

Domestic Maid Insurance Scheme (DMIS) Proposal Form



Domestic Maid Insurance Scheme (DMIS)

Introduction

This scheme has been designed to provide comprehensive protection for you and your maid 24 hours a day. You can rest assured you/your maid will be getting all-round solid protection from one of the leading and largest Insurers in Malaysia and at very good rates.

This scheme provides coverage for accidental death, permanent disablement, repatriation, hospital surgical and weekly benefits. In addition, we also cover your Vicarious Liability to third parties (for bodily injury or damage to property) arising out of your maid's negligence.

Benefits

Section	Coverage	Sum insured (RM)
1	Personal Accident Insurance (a) Accidental Death (b) Permanent Disablement (c) Medical Expenses – Excess RM50.00	25,000.00 25,000.00 750.00
2	Repatriation Expenses	5,000.00
3	Hospitalisation & Surgical Expenses	3,000.00
4	Weekly Benefits (Up to a maximum of 15 weeks)	120.00
5	Vicarious Liability	2,000.00

Premium rate

The annual premium charged under the Domestic Maid Insurance Scheme is RM60.00 for twelve (12) months and RM80.00 for twenty-four (24) months per maid (including RM10.00 Stamp Duty). The premium is subject to an additional 6% GST in accordance with GST Act 2014 with effect from 1 April 2015 and Stamp Duty RM 10.00.

Enrolment procedures

1. Kindly complete the enrolment form and submit it together with premium payment (we accept cash, bank draft, postal order or cheque).
2. Coverage is effective immediately upon receipt of the relevant documents and payment.
3. Policy will be prepared and mailed to the employers.

Claims procedures

In the event of an accident to the insured maid:

1. Report the accident immediately to Zurich office.
2. Submit the necessary information to Zurich as soon as possible.
3. Complete and return to Zurich the Domestic Maid Insurance Scheme Claim form, which can be obtained from any of the Zurich branches, together with necessary claim documents as required.

Enquiries

For further information/queries kindly contact your nearest Zurich Office.

IMPORTANT NOTE:

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.

Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering this questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

GOODS AND SERVICES TAX ('GST')

Important Notice:

Please be informed that the Goods and Services Tax ('GST') will be implemented by the Government of Malaysia with effect from 1 April 2015 at a rate of six (6) per centum.

Zurich General Insurance Malaysia Berhad reserves the right to collect from you an amount equivalent to the GST payable on the applicable premium for the policy period, or in the event that the policy period commences before but expires after 1 April 2015, to collect from you an amount equivalent to the GST payable on the applicable premium calculated from 1 April 2015 on a pro-rated basis.

Your obligation to pay GST shall form part of the Terms and Conditions in your insurance policy.

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Agency Account No.

Employer's Particulars

Name of Proposer / Employer

Goods and Services Tax (GST) Registration No.

Goods and Services Tax (GST) Registration Date

Home Address

Passport No. / NRIC No.

Nationality

Occupation

Tel No.

Maid's Particulars

Name of House Maid

Passport No. / NRIC No.

Nationality

Period of Insurance From

D	D
---	---

M	M
---	---

Y	Y	Y	Y
---	---	---	---

To

D	D
---	---

M	M
---	---

Y	Y	Y	Y
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Declaration

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above. I/We agree that this declaration and the answers above given, as well as any proposal or declaration or statement made in writing by me/ourselves or anyone acting on my/our behalf shall form the basis of the Contract between me/ourselves and the company, and I/We further agree to accept indemnity subject to the condition in and endorsed on the Company's Policy.

I/We hereby give my/our unconditional and unequivocal consent to you and all your related Companies to process my/our personal data revealed hereto. You are at liberty to process the data and share the information revealed thereto with any of your service providers and your other related Companies provided that the revelation of my/ our personal data strictly for the purposes in relation to the insurance which I/we have applied hereto. The consent given hereto is in line with the requirement set forth in the Personal Data Protection Act 2010.

Signature of Employer

Date

D	D
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M	M
---	---

Y	Y	Y	Y
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Verification of Proposer's Identification

To be completed by Insurance Agents, Insurance Brokers or Staff of Insurance Companies relating to the Anti-Money Laundering & Terrorism Financing Act 2001.

ANTI-MONEY LAUNDERING AND ANTI-TERRORISM FINANCING ACT 2001 (VERIFICATION OF PROPOSER'S IDENTIFICATION)

Name of Proposer

Business Registration No. /NRIC No.

In compliance with Section 16(2) of the Anti-Money Laundering And Anti Terrorism Financing Act 2001, I hereby certify that the Proposer's original New NRIC No./Business Registration Certificate was verified and authenticated by me at the point of sales.

Third Party Verification

Signature of Insurance Agents, Insurance Brokers or Staff of Insurance Companies

Name

New NRIC No.

Date

D	D	M	M	Y	Y	Y	Y
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Note:

A copy of the Proposer's New NRIC/Business Registration Certification must be submitted together with this proposal if the Premium exceeds RM50,000

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