



## Foreign Workers' Medical Insurance (Per Disability Limit)

Providing care for your foreign worker employees and protects them 24/7 against the cost of hospitalization, surgery and other related expenses as a result of sickness or accident.



### What it covers



#### Pre-hospitalisation charges

- Specialist consultation fee
- Diagnostic X-ray and lab test charges
- Treatment at the A&E department



#### COVID-19 coverage

- For Hospital and Surgical expenses incurred for COVID-19 treatment



#### Special Grant of S\$3,000

- A benefit payout in the event of injury or sickness during or after treatment for such sickness at hospital or in day surgery ward



#### Post-hospitalisation treatment charges

- Follow-up treatment received after discharge from a hospital or day surgery



#### Hospitalisation charges

- Daily room and board hospital charges
- In-hospital daily consultation fee
- Other hospital services and charges such as medication, diagnostic procedures and physiotherapy
- Special nursing and medical ancillary services and consumable items
- Includes stay in the ICU

### Table of benefits

1	Daily Room & Board per day *(Singapore Government Restructured Hospitals Only)	6-Bedded  As charged. Subject to a maximum sum of \$60,000 For Any One Disability for each Insured Person* (Applicable to Items 1 to 7)
2	Intensive Care Unit (ICU) per day	
3	Other Hospital Services	
4	Surgical Benefits	
5	In-Hospital Consultation	
6	Pre-Hospitalisation Specialist Consultation Diagnostic X-Ray and Lab Test (within 90 days Prior to the date of hospitalisation or day surgery)	
	Pre-Hospitalisation Diagnostic X-ray and Lab Test (within 90 days Prior to the date of hospitalisation or day surgery)	
7	Post-Hospitalisation Treatment (within 90 days following discharge from the hospital)	
8	Co-Insurance	Co-insurance of 25% for amount after the first \$15,000
9	Special Grant - Due to injury or sickness during or after treatment for such sickness at hospital or in day surgery ward.	S\$3,000

\* This Policy is extended to cover the Insured Person if diagnosed with COVID-19.

For full terms and conditions, please refer to the policy wording ([https://www.etiqa.com.sg/wp-content/uploads/2023/06/Foreign-Workers-Medical-Per-Disability-Policy-Wording\\_on-and-after-1-July-2023.pdf](https://www.etiqa.com.sg/wp-content/uploads/2023/06/Foreign-Workers-Medical-Per-Disability-Policy-Wording_on-and-after-1-July-2023.pdf))

## Proposal Form

### Important Notice:

- Statement Pursuant to Section 23 (5) of Insurance Act 1966 or any subsequent amendments thereof, you are to disclose in this Application Form, fully and faithfully, all the facts, which you know or ought to know, otherwise the Policy issued hereunder may be void.
- The liability of the Company does not commence until this Proposal is accepted in accordance to the Policy terms, conditions and exclusions.
- If your proposal is accepted, it is a condition precedent to the liability of the Company under the Policy that the premium must be paid and received in full by the Company within sixty (60) days from the inception date of the insurance failing which the Policy shall deem to be automatically terminated and a pro-rata premium will be charged for the period that the Company is on risk.
- Please complete this form by answering all questions carefully. It is important that a complete answer be given to every question including dates, where applicable, in order to avoid unnecessary delay in the processing of this application. You are advised to keep a record (including copies of letters) of all information you supplied herein.
- Headcount basis only applies to company insuring all their employees into the plan, otherwise, please provide the names of employees that you are insuring.

### Section 1

Name of Company: \_\_\_\_\_

UEN: \_\_\_\_\_

Company Address: \_\_\_\_\_

Current Insurer: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact No. (O): \_\_\_\_\_ H): \_\_\_\_\_  
(HP): \_\_\_\_\_ (Fax): \_\_\_\_\_

Period of Insurance From: \_\_\_\_\_ To: \_\_\_\_\_

Co-insurance: Yes:  No:

Annual Premium per Insured: \_\_\_\_\_

Total no. of S pass/WP to be Insured: \_\_\_\_\_

### Section 2

Name (As per FIN/Passport/WP)	FIN/Passport/WP No.	Gender M/F	Date of Birth (dd/mm/yy)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

\*Note: Please provide details of the Applicant(s) to be insured on a separate sheet if more space is required.

## PREMIUM PAYMENT WARRANTY (CORPORATE)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days of the inception date of the coverage, failing which the Policy shall be deemed to be automatically cancelled and a pro-rata premium is to be charged for the period that the Company is on risk.

### Declaration

I/We, the Insured, declare and warrant that:

- All information provided by me/us in connection with this application are true, accurate and complete.
- The liability of the Company does not commence until this Proposal is accepted in accordance to the Policy terms, conditions and exclusions.
- If I/we do not fully and faithfully give the facts as I know them or ought to know them, I/we may receive nothing from the policy.
- I/We agree to the policy terms, exclusions and conditions as expressed in the proposal form, policy wordings and endorsements.
- I/We have read & agreed to the entirety of all terms in Etiqa's Data Protection Policy, available on request & also at [www.etiqa.com.sg/useful-information/data-protection](http://www.etiqa.com.sg/useful-information/data-protection), both now and in advance as it may be amended from time to time.

### Terms and Conditions for Personal Data Protection

I/We expressly authorise and consent to Etiqa Insurance Pte Ltd. ("Etiqa"), its officers and employees, at their sole discretion, to disclose any and all information relating to me/us, including my/our personal particulars, my/our transactions and dealings and my/our policies of insurance with Etiqa, to any of the following persons, whether in Singapore or elsewhere, for purposes reasonably required to evaluate my/our application and to provide the product or services which I/we am/are applying for (including any new policy application, renewals and/or alterations), for such persons to market relevant products/services and such other purposes as described in Etiqa's Data Protection Statement on Etiqa's website:

- Etiqa's holding company, subsidiary, branches, representative officers, related corporations or affiliates;
- any of Etiqa's contractors or third party service providers or distribution partners or professional advisers or representative;
- any regulatory, supervisory or other authority, court of law, tribunal or person, in any jurisdiction, where such disclosure is required by law, regulation, judgement or order of court or order of any tribunal or as a matter of practice;
- any actual or potential assignee(s) or transferee(s) of any rights and obligations of Etiqa under or relating to my policy or policies for any purpose connected with the proposed assignment or transfer;
- any credit bureau or insurer, for such purpose(s) that Etiqa in its reasonable opinion considers appropriate including but not limited to the purposes of underwriting, customer servicing and investigation;
- any business partners, third party referrers, broker, introducer or other intermediary; and
- any other party to whom you have consented the disclosure of your Personal Data

### Policy Application

By providing the information, I/We consent to Etiqa and its related, its agents, authorised service providers and marketing partners collecting, using or disclosing and/or processing my/our personal data, for the purpose to evaluate my/our proposal form and to provide the product and services which I/We am applying for and such other purposes as stated in Etiqa's Data Protection Statement on Etiqa's website, which I/We confirmed that I/We have read and understood.

I/We confirm and agree that my/our consents herein supplement but do not supersede or replace any other consents which I/We may have previously provided to Etiqa, and are additional to any rights which Etiqa may have at law to collect, use or disclose my personal data, with or without my/ our consent, to the extent permitted under applicable law.

In addition, where personal data of any person is disclosed by me/us, I/ We further confirm and represent that I/ We have obtained the consent of the individual concerned for the purposes, unless such consent is not required under applicable laws.

### Marketing Consent

By selecting below, I/We consent to receive marketing communication from Etiqa on Etiqa's insurance products via the following channel

Phone Call  Phone number-based messaging (e.g.) SMS / MMS, WhatsApp  Direct Mail  Mail  All

I/ We can choose to withdraw my consent by submitting the Marketing Withdrawal Form at [www.etiqa.com.sg](http://www.etiqa.com.sg) or email to [customer.service@etiqa.com.sg](mailto:customer.service@etiqa.com.sg). For more details, please refer to Etiqa's Data Protection Statement on Etiqa's website.

Name and signature of Authorised Officer:

Company Stamp

Designation: \_\_\_\_\_

Date (dd/mm/yy) \_\_\_\_\_

#### Agent/Broker details

Intermediary's Name: \_\_\_\_\_

Intermediary's Code: \_\_\_\_\_

Date (dd/mm/yy): \_\_\_\_\_

#### Pre-contract disclosure for medical insurance plans for Work Permit and S Pass Holders

This product provides coverage for the following features that comply with the Ministry of Manpower's (MOM) enhanced Medical Insurance requirement<sup>1</sup>:

	Yes/No
Annual claim limit of at least \$60,000, inclusive of a first-dollar cover of \$15,000	Yes
For portion of the bill above \$15,000, the employer must co-pay up to 25% (to the hospital)	Yes
Exclusions are in line with MOM's list of allowable exclusion <sup>2</sup>	Yes
Age-differentiated premiums are in 2 age bands: (1) <50 years old and (2) >50 years old	Implementation Date: Before 1 July 2025
Insurers will reimburse our portion of the hospital bill to hospitals directly upon admissibility of the medical claim	

<sup>1</sup> Refer to Annex of the press release for the list of allowable exclusions.

<sup>2</sup> Scan QR code for MOM's press release on the enhanced medical insurance.



#### Important Notes:

This policy is underwritten by Etiqa Insurance Pte. Ltd. (Company Reg. No. 201331905K), a member of Maybank Group.

This brochure is for reference only and not a contract of insurance. Full details of the policy terms and conditions can be found in the policy contract. Full details of the policy terms and conditions can be found in the policy contract.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the General Insurance Association (GIA) or SDIC web-sites ([www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

Information is correct as of 01 July 2023.

**Etiqa Hotline +65 6887 8777**



#### Etiqa Insurance Pte. Ltd.

(Company Registration Number 201331905K)

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E [customer.service@etiqa.com.sg](mailto:customer.service@etiqa.com.sg)

[www.etiqa.com.sg](http://www.etiqa.com.sg)

Underwritten by:

**eTiqa**