

FOREIGN MAID PACKAGE INSURANCE POLICY

This policy ("Policy") sets out the terms and conditions of a contract of insurance between NTUC Income Insurance Co-operative Limited ("NTUC Income") and you. Please read this Policy carefully as it is a legal document.

In consideration of the payment of premium specified by us for the Insured Person, we will pay the benefits listed in this Policy in respect of the Insured Person in accordance with and subject to the terms, conditions and exclusions of this Policy.

The statements, information and/or declaration provided by you and the Insured Person, including any declaration made over the telephone, fax, or the internet at the time of application, shall form the basis of this contract.

The terms, conditions and exclusions of this Policy, the Schedule and any Endorsement(s) issued by us in respect of this Policy shall form part of this Policy.

Our maximum liability for the Insured Person in respect of one or more Accidents or occurrences shall not exceed the limits of the Sum Insured specified in the Schedule. We will indemnify you against all costs and expenses covered by this Policy, subject to documentary proof.

Part I

SCOPE OF COVER

SECTION 1: PERSONAL ACCIDENT

1.1 ACCIDENTAL DEATH

In the event of an Accident that results in the death of the Insured Person within twelve (12) months from the date of the Accident, we will pay the Sum Insured as specified under Section 1 of the Schedule to the Insured Person's legal personal representatives.

Any compensation payable under Sub-Section 1.1 shall be reduced by any compensation already paid under Sub-Section 1.2 within the same Period of Insurance.

1.2 PERMANENT DISABILITIES

In the event that the Insured Person sustains any of the disability specified in the Scale of Compensation as a direct result of an Accident within twelve (12) months from the date of the Accident, we will pay the Insured Person such amount as expressed as a percentage of the Sum Insured specified in Section 1 of the Schedule according to the Scale of Compensation.

Scale of Compensation

Item	Description of permanent disabilities	Percentage of Sum Insured
a	Permanent Disablement (as defined in Part IV)	100%
b	Loss of sight of both eyes	100%
c	Loss of sight of one eye, except perception of light	50%
d	Loss of two limbs	100%
e	Loss of one limb	50%
f	Loss of speech	50%
g	Loss of hearing in both ears	50%
h	Loss of hearing in one ear	20%
i	Loss of four fingers and thumb of one hand	50%
j	Loss of four fingers of one hand	40%
k	Loss of a thumb	
	- 2 phalanges	25%
	- 1 phalanx	10%
l	Loss of one index finger	
	- 3 phalanges	15%
	- 2 phalanges	10%
	- 1 phalanx	5%

m	Loss of any one finger	
	- 3 phalanges	10%
	- 2 phalanges	7%
	- 1 phalanx	3%
n	Loss of metacarpals	
	- first or second	3%
	- third, fourth or fifth	2%
o	Loss of all toes of one foot	15%
p	Loss of a great toe	
	- 2 phalanges	5%
	- 1 phalanx	3%
q	Loss of any one other toe	3%
Where the permanent disability is not specified above, we will after consulting our medical advisors, adopt a percentage of the Sum Insured which is consistent with the provisions above. No compensation will be made for loss of sense of taste or smell.		
The total compensation payable in respect of several permanent disabilities due to any one accident is arrived at by adding together the various percentages but shall not exceed 100% of the Sum Insured as specified in Section 1 of the Schedule.		
The aggregate amount of all percentages payable for more than one permanent disability in respect of any one or more Accident shall not exceed 100% of the of the Sum Insured as specified under Section 1 of the Schedule in respect of any one Policy Term.		

- 1.2.1 No compensation shall be payable under Section 1 of the Schedule additionally for any specific item which is part of a greater item for which compensation is payable under this Policy. In particular, if a compensation is payable for Loss of a whole member of the body, then no compensation shall be payable for Loss of part of that member.
- 1.2.2 "Loss" shall mean permanent, total and irrecoverable loss of use or by physical separation.
- 1.2.3 "Loss of Sight" shall mean medically certified permanent, total and irrecoverable loss of sight of an eye rendering the Insured Person absolutely blind in that eye beyond remedy by surgical or other treatment.
- 1.2.4 "Loss of Speech or Hearing" means medically certified permanent, total and irrecoverable loss of sense of speech or hearing.
- 1.2.5 Compensation will be paid only when the claim has been proved to our satisfaction.
- 1.2.6 Our maximum liability under this Section shall not exceed the Sum Insured as specified under Section 1 of the Schedule.

SECTION 2: ACCIDENTAL MEDICAL EXPENSES

- 2.1 Should the Insured Person sustain a bodily injury, we will reimburse the necessary and reasonable cost of out-patient medical expenses that are necessarily incurred within twelve (12) months from the date of Accident, provided it is authorized in writing by a Medical Practitioner.
- 2.2 Should the Insured Person sustain a bodily injury, we will reimburse the necessary and reasonable cost of treatment expenses by a Chinese Physician or Chiropractor that are necessarily incurred within twelve (12) months from the date of Accident, subject to a sub-limit of \$100 Per Accident.
- 2.3 Our maximum liability under sub-section 2.1 and/or 2.2 during the Period of Insurance shall not exceed the Sum Insured as specified under Section 2 of the Schedule.

SECTION 3: REPATRIATION EXPENSES

- 3.1 We will reimburse you up to the Sum Insured as specified under Section 3 of the Schedule for expenses necessarily incurred as a result of an Injury, Sickness, Disease or suicide resulting in death of the Insured Person during the Period of Insurance, for the :

3.1.1 transportation of the Insured Person to the Insured Person's home country in the case of Permanent Disablement or prolonged terminal or serious illness preventing the Insured Person from discharging her duties as a foreign domestic worker; or

3.1.2 burial or cremation of the Insured Person and/or the transportation of the body or ashes to the Insured Person's home country in the case of death.

3.2 The expenses must be incurred within 12 months of the Injury, Sickness, Disease or suicide resulting in death of the Insured Person.

3.3 You can only claim under sub-section 3.1.1 or 3.1.2 but not under both sub-sections. We will only pay the applicable benefit to you under sub-section 3.1.1 or 3.1.2.

3.4 EXCLUSIONS:

No payment shall be made for:

3.4.1 expenses incurred if death or Permanent Disablement of the Insured Person is caused directly or indirectly by you and/or your immediate family members residing with you.

SECTION 4 : HOSPITAL AND SURGICAL EXPENSES

4.1 We will reimburse you up to the Sum Insured as specified under Section 4 of the Schedule for the hospital and surgical expenses (including day surgery) necessarily incurred Worldwide, subject first to the pro-ration factor (where applicable, see table below) and then followed by the Deductible as stated in the Schedule, during the Period of Insurance by the Insured Person as an in-patient arising out of Injury, Sickness or Disease.

4.2 Hospital and Surgical Expenses shall include:

4.2.1 Room and Board Charges in a Singapore Government/Restructured Hospital at a standard Class "C" ward, or Class "B2" in the event of non-availability of Class "C" wards. In the event that the Insured Person is being admitted to a ward that is higher than the ward entitlement as referred above, we shall only pay such proportion of the reasonable expenses incurred for the necessary medical treatment of the Insured Person by applying the relevant pro-ration factor as stated in the Pro-ration Factor Table below, so that the benefits payable by us will be reduced to the amount calculated by multiplying the relevant pro-rations factor accordingly to the table below, against the Insured's Hospital and Surgical Expenses claimable under this policy.

4.2.2 Room and Board Charges incurred for Emergency hospitalisation outside Singapore shall be covered. We shall only pay for the proportion of reasonable expenses incurred for the necessary medical treatment of the Insured Person by applying the relevant pro-ration factor as stated in the Pro-ration Factor Table below, so that the benefits payable by us will be reduced to the amount calculated by multiplying the relevant pro-rations factor accordingly to the table below, against the Insured's Hospital and Surgical Expenses claimable under this policy.

4.2.3 Charges incurred if the Insured Person, under the recommendation of a Medical Practitioner is confined to the Intensive Care Unit (ICU).

4.2.4 Hospital Miscellaneous Services which includes the following:

4.2.4.1 Usage of operating room

4.2.4.2 Drugs and medicine prescribed by a Medical Practitioner which is medically necessary for consumption in the hospital as an in-patient

4.2.4.3 Dressings, ordinary splints and plaster casts

4.2.4.4 Laboratory examinations which are medically necessary

4.2.4.5 Electrocardiograms

4.2.4.6 Basal Metabolism Tests

4.2.4.7 Physical Therapy

4.2.4.8 Anesthesia and Oxygen and their administration

4.2.4.9 X-ray Examinations

4.2.4.10 Intravenous Infusions

4.2.4.11 Administration of Blood of Blood Plasma, but not the cost of Blood of blood Plasma

4.2.5 Fees necessarily incurred for Surgery or Day Surgery performed by a Medical Practitioner.

4.2.6 Pre Hospitalisation treatment including all actual charges incurred within ninety (90) days immediately prior to an in-patient hospitalisation or day surgery which is recommended by a Medical Practitioner evidenced in writing, provided that the Injury, Sickness or Disease is covered under the policy. We will not pay for any charges incurred if hospitalisation or surgery is not required for the Insured Person for that same Injury, Sickness or Disease.

4.2.7 Post Hospitalisation treatment including all actual charges incurred within ninety (90) days immediately following the Insured Person's discharge from hospital for subsequent follow-up in-patient treatment for the same Injury, Sickness or Disease which the Insured Person was hospitalised and is provided by the Medical Practitioner whom recommended the hospitalisation.

Pro-ration Factor Table

	Ward Type	Percentage
i)	Private Hospital	40%
ii)	A1 Class in Singapore Government/Restructured Hospital/Any Hospital outside Singapore	50%
iii)	A2 Class in Singapore Government/Restructured Hospital	60%
iv)	B1 Class in Singapore Government/Restructured Hospital	70%

4.3 EXCLUSIONS:

No payment shall be made for:

4.3.1 special nursing care not provided by the hospital, nursing care outside Singapore, general dental care and treatment except as necessitated by accidental injuries to sound natural teeth occurring during the Period of Insurance;

4.3.2 routine physical examinations, health check-ups or tests not incident to treatment or diagnosis of an actual Injury, Sickness or Disease or any treatment which is not medically necessary;

4.3.3 Pre-existing conditions for which the Insured Person received medical treatment, diagnosis, consultation or prescribed drugs before the effective date of coverage unless this Section has been in force for 12 months.

4.3.4 Injuries due to insanity or self-infliction or conditions related to functional disorders of the mind, rest care or sanatoria care; drug addiction or alcoholism; communicable diseases requiring isolation or quarantine by the prevalent laws including but not limited to any infectious diseases so declared by the Health Authorities of Singapore or in the country that the Insured Person has caught the disease or by the World Health Organisation (WHO), with the exceptional of following diseases: Influenza A flu virus (H1N1), hand foot and mouth disease (HFMD), severe acute respiratory syndrome (SARS)

4.3.5 congenital anomalies;

4.3.6 treatment of an optional nature, e.g. plastic surgery or cosmetic surgery for purposes of beautification;

4.3.7 non-medical personal services such as radio, telephone television, newspaper and guests' meals and any other items which are not medically necessary;

4.3.8 procurement or use of special braces, appliances, equipment or other prosthetic devices including spectacles, walking or home aids of any kind, dialysis machine, oxygen machine hearing aids, wheelchairs, crutches, braces, splints and lenses and any other hospital type equipment; or

4.3.9 conditions arising from surgical, mechanical or chemical contraceptive methods of birth control or treatments relating to infertility.

SECTION 5 : WAGES COMPENSATION

We will reimburse you the pro-rated wages (including government levy on foreign domestic workers) paid by you for the period that the Insured Person is hospitalised (including the period granted and provided by a Medical Practitioner under hospitalisation leave) due to Injury, Sickness or Disease and for which a medical claim has been submitted and payable under Section 4 of the Schedule in the event where you suffer the loss of domestic services of the Insured Person as a result of the said hospitalization. Provided always that our liability is subject to the limit as specified under Section 5 of the Schedule for a period of up to 30 days.

SECTION 6 : TERMINATION EXPENSES

We will reimburse you up to the Sum Insured as specified under Section 6 of the Schedule for the expenses incurred in respect of termination of the Insured Person's services due to prolonged terminal or serious illness preventing the Insured Person from discharging her duties as a foreign domestic worker, subject to a proper certification provided by a Medical Practitioner.

SECTION 7 : SPECIAL GRANT

In the event of death of the Insured Person due to any cause, we will pay the Sum Insured as specified under Section 7 of the Schedule to the Insured Person's legal personal representatives.

SECTION 8 : LIABILITY TO THIRD PARTY

8.1 We will reimburse you up to the Sum Insured as specified under Section 8 of the Schedule for any one claim or series of claims arising out of any one (1) event for which you may be legally liable in respect of:

8.1.1 Injury or death to a third party; or

8.1.2 accidental damage to property belonging to a third party caused by the negligence of the Insured Person while in the course of and arising out of the Insured Person's employment with you in Singapore.

8.2 EXCLUSIONS

No payment shall be made for any claims for liability directly or indirectly cause by or arising from:

8.2.1 Injury or death to any person who is a member of your family/ household;

8.2.2 damage to property belonging to you or your family/ household;

8.2.3 your liability which attaches by virtue of an agreement but which would not have attached in the absence of such agreement;

8.2.4 Any willful, malicious, unlawful or criminal act or omission;or

8.2.5 liability arising out of the use of weaponry, animals, vehicles, aircraft or any craft;

Part II

GENERAL EXCLUSIONS (Applicable to all sections in the policy)

We will not pay for any claim(s) resulting from:

- a) the Insured Person's intentional self-injury, suicide or attempted suicide while sane or insane (except as provided for under Section 3 of the Schedule), criminal act, provoked assault, intentional act or wilful exposure to needless perils (except in an attempt to save human life);
- b) the effect or influence of alcohol or drug;
- c) pregnancy, childbirth, abortion, miscarriage or all complications arising from such conditions;
- d) mental defect or infirmity, insanity;
- e) venereal disease, Human Immunodeficiency Virus (HIV) and/or any HIV related illness including acquired immunity deficiency syndrome (AIDS) and/or any mutant derivatives or variations of this however caused; or
- f) any Pre-Existing Medical Conditions or physical defect or infirmity.

- g) riot, strike or civil commotion.
- h) any consequence whether direct or indirect of war, invasion, act of foreign enemies, hostilities, or warlike operations (whether war be declared or otherwise), civil war, mutiny, military uprising, insurrection, rebellion, rioting, usurped power or martial law or terrorism.
- i) consequential loss or damage of any kind whatsoever.
- j) taking part in flying or other aerial activities except as a fare-paying passenger in a licensed passenger carrying aircraft;
- k) any kind of speed contest or racing, authorised or otherwise (other than on foot);
- l) any Accident while driving or riding on a motor race track;
- m) participating in any professional sports or in any sports for which the Insured Person would or could earn or receive any form of remuneration;
- n) engaging in any hazardous activities/sports including but not limited to caving, potholing, rock climbing (except on man-made walls) or mountaineering necessitating the use of ropes, any underwater activities involving the use of underwater breathing apparatus, sky diving, cliff diving, bungee jumping, BASE (Building, Antenna, Span, Earth) jumping, para gliding, hang gliding, parachuting, white water rafting, dragon boating, hunting, horse riding, polo, show jumping, lion dance, mountain biking unless otherwise agreed in writing by us, but not including the following activities carried out for leisure under the supervision of a licensed guide or instructor: hot air balloon ride whilst airborne, ice or winter sports, hiking or trekking if done outside Singapore;
- o) usage (including pillion riding) of any motorcycle, moped or mechanically assisted pedal cycles, ATV (All-Terrain Vehicle) unless agreed by us in writing;
- p) radioactivity or from the use, existence or escape of any nuclear fuel, material or waste;

If we allege that by reason of any of the exclusions listed in this Part II (General Exclusions) of this Policy, and/or any loss, cost or expense is not covered by this Policy, the burden of proving the contrary shall be upon you and/or the Insured Person. In the event that any portion of any exclusion in this Part II is found to be invalid or unenforceable, the remaining exclusions in this Part II shall remain in full force and effect.

Part III

GENERAL CONDITIONS

1 Observance of Terms

The due observance and fulfillment of the terms, provisions, and conditions of this Policy by You and/or the Insured Person, including those stated in the Schedule, any Endorsement(s) and Memoranda issued by Us in respect of this Policy insofar as they relate to anything to be done or complied with by You and/or the Insured Person and the truth of the statements and answers in the application form and/or declaration and/or any other information furnished by You and/or the Insured Person shall be a condition precedent to our liability to make any payment under this Policy.

2 Alteration of Document

We reserve the right to amend the terms and provisions of this Policy. No alteration to this Policy shall be valid unless approved in writing by our authorized representative and reflected in an Endorsement. No broker or agent has the authority to amend or to waive any of the terms and conditions of this Policy.

3 Reasonable Care

The Insured Person shall act in a prudent manner and exercise reasonable care for his/her safety as if uninsured and to take precaution in preventing any Accident or bodily injury or Sickness.

4 Claims

4.1 You must give us written notice as soon as practicable and in any case within thirty 30 days after the happening of any loss or event which may give rise to a claim. In the case of death or Permanent Disablement, you or the Insured Person must give us immediate written notice.

4.2 It is a condition precedent to our liability that in the event of a claim under this Policy, you or the Insured Person shall do all the following:

- 4.2.1 give us at your or the Insured Person's expense all medical evidence, certificates, reports, original invoices and receipts, relevant documents and any other evidence, verified by oath if necessary, which we may require from you or the Insured Person to support your or the Insured Person's claim;
 - 4.2.2 give us the necessary documents in the English language. In the case of a foreign language document and if we so require, you or the Insured Person shall at your or the Insured Person's expense provide us with an English translation of such document to be done by a certified translator acceptable to us.
 - 4.2.3 provide us with any oral information or any other evidence that may not be in the written form; and
 - 4.2.4 verify the relevant circumstances concerning the claim or authenticity of documents submitted by way of a written oath or statutory declaration.
- 4.3 We shall have the right and the opportunity through our medical advisors to examine the Insured Person whenever and as often as may be reasonably required within the duration of any claim. In addition, we shall have the right to require an autopsy in the case of death, where this is not forbidden by laws. In the event of any conflict of opinion between our medical advisors and the Medical Practitioner consulted by the Insured Person, the opinion of our medical advisors will prevail and be binding on the Insured Person or the Insured Person's estate as the case may be. We will bear the expenses incurred in such examinations, unless the claim is proved to be invalid, in which case we shall be entitled to recover all the expenses so incurred from the Insured Person.
- 4.4 If you are able to recover all or part of the medical expenses from other sources, we will only be liable to reimburse the amount that is non-recoverable from such other sources. Claim submission must be substantiated with a written confirmation by a Medical Practitioner and medical bills and receipts.
- 4.5 No compensation shall be payable under this Policy until the total amount of such compensation shall have been ascertained and agreed by us.

5 Other Insurance

In the event that any other insurance covers the same damage, loss or liability covered by this Policy, we will pay only our rateable proportion of any claim except for claims submitted under Section 1 and Section 7 of Part I of this Policy.

6 False or Exaggerated Claims

- 6.1 No payment will be made under this Policy if the claim is:
- 6.1.1 in any respect fraudulent;
 - 6.1.2 intentionally exaggerated; or
 - 6.1.3 supported by false declaration.

In the event you or the Insured Person or anyone acting for you or the Insured Person makes a claim under this Policy, knowing the claim to be false or fraudulently inflated, all cover under this Policy will be forfeited.

7 Payment of Claims

- 7.1 All claims payable under this Policy shall be paid to you or the Insured Person at our sole discretion as we deem fit. In the event of the death of the Insured Person, the claims shall be payable to the legal personal representatives of the Insured Person on production of the Letter of Administration or Grant of Probate;
- 7.2 Interest shall under no circumstances be payable on any sums claimed under the Policy.

The payment of claims in accordance with this General Condition 7 shall be considered as a full and final discharge of our liability under this Policy to you and/or the Insured Person.

8 Cancellation and Refund

- 8.1 We may cancel this Policy by giving you 7 days' written notice at your last known address. Such notice shall be deemed to have been duly received, on the same day if delivered by hand, or when in the ordinary course of post it would be received, if delivered by post, or immediately, if sent by facsimile or electronic mail.
- 8.2 Plan 1a and 1b will be cancelled from the date of receipt of the discharge letter from the Philippines Embassy. There will be no refund for the cancellation for Plan 1a and 1b.

8.3 You may cancel Plan MI 2E by notifying us in writing, and cancellation will be effected from the date we receive the notice. Plan MI 3E and MI 4E will be cancelled from the date of receipt of the discharge letter from the Ministry of Manpower.

8.4 The refunds are as follows for Plan **MI2E**, **MI3E** and **MI4E**:

Cancellation within 60 days	70% of Policy Premium
Cancellation within 61 days to 90 days	55% of Policy Premium
Cancellation within 91 days to 180 days	40% of Policy Premium
Cancellation after 180 days	No Refund

8.5 No refund will be payable if the:

8.5.1 cancellation is effected 180 days after the commencement date of the Period of Insurance stated in the Schedule or

8.5.2 policy is issued for less than 26 months or

8.5.3 policy is extended for less than 26 months or

8.5.4 once there has been a claim made under the policy.

8.6 All refund of premium shall be paid to the Policyholder.

9 Payment Before Cover Warranty

9.1 Notwithstanding anything herein contained but subject to General Condition 9.2 hereof, it is hereby agreed and declared that the total premium due must be paid and actually received in full by us (or the intermediary through whom this Policy was effected) on or before the commencement date of the coverage under the Policy, the Schedule, and an Endorsement.

9.2 In the event that the total premium due is not paid and actually received in full by us (or the intermediary through whom this Policy was effected) on or before the commencement date referred to the above, the Policy, the Schedule, and an Endorsement shall be deemed to be cancelled immediately and no compensations whatsoever shall be payable by us. Any payment received thereafter shall be of no effect whatsoever on the cancellation of the Policy, the Schedule, and an Endorsement.

10 Exclusion of Third Party Rights

A person who is not party to this agreement shall have no right under the Contracts (Rights of Third Parties) Act (Chapter 53B) to enforce any of its terms.

11 Arbitration

11.1 If any dispute arises under, out of or in connection with this Policy, any party shall refer the dispute to arbitration in accordance with the provisions of the Arbitration Act, Chapter 10 of Singapore and any statutory modification or re-enactment thereof then in force **within one (1) year from the day such parties are unable to settle the dispute amongst themselves**, otherwise the claim shall be deemed to be abandoned and Our liability under this Policy in relation to the said dispute shall be extinguished. Without Prejudice to the foregoing, no arbitration proceedings may be commenced to recover on this Policy until after the expiry of sixty (60) days from the time written proof of claim has been submitted to Us in accordance with the provisions of this Policy. For the avoidance of doubt, the making of an arbitration award shall be a condition precedent to Our liability under this Policy.

11.2 Without prejudice to the operation of Clause 11.1, any dispute as to any matter arising under, out of or in connection with this Policy may be referred to Financial Industry Disputes Resolution Centre Ltd ("FIDReC") for resolution, provided it is a dispute capable of being brought before FIDReC. A reference to FIDReC does not in any way limit, curtail or prejudice the operation of Clause 11.1 (including but not limited to the requirement of a reference to arbitration within the time frame stipulated therein), and Clause 11.1 remains as the governing clause for all disputes arising under out of or in connection with this Policy which have not been the subject of a binding FIDReC adjudication.

FIDReC can be reached at:
112 Robinson Road #04-04
Singapore 068902
Tel: (65) 6327 8878
Fax: (65) 6438 1523
Email: fcc@fidrec.com.sg

12 Governing Law

This Policy shall be governed by and interpreted in accordance with Singapore law.

Part IV

Definitions

For the purpose of this Policy, the following definitions shall apply:

Accident or Accidental means a sudden, unforeseen and fortuitous event occurs during the Period of Insurance which shall independently of any other cause be the sole and direct cause of bodily injury.

Chinese Physician means a registered herbalist, acupuncturist or bone setter licensed under any applicable government laws. The Chinese physician must not be the Insured Person, business partner, employer, employee, agent or Family Member of the Insured Person.

Chiropractor means a licensed and qualified practitioner in chiropractic medicine. The Chiropractor must not be the Insured Person, business partner, employer, employee, agent or Family Member of the Insured Person.

Deductible means the minimum amount specified in the Schedule which is to be borne by the Policyholder for hospital and surgical expenses incurred during the Policy Year before any benefit is payable under Section 4 of the Schedule in the event of a claim.

Disease means any disease contracted or suffered by the Insured Person during the Period of Insurance for which the care or treatment of a Medical Practitioner was sought.

Endorsement means an authorised amendment to this Policy.

Emergency means an unforeseen or unexpected occurrence which causes a change to the Insured's health status and demands an immediate medical intervention to prevent death or serious impairment of Insured's immediate or long term health prospects as advised by a Medical Practitioner.

Family Member means your spouse, children, parent, brother, sister, grandparent, grandparent-in-law, daughter-in-law, son-in-law, grandchild and parent-in-law, brother-in-law and sister-in-law.

Injury/Injuries means bodily injury which the Insured Person sustained during the Period of Insurance and is caused by an Accident solely and independently of any other causes.

Insured Person means the foreign domestic worker named in the Schedule under the Policy and is in the immediate employment of the Policyholder and holds a valid work permit in respect of such employment.

Medical Practitioner means any person registered and legally qualified as a physician by a medical degree in western medicine and authorised by the medical licensing authority of that country to render medical or surgical service within the scope of his/her license and training. The medical practitioner should not be the Insured Person, business partner, employer, employee, agent or Family Member of the Insured Person.

Period of Insurance means the period of insurance granted under this Policy as stated in the Schedule or an Endorsement.

Permanent Disablement means the complete and continuous inability of the Insured Person at that time and at all times thereafter to engage in any occupation for remuneration and the disablement is medically certified beyond hope of improvement by a Medical Practitioner.

Policy refer to this Policy and include your application form submitted to us, any declarations made by the Insured Person, the Schedule and any Endorsement(s) issued by us in respect of this Policy.

Policyholder means the person or entity named in the Schedule under whose name the Policy has been issued and who acts on behalf of the Insured Person in making the declarations in the application form.

Policy Year means a period of twelve (12) months from the commencement date as stated in the Period of Insurance and each consecutive period of twelve (12) months for which this Policy remains in force or for any period of cover as mutually agreed.

Pre-existing Medical Condition means any illness or disease or other condition which you or the Insured Person suffer and prior to the commencement of cover of this Policy the said illness or disease or other condition

(a) first manifested itself, worsened, became acute or exhibited symptoms which would have caused an ordinarily prudent person to seek diagnosis care or treatment;

(b) is of a nature which requires the Insured Person to take prescribed drugs or medicine; or

(c) was treated or recommended to be treated by a Medical Practitioner.

Schedule means the certificate of insurance issued to the Insured Person that lists, among other things, the Insured Person, the Policyholder, the benefits, the Sum Insured and the Period of Insurance covered under this Policy.

Sickness means any sickness contracted or suffered by the Insured Person during the Period of Insurance for which the care or treatment of a Medical Practitioner was sought.

Sum Insured means the maximum amount payable as specified in the Schedule or an Endorsement.

"We", "we", "our", "us and **"NTUC Income"** refer to NTUC Income Insurance Co-operative Limited.

WorldWide refers to anywhere in the world.

"You", "you", "Your" and **"your"** refer to the Policyholder referred to in the Policy, the Schedule, or an Endorsement.

<p>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 NTUC Income or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).</p>

ENDORSEMENT F1

Letter of Indemnity

It is hereby agreed that the terms of the Counter Indemnity appearing below shall be collateral to this Policy.

COUNTER INDEMNITY

In consideration of our having agreed at your request to provide:

a Letter of Guarantee for the sum of Singapore Dollars Five Thousand Only (S\$5,000) in favour of the Controller of Immigration Singapore as security for the due and satisfactory observance and performance of all conditions under the Security Bond in connection with the employment of the foreign domestic worker named as the Insured Person for the Period of Insurance as stated in this Policy, you agree as follows:

1. That you will at all times hereafter well and sufficiently indemnify us and keep us indemnified against all claims payments demands actions suits proceedings losses liabilities costs and expenses whatsoever including all legal expenses incurred which may be taken or made against us or incurred or become payable by us under the liability or obligation of the above mentioned Letter of Guarantee.

Provided always that if you pay the additional premium for the waiver of the counter indemnity, your liability to keep us indemnified as stipulated above shall only arise if the breach of any of the conditions under the Security Bond was caused by or resulting from your deliberate act or omission. Where the breach of any of the conditions under the Security Bond was not caused by or resulted from your deliberate act or omission, you will only be liable to pay us a fixed sum of Singapore Dollars Two Hundred And Fifty Only (S\$250).

This proviso is only applicable if you pay the additional premium for the waiver of this counter indemnity.

2. That you shall within fourteen (14) days of any payment made by us under this Guarantee upon demand repay to us any payments made under the said Guarantee and interests computed at a rate of 8% per annum thereon from the date of payment by us until the date where full payment is received from you by us.
3. That you will pay us all costs charges and expenses including but not limited to legal costs computed on an indemnity basis as between solicitor and client which we may incur in enforcing or seeking to obtain payment of all or any part of the monies hereby agreed to be paid, inclusive but not limited to any legal proceedings as may be commenced by us against you.
4. We may at our absolute discretion compromise all claims payments demands actions suits proceedings losses and liabilities whatsoever which may be taken or made against us under the Guarantee.
5. All receipts, vouchers, statement of accounts or other evidence of payments made by us or of all liabilities or obligations incurred by us by reason of the above-mentioned Letter of Guarantee shall be conclusive evidence against you and your estate of the fact and extent of your liability herein to us.
6. This counter indemnity shall be a continuing indemnity and we may at any time at our discretion without giving any notice to you grant indulgences or additional time for payment or accept other compositions from you or make other arrangements with you, or extend the validity of the above mentioned Letter of Guarantee without discharging or impairing your liability under this counter indemnity.
7. That this counter indemnity is irrevocable and shall remain in force, notwithstanding the expiration of the Security Bond, until the Security Bond shall have been discharged without any liability to NTUC Income (and has been returned to you for cancellation).
8. That any demand hereunder may be effectually made by notice in writing to you by a servant, agent or employee of NTUC Income or by NTUC Income's solicitors either served personally on you or sent by post to you at your last known address.
9. That a person who is not a party to this indemnity shall have no rights or remedies under the Contracts (Rights of Third Parties) Act (Cap. 53B) to enforce any of the terms contain herein.
10. That this counter indemnity is governed by the laws of the Republic of Singapore and the parties agree to submit to the non-exclusive jurisdiction of the Singapore Courts.

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