

Declaration by Employer

MAVIS LIM LAY CHIN

Employer Name



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.

NRIC	No./ FIN	S2501120A					
Conta	ct No.	92379036					
Signa	ture and Date	e and Date					
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction			
1.	KHIN SAN HTWE		MD978478	APPLY			
2.							
	I hereby declare that I am authorising <u>UNITED CHANNEL EMPLOYMENT AGENCY PTE LTD (07C4306)</u> (Name and nce no. of employment agency) to perform the above work pass transaction(s) on my behalf.						
I h	Il in only if applicable. I hereby declare that I am authorising(Full name as in NRIC/Passport)(NRIC/Passport No.), to submit this thorisation form on my behalf. A copy of the representative's NRIC/Passport is enclosed with this authorisation form.						
Dec	laration by EA						
⊘ I	have spoken to and	verified with employer to confirm his	/ her authorisation.				
None and American	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
⊘ I	of the employer. I declare that I have ensured all necessary fields are filled in prior to making the abovementioned work pass transactions						
✓ I	☑ I declare that the information provided on this form is true and correct						
Name of EA personnel Helen Huang Yuling		Helen Huang Yuling					
Regis	stration No.	R1658004					
Signa	ture and Date						
Ministr	y of Mannoyan Forci	an Mannower 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 6536838 / 64638138 Fax: +65 65356828 / 64835021 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.

	PLOYER'S PARTICUL		,,	B. MAID'S PARTICULARS	
Name of Proposer			Sex	Name of Maid	
MAVIS LIM LAY CHI	N		M V F	KHIN SAN HTWE	
Address 134 EMERALD HILL	ROAD #04-134 SINGAPO	DRE 229414		*Date of Birth (dd/mm/yyyy) / 08/11/1986	Passport No MD 978478.
Nationality SINGAPOREAN	SB Transmission Ref	Occupation		WP No	Nationality IYANMAR
100 000 000 000 000 000 000 000 000 000		NRIC/FIN No S2501120A		The Period of Insurance (dd/mm/yyyy)	
Contact No:		32301120A		From / /	Го / /
(H)	(HP)	92379036			
PLAN A E. REIMBURSEMEN VES Provided always that if I/ my/our liability to keep To shall only arise if the brea from any deliberate act o the Security Bond was no I/we will only be liable to	PLAN B PLAN C TOF INDEMNITY PAI NO Iwe pay the additional premius ion of the condition under the S or omission of the Employer. W t caused by or resulted from the pay Tokio Marine Insurance CTION 2: H&S EXPEN	PLAN D D TO INSURER: In for the waiver of course Ltd. indemnified as security Bond was cause here the breach of the a Employer's deliberate Singapore Ltd. a fixed	stipulated above ed by or resulted condition under act or omission, sum of S\$250.	* \$2,000 \$7,0	For Filipino Helper only): 00 (\$70.00)
By submitting this information i) I acknowledge and continuous disclosed to third part	on: onsent to TMIS collecting, using	ng, disclosing and/or pr	ocessing my pers		sing/servicing my policy/claim and be e has authorized me to disclose thei
personal data and to	give consent on their behalf fo ailed Privacy Policy Statemen	r the above collection,	use, process and , posted at www.t	disclosure; and oklomarine.com.sg,	
IMPORTANT NOTICE: The of fax or otherwise, shall be	Employer is hereby notified the deemed binding and legally en	at by virtue of signing this	s Counter-Indemni	by Form, it is hereby understood and a the same legal effects as that of the o	greed that a copy of it, either by way riginal.
To: Tokio Marine 20 McCallum S	e Insurance Singapore Lte Street #09-01 Tokio Marine C	d. Centre Singapore 0690)46		
	TY FOR LETTER OF GUARAN	TEE NO			
In lieu of the cash deposit t		to provide as security,To	okio Marine Insur	ance Singapore Ltd. ("you") agrees	to my/our request to provide the
				of Immigration of Singapore; and/or	
				d) to the Philippine Overseas Labou	
		or sums not exceeding	g the amount state	ed in the Letter of Guarantee and/or	msurance bond issued.
Insses liabilities costs	monditionally and impuncably	cluding legal costs and	expenses determi	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 absolut taken or made agains	e discretion to compromise a	Il claims, payments, de trantee and/or Insuran	emands, actions, : ce Bond.	suits, proceedings, losses and liabi	
of Guarantee and/or Ir	nsurance Bond as conclusive e	d and you may at any	lity to you. time have absolut	e discretion without giving any notic	
	/we have hereto subscribed m		day of	year []	V.
		SCY PTE LTD		Manishlan	
Signature of Witness		8 .00 E	Sig	nature of Employer	
Full Name:		国和多篇		I Name:	
NRIC No.:	ang Yuling	The state of the s	NR	IC No.:	
Address:	R1658004	TOUNET EMP			

Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D
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