United Channel

865 Mountbatten Road, #01-22/23/24/25, Katong Shopping Centre, Singapore 437844
Tel: 6344 8807 Fax: 6345 0806 Email: unitedes@singnet.com
License No. 07C4306 www.unitedchannel.com.sg GST Registration No. 200716859W

TAX INVOICE

Employer Detail

Employer Name:	LIM YVONNE	NRIC No:	S7321065H
Booking No:	KT010306196313	Date:	03-06-2019

FDW Detail

FDW's Name:	JANEN LEE M.ORETA	Code No :	UC-SH-416
Nationality:	FILIPINO	Placement Fee:	$2,280.00

Description

Agency Fee	988.00
Placement Fee Protector (Non-transferable)	100.00
Indemnity Insurance (Non-transferable)	50.00
Insurance Basic (Plan A)	230.00
Administrative & Transporation	75.00
SIP (Settling-In-Programme)	70.09
Medical	50.00
Documentation Fee (OVERSEAS)	500.00
Discount	**-$100.00**
Taxable Amount	**$1,963.09**
GST Standard Rated 7%	$137.42
Sub Total	**$2,100.51**
WPOL Filing Fee ($35 application+$35 e-issue)	70.00
Grand Total	**$2,170.51**

Receipt No.	Date	Amount	Description	Payment Mode/Ref
KT0120190611663	03-06-2019	$ 100.00	Booking Fee	Cash-

*payment includes 7% GST where its applicable.

Amount Balance **$2,070.51**

I would like to stay in touch with the company to get updates and promotion via phone, mail, email and other means of communication. By agreeing the above, I understand that:-
a. The company and their representatives may collect, use and/or disclose my personal data for contacting me about services and products offered by the Company and our related business Company.
b. My response here does not affect my other consents given to the Company and their Representatives and their right at law in respect of my personal data.
i. This consent is independent of this Service Agreement and the relevant service offer.
ii. This option include voice calls, text and fax via my Singapore telephone numbers in your record from time to time.
iii. Leaving any of the above blank will not be treated as a withdrawal of any other consent I may have previously provide to the company and their Representative.

Signature by Employer
Name: LIM YVONNE
NRIC: S7321065H

Palma Sharon Asuncion
R1105865

Signature by Agent
Name: Palma Sharon Asuncion
Reg No: R1105865

Any enquiries/feedback, kindly contact us at unitedes@singnet.com

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	LIM YVONNE
NRIC No./ FIN	S7321065H
Contact No.	96916645
Signature and Date	

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	Orita Jaren Lee Martizano	EC6426078	APPLY
2			

☑ I hereby declare that I am authorising _____ **(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 authorise _____ **(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	Palma Sharon Asuncion
Registration No.	R1105585
Signature and Date	

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
LIM YVONNE	☐ M ☑ F

Address: 14 Namly View S(267088)

Nationality	SB Transmission Ref	Occupation
Singaporean		

Name of Company	NRIC/FIN No
	S7321065H

Contact No: (H) _____ (HP) 96916945

B. MAID'S PARTICULARS

Name of Maid: Oreta Janen Lee Martizano

*Date of Birth (dd/mm/yyyy)	Passport No
2 / 12 / 1992	EC6426078

WP No	Nationality
	FILIPINO

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 _____

Palma Sharon Asuncion
R1105965

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

UNITED CHANNEL EMPLOYMENT AGENCY PTE LTD * Lic. No. 07C4306

Signature of Employer
Full Name:
NRIC No.: