

**UNITED OVERSEAS INSURANCE 大華保險**

(A MEMBER OF THE UNITED OVERSEAS BANK GROUP)
SINGAPORE COMPANY REGISTRATION NO: 197100152 -R

3 Anson Road #28-01 Springleaf Tower Singapore 079909
Main Line: 6222 7733 Fax: 6327 3869/6327 3872
http://www.uoi.com.sg E-mail: Underwriting@uoi.com.sg

UNITED DOMESTIC SERVANT 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.

Please tick:

Premium for a period of 26 months (subject to 5% GST)

☐

Basic Plan

S\$85.00 + 5% GST

☐

Deluxe Plan

S\$100.00 + 5% GST

☐

Premier Plan

S\$200.00 + 5% GST

Period of Insurance: From _____ to _____ (for 26 months)

Applicant's Particulars

Full name : _____

Address : _____

Postal Code _____

Contact number : Home: _____ Office: _____

Mobile Phone: _____ E-mail: _____

Date of birth : _____ Marital Status: _____

Nationality : _____ NRIC no.: _____

Occupation : _____ Est. Annual Income: _____

Name of Applicant's Employer : _____

Maid's Particulars

Name : _____

Nationality : _____ Passport No/ : _____

Date of birth : _____ Work Permit No (if any) : _____

Local Guarantor's Particulars

(Local Guarantor is required if Applicant is a foreigner or with no income)

Full name : _____

Address : _____

Postal Code _____

Contact number : Home: _____ Office: _____

Mobile Phone: _____ E-mail: _____

Date of birth : _____ Marital Status: _____

Nationality : _____ NRIC no.: _____

Occupation : _____ Est. Annual Income: _____

Name of Guarantor's Employer : _____

Address of Guarantor's Employer : _____



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Declaration

I/We hereby declare that the information above is true and complete and that I/we have not wilfully withheld any material fact. I/We authorize you to obtain any information you may require relating to this application, from any of the above-mentioned sources. I/We agree that if any situation arises before this Guarantee is finalised which changes any of the representation made by me/ us in this application, I/we will promptly notify you thereof.

I/We further undertake to reimburse the Company with all expenses and charges incurred by the Company in connection with this application for Insurance Guarantee.

Applicant's Signature

Date

Local Guarantor's Signature

Date

Mode of Payment

This policy is subject to Payment Before Cover Warranty, ie. full premium payment must be made before policy inception at the time of documentation.

Please charge S\$_____ (including GST) to my * VISA/ Master Credit Card (* delete as appropriate)

☐ Card No

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Expiry date:

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 V-Code:

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☐ I enclose a cheque for S\$_____ (including GST) payable to **United Overseas Insurance Limited**.
Bank/ Cheque no: _____

Document Required:

1. A copy of Applicant's NRIC/ Passport
2. A copy of Local Guarantor's NRIC (if Local Guarantor is required)

For new maid:

3. A copy of the In-Principle's Approval Letter issued by the Ministry of Manpower
4. A copy of duly signed Letter of Indemnity

For renewal case:

3. A copy of the Renewal Notice issued by Ministry of Manpower
4. A copy of the Maid's passport
5. A copy of the Work Permit
6. A copy of duly signed Letter of Indemnity