



## 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.

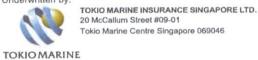
\*The softcopy of this form contains macros and can only be used with MS Word 2007 version or later. Please print out the PDF version and fill it in hardcopy if you do not have the required software.

Dec	laration by Em	ployer				
Emplo	oyer Name	KOH KAR NGEE@KOH CHOON WAH				
NRIC No./ FIN		S1213802D				
Contact No.		96332181				
Signa	ture and Date	John .		08 F20 2019		
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction		
1.	SWE ZIN OO		MD896082.	APPLY		
2.						
VII	ereby declare that I a	am authorising <u>UNITED CHANNEL</u>	EMPLOYMENT AGENCY PTE LT	<u>D (07C4306)</u> (Name and		
licence	no. of employmen	t agency) to perform the above wo	ork pass transaction(s) on my b	ehalf.		
I h		m authorising(Full name as in nalf. A copy of the representative's N				
ren.						
		verified with employer to confirm his				
hosese	have spoken to and of the employer.	verified with employer that the person	on submitting this form to the I	EA is authorised to do so on behalf		
<b>✓</b> 1	declare that I have e	ensured all necessary fields are filled	in prior to making the abovem	entioned		
	work pass transactions  declare that the info	s rmation provided on this form is true	e and correct			
	e of EA personnel	Helen Huang Yuling				
	stration No.	R1658004				
	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:





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.

	MPLOYER'S PARTICUL	ARS		B. MAID'S PARTICULARS	)
Name of Proposer			Sex	Name of Maid	
KOH KAR NGEE@KO	OH CHOON WAH		■ M 🗹 F	SWE ZIN OO	
Address					
31 limau terrace singa	pore 465824	*Date of Birth (dd/mm/yyyy) / / 18/05/1995	MD 896082		
Madagalla	SB Transmission Ref	Occupation		WP No	Nationality
Nationality SB Transmission Ref Occupation SINGAPOREAN					MYANMAR
Name of Company		NRIC/FIN No			
		S1213802D		The Period of Insurance (dd/s	nm/yyyy)
Contact No:		31213602D		From / /	To / /
(H)	(HP)	96332181			
		VERAGE:	tick one only		below For Filipino Helper only): 00 (\$70.00)
Provided always that if my/our liability to keep To shall only arise if the breat from any deliberate act the Security Bond was not here.	NO we pay the additional premiu okio Marine Insurance Singap ach of the condition under the S or omission of the Employer. W ot caused by or resulted from the	m for the waiver of co ore Ltd. indemnified as ecurity Bond was caus here the breach of the e Employer's deliberate	unter indemnity, stipulated above ed by or resulted condition under act or omission,		
G. TOP-UP FOR SE	c pay Tokio Marine Insurance	NSES (Only with	2-Year Plan)	(Optional): \$30,000 (Annual Limit \$1	5.000)
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## Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D