



Domestic Helpers Protection Plan Application Form

AXA GREEN CRESCENT INSURANCE COMPANY P.J.S.C

Before answering any question, read the declaration at the end of this form carefully.

Read all questions carefully and ensure that all questions are fully answered in English and the form is duly signed and dated.

Any question left unanswered will delay the process of this application.

Any alteration or overwriting on the Application Form must be counter-signed by the applicant.

NO INSURANCE IS IN FORCE UNTIL THIS APPLICATION HAS BEEN ACCEPTED AND APPROVED BY AXA AND THE PREMIUM HAS BEEN PAID.

1 DETAILS OF THE POLICY HOLDER

Name of the Policy Holder:		
Date of Birth: DD/MM/YYYY	ID Number:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Correspondence Address:		
P. O. Box:	Building:	Street Number:
City:	Country:	
Mobile Number:	Email Address:	

2 DETAILS OF THE INSURED PERSON

First Name:	Middle Name:	Family Name:
Date of Birth: DD/MM/YYYY	ID Number:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

3 POLICY COVER AND BENEFITS

Plan	A Domestic Helpers Scheme
Benefits Covered under the Plan	i) Repatriation Expenses Benefit due to not passing the Medical Examination - Actual Cost
	ii) Repatriation Expenses Benefit due to Absconding - Actual Cost
	iii) Repatriation Expenses Benefit due to Death - Actual Cost
	iv) Compensation benefit to the Policyholder on death of the Insured Person (Domestic Helper) while being under the sponsorship of the Policyholder - AED 5,000
	v) Compensation benefit to the Policyholder in case the Insured Person (Domestic Helper) not passing the mandatory medical tests prior to getting a Residency visa - AED 5,000
	Optional Cover: <input type="checkbox"/> Yes <input type="checkbox"/> No
vi) Compensation benefit to the beneficiary of the Insured Person on death of the Insured Person while being under the sponsorship of the Policyholder - AED 50,000	
Policy Currency	AED (United Arab Emirates Dirham)
Frequency of payment	Annual in Advance

4 BENEFICIARY DETAILS OF THE INSURED PERSON (APPLICABLE IF OPTIONAL COVER VI IS OPTED)			
Full Name	Relationship	Address	Contact Number

5 DATA PROTECTION

Disclosures: I, the undersigned together with my Domestic Helper, consent to our personal data being used in the ways set out below.

a) AXA Green Crescent Insurance Company P.J.S.C may share our information with regulatory bodies, law enforcement agencies and third party companies who work on their behalf and under their direction. Some processing may take place outside of the United Arab Emirates.

b) AXA Green Crescent Insurance Company, its agents, and any companies they become associated with, may use our information for setting up, processing and administering my plan.

c) My personal details being used, passed to and shared by AXA Green Crescent Insurance Company, its agents, and any companies they become associated with, so that they can contact me (by mail, email, telephone or other appropriate means) about carefully selected products, services or offers that they believe might be of interest to me.

6 DECLARATIONS

a) I, the undersigned, declare that to the best of my knowledge and belief the above statements and answers, whether in my handwriting or not, are true and complete and I agree that they shall be the basis of the insurance contract.

b) I Agree to accept the terms, conditions and exclusions contained in the Policy, including any modification or extension to these terms, conditions and exclusions, and agree that this Application, Declaration and any other information provided shall form the basis of the contract.

c) I understand this Application will be subject to the approval and acceptance by AXA Green Crescent Insurance Company and that the premium is fully paid and received by AXA Green Crescent Insurance Company before cover can be effected.

Policyholder (Sponsor) Name:	Date: DD/MM/YYYY
Policyholder (Sponsor) Signature:	Country:
Insured Person (Domestic Helper) Name:	Date: DD/MM/YYYY
Insured Person (Domestic Helper) Signature:	Country:

AXA Green Crescent Insurance Company P.J.S.C.

P.O. Box 63323, Abu Dhabi, United Arab Emirates
 Floor 16, RAK Bank Building, Corniche Road
 Telephone: +971 2 408 4700, Fax: +971 2 445 8717
 Website: www.axa-greencrescent.com

Public joint stock company with a paid-up capital of AED 200 million, registered at the Insurance Authority with registration Nr.83 dated 16/09/2008 under Federal Law Nr.6 / 2007.

رؤية جديدة / للتأمين
 redefining / insurance

