How to Generate a Domestic Helper Insurance Quote in eWay

Quick guide on how to issue a DHI policy

- 1. Click on Personal Accident followed by Domestic Helper on the Home Page
- 2. Click on Next to continue





3. Review the qualifying question before proceeding

Guidance Mome Page > Guidance
Interested Plan
Domestic Helper Insurance
Qualifying Question
I confirm that my client:
- resides in Singapore (continuously for at least 90 days in a year);
- is at least 21 years old and above;
- has met the eligibility requirements set by Ministry of Manpower as an employer of foreign domestic worker;
I confirm that the insured person:
- resides in Singapore (continuously for at least 90 days in a year);
- is not younger than 23 years nor older than 60 years of age;
- does not have an existing Domestic Helper policy with AIG.
For policy effective on or after 01 July 2023:
I confirm that my client has been advised of the following:
1. This product provides coverage for the following features that comply with the Ministry of Manpower's (MOM) enhanced Medical Insurance requirements:
- Annual claim limit of at least \$60,000, inclusive of a first-dollar cover of \$15,000
- For portion of the bill above \$15,000, the employer must co-pay up to 25% (to the hospital) Employers can choose to buyback their entire co-payment amount under selected plans
- Age-differentiated premiums are in 2 age bands: (1) ≤50 years old and (2) >50 years old
2. This product does not provide coverage for the following features under Ministry of Manpower (MOM)'s enhanced Medical Insurance requirements:
- Exclusions are in line with MOM's list of allowable exclusions*.
- Insurers will reimburse the insured portion of the hospital bill to hospitals directly upon admissibility of the medical claim
*Please refer to MOM's website for the list of allowable exclusions.
represent and warrant that:
have the authority to provide the customer(s) personal information to AIG, and the customer agrees and consents, that AIG may collect, use and process his/her personal nformation(whether obtained in this quotation form/otherwise obtained) for the purpose of providing a quotation.
undertake that I will not contact the customer for the purpose of providing marketing, advertising and promotional material about insurance, financial products and/or services that Al nay be selling or marketing, unless the customer has consented to receive marketing messages.
Do you confirm that your client meets and agrees to all of the above requirements?
Yes No



- 4. Enter all the mandatory information (*) under the Basic Details page
- a. Default Effective date is system date + 3 days

For new hires, the effective date should not be more than 13 days from system date

	e				Home F	Page > Work List > Get a
1	2			4	[5
Basic Details Cov	er Details	Quote D	etails	Quote Summary	Pa	lyment
id Insurance category						Docume
fork Permit Type *	New	~				
licy Period						
ffective Date*	5/10/2023					
sured information						
- Domestic Helper Details						
- Domestic Helper Details	Helper	Domestic	Name On ID	Domestic Helper		Change Order
- Domestic Helper Details	Helper	Domestic	Name On ID Nationality *	Domestic Helper	Philippines	Change Order
- Domestic Helper Details Name(Same as Passport) * (2) Date Of Birth * Passport Number *	Helper 01/01/1980 A1234567	Domestic	Name On ID Nationality * Passport Expli	Domestic Helper	Philippines 01/10/2025	Change Order
Domestic Helper Details Name(Same as Passport) * (2) Date Of Birth * Passport Number * Work Permit Number *	Helper 01/01/1980 A1234567 B1234567	Domestic	Name On ID Nationality * Passport Expl SB Transmissi	Domestic Helper ry Date *	Philippines 01/10/2025 11111111(1/-)	Change Order



Select the Plan Type

			My Quote		<u> </u>
			Quotation Number	7230009797	
	eWay		Quote Version	Version 1	
•	· · · · · ·	Welcome	Total Payable Premium): SGD 759.67 (INCL OF GST <u>N</u>	ew Quote Version 35 LL ocout
Get a Quote:Domestic He	elper insurance			► Home	Page > Work List > Get a Quote
1	2	3	7		5
Basis Dataila	Cover Dataila	Ousta Dr			avmont
Basic Details	Cover Details	Quote De	etails Quote t	Summary P	ayment
Deumant Dian					Document List
Payment Plan					
Payment Plan *	Lump Sum	~			
Classic	Superior Elite		Premier		
SGD703.40	SGD759.79 SGD749.95		SGD812.78		
Plan POI*	Please Select	~			
			Calant	Total Dramium(Side-by-Side Comparison
			Calcul		xcl. of GST): SGD 703.40
Your Covers	Cove	er Limits)	Deductible	Premium
Security Bond Waiver	Sele	ct 🗸			



Select the POI (Period of Insurance)

b. POI is defaulted to 26 months with selection of 14 month coverage and 26 month coverage

Classic SGD703.40	Superior SGD759.79	Elite SGD749.95	Premier SGD812.78			
Plan POI *	26	Months 🗸		Calculate	Total Premium(excl	Side-by-Side Comparison I. of GST): SGD 703.40
Your Covers		Cover Limit	ts		Deductible	Premium

Optional cover: Security Bond Waiver Cover will waive off AIG's rights under the Counter Indemnity to recover the security bond paid to MOM

c. Security Bond Waiver come with complimentary Domestic Helper Liability Extension and Dread Disease Cover

Your Covers	Cover Limits	Deductible	Premium
Security Bond Waiver 🕜	Select 🗸		



Click on Calculate to adjust the premium based on the plan and coverages selected and Next to proceed to the next page

Replacement Hire Expenses	Covered V 200.00 Amount Per Policy POI
Domestic Helper Liability	Covered V 100,000.00 Amount Per Policy POI
Security Bond	Covered V 5,000.00 Amount Per Policy POI
	Calculate Total Premium(excl. of GST): SGD 784.61 Apply Discounts and Campaigns
✓ Back Save Exit	Next >



5. Complete the policy holder information, then click Bind and Accept

Policy Holder					
Individual					Find Reset
Salutation *	MR				
Name * 🖻	Robert Louis	Name On ID	Robert Louis	Cha	ange Order
Resident Status*	Singaporean 🗸	ID type *		NRIC	~
ID Number*	CONFIRM			Female 💿 Male	
Date of Birth*				Singaporean	~
Marital Status*	By proceeding with this transaction Insurance Pte. Ltd. (AIG) that	on, you undertake and warrant	to AIG Asia Pacific	Accountant/Auditor	~
Contact Information	 (i) the insured has signed the app includes the consent clause for the (including cross border transfer). 	plication / renewal form for the he collection, use, process, dis of the insured Ve personal infer	Insurance, which closure and transfer mation:		
Email	 (ii) you have offered to provide a review prior to insured signing th 	copy of AIGV's Data Privacy Po e application / renewal form:	blicy to the insured for		
Home Phone	(iii) you will send a copy of the co for its records;	mpleted and signed applicatio	n / renewal form to AIG		
Home Address Information	(iv) you will retain the original con of AIG and will produce it prompt	mpleted and signed application ly to AIG and/or to any regulate	/ renewal form on behalf ory authority for		
Address Type *	(v) you will indemnify AIG in full f	ance and audit purposes; and or any loss, damage, costs and ulfilled declarations made by w	d expenses suffered by		
Country *	If Accept - Agree PDPA	united declarations made by y		79120 Petrieve Address	
Block/House No *	If Reject - Disagree PDPA			HENTON WAY	
Building Name		port N Doject		0-16	
	AC	сері 🖻 Кејесі		Add Additional Addre	ss
Delivery Information					
Name	Robert Louis				
Contact Phone Number					
Delivery Address	Ciana Addama				
Address Type	SINGAROPE	Postoade		170120	
Block/House No	78	Street Name	5	SHENTON WAY	
Building Name		Unit Number	1	10-16	
✓ Back Save	Exit		Reject	Send >	Bind 🕨
			ridjoor	Julia	Jind V



6. Click on Confirm and Pay

Name	Robert Louis			
Contact Phone Number				
Delivery Address				
Address Type	Singapore Address	\sim		
Country	SINGAPORE	✓ Postcode	079120	
Block/House No	78	Street Name	SHENTON WAY	
Building Name		Unit Number	10-16	
Amend Save	Exit		Reject	and Pav 🕨



Select the payment mode and card type. Click on Issue Policy to enter the card details

Need to Pay	SGD 847.38		Outstanding Amount	SGD 0.00	
Payment #1			_		
Payment Mode *	Credit Card-Gateway	~	Payment Amount*	847.38	
Payment Location*	INTERNET	~			
Payment Date	14/10/2023	12-			
Bank	DBS	~	Card Type *	Gateway - VISA 🗸 🗸	
Batch Number	12102023		Card Charge date	14/10/2023	
Cardholder Name	Robert Louis				
Relationship of Cardholder to PH	Self	~	Merchant ID *	TEST97454671 🗸	
Add New Payment					



Key in the credit card details, Click Next then Pay Now

Basic Details Cover	AIG Singapore : 847.38 SGD ×	5 Payment	Basic Details Cover	AlG Singapore : 847.38 SGD	5 Payment
Policy Period	Card number *	<u>.</u>	Policy Period	Order review	
Effective Date* 15/10	4508-7500-1574-10	14/12/2025	Effective Date * 15/10	Payment details	14/12/2025
Payment Plan			Payment Plan		
Promium Duo con	VISA VISA		Descriver Due		
Payment Plan*	Expiry month * Expiry year *		Payment Plan *	AIG Insurance Policy	
Payment	Cardholder name *		Payment	TO TAL SGD: \$847.38	
Need to Pay SG	Pohort Louis	SGD 0.00	Need to Pay SC		SGD 0.00
Payment #1			Payment #1		
Payment Mode* Cr	Security code	847.38	Payment Mode * Cr		847.38
Payment Location*	123 3 digits on back of your card		Payment Location *	Previous <u>Cancel</u> Pay now	
Payment Date 14	C I Next		Payment Date 14		
Bank DE	<u>Cancel</u> Next	Gateway - VISA 🗸	Bank DE		Gateway - VISA 👻
Batch Number 12		14/10/2023	Batch Number 12	Powered By	14/10/2023
Cardholder Name Ro	Powered By		Cardholder Name Rot	bert Louis	
Relationship of Cardholder to PH Se		TEST97454671	Relationship of Cardholder to PH Sel	elf V Merchant ID *	TEST97454671 V
Add New Payment			Add New Payment		
Amend Save Exit		Reject Issue Policy	Amend Save Exit		Reject Issue Policy ►



The policy is issued once the payment is successful.

7. Click on Fulfillment to send the documents





Option 1 : Use Preview to view the quote in PDF. The password is your 6 digit producer

_		Payment #1									
F	Fulfillment										
	This transaction is automatically fulfilled for Producer Set. This transaction is pending Fulfillment for Common Set. This transaction is automatically fulfilled for Policy Holder Set.										
		Quote/Policy Number	Endorsement Number	Product Code	Customer Name	Sales Channel Code	Document Type	Document Set	Print Type	DefaultEmailID	Additional Email IDs
	~	7230009797		МІ	Robert Louis	0500257000	Policy Schedule for New Business	Common	email offline		
	(1 / 1) << first < prev 1 next > last >> 10 ∨										
					Preview	Subm	iit 🕨 Hoi	ne Page 🕨			

Option 2 : You can select email (softcopy) and/or offline(hardcopy) and click on Submit to send the policy document to your insured

Password to open the email version will be insured's postal code

F	Fulfillment										
-	This transaction is automatically fulfilled for Producer Set. This transaction is pending Fulfillment for Common Set. This transaction is automatically fulfilled for Policy Holder Set.										
		Quote/Policy Number	Endorsement Number	Product Code	Customer Name	Sales Channel Code	Document Type	Document Set	Print Type	DefaultEmailID	Additional Email IDs
	~	7230009797		мі	Robert Louis	0500257000	Policy Schedule for New Business	Common	email		
					(1 / 1) <<	first < prev 1	next > last >>	10 🗸			
	Preview Submit ► Home Page ►										
					_						

