

**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		WONGLIAN ENG				
NRIC No./ FIN		UCS-S0174401A				
Contact No.		96662973 APR 2019				
Signa	ture and Date	Q/				
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction		
1.	HNIN EI KHAING		md870819	APPLY		
2.						
	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.						
Dec	Declaration by EA					
✓ I	I have spoken to and verified with employer to confirm his / her authorisation.					
<ul> <li>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.</li> <li>I declare that I have ensured all necessary fields are filled in prior to making the abovementioned</li> </ul>						
√ I	of the employer. I declare that I have e	verified with employer that the pers	on submitting this form to the			
Ø I	of the employer. I declare that I have e work pass transaction	verified with employer that the pers	on submitting this form to the			
✓ I	of the employer. I declare that I have e work pass transaction	verified with employer that the persensured all necessary fields are filled	on submitting this form to the			
✓ I	of the employer. I declare that I have ended work pass transaction. I declare that the info	verified with employer that the persensured all necessary fields are filled services.	on submitting this form to the in prior to making the aboveme and correct			

1500 Bendemeer Road Singapore 339946 Tel +65 6438 5122 Web http://www.mom.gov.sg Email mom\_fmmd@mom.gov.sg

TOKIOMARINE

Address:

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 bught 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	B. MAID'S PARTICULARS
Name of Proposer Sex	Name of Maid
WONG lian Eng	hnin El Ichians
Address	7,01107
2 9him Moh Rosan #01-316	*Date of Birth (dd/mm/yyyy)  2 / 03 / 1994  Passport No
Nationality SB Transmission Ref Occupation	Nationality  NO 17 w/ 9
Name of Company  NRIC/FIN No  SDIZUYOIU	The Period of Insurance (dd/mm/yyyy)
Contact No: (H) 96663974.	From / / To / /
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	*Age Limit: 69 years of age & below  F. POLO GUARANTEE (For Filipino Helper only):  * \$2,000 \$7,000 (\$70.00)
E. REIMBURSEMENT OF INDEMNITY PAID TO INSURER:	FOR OFFICE USE ONLY
Provide a 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.	
G. TOP-UP FOR SECTION 2: H&S EXPENSES (Only with 2-Year Plan)(0	
☐ \$10,000 (Annual Limit \$5,000) ☐ \$20,000 (Annual Limit \$10,000)	330,000 (Annual Limit \$15,000)
By submitting this information: i) I acknowledge and consent to TMiS collecting, using, disclosing and/or processing my person 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 personal data and to give consent on their behalf for the above collection, use, process and diii) I acknowledge the detailed Privacy Policy Statement, governing the above, posted at www.tok	n, where applicable, and that he/she has authorized me to disclose the isclosure; and
COUNTER-INDEMNITY F	
IMPORTANT NOTICE: The Employer is hereby notified that by virtue of signing this Counter-Indemnity of fax or otherwise, shall be deemed binding and legally enforceable in a court of law and shall have the	Form, it is hereby understood and agreed that a copy of it, either by way a 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, <b>Tokio Marine Insurar</b> 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	
An Insurance Bond for \$2,000 or \$7,000 (whichever amount is indicated in the insurance bond) which guarantee(s) the payment on demand of any sum or sums not exceeding the amount stated	
700 0000 000 000 000 000 000 000 000 00	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 compenlosses, liabilities, costs and expenses whatsoever (including legal costs and expenses determine or which become payable by you under the Letter of Guarantee and/or Insurance Bond.	sate you for all claims, payments, demands, actions, suits, proceedings ad on a solicitor or client basis) which may be taken or made against you
<ol> <li>You will have absolute discretion to compromise all claims, payments, demands, actions, su taken or made against you under the Letter of Guarantee and/or Insurance Bond.</li> </ol>	
<ol> <li>I/We shall accept the receipts, vouchers or any other evidence of all payments made by you of Guarantee and/or Insurance Bond as conclusive evidence of my/our liability to you.</li> </ol>	
This counter indemnity shall be a continuing demand and you may at any time have absolute Letter of Guarantee and/or Insurance Bond without discharging or impairing my/our liability.	
IN WITNESS WHEREOF I/we have hereto subscribed my/our name(s) this day of y	rear X
Signature of Witnese Signa	ature of Employer
Full Name:	Name:
NRIC No.:	C No.:

### Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D	
. *****	Letter of Guarantee	S\$5,000				
	Personal Accident					
,	(A) Death	S\$60,000 ( wef 1 Oct 2017 )				
1	(B) Permanent Disablement	As per scale in Policy				
	(C) Medical Expenses	S\$1,000	S\$1,500	S\$2,500	S\$4,000	
2	Hospital & Surgical Expenses (Worldwide)	S\$30,000 (Annual Limit : S\$15,000)	\$\$30,000 (Annual Limit : \$\$15,000)	S\$40,000 (Annual Limit : S\$20,000)	\$\$60,000 (Annual Limit : \$\$30,000)	
	(A) Recuperation Expenses (Max 60 Days)	NIL	S\$10 per day	S\$20 per day	S\$30 per day	
3	(B) Temporary Help Benefit (Max 30 Days)	NIL	S\$10 per day	S\$15 per day	S\$20 per day	
4	Repatriation Expenses Up to S\$10,000					
5	Wages & Levy Reimbursement (Max 60 Days)	NIL	Up to S\$30 per day	Up to S\$35 per day	Up to S\$35 per day	
6	Termination / Re-Hiring Expenses	NIL	S\$250	S\$350	S\$500	
7	Outpatient Kidney Dialysis / Cancer Treatment	NIL	NIL	S\$2,500 (Policy Limit)	S\$5,000 (Policy Limit)	
8	Special Grant	NIL	S\$1,000	S\$2,000	S\$3,000	
9	Maid & Household Liability	NIL	S\$50,000 AOA (Any	S\$50,000 AOA (Any One Accident) / Unlimited AOP ( Any One Period)		
10	Fidelity Guarantee	NIL	NIL	\$\$5,000	S\$5,000	
	14-month	\$171.20 (Incl GST)	\$192.60 (Incl GST)	\$224.70 (Incl GST)	\$256.80 (Incl GST)	
Premium	26-month	\$246.10 (Incl GST)	\$284.30 (Incl GST)	\$327.10 (Incl GST)	\$374.50 (Incl GST)	
Reimbur	sement of Indemnity paid to	insurer (excess \$250)				
If purcha	ased with Policy		\$53.50 (ln	cl GST)		
If purch	ased subsequently		\$85.60 (Inc	cl GST)		
Top-up i	for Section 2: Hospital & Surg	ical Expenses (H&S)				
S\$10,000 (Annua		l Limit \$5,000)	(Incl GST)			
26-month	Policy S\$20,000 (Annua	l Limit \$10,000)		\$107.00 (Incl GST)		
26-month Policy S\$30,000 (Annua		l Limit \$15,000)	\$139.10 (Incl GST)			

#### **Refund Policy:**

Cancellation Period	Within 60 days	Withîn 61 to 120 days	Within 121 to 180 days	Within 181 to 270 days	After 270 days
14-month Policy	70% of Premium	50% of Premium	No Refund	No Refund	No Refund
26-month Policy	70% of Premium	50% of Premium	30% of Premium	20% of Premium	No Refund

#### Special Extensions

- \* Policy Covers the maid when she is on home leave and she has a valid Work Permit
- \* Section 1 Benefit C (Medical Expenses) is extended to include treatment by a licensed TCM registered with MOH
- \* Section 2 (Hospital & Surgical Expenses) is extended to :
  - Include Day Surgery
  - Cover communicable diseases or illness (e.g. SARS, Tuberculosis, H1N1, Dengue Fever, MERS) solely for the purpose of quarantine or isolation

This Policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg)