



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.

Declaration by Employer						
oyer Name	HAN JOK HONG					
No./ FIN	S0294228C					
ict No.	98223949					
ture and Date	202					
Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction			
SAN SAN MAR		ME 097745	APPLY			
Fill in only if applicable. I hereby declare that I am authorising(Full name as in NRIC/Passport)(NRIC/Passport No.), to submit this authorisation form on my behalf. A copy of the representative's NRIC/Passport is enclosed with this authorisation form.						
laration by EA						
have spoken to and	verified with employer to confirm his	s / her authorisation.				
of the employer.						
		in prior to making the aboven	lentioned			
☑ I declare that the information provided on this form is true and correct						
e of EA personnel	Helen Huang Yuling					
stration No.	R1658004					
ature and Date						
	No./ FIN Act No. Act No. Ature and Date Name of Foreign SAN SAN MAR Act Provided the series of the applicable. Act Provided the series of the series of the employer. Act Andrew Spoken to and the the employer. Act Andrew Spoken to and the employer.	No./ FIN S0294228C Not No. 98223949 Iture and Date Name of Foreign Domestic Worker(s) SAN SAN MAR Dereby declare that I am authorising UNITED CHANNEL and the properties of the employment agency) to perform the above we conly if applicable. Dereby declare that I am authorising (Full name as in station form on my behalf. A copy of the representative's Note that I have spoken to and verified with employer to confirm his I have spoken to and verified with employer that the person of the employer. If declare that I have ensured all necessary fields are filled work pass transactions If declare that the information provided on this form is true of EA personnel Helen Huang Yuling Stration No. R1658004	No./ FIN S0294228C Name of Foreign Domestic Worker(s) Passport / FIN / WP No. SAN SAN MAR Passport / FIN / WP No. SAN SAN MAR Passport / FIN / WP No. SAN SAN MAR Passport / FIN / WP No. SAN SAN MAR Passport / FIN / WP No. SAN SAN MAR Passport / FIN / WP No. SAN SAN MAR Passport / FIN / WP No. SAN SAN MAR Passport / FIN / WP No. SAN SAN MAR Passport / FIN / WP No. SAN SAN MAR Passport / FIN / WP No. SAN SAN MAR Passport / FIN / WP No. SAN SAN MAR Passport / FIN / WP No. SAN SAN MAR Passport / FIN / WP No. Passport			

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 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 / E	EMPLOYER'S PARTICUL	ARS		B. MAID'S PARTICULARS		
Name of Proposer Sex			Name of Maid			
HAN JOK HONG			M W F	SAN SAN MAR		
Address				*Date of Birth (dd/mm/yyyy)	Passport No 0 2 2 2 4	
12 FLORA ROAD #07-03 SINGAPORE 509730			29/09/1987	ME 097745		
Nationality Singapore	SB Transmission Ref	Occupation		D 94594820	Nationality AYANMAR	
Name of Company		NRIC/FIN No S0294228C		The Period of Insurance (dd/mm/yyyy)		
Contact No:	Contact No:			From / /	To / /	
(H)	(HP)	98223949				
* PLAN A .		VERAGE:	ick one only		For Filipino Helper only): 00 (\$70.00)	
my/our liability to keep shall only arise if the br from any deliberate ac the Security Bond was I/we will only be liable	NO If I/we pay the additional premiur. Tokio Marine Insurance Singapo reach of the condition under the Si t or omission of the Employer. Wi not caused by or resulted from the to pay Tokio Marine Insurance	re Ltd. indemnified as security Bond was cause here the breach of the or Employer's deliberate Singapore Ltd. a fixed	stipulated above d by or resulted condition under act or omission, sum of S\$250.			
G. TOP-UP FOR S \$10,000 (ECTION 2 : H&S EXPEN	ISES (Only with 20,000 (Annual L	2-Year Plan)(imit \$10,000)	(Optional): \$30,000 (Annual Limit \$1	5,000)	
disclosed to third partial ii) I declare and confi	arty parvice providers or interme	ediaries, within or outsi- ent of the proposer/em r the above collection, t, governing the above	de Singapore. ployer name here use, process and , posted at www.to	in, where applicable, and that he/sh disclosure; and okiomarine.com.sg.	sing/servicing my policy/claim and be e has authorized me to disclose thei	
IMPORTANT NOTICE: T of fax or otherwise, shall	The Employer is hereby notified that be deemed binding and legally enf	COUNTER-II at by virtue of signing this forceable in a court of la	Counter-Indomnit	FORM by Form, it is hereby understood and a ne same legal effects as that of the o	greed that a copy of it, either by way riglnal.	
20 McCallui	ine Insurance Singapore Ltd m Street #09-01 Tokio Marine C	d. entre Singapore 0690)46			
Dear Sirs, RE: COUNTER-INDEM	NITY FOR LETTER OF GUARAN	TEE NO.				
following (whichever is s	selected to be covered under the i	nsurance plan):		ance Singapore Ltd. ("you") agrees	to my/our request to provide the	
				of Immigration of Singapore; and/or d) to the Philippine Overseas Labou	r Office in Singapore	
				ed in the Letter of Guarantee and/or		
In return, I/we agree an		or sums not exceeding	g the amount state			
I/We will, at all times	s, unconditionally and irrevocably	guarantee to jointly an	d severally compe	ensate you for all claims, payments, ned on a solicitor or client basis) whi	demands, actions, suits, proceeding ch may be taken or made against yo	
 You will have abso taken or made aga I/We shall accept the 	inst you under the Letter of Gua ne receipts, vouchers or any oth	Il claims, payments, de trantee and/or Insuran er evidence of all pays	emands, actions, s ce Bond ments made by yo	suits, proceedings, losses and liabi	lities whatsoever which may be urred by you because of the Letter	
	r Insurance Bond as conclusive e inity shall be a continuing deman e and/or Insurance Bond withou			e discretion without giving any notic y under the indemnity.	e to me/us extend the validity of the	
	F I/we have hereto subscribed m	ylour name(s) this	day of	year		
		STATEL EMPLO	2	OM		
	uang Yuling R1658004	OZCA300	D	nature of Employer I Name:		
NRIC No.: Address:	H 1000004	TE CID *	NR	IC No.:		

Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D