

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 NA 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.

Employer N	ame	LAM CHIEW NGOH		
NRIC No./	FIN	S0113764F		
Contact No.		9235 1002		
Signature a	nd Date	Wordia		
S/N Nam	e of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1. SULI	YAH		C1946795	APPLY
2.				
		m authorising <u>UNITED CHANNEL</u> t agency) to perform the above wo		
authorisation f		m authorising(Full name as ir nalf. A copy of the representative's i		
☑ I have s	spoken to and	verified with employer to confirm his	s / her authorisation.	
Tongson"		verified with employer that the pers	on submitting this form to the I	EA is authorised to do so on behalf
	employer. e that I have e	nsured all necessary fields are filled	in prior to making the abovem	entioned
emma.	ass transactions			
✓ I declar	e that the info	mation provided on this form is true	e and correct	
Name of EA	personnel	Helen Huang Yuling		
Registratio	n No.	R1658004		
Signature a	and Date			
Ministry of M	anpower Forei	gn Manpower Management Divisio	on .	

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 65356838 / 64638138 Fax: +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	ARS			B. MAID'S PARTICULARS	
Name of Proposer			Sex	1	Name of Maid	
LAM CHIEW NGO	ł	16 (1111)	■ M	F	SULIYAH	
Address					10.1. (5.1. (11/	15
97 aljunied crescent,	, #04-451, singapore 380097				*Date of Birth (dd/mm/yyyy) / / 29 / 04 / 1979	C 1946795
Nationality	SB Transmission Ref	Occupation			WP No	Nationality
SINGAPOREAN	OD Transmission (c)	Оссиранон			- 10011 0105	NDONESIAN
Name of Company		NRIC/FIN No			The Period of Insurance (dd/m	nm/yyyy)
0 1 111		S0113764F			5000 / / 7	o / /
Contact No:	(HP)	9235 1002			From / /	0 / /
C. PERIOD OF IN					*Age Limit: 69 years of age & b	pelow
* 1-YEAR O. CHOICÉ OF ME * PLAN A		PLAN D	ick one	only	F. POLO GUARANTEE (F	
Provided always that my/our liability to keep shall only arise if the b from any deliberate at the Security Bond was	NO if I/we pay the additional premius b Tokio Marine Insurance Singaporeach of the condition under the S ct or omission of the Employer. W in not caused by or resulted from the te to pay Tokio Marine Insurance	m for the waiver of cou ore Ltd. indemnified as a ecurity Bond was cause here the breach of the e Employer's deliberate	stipulated ed by or re condition act or omi	above sulted under ssion,		
5. TOP-UP FOR S	SECTION 2 : H&S EXPEN	NSES (Only with \$20,000 (Annual L	2-Year imit \$10	Plan)((Optional): \$30,000 (Annual Limit \$15)	5,000)
ii) I declare and conf personal data and iii) I acknowledge the	to give consent on their behalf for detailed Privacy Policy Statemer	tent of the proposer/em or the above collection, at, governing the above COUNTER-II	use, proc posted a NDEM	me here ess and at www.fu NITY	okiomarine.com.sg.	greed that a copy of it, either by way
To: Tokio Mar	ine Insurance Singapore Lt	d.				A 1 1 1 1 1 1 1 1 1 1
20 McCallu Dear Sirs,	m Street #09-01 Tokio Marine C	Centre Singapore 0690)46			
RE: COUNTER-INDEM	INITY FOR LETTER OF GUARAN	ITEE NO.				
following (whichever is:	selected to be covered under the	insurance plan):			ance Singapore Ltd. ("you") agrees	to my/our request to provide the
A Letter of Guarant	ee for \$5,000 to the Ministry of M	anpower of Singapore	and/or Co	entroller o	of Immigration of Singapore; and/or	
An Insurance Bond	for \$2,000 or \$7,000 (whichever	amount is indicated in	the insura	nce bon	d) to the Philippine Overseas Labour	r Office in Singapore,
which guarantee(s) the	payment on demand of any sur	or sums not exceeding	g the amo	unt state	ed in the Letter of Guarantee and/or	nsurance bond issued.
	nd undertake as follows: as, unconditionally and irrevocably	guarantee to jointly an	d several	ly compe	ensate you for all claims, payments, oned on a solicitor or client basis) which	demands, actions, suits, proceeding
or which become to	ayable by you under the Letter of	Guarantee arruror maur	SHICE DON	u.	ned on a solicitor or client basis) who suits, proceedings, losses and liabit	
taken or made aga	ainst you under the Letter of Gua	arantee and/or Insuran her evidence of all pavi	ce Bond. ments ma	de by yo	ou or all liabilities or obligations inc	
4 This counter indem		nd and you may at any	time have	absolut	e discretion without giving any notice y under the indemnity.	e to me/us extend the validity of the
IN WITNESS WHERE	OF I/we have hereto subscribed m	y/our name(s) this	day of		year	
		STELIO A	1		Madra	
Signature of Witnes	S	(SON)	10 0	Sin	nature of Employer	
Full Name:	Huang Yuling	(V)	7		I Name/	
NRIC No.:	R1658004	107211	THE		IC No.:	
Address:		COLORA				

Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D
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