



# TOKIO MARINE INSURANCE SINGAPORE FOREIGN WORKER BOND RESPONSE FORM

Security Bond of S\$5,000 for Foreign Workers (Non-Malaysians):

- Required
- Not Required

If required, please provide estimated number of workers: \_\_\_\_\_

## TOKIO MARINE INSURANCE SINGAPORE MEDICAL INSURANCE APPLICATION FORM

Name of Employer: \_\_\_\_\_

Employer CPF No.: \_\_\_\_\_ Industry: \_\_\_\_\_

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

Period Insurance: \_\_\_\_\_ to \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide details of foreign workers to be covered (for more workers, please provide list separately)

Name of Worker	Work Permit/ FIN No.	Passport/ S-Pass No.	Gender	DOB	Nationality

### Declaration by Proposer

We hereby declare that the information is true and complete and we have not withheld any information that may influence the acceptance of this insurance.

We hereby agree that this proposal and declaration shall form the basis of the contract between the Proposer and **Tokio Marine Insurance Singapore Ltd** and I/We understand that any false, incorrect or misleading statement may render this insurance null and void.

Signature of Proposer / Authorised Officer: \_\_\_\_\_

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

Date: \_\_\_\_\_ Company Stamp: \_\_\_\_\_

-----  
**FOR TMIS USE ONLY**

Approval Executive: \_\_\_\_\_ Acceptance Date: \_\_\_\_\_