

DOMESTIC MAID CLAIM FORM

Important Notice :

- 1 The acceptance of this form is NOT an admission of liability on the part of the Company.
- 2 All documents provided to substantiate your claim must be original documents.
- 3 All medical reports must be submitted at the claimant's expense (unless so covered under the policy) before a claim can be admitted.

Agency _____ Policy / Certificate No _____

Have you notified us of this claim earlier? No Yes by email / fax / telephone call to _____

Please state any reference number assigned to you earlier: Claim no / Temporary ref no _____

A. GENERAL SECTION - Please complete this section

1. Policyholder and Domestic Maid Particulars

a. Name of Policyholder _____

b. Address _____

c. Residence / Business Telephone Nos.

(Res) _____ (O) _____ (HP) _____

Email address _____

d. Name of Domestic Maid

e. Date of Employment / Passport No. (Please attach copy of Work Permit)

f. Name, Address and Contact No. of Employment Agency

Name : _____ Contact: _____

Address : _____

2. Circumstances of Claim

a. Date / Time of accident/illness _____

b. Location where injury/illness occurred _____

d. Please state exactly what happened (if insufficient space, please attach statement)

e. Has the insured person sustained an accident/illness of this nature or made any previous claim in respect of insurance previously? Yes No If yes, please give details

f. Was a Police Report made? Yes No

Was any action taken against you by the Ministry of Manpower? Yes No

If Yes, please give details.

Documents to be provided:

- Medical Report and / or In-patient Discharge Summary
- Original medical bills
- Doctor's Certification for repatriation or termination claims
- Police report if applicable

B. DETAILS OF THE LOSS

1. State nature of injuries or illness

2. State Amount claimed _____

3. If accident was caused by a third party please give details of the third party.

4. Has the sickness been treated previously? Yes No If yes, state Name and Address of Doctor

Name : _____

Address : _____

Date of previous treatment: _____

5. Will there be any more bills to be submitted? Yes No

If yes, please elaborate _____

6. Does the Domestic Maid have a local bank account? Yes No

If the domestic maid does not have a local bank account any payments to be made to her under policy terms and conditions will be by way of a cash cheque which must be collected in person. Alternatively she may authorise payment to be made to the employer who will then reimburse her accordingly - a letter of authorisation signed by the domestic maid must be provided in this case.

C. PAYMENT DETAILS (if claim falls within terms and conditions of the policy)

For GIRO payments above \$5,000 we will require a Direct Credit Authorisation Form acknowledged by your bank.

1. Please confirm payee name if claim is payable _____

Note: If payee is different from claimant or is not listed in the policy please provide a Letter of Authorisation.

2. Tick the method of payment you prefer By Cheque By GIRO

2a. If payment is requested by GIRO, please advise bank details:

Bank / Branch: _____ Account Number: _____

Account Name: _____ I.C./Passport Number: _____

Signature of payee _____

Note: All GIRO payment(s) made to this account is based on information provided by you and the Company shall not be liable in respect of any disputes and/or loss and/or damage that may arise out of this transaction.

We may request for a Medical Certificate of Treatment Form to be completed if more information on the medical condition is required.

I/We hereby declare that the above statements are true to the best of our/my knowledge and belief and I/we undertake to advise the Company promptly of all developments in connection with the claim. I/We further authorise the Company to treat the submission of this form as my/our making a claim under my/our policy.

I hereby authorize any hospital doctor, other person who has attended or examined me, to furnish to the Company, or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photocopy of this authorisation shall be considered as effective and valid as the original.

Policyholder's Signature/Company's Stamp/Date

Domestic Maid's Signature/Date

Name

Name