**Etiqa Insurance Pte. Ltd.** (Company Reg. No. 201331905K)
One Raffles Quay #22-01 North Tower Singapore 048583 |T +65 6336 0477 | F +65 6339 2109 | www.etiqa.com.sg

# Maid Claim Form

| | | | |
|---|---|---|---|
| Policy Number | | Policy Holder's Full Name | |
| Policy Holder's NRIC/FIN No. | | Policy Holder's Mobile No. | |
| Policy Holder's Email | | | |
| Name of Maid | | Maid's Age | |
| Date of Employment | | Work Permit Number | |

Important Notice

1. The Policyholder and/or the claimant must truthfully declared the information and particulars to the best of your / their knowledge and belief.
2. The acceptance of this form is not in itself an admission of liability on the part of the Company.
3. If the claim is found to be fraudulent, or if any fraudulent means or devices are used to obtain any benefit under this policy, the policy will be rendered void.

This form is issued without admission of liability.

**Type of Accident**

| | |
|---|---|
| ☐ Sickness | ☐ Injury |
| ☐ Wages & Levy Reimbursement | ☐ Repatriation Expenses |
| ☐ Termination / Re-Hiring Expenses | ☐ Maid's Liability |
| ☐ Recuperation Expenses | ☐ Special Grant |
| ☐ Letter of Guarantee to Philippine Embassy | |

**Sickness**

| | | | |
|---|---|---|---|
| Diagnosis | | | |
| Date Symptoms First Began | | Date First Treated | |
| Is the sickness arising from employment? (Yes / No) | | | |
| Has the sickness been treated previously? (Yes / No) | | | |
| If yes, please state name and address of Physician. | | | |
| Date of Last Treatment | | | |
| Is the sickness due to pregnancy, abortion, sterilization or infertility? (Yes / No) | | | |
| If yes, specify condition and approximate date of commencement. | | | |
| Name and Address of Family Doctor | | | |
| Name and Address of Hospital / Clinic | | | |

**Injury**

| | | | |
|---|---|---|---|
| Date of Accident | | Time of Accident | |
| Circumstances of Accident | | | |
| Is this a job related accident? (Yes / No) | | | |
| Name and Address of Hospital / Clinic | | | |

**Etiqa Insurance Pte. Ltd.** (Company Reg. No. 201331905K)
One Raffles Quay #22-01 North Tower Singapore 048583 |T +65 6336 0477 | F +65 6339 2109 | www.etiqa.com.sg

| **Wages and Levy Reimbursement** | | | |
|---|---|---|---|
| Date of Hospitalisation | | | |
| Monthly Earnings | | Monthly Levy | |

| **Repatriation Expenses** | |
|---|---|
| Date of Repatriation | |
| Amount Claimed | |

| **Termination / Re-Hiring Expenses** | |
|---|---|
| Date of Accident / Death | |
| Amount Claimed | |

| **Maid's Liability** | |
|---|---|
| Date of Accident / Death | |
| Amount Claimed | |

| **Recuperation Expenses** | |
|---|---|
| Date of Accident | |
| Amount Claimed | |

| **Documents Required for Claim Assessment** | |
|---|---|
| Type of Accident | Documents Required |
| Sickness | ☐ Original bills (to be mailed)<br>☐ Attending Physician's Report<br>☐ Copy of work permit |
| Injury | ☐ Original bills (to be mailed)<br>☐ Copy of work permit |
| Wages of Levy Reimbursement | ☐ Copy of salary voucher / bank statement<br>☐ Copy of levy payment<br>☐ Copy of work permit<br>☐ Copy of hospital bills |
| Repatriation Expenses | ☐ Doctor's letter to certify maid is physically unfit<br>☐ Repatriation expenses bills<br>☐ Burial / cremation or conveyance of body expenses<br>☐ Copy of work permit |
| Termination / Re-Hiring Expenses | ☐ Bills for expenses incurred<br>☐ Death certificate (if any)<br>☐ Copy of work permit |
| Maid's Liability | ☐ Medical bills incurred by injured claimed<br>☐ Death certificate (if any) |
| Recuperation Expenses | ☐ Medical Certificate<br>☐ Copy of hospital bills<br>☐ Copy of work permit |
| Special Grant | ☐ Death certificate (if any)<br>☐ Copy of work permit |
| Letter of Guarantee to Philippine Embassy | ☐ Copy of letter from embassy<br>☐ Copy of work permit |

**Etiqa Insurance Pte. Ltd.** (Company Reg. No. 201331905K)
One Raffles Quay #22-01 North Tower Singapore 048583 |T +65 6336 0477 | F +65 6339 2109 | www.etiqa.com.sg

**Declaration**

1) [Declaration] I/We declare that the information given in this form is true and correct to the best of my knowledge and belief.

2) [Authorization] I/We hereby consent to and authorize the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to Etiqa Insurance Pte Ltd. I/We agree that a copy of this consent shall have the validity of the original.

3) [Customer's Data Privacy Consent] I/We further declared that the information written in this claim form or held by Etiqa Insurance Pte Ltd whether contained in my/our insurance application or otherwise obtained may be used and disclosed to your authorised staff, associated individuals and/or companies or any independent third parties (within or outside Singapore) who will provide claims administrative, advice and/or information or claims services in relation to my/our claim. I/We understand my/our data that may also be used for audit, business analysis and reinsurance purposes. My/Our signature below will signify this consent.

Date

Signature of Insured
Company's stamp (if applicable)