



CHOI INKYUNG
4 PANDAN VALLEY
#16-410A EUGENIA COURT
SINGAPORE 597628



05 Apr 2019

You can go ahead and renew your helper's work permit

Dear CHOI INKYUNG

MOM has approved your request.

Your helper's work permit will expire on 21 May 2019.

If you want to keep your helper, you will need to buy new insurance before you can renew. Insurance for helpers is usually sold as Maid Insurance and includes a security bond, personal accident insurance and medical insurance.

Your current security bond details:

Insurer: ALLIED WORLD ASSURANCE COMPANY, LTD (SINGAPORE BRANCH)

Policy number: MAA060225

Expires on: 21 Jul 2019

Once you have bought insurance, the company will send MOM the details the next working day. Then you will be ready to complete the process online at services.mom.gov.sg/workpass/keepmyhelper

Yours sincerely

Pansy Chow
For the Controller of Work Passes

HELPER'S NAME
SRI HATI BT KAPSAH JASWAN

FIN
G2835555L

WORK PERMIT NO.
0 08831084

DATE OF APPLICATION
19 MAY 2017

SECURITY BOND TRANSMISSION NO.
U854351

⚠ IMPORTANT

There may be an overstaying fine of up to \$500 if your helper's permit is not renewed, transferred or cancelled before 21 May 2019



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 CHOI INK YUNG		Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address 4 PANDAN VALLEY #16-410A (S) 577628		
Nationality KOREAN, SOUTH	SB Transmission Ref U854351	Occupation
Name of Company		NRIC/FIN No G0685373R
Contact No: (H) _____ (HP) _____		

B. MAID'S PARTICULARS

Name of Maid SRI HATI BT KARSAM JASWAN	
*Date of Birth (dd/mm/yyyy) 12/12/1986	Passport No B3872975
WP No 008831084	Nationality INDONESIAN
The Period of Insurance (dd/mm/yyyy) From / / To / /	

C. PERIOD OF INSURANCE:

* ☒ 1-YEAR ☐ 2-YEAR

*Please tick one only

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.

*Age Limit: 69 years of age & below

F. POLO GUARANTEE (For Filipino Helper only):

* ☐ \$2,000 ☐ \$7,000 (\$70.00)

FOR OFFICE USE ONLY

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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 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.
- 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
- 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:

- 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.
- 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.
- 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.
- 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

Signature of Witness

Full Name:

NRIC No.:

Address:

Signature of Employer

Full Name:

NRIC No.:

Soh Geok Sian
RT 100683

Choi Ink Yung
G0685373R



Use this form only if you are an employment agent acting on behalf of an employer

Declaration by the employer:

1. In order to renew a work pass under the Employment of Foreign Manpower Act ("EFMA"), I declare that:
 - a. I am fully aware of and shall fulfil my obligations as an employer of a foreign domestic worker under the EFMA and the Employment of Foreign Manpower (Work Passes) Regulations ("EFMR") which includes the following:
 - Pay her salary promptly
 - Pay for her upkeep and maintenance, including medical treatment
 - Provide acceptable accommodation for her
 - Should she die while in Singapore, pay for her burial or cremation and pay for her body and belongings to be returned to her home
 - Take her to the Controller of Work Passes when required by MOM
 - Inform the Controller of Work Passes in writing within seven days when her employment ends or her work pass is cancelled
 - Arrange and pay for her passage home, after giving her reasonable notice, and paying her outstanding salary.
 - b. I shall take reasonable steps to ensure that my foreign domestic worker complies with the EFMA and the EFMR; and such steps shall include reporting to the Controller of Work Passes if I know that she is non-compliant; and
 - c. I have obtained my foreign domestic worker's written consent to continue her employment with me.
2. When a new security bond is needed, I declare that:
 - a. I have furnished my security bond as follows:

Policy Number	Expiry Date (DD-MM-YYYY)
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 - b. I understand that the Controller of Work Passes has imposed on me a security bond for the sum of FIVE THOUSAND SINGAPORE DOLLAR (SGD 5,000) payable to the Government of the Republic of Singapore to ensure that I comply with my obligations under the EFMA and the EFMR [including those in 1(a) above];
 - c. I understand that if I breach any of my obligations as an employer of a foreign domestic worker, my Security Bond may be forfeited fully or in part. I also understand that if there is only partial forfeiture, the Government of the Republic of Singapore may forfeit the rest at a later point in time for the same breach or a different breach.
3. By signing this form, I indicate that I have read and understood this declaration; and intend to be bound by it. I am aware that if I have wilfully stated in it anything which I know to be false or do not believe to be true, I may be prosecuted.

Name of foreign domestic worker

FIN of foreign domestic worker

Name of employer

Signature of employer

NRIC / FIN

Date (DD-MM-YYYY)

22. Apr 2019