Address:



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   SHANDILYA VIVEK	A. PROPOSER'S / EMPLOYER'S PARTICULARS			B. MAID'S PARTICULARS		
Address 35 SIME   STREET 4 # 0   - 0 2 S (539869)  Nationality   SB Transmission Ref   Occupation   Inchinary   Passport No			Name of Maid			
25 SIME   STREET 4 # 61 - 0 2  S (529867)  Nationality   SB Transmission Ref   Occupation   Occu	SHANDILYA VIVER		M DF			
S. (529867)   Nationality   SB Transmission Ref   Occupation	Address 2 to 0 to		VV (I I I			
Nationality   SB Transmission Ref   Occupation				1 100-	The state of the s	
Name of Company    NRIC/FIN No   G 3303 #8   W	V	Occupation		WP No	Nationality	
NRIC/FIN No G1 330 3 78 (W)  Contact No: (H)		•		0 94607949	myanmar	
CONTACT NOTICE: The Employer is hereby notified that 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.    Contact No:		NRIC/FIN No				
C. PERIOD OF INSURANCE:  *   1-YEAR   2-YEAR   2	G 330378 IW		The Period of Insurance (dd/mm/yyyy)			
1-YEAR   2-YEAR   2-YEAR   1-YEAR   2-YEAR   5-YEAR   5-YEAR   1-YEAR   2-YEAR   1-YEAR   2-YEAR   5-YEAR   1-YEAR   2-YEAR   5-YEAR   1-YEAR   1	9.45 (0.0)		From / / To / /			
D. CHOICE OF MEDICAL INSURANCE COVERAGE:    PLAN A						
PLAN A PLAN B PLAN C PLAN D  FOR OFFICE USE ONLY  E. REIMBURSEMENT OF INDEMNITY PAID TO INSURER:    YES						
E. REIMBURSEMENT OF INDEMNITY PAID TO INSURER:    YES	D. CHOICE OF MEDICAL INSURANCE COVERAGE:				30 (\$70.00)	
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 \$\$250.  G. TOP-UP FOR SECTION 2: H&S EXPENSES (Only with 2-Year Plan)(Optional):  \$\begin{array}{c} \text{S10,000} \text{ (Annual Limit \$\$5,000)} \text{ \$\text{S20,000} \text{ (Annual Limit \$\$10,000)} \text{ \$\text{S30,000} \text{ (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.toklomarine.comsg.  MPORTANT 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 and/or Controller of Immigration of Singapore; and/or  In lieu of the cash deposit that I/we would otherwise have to pr				FOR OFFICE USE ONLY		
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, livee will only be liable to pay Tokio Marine Insurance Singapore Ltd. a fixed sum of S\$250.  G. TOP-UP FOR SECTION 2: H&S EXPENSES (Only with 2-Year Plan)(Optional):  \$\Begin{array}{c} \text{S10,000} \text{ (Annual Limit \$\$5,000)} \By 20,000 \text{ (Annual Limit \$\$10,000)} \By 300,000 \text{ (Annual Limit \$\$15,000)} \By submitting this information:  \$\Begin{array}{c} \text{ (Annual Limit \$\$5,000)} \By 20,000 \text{ (Annual Limit \$\$10,000)} \By 300,000 \text{ (Annual Limit \$\$15,000)} \By submitting this information:  \$\Begin{array}{c} \text{ (Annual Limit \$\$5,000)} \By 20,000 \text{ (Annual Limit \$\$10,000)} \By 300,000 \text{ (Annual Limit \$\$15,000)} \By submitting this information:  \$\Begin{array}{c} \text{ (Annual Limit \$\$5,000)} \By 20,000 \text{ (Annual Limit \$\$10,000)} \By 300,000 \text{ (Annual Limit \$\$15,000)}	al.					
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Stouth S				(Ontional):		
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In return, I/we agree and undertake as follows:						
I all all all all all all all all all al	8 8 90 9000					
the Letter of Ownerstance Pond		ably guarantee to jointly an	d severally compe	ensate you for all claims, payments, on ned on a solicitor or client basis) which	demands, actions, suits, proceedings ch may be taken or made against you	
<ol> <li>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.</li> </ol>						
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.	I/We shall accept the receipts, vouchers or any	other evidence of all pay	ments made by y	ou or all liabilities or obligations inco	urred by you because of the Letter	
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.	Letter of Guarantee and/or Insurance Bond wit	thout discharging or impai	ring my/our liabili	ty under the indemnity.		
IN WITNESS WHEREOF I/we have hereto subscribed my/our name(s) this day of year	IN WITNESS WHEREOF I/we have hereto subscribe	Married Co.	day of	year		
SERVICES TO CARROLL						
Signature of Witness Signature of Freedower		Lic. No.	1	1/1000		
Signature of Vilness Signature of Employer		0 11C495 m	0			
Full Name:  NRIC No.:  Full Name:  NRIC No.:  NRIC No.:	The second secon	NN *				



**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 <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.

SHANDILTA VIVEN					
NRIC No./ FIN UCS-G3303781W					
<b>Contact No.</b> 97531006					
Signature and Date					
FIN / WP No. Authorised Transaction					
APPLY					
I hereby declare that I am authorising <u>UNITED CHANNEL SERVICES PTE LTD (11C4954)</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 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 Farahizah Binte Shariff					
Registration No. R1100472					
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