



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	NGIAM HEONG ENG
NRIC No./ FIN	UCS-XXXXX737B
Contact No.	90122659
Signature and Date	<i>Ngiam</i>

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1.	ROHIMA		APPLY
2.			

I hereby declare that I am authorising UNITED CHANNEL SERVICES PTE LTD (11C4954) (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	<i>Farahizah Binte Shariff</i> R1100472

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

Ngiam

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
Sungei Plaza Singapore 189652
Tel: +65 65356838 / 64638138
Fax: +65 65356828 / 64635021
Web: www.ava-ins.com.sg
Company's Registration No. 201113/230C

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
NGIAM HEONG ENG

Sex
☒ M ☐ F

Address

APT BLK 226 LORONG 8 TOA PAYOH #09-124 SINGAPORE 1231

Nationality
Singapore

SB Transmission Ref

Occupation

Name of Company

NRIC/IN No

UCS-XXXXX737B

Contact No

(H)

(HP) 90122659

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

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)

B. MAID'S PARTICULARS

Name of Maid

ROHIMA

*Date of Birth (dd/mm/yyyy)

Passport No

18/07/1993

WP No

Nationality

INDONESIAN

The Period of Insurance (dd/mm/yyyy)

From / / to / /

*Age Limit: 60 years of age & below

F. POLO GUARANTEE (For Filipino Helper only)

* ☐ \$2,000 ☐ \$7,000 (\$70.00)

FOR OFFICE USE ONLY

COUNTER-INDEMNITY FORM

IMPORTANT NOTICE: The Employer/Helper must read this form carefully and understand its contents. If the Employer/Helper does not understand the contents of this form, they should seek advice from a solicitor or other professional. The Employer/Helper must sign and stamp this form in the presence of a witness. The Employer/Helper must provide a copy of this form to the insurance company and the relevant government authorities.

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 deposit that I/we would normally have to provide as security Tokio Marine Insurance Singapore Ltd, I (you) agree to my/our request to provide the following (as I/we 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. We will, at all times, indemnify and hold you harmless from all costs, expenses, claims, damages, actions, suits, proceedings, losses and liabilities whatsoever which may be taken or made against you by or on behalf of the insurance company or a solicitor or client basis) which may be taken or made against you
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. 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 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 hereunto subscribed our names and stamped this

Signature of Witness

Full Name

NRIC No

Address

Farahizah Binta Shariff
R1100472



Signature of Employer

Full Name

NRIC No.

Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D