





AVIVA LTD
4 Shenton Way #01-01
SGX Centre 2 Singapore 068907
Company's Registration No. 196590499



AVA INSURANCE AGENCY PTE LTD
91 Brancourt Street #09-06
Sunshine Plaza Singapore 189652
Tel: +65 65356538 / 64638138
Fax: +65 65356828 / 64635021
Web: www.ava-ins.com.sg
Company's Registration No. 201114259

DOMESTIC MAID APPLICATION FORM

This Insurance Agency requires to disclose in the proposal truthfully and faithfully all the facts which you know or might know in respect of the risk that is being proposed for coverage under the policy issued hereunder (if any) to read:

A. PROPOSER'S / EMPLOYER'S PARTICULARS

Name of Proposer

TAN WEI GIN

Sex

M / F

Address

3 LORONG SALLEH, S416747

Nationality

SINGAPOREAN

SB Transmission Ref

Occupation

MANAGER

Name of Company

MINDEF

NRIC/FIN No

S9219388H

Contact No

(H) 67288378

(HP)

91113705

C. PERIOD OF INSURANCE

* Please tick one only

1 YEAR / 2 YEAR

D. CHOICE OF MEDICAL INSURANCE COVERAGE

PLAN A / PLAN B / PLAN C / PLAN D

E. REIMBURSEMENT OF INDEMNITY PAID TO INSURER

YES / NO

Insured agrees that if he pays the additional premium for the amount of indemnity paid, he will be liable to repay the amount of indemnity paid to the insurer. If the insured is a company, the insured agrees that if he pays the additional premium for the amount of indemnity paid, he will be liable to repay the amount of indemnity paid to the insurer. If the insured is a company, the insured agrees that if he pays the additional premium for the amount of indemnity paid, he will be liable to repay the amount of indemnity paid to the insurer.

G. TOP-UP FOR SECTION 2. H&S EXPENSES (Only with 2-Year Plan)(Optional)

\$10,000 (Annual Limit \$5,000) / \$20,000 (Annual Limit \$10,000) / \$30,000 (Annual Limit \$15,000)

Insured agrees that if he pays the additional premium for the amount of indemnity paid, he will be liable to repay the amount of indemnity paid to the insurer. If the insured is a company, the insured agrees that if he pays the additional premium for the amount of indemnity paid, he will be liable to repay the amount of indemnity paid to the insurer. If the insured is a company, the insured agrees that if he pays the additional premium for the amount of indemnity paid, he will be liable to repay the amount of indemnity paid to the insurer.

COUNTER-INDEMNITY FORM

IMPORTANT NOTICE: The Insured hereby undertakes that he will be liable to repay the amount of indemnity paid to the insurer. If the insured is a company, the insured agrees that if he pays the additional premium for the amount of indemnity paid, he will be liable to repay the amount of indemnity paid to the insurer.

Insured

TAN WEI GIN, Director, Mindef

Insured

Insured

Insured

Insured

Insured

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Insured

Insured

Insured

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Insured

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