

Declaration by Employer



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.

Employer Name		YANG JIE						
NRIC No./ FIN		S8080345A						
Contact No.		92953375/96282864						
Signature and Date								
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction				
1.	CHAW SU PAING		MD479308	APPLY				
2.								
I hereby declare that I am authorising <u>UNITED CHANNEL EMPLOYMENT AGENCY PTE LTD (07C4306)</u> (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	I have spoken to and verified with employer to confirm his / her authorisation.							
✓ 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						
Registration No.		R1658004						
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

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.

Name of Proposer		B. MAID'S PARTICULARS Name of Maid			
YANG JIE		CHAW SU PAING			
Address APT BLK 119B RIVI	ERVALE DRIVE #02-322 SI	*Date of Birth (dd/mm/yyyy) 31/08/1993	Passport No MD479308		
Nationality CHINESE				WP No	Nationality (YANMAR
Name of Company	NRIC/FIN No S8080345A		The Period of Insurance (dd/mm/yyyy)		
Contact No: (H) 92953375	(HP)	96282864		From / /	To / /
* PLANA	2-YEAR DICAL INSURANCE CO PLAN B ☐ PLAN C	VERAGE:	ck one only	*Age Limit: 69 years of age & F. POLO GUARANTEE (F * \$2,000 \$7,0	
Provided always that if my/our liability to keep shall only arise if the bre from any deliberate act the Security Bond was n	NT OF INDEMNITY PAID NO I/we pay the additional premiur Tokio Marine Insurance Singapo sach of the condition under the Story or omission of the Employer. Who caused by or resulted from the to pay Tokio Marine Insurance	n for the waiver of cour re Ltd. indemnified as s ecurity Bond was caused here the breach of the co Employer's deliberate a	tipulated above d by or resulted condition under act or omission,		
\$10,000 (A y submitting this informa i) I acknowledge and disclosed to third pa	tion: consent to TMiS collecting, using	20,000 (Annual Li	mit \$10,000) coessing my persone Singapore.	\$30,000 (Annual Limit \$1st anal data for the purpose of process n, where applicable, and that he/sh	sing/servicing my policy/claim and
personal data and to	n that I have obtained the consi- give consent on their behalf fo etailed Privacy Policy Statemen	r the above collection, a	use, process and	disclosure; and	a rida domonizad nie to diadiose n
IMPORTANT NOTICE: The of fax or otherwise, shall be	e Employer is hereby notified tha e deemed binding and legally enf	COUNTER-IN t by virtue of signing this orceable in a court of law	Counter-Indemnit	FORM y Form, it is hereby understood and a ne same legal effects as that of the or	greed that a copy of it, either by way
20 McCallum	ne Insurance Singapore Lto Street #09-01 Tokio Marine C	d. entre Singapore 0690	46		
Dear Sirs, RE: COUNTER-INDEMN	ITY FOR LETTER OF GUARAN	TEE NO.			
following (whichever is se	elected to be covered under the	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,
				d in the Letter of Guarantee and/or	
In return, I/we agree and					
I/We will, at all times, losses, liabilities, cos or which become pay	unconditionally and irrevocably ts and expenses whatsoever (in able by you under the Letter of 6	guarantee to jointly and cluding legal costs and courantee and/or Insura	d severally compe expenses determine ence Bond.	nsate you for all claims, payments, and on a solicitor or client basis) which	demands, actions, suits, proceeding the may be taken or made against to the major
You will have absolutaken or made again I/We shall accept the of Guarantee and/or	ate discretion to compromise al ast you under the Letter of Gua a receipts, vouchers or any oth Insurance Bond as conclusive e	l claims, payments, de rantee and/or Insuranc er evidence of all payn vidence of my/our liabili	mands, actions, see Bond. nents made by you ty to you.	suits, proceedings, losses and liabil ou or all liabilities or obligations inc	ities whatsoever which may be urred by you because of the Lette
You will have absolutaken or made again I/We shall accept the of Guarantee and/or This counter indemn	ate discretion to compromise al ast you under the Letter of Gua a receipts, vouchers or any oth Insurance Bond as conclusive e	I claims, payments, de rantee and/or Insurance er evidence of all paym vidence of my/our liabili d and you may at any ti	mands, actions, see Bond. nents made by young to you. ime have absolute	suits, proceedings, losses and liabil ou or all liabilities or obligations inc a discretion without giving any notic	ities whatsoever which may be urred by you because of the Lette
You will have absolt taken or made agair I/We shall accept the of Guarantee and/or This counter indemn Letter of Guarantee	ate discretion to compromise all st you under the Letter of Gua e receipts, vouchers or any oth Insurance Bond as conclusive e ity shall be a continuing deman.	I claims, payments, de rantee and/or Insuranc er evidence of all paym vidence of my/our liabili d and you may at any ti discharging or Impairl	mands, actions, see Bond nents made by you ty to you ime have absolute ng my/our liabilit day of	suits, proceedings, losses and liabil ou or all liabilities or obligations inc a discretion without giving any notic	ities whatsoever which may be urred by you because of the Lette
You will have absolt taken or made again I/We shall accept the of Guarantee and/or This counter indemn Letter of Guarantee IN WITNESS WHEREOF	ute discretion to compromise al nest you under the Letter of Gua a receipts, vouchers or any oth Insurance Bond as conclusive e ity shall be a continuing deman and/or Insurance Bond withou	I claims, payments, de rantee and/or Insurance revidence of all paymy vidence of my/our liabilid and you may at any tit discharging or impairitudent name(s) this	mands, actions, see Bond. nents made by you to you. ime have absoluting my/our liabilit day of Lic. No. 07C4300	wits, proceedings, losses and liabil ou or all liabilities or obligations inco a discretion without giving any notic y under the indemnity.	ities whatsoever which may be urred by you because of the Lett

Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D
