MINISTRY OF MANPOWER

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.**

Declaration by Employer

Employer Name	GOH TEE ENG
NRIC No./ FIN	S0348296J
Contact No.	91806860
Signature and Date	X

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1.	MARY ANNE MAMONGAY ANDAYA	PI882131A	APPLY
2.			

☐ I hereby declare that I am authorising __UNITED CHANNEL EMPLOYMENT AGENCY PTE LTD (07C4306)__ (**Name and licence no. of employment agency**) to perform the above work pass transaction(s) on my behalf.

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.

Declaration by EA

☑ I have spoken to and verified with employer to confirm his / her authorisation.

☑ I have spoken to and verified with employer that the person submitting this form to the EA is authorised to do so on behalf of the employer.

☑ I declare that I have ensured all necessary fields are filled in prior to making the abovementioned work pass transactions

☑ I declare that the information provided on this form is true and correct

Name of EA personnel	Yetty Simbar
Registration No.	R1112371
Signature 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

TOKIO MARINE

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 PARTICULARS

Name of Proposer	Sex
Goh Tee Eng	☑ M ☐ F

Address: 29 Lucky Gardens Singapore 467672

Nationality	SB Transmission Ref	Occupation
Singaporean		

Name of Company	NRIC/FIN No
	S0348296J

Contact No: (H) _____ (HP) 91806860

B. MAID'S PARTICULARS

Name of Maid: ANDAYA MARY ANNE MAMONGAY

*Date of Birth (dd/mm/yyyy)	Passport No
05 / 06 / 1986	P1882131A

WP No	Nationality

The Period of Insurance (dd/mm/yyyy)

From / / To / /

*Age Limit: 69 years of age & below

C. PERIOD OF INSURANCE:

*Please tick one only

* ☐ 1-YEAR ☑ 2-YEAR

D. CHOICE OF MEDICAL INSURANCE COVERAGE:

* ☐ PLAN A ☑ PLAN B ☐ PLAN C ☐ PLAN D

E. REIMBURSEMENT OF INDEMNITY PAID TO INSURER:

* ☑ YES ☐ NO

Provided always that if I/we pay the additional premium for the waiver of counter indemnity, my/our liability to keep Tokio Marine Insurance Singapore Ltd. indemnified as stipulated above shall only arise if the breach of the condition under the Security Bond was caused by or resulted from any deliberate act or omission of the Employer. Where the breach of the condition under the Security Bond was not caused by or resulted from the Employer's deliberate act or omission, I/we will only be liable to pay Tokio Marine Insurance Singapore Ltd. a fixed sum of S$250.

F. POLO GUARANTEE (For Filipino Helper only):

* ☐ $2,000 ☐ $7,000 ($70.00)

FOR OFFICE USE ONLY

G. TOP-UP FOR SECTION 2 : H&S EXPENSES (Only with 2-Year Plan)(Optional):

☐ $10,000 (Annual Limit $5,000) ☐ $20,000 (Annual Limit $10,000) ☐ $30,000 (Annual Limit $15,000)

By submitting this information:

i) I acknowledge and consent to TMiS collecting, using, disclosing and/or processing my personal data for the purpose of processing/servicing my policy/claim and be disclosed to third party service providers, or intermediaries, within or outside Singapore.

ii) I declare and confirm that I have obtained the consent of the proposer/employer name herein, where applicable, and that he/she has authorized me to disclose their personal data and to give consent on their behalf for the above collection, use, process and disclosure; and

iii) I acknowledge the detailed Privacy Policy Statement, governing the above, posted at www.tokiomarine.com.sg.

COUNTER-INDEMNITY FORM

IMPORTANT NOTICE: The Employer is hereby notified that by virtue of signing this Counter-Indemnity Form, it is hereby understood and agreed that a copy of it, either by way of fax or otherwise, shall be deemed binding and legally enforceable in a court of law and shall have the same legal effects as that of the original.

To: **Tokio Marine Insurance Singapore Ltd.**
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

Dear Sirs,

RE: COUNTER-INDEMNITY FOR LETTER OF GUARANTEE NO. _____

In lieu of the cash deposit that I/we would otherwise have to provide as security, **Tokio Marine Insurance Singapore Ltd.** ("you") agrees to my/our request to provide the following (whichever is selected to be covered under the insurance plan):

☐ A Letter of Guarantee for $5,000 to the Ministry of Manpower of Singapore and/or Controller of Immigration of Singapore; and/or

☐ An Insurance Bond for $2,000 or $7,000 (whichever amount is indicated in the insurance bond) to the Philippine Overseas Labour Office in Singapore,

which guarantee(s) the payment on demand of any sum or sums not exceeding the amount stated in the Letter of Guarantee and/or Insurance Bond issued.

In return, I/we agree and undertake as follows:

1. I/We will, at all times, unconditionally and irrevocably guarantee to jointly and severally compensate you for all claims, payments, demands, actions, suits, proceedings losses, liabilities, costs and expenses whatsoever (including legal costs and expenses determined on a solicitor or client basis) which may be taken or made against you or which become payable by you under the Letter of Guarantee and/or Insurance Bond.
2. You will have absolute discretion to compromise all claims, payments, demands, actions, suits, proceedings, losses and liabilities whatsoever which may be taken or made against you under the Letter of Guarantee and/or Insurance Bond.
3. I/We shall accept the receipts, vouchers or any other evidence of all payments made by you or all liabilities or obligations incurred by you because of the Letter of Guarantee and/or Insurance Bond as conclusive evidence of my/our liability to you.
4. This counter indemnity shall be a continuing demand and you may at any time have absolute discretion without giving any notice to me/us extend the validity of the Letter of Guarantee and/or Insurance Bond without discharging or impairing my/our liability under the indemnity.

IN WITNESS WHEREOF I/we have hereto subscribed my/our name(s) this _____ day of _____ year

United Channel Employment Agency Pte Ltd
Lic. No. 07C4906 GST Reg. No. 200716859W
865 Mountbatten Road #01-22/23/24/25
Katong Shopping Centre Singapore 437844
Tel: 6344 8807 Fax: 6345 0806
Email: unitedes@singnet.com

Signature of Witness
Full Name:
NRIC No.:
Address:

X

Signature of Employer
Full Name:
NRIC No.: