claim and to take proceedings in **your** **foreign maid's** or **your** name to enforce **your** **foreign maid's**, **your** or **our** rights against any other person.

## 10 Claims conditions

- a **You** must tell **us** as soon as possible (and in any case within 30 days) about any **injury, sickness**, incident, event, or discovery of any loss or damage which may give rise to a claim under this **policy**.
- b If **you** can recover all or part of the medical expenses from other sources, **we** will only pay **you** the amount that **you** cannot recover.
- c **We** pay all claims in Singapore dollars. If **you** suffer a loss which is in a foreign currency, **we** will convert the amount into Singapore dollars at the exchange rate which **we** will decide on the date of the loss.

## 11 What you need to provide when you send us your claim

**You**, **your** **foreign maid** or her legal personal representatives must supply all information, reports, original invoices and receipts, proof of ownership, evidence, medical certificates, documents (such as a translation of a foreign-language document into English), confirmed by oath if necessary, that **we** may need before **we** assess **your** claim. **We** may refuse to refund any expense which **you** cannot provide original receipts or invoices for.

## 12 Cancellation and refund

**We** can cancel the **policy** by giving **you** seven days' notice to **your** last known address. **We** will consider that **you** have received this cancellation notice on the same day if **we** deliver the notice by hand, fax or email.

**You** may cancel this **policy** by telling **us** **you** want to do so. The date of cancellation will apply as shown below.

- a Plan 1a and 1b will be cancelled from the date **you** tell **us** to cancel the **policy**.
- b Plan 2 will be cancelled from the date **we** receive **your** notice.
- c Plan 3 and Plan 4 will be cancelled from the date **we** receive the discharge letter from the Ministry of Manpower.

**We** will not refund **your** premium if:

- **you** are cancelling plan 1a or plan 1b;
- the cancellation takes place more than 180 days after the start date of the **period of insurance** shown in the **schedule** for **policy** with **period of insurance** of at least 26 months;
- the cancellation takes place more than 90 days after the start date of the **period of insurance** shown in the **schedule** for **policy** with **period of insurance** of less than 26 months; or
- there has been a claim made under the **policy**.

When **we** cancel **your** **policy**, **we** will refund the premium for plan 2, Plan 3 and Plan 4 based on the following.

- a If the **period of insurance** is at least 26 months

### (i) For Plan 2 and Plan 3

Cancellation	Percentage of Refund
Cancellation within 60 days	70% of the <b>policy</b> premium
Cancellation within 61 days to 90 days	55% of the <b>policy</b> premium
Cancellation within 91 days to 180 days	40% of the <b>policy</b> premium

### (ii) For Plan 4

Cancellation	Percentage of Refund
Cancellation within 60 days	50% of the <b>policy</b> premium
Cancellation within 61 days to 90 days	40% of the <b>policy</b> premium
Cancellation within 91 days to 180 days	30% of the <b>policy</b> premium

(b) If the **period of insurance** is less than 26 months

(i) For Plan 2 and Plan 3

Cancellation	Percentage of Refund
Cancellation within 60 days	50% of the <b>policy</b> premium
Cancellation within 61 days to 90 days	25% of the <b>policy</b> premium

(ii) For Plan 4

Cancellation	Percentage of Refund
Cancellation within 60 days	30% of the <b>policy</b> premium
Cancellation within 61 days to 90 days	15% of the <b>policy</b> premium

**We** will refund all premiums to the **policyholder** as shown in the **schedule**.

## 13 Ending the insurance

**We** will end **your policy** immediately when **we** have made the final payment for any loss under sections 1, 3, 6 or 7.

## 14 Excluding third-party rights

A person or company who is not covered by this **policy** has no right under the Contracts (Rights of Third Parties) Act (Chapter 53B) to enforce this **policy**.

## 15 Currency and interest

All dollar amounts shown in the **policy** and **schedule** are shown in Singapore dollars (S\$). **We** will not pay interest under this **policy**.

## 16 Governing law

Singapore law will apply to this **policy**.

## 17 Dealing with dispute

If **you** are not satisfied with **our** final decision on **your** claim, **you** shall refer the case to the Financial Industry Disputes Resolution Centre Ltd (FIDREC), an independent and impartial institution specializing in solving disputes between financial institutions and consumers. Their website address is: [www.fidrec.com.sg](http://www.fidrec.com.sg)

If the dispute cannot be referred to or dealt with by FIDREC, the dispute must be referred to and decided using arbitration in Singapore in line with the Arbitration Rules of the Singapore International Arbitration Centre which apply at that point of time.

**We** will not be legally responsible under **your policy** unless **you** have first received an award under arbitration.

## 18 Feedback procedure

### Making yourself heard

**We** are committed to providing **you** with an exceptional level of service and customer care.

**We** realise that things can go wrong and there may be times when **you** feel that **we** have not provided the service **you** expected. When this happens, **we** want to hear about it so that **we** can try to put things right.

Please send **your** feedback to:  
[sq@income.com.sg](mailto:sq@income.com.sg).

## Our promise to you

**We** will:

- acknowledge **your** complaint promptly;
- investigate quickly and thoroughly;
- keep **you** informed of **our** progress; and
- do everything possible to deal with **your** complaint.

### Policy Owners' Protection Scheme

This policy 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 Income or visit the GIA/LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

## **ENDORSEMENT F1**

### Letter of Indemnity

It is hereby agreed that the terms of the Counter indemnity appearing below shall be collateral to this Policy.

### COUNTER INDEMNITY

In consideration of our having agreed at your request to provide:

a Letter of Guarantee for the sum of Singapore Dollars Five Thousand Only (S\$5,000) in favour of the Controller of Immigration Singapore as security for the due and satisfactory observance and performance of all conditions under the Security Bond in connection with the employment of the foreign maid named as the Insured Person for the Period of Insurance as stated in this Policy, you agree as follows:

- 1 You will, at all times, compensate us against all claims, payments, demands, action suits, proceedings, losses, liabilities costs and expenses which may be taken or made against us or which we may suffer under the letter of guarantee or insurance bond.  
As long as you pay the extra premium for the waiver of this counter indemnity, you will only be liable to us as described above if you break any of the conditions under the security bond deliberately or as a result of your negligence. If any of the conditions under the security bond are broken and this was not caused by your deliberate act or negligence, you will only be liable to pay us a fixed amount of S\$250. This condition only applies if you pay the extra premium for the waiver of this counter indemnity.
- 2 Within 14 days of any payment we make under the letter of guarantee or insurance bond, you will repay us any payments plus interests at a rate of 8% a year from the date we make the payment until the date we receive full payment from you.
- 3 You will pay us all costs, charges and expenses including legal costs we may suffer in enforcing or trying to get payment of all or any part of the money agreed to be paid. This includes any legal proceedings we may begin against you.
- 4 We may settle out of court, all claims, payments, demands, action suits, proceedings, losses and liabilities which may be taken or made against you under the letter of guarantee or insurance bond.
- 5 All receipts, vouchers, statement of account or other evidence of payments we have made or of all liabilities or obligations we have because of the letter of guarantee or insurance bond will be evidence against you and your estate of the amount you owe us.
- 6 This counter indemnity will continue indefinitely and we may decide to give you extra time to pay or accept other offers from you or make other arrangements with you, or extend the validity of the letter of guarantee or insurance bond without it affecting your legal responsibility under this counter indemnity.
- 7 This counter indemnity will stay in force (even when the security bond ends) until we have no further liability under the security bond.
- 8 Any demand we make can be given in writing to you by our servant, agent or employee or by our solicitors either serving it personally on you or sending it by post to you at my last known address.
- 9 Anyone who is not involved in this counter indemnity will have no rights under the Contracts (Rights of

Policy Number: 5090509797

Third Parties) Act (cap. 53B) to enforce any of the terms in it.

10 This counter indemnity is governed by the laws of the Republic of Singapore and you and we agree that any disputes will be heard by the Singapore courts.



The Ministry of Manpower  
Work Permit & Employment Department  
18 Havelock Road  
Singapore 059764

**LETTER OF GUARANTEE NUMBER: 5090509797**

Dear Sir,

Whereas SIM HONG WEI  
holder of NRIC Number/Passport Number: S8472343F residing at  
71 LORONG K TELOK KURAU  
BETA GROVE  
SINGAPORE 425688

(hereinafter called the Employer)  
by a bond (hereinafter called the Security Bond) dated 19 Apr 2017 made under Section 12 of Employment of Foreign Manpower (Work Passes) Regulations or Section 21 of Immigration Regulations, undertake to ensure that the Work Pass/Special Pass Holder whose particulars appear in the schedule to the Security Bond shall comply with all the conditions on which the Pass was granted and which are set forth in the Security Bond and to observe further conditions imposed on himself in the Security Bond.



And whereas the said SIM HONG WEI is required to deposit a sum of Singapore Dollars Five Thousand Only (\$S\$5,000.00) to you as security under the Security Bond.

And whereas, at our request, you have agreed to accept this guarantee in lieu of the said sum of Singapore Dollars Five Thousand Only (\$S\$5,000.00) in cash, upon the terms and conditions hereinafter set forth.

1. Now, we, NTUC Income Insurance Cooperative Limited having our registered office at 75 Bras Basah Road INCOME CENTRE Singapore 189557, in consideration of you having agreed, at our request, not to insist on a cash deposit from the said SIM HONG WEI as security under the Security Bond, hereby guarantee and undertake as a principal debtors to pay to you at any time forthwith, on demand any sum or sums not exceeding in total the said sum of Singapore Dollars Five Thousand Only (\$S\$5,000.00). Our guarantee shall not be discharged by a demand of any sum by you resulting from a partial forfeiture of the Security Bond and you shall be entitled to demand any remaining sum resulting from any ensuing forfeiture of the remainder of the security.
2. On receiving from us any sums under clause 1, you will be entitled to hold and use them as if they were Security Deposit paid to you under the Security Bond.
3. We shall not be discharged or released from this guarantee by any alterations in the said SIM HONG WEI obligations and liabilities under the Security bond without your consent or by any forbearance shown towards him thereunder.
4. All requests for payment under Clause 1 shall be in writing and shall be made to us on or before 18 Jun 2019.
5. This guarantee shall be effective from 19 Apr 2017.

Dated this 18 Apr 2017

Signed by  
for and on behalf of NTUC Income  
Insurance Cooperative Limited

In the presence of ONLINE

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## DEBIT NOTE/TAX INVOICE

**DEBIT NOTE NUMBER: D17NB9957935**

SIM HONG WEI  
71 LORONG K TELOK KURAU  
BETA GROVE  
SINGAPORE 425688

DATE: 18 APR 2017

PARTICULARS	TOTAL (SGD)
FOREIGN MAID INSURANCE POLICY NUMBER: 5090509797 PERIOD OF INSURANCE: 19 APR 2017 TO 18 JUN 2019	
PREMIUM PAYABLE	294.00
GST @ 7%	20.58
TOTAL	314.58
BALANCE DUE	----- 314.58 =====
This debit note serves as the 'TAX INVOICE' for the purpose of GST. GST REG NO.: M4-0003030-8	

All cheques should be made payable to NTUC Income. Please write the Policy/Debit Note number on the reverse of the cheque. If you have made your payment, please ignore this Debit Note.

FOR ENQUIRIES, PLEASE CONTACT:  
TELESALES-DIRECT MARKETING  
TEL: 67881122

E.&.O.E

