

OAC Maid Supreme Plus Proposal

Pursuant to Section 25 (5) of the Insurance Act (Cap 142) or any subsequent amendments thereof, you are to disclose in this Proposal Form fully and faithfully, all the facts you know or ought to know, otherwise the Policy issued hereunder may be void.

Please Complete all sections where applicable.

Agent Name: _____

Agent Code: _____

CHOICE OF PLAN

Plan Type (please tick): Plan A Plan B Plan C

EMPLOYER'S PARTICULARS

Name: (Mr/Mrs/Miss/Mdm/Dr)* _____ Gender*: M/F

NRIC/Passport No.: _____ CPF No.: _____

Nationality: _____ Marital Status: _____

Date of Birth (dd/mm/yy): _____ Occupation: _____

Address: _____

_____ Email: _____

Contact No.: _____ (Home) _____ (Office) _____ (Mobile)

Are you currently a policyholder of Great Eastern Life Assurance or The Overseas Assurance Corporation Ltd?

No Yes, please indicate your Policy Type/No. _____

MAID'S PARTICULARS

Name: _____ Passport No.: _____

Date of Birth (dd/mm/yy): _____ Work Permit No.: _____

Nationality*: Filipino/Indonesian/Indian/Others: _____

PAYMENT AUTHORISATION

Premium @ 26 months: S\$ _____ (including prevailing GST)

Cash Cheque No.: _____ (made payable to OAC Insurance)

VISA MasterCard

Card No.: ____/____/____/____ - ____/____/____/____ - ____/____/____/____

Name of Cardholder: _____ Expiry Date: _____

*Please delete where appropriate.

DECLARATION

1. I warrant that the above particulars and statements given are true, correct and complete, and I have not withheld any information that are likely to affect the acceptance of this Proposal
2. I agree that this Proposal shall be the basis of contract between The Overseas Assurance Corporation Ltd and myself and further agree to accept the Corporation's policy subject to the terms, exclusions and conditions thereof.

Signature of Employer/Date