

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110

tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg

reg no. 1978-00490-N

**APPLICATION SUMMARY – EQ MAIDSAFE DBMAHQ23-000160****IMPORTANT NOTICE TO THE POLICYHOLDER**

Under Section 25(5) of the Insurance Act (Cap 142) (or any subsequent amendments thereof), you must disclose fully and faithfully, all facts which you know or ought to know in respect of the risk proposed; otherwise the policy issued hereunder may be void.

Intermediary Name : Gideon Insurance Agencies Pte Ltd	Intermediary Code : A000363
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Particulars of the Policyholder (As the Employer)

Full Name: Ong Lay Tin	Gender: Female	Date of Birth: 08-Jul-1956
Contact No: (Home) -	(Office) -	(Mobile) 96357963
Email: admin@wellcome.com.sg	SB Transmission No.: 5031370	
Nationality: Singaporean	ID No.: S1213330H	
Occupation & Designation: Admin	Name of Company (Employment): WELLCOME MOTOR AGENCIES	
Address: Blk / House No. 102, -, Marshall Road, Singapore 424897		

Particulars of the Insured Maid

Full Name: Khin Zar Chi Win	Date of Birth: 04-Nov-1996
Nationality: Myanmar	Work Permit No.: 0 95786146
	Passport No.: MH655492

Cover Details

Period of Insurance: 25-Jul-2023 TO 24-Sep-2025	Premium (S\$): 638.28 (incl GST)
Plan Covered: Plan 1 (26 months)	
Optional A - Reimbursement of Indemnity Paid to Insurer : No	
Optional B - COVID-19 Extension : Yes	
Optional C - Waiver of Co-payment : Yes	

Letter of Indemnity

To: EQ Insurance Company Ltd, 5 Maxwell Road, #17-00 Tower Block, MND Complex, Singapore 069110

RE: COUNTER-INDEMNITY FOR LETTER OF GUARANTEE NO. DBMAHQ23-000160

In consideration of EQ Insurance Company Limited ("the Insurer") agreeing at my/our request to issue a Letter of Guarantee ("the Guarantee") in favour of Ministry of Manpower ("MOM") guaranteeing the payment on demand of any sum or sums not exceeding in total Singapore Dollar Five Thousand (S\$5,000) in lieu of the cash deposit of Singapore Dollars Five Thousand (S\$5,000) that the employer would otherwise have to provide as security under the Security bond executed by the employer in favour of MOM, I/we hereby jointly and severally irrevocably and unconditionally agree and undertake for myself/ourselves and my/our heirs executors administrators assigns and successors that.

1. As a continuing obligation I/We shall indemnify and keep indemnified the Insurer from and against all claims, demand, payment, actions, suits, losses, expenses including legal costs on an indemnity basis and all other liabilities of whatsoever nature or description which may be made or taken incurred by the Insurer in relation to or arising out of the guarantee and/or this Counter-Indemnity.
2. Where any request is made upon the Insurer by MOM for payment of any sum pursuant to the Guarantee, ("such request") the insurer shall at its discretion be at liberty to contest or compromise or immediately pay upon such request and such request shall be sufficient authority to the insurer for any payment thereon without requiring or obtaining any evidence or proof that the amount so claimed or requested is due and payable to MOM and notice or reference to or further authority from me/us notwithstanding that I/we may dispute the validity of any such claim or request.
3. I/We further agree to make payment to the insurer within 10 days, if full payment is not made after 10 days, I/we agree to pay the insurer all sum paid by plus interests at a rate of 6% per annum calculated from the date of payment was made until the date when I/we reimburse them, and to pay on an basis, all costs incurred by the Insurer in the course of pursuing legal proceedings to enforce their rights under this indemnity against me/us.
4. Upon request from Insurer, I/we agree to make repayment of the full sum to insurer without delay, notwithstanding any appeals submitted to MOM. I/We at any time question or challenge the validity legality or otherwise of any payment made by the Insurer to MOM pursuant to such request or deny any under this Counter-Indemnity on the ground that such payment or any part thereof made by the insurer was not due or payable under the Guarantee or other ground whatsoever.
5. I/We shall not be discharged or released from this indemnity by any compromise, variation or arrangement made between MOM and the Insurer in obligation undertaken by the insurer under the guarantee or by any forbearance whether as to payment, time, performance or otherwise given by MOM insurer.
6. My/Our liability hereunder is irrevocable and shall remain in full force and effect until the Insurer's liability under the Guarantee is fully discharged to the satisfaction.
7. This indemnity shall be governed by and construed in accordance with the laws of Singapore.

DECLARATION

I/We hereby declare and warrant that:

1. All statements and answers in this application together with any required questionnaire or document are full, complete, true and correct and that no or material has been withheld to affect acceptance of this application.
2. This application shall form the basis of the contract between the EQ Insurance and myself and agree to accept the Company's Policy subject to the exclusions and conditions to be expressed therein, endorsed thereon or attached thereto. I understand that if any of the Information is not full or or correct, the Policy issued hereunder may be void and I may receive nothing from the policy.
3. There is no awareness of any circumstance which is likely to lead to a claim under this policy at the point of this application.

4. In case of any claims, I/we authorise any hospital, physician or other person who has attended to us, or examined us or is authorised to maintain records, to disclose when requested to do so by EQ Insurance, any and all information with respect to any illness or injury, medical history or treatment. A photocopy of this authorisation shall be considered as effective and valid as the original.
5. EQ Insurance reserves the right to request for a copy of the latest medical report from me/us at my/our own expense should further medical information required.

PERSONAL DATA COLLECTION STATEMENT

- (i) I/We agree and consent that EQI may collect, use and process my personal information (whether obtained In this application form or otherwise obtained) and disclose such information to the following whether in or outside of Singapore: third party service vendors, suppliers, reinsurers, intermediaries, medical professionals and institutions, dispute resolution parties, courts, parties who investigate, administer and adjudicate claims; financial institutions; industry associations, any regulatory, government and statutory body, for the purpose stated in EQI's Data Privacy Policy which includes:
- a. processing, underwriting, administering and managing my relationship with EQI,
 - b. make or obtain payments and recovering any debt owed to us,
 - c. processing any claims under your policy, including the settlement of claims and any necessary investigations relating to the claims;
 - d. complying with all applicable laws, including reporting to regulatory and industry entities.

- (ii) I/We understand that I/We have the right to request correction of any personal information held by the Company concerning me/us or opt out from receiving market materials/promotions from the Company. Such request can be made to the Company's email address: dpo@eqinsurance.com.sg

Note: Please refer to the full version of EQI's Data Privacy Policy found at <https://www.eqinsurance.com.sg/CorporatePolicies> before providing your consent.