

Declaration by Employer



Authorisation Form for Foreign Domestic Worker Work Pass Transactions

This authorisation letter shall only be valid for 14 days from the date of employer's authorisation, and only applies to the application / renewal / transfer / cancellation of the foreign domestic worker(s) listed below. To ensure proper authorisation, employers are to indicate <u>NA</u> for rows that are not filled.

*The softcopy of this form contains macros and can only be used with MS Word 2007 version or later. Please print out the PDF version and fill it in hardcopy if you do not have the required software.

Emplo	oyer Name	JEE NGIAP YANG				
NRIC	No./ FIN	S0054444B				
Conta	ict No.	98367931				
Signa	ture and Date	Josh as ha				
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction		
1.	NUR IDAYATI		B9630719	APPLY		
2.						
		am authorising <u>UNITED CHANNEL</u> It agency) to perform the above wo				
☐ Ih		am authorising(Full name as in half. A copy of the representative's N				
Dec	laration by EA					
⊘ I	have spoken to and	verified with employer to confirm his	s / her authorisation.			
	have spoken to and of the employer.	verified with employer that the perso	on submitting this form to the	EA is authorised to do so on behalf		
- Constant	declare that I have e work pass transaction	ensured all necessary fields are filled s	in prior to making the abovem	nentioned		
✓ I	declare that the info	rmation provided on this form is true	e and correct			
Name	e of EA personnel	Helen Huang Yuling				
Regis	stration No.	R1658004				
Signa	ature and Date					

Ministry of Manpower Foreign Manpower Management Division

1500 Bendemeer Road Singapore 339946 Tel +65 6438 5122 Web http://www.mom.gov.sg Email mom_fmmd@mom.gov.sg

Underwritten by:



TOKIO MARINE INSURANCE SINGAPORE LTD. 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

Managed By:

AVA INSURANCE AGENCY PTE LTD 91 Bencoolen Street #09-06 Sunshine Plaza Singapore 189652 Tel: +65 65356828 / 64635021 Web: www.ava-ins.com.sg Company's Registration No. 201113230C

DOMESTIC MAID APPLICATION FORM

The Insurance Act: You are to disclose in the proposal form fully and faithfully all the facts which you know or ought to know in respect of the risk that is being proposed; otherwise the policy issued hereunder may be void.

A. PROPOSER'S	EMPLOYER'S PARTICUL	71110		B. MAID'S PARTICULARS	
Name of Proposer			Sex	Name of Maid	
JEE NGIAP YANG			M VF	NUR IDAYATI	
Address					
69 GREENFIELD	DRIVE S457957			*Date of Birth (dd/mm/yyyy) / 12/10/1981	B 96 307/9.
Nationality Singapore	SB Transmission Ref	Occupation		WP No	Nationality
				П	DONESIAN
Name of Company		NRIC/FIN No		The Period of Insurance (dd/m	nm/yyyy)
		S0054444B			- 1 1
Contact No:	(HP)	98367931		From / /	o / /
(H)				*Age Limit: 69 years of age & b	pelow
C. PERIOD OF IN	IN-YEAR	Please	tick one only	F. POLO GUARANTEE (F	
. CHOICE OF M	2-YEAR EDICAL INSURANCE CO	VERAGE:		*= \$2,000 = \$7,00	00 (\$70.00)
* PLANA	PLAN B PLAN C	PLAN D		FOR OFFICE USE ONLY	
. REIMBURSEN	IENT OF INDEMNITY PAI	D TO INSURER:			
YES	NO		and the department of		
my/our liability to kee	It if I/we pay the additional premius pp Tokio Marine Insurance Singapo	re Ltd. indemnified as :	stipulated above		
shall only arise if the	breach of the condition under the S act or omission of the Employer. W	ecurity Bond was cause	ed by or resulted		
the Security Bond wa	is not caused by or resulted from the	e Employer's deliberate	act or omission,		
	ole to pay Tokio Marine Insurance SECTION 2 : H&S EXPEN			Ontionally	
\$10.000	(Annual Limit \$5,000)	20,000 (Annual L	imit \$10,000)	\$30,000 (Annual Limit \$15	5,000)
a submitting this infor	mation:				
i) I acknowledge at	nd consent to TMIS collecting, using	ng, disclosing and/or p	rocessing my pers	onal data for the purpose of process	ing/servicing my policy/claim and b
ii) I declare and cor	party service providers, or intermention that I have obtained the cons	ent of the proposer/em	ployer name here	n, where applicable, and that he/sh	a has authorized me to disclose the
nerennal data and	d to give consent on their behalf for a detailed Privacy Policy Statemer	r the above collection.	use, process and	disclosure; and	
		COUNTER-L	NDEMNITY	FORM	
IMPORTANT NOTICE:	The Employer is hereby notified the	t by virtue of signing thi	s Counter-Indemnii	y Form, it is hereby understood and a ne same legal effects as that of the or	greed that a copy of it, either by way
	arine Insurance Singapore Lt		and shall have to	to don't logal director at the control of	
20 McCall	um Street #09-01 Tokio Marine C	entre Singapore 0690	046		
Dear Sirs,					
	MNITY FOR LETTER OF GUARAN				
In lieu of the cash depo	osit that I/we would otherwise have				
		to provide as security,T	okio Marine Insur	ance Singapore Ltd. ("you") agrees	o my/our request to provide the
		insurance plan):		ance Singapore Ltd. ("you") agrees of Immigration of Singapore; and/or	io my/our request to provide the
	ntee for \$5,000 to the Ministry of M d for \$2,000 or \$7,000 (whichever	insurance plan): anpower of Singapore amount is indicated in	and/or Controller of	of Immigration of Singapore; and/ord) to the Philippine Overseas Labou	r Office in Singapore,
	ntee for \$5,000 to the Ministry of M d for \$2,000 or \$7,000 (whichever	insurance plan): anpower of Singapore amount is indicated in	and/or Controller of	of Immigration of Singapore; and/or	r Office in Singapore,
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Schedule A: Domestic Maid Insurance & Bond Package

	Section	Coverage	Plan A	Plan B	Plan C	Plan D
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