

RENEWAL OF WORK PERMIT / PASSPORT / VISA Documentation

**Note : Please make sure that all authorization

forms are filled and signed

(company stamp)

(UCS)

Date

6/4/2020.

Package Fee

Official Receipt No.

Insurance

(M C)

RIP YES / NO

Name of Employer

Chun Ah tum

Contact No.

(H)

(HP)

HP: 81605951

Spouse

Contact No.

(H)

(HP)

Myanmar / Filipino / Indonesia

Name of FDW

thi thi Win

Work Permit No.

~~074335841~~ 074335841

Date of Expiry

19/3/2018

Passport No.

MD 147607

Date of Expiry

18/3/2023

Remarks / Special Instructions



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer Location
CHAN AH TWAN
59 CIRCUIT ROAD #05-187 S(370059)



Name
THI THI WIN
Work Permit No.
O 94335841

Sector:
DOMESTIC



K0406249



VISIT PASS
Immigration Regulations

22-05-2018

Name
THI THI WIN

FIN
G8656039P

Date of Birth
05-12-1983

Sex
F

Nationality
MYANMAR



Download SGWorkPass
App to check status



MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.






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	Chan Ah Tuan
NRIC No. / FIN	+
Contact No.	8180 5951
Signature and Date	 11/11/11 X

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

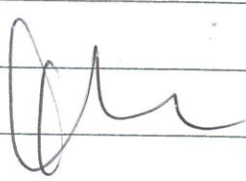
☐ I hereby declare that I am authorising _____ (Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf.

Fill in only if applicable.

☐ I hereby authorise _____ (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	
Registration No.	
Signature and Date	



AVIVA LTD
4 Shenton Way #01-01
SGX Centre 2 Singapore 068807
Company's Registration No. 196900499k



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.

A. PROPOSER'S / EMPLOYER'S PARTICULARS

Name of Proposer Chan Ah Tuan		Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address 59 circuit Road #05-187 Macpherson Garden S(370059)		
Nationality Singaporean	SB Transmission Ref P583848	Occupation XXXXXX762J
Name of Company		NRIC/FIN No
Contact No: (H) _____ (HP) _____		

B. MAID'S PARTICULARS

Name of Maid Thi Thi Win	
*Date of Birth (dd/mm/yyyy) 05/12/1983	Passport No MD147607
WP No 094375841	Nationality myanmar
The Period of Insurance (dd/mm/yyyy) From 02/05/2020 To _____ / _____ / _____	

C. PERIOD OF INSURANCE:

* ☐ 1-YEAR ☐ 2-YEAR

*Please tick one only

*Age Limit: 69 years of age & below

D. CHOICE OF MEDICAL INSURANCE COVERAGE:

* ☐ PLAN A ☐ PLAN B ☐ PLAN C ☐ PLAN D

F. POLO GUARANTEE (For Filipino Helper only):

* ☐ \$2,000 ☐ \$7,000 (\$70.00)

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 Aviva 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 Aviva Ltd a fixed sum of S\$250.

FOR OFFICE USE ONLY

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)

On behalf of myself and all proposed Lives Assured, I consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data (whether contained in this form or obtained from other sources; existing data in Aviva's record or to be collected in future) and transferring them to Aviva related group of companies, third party service providers, reinsurers and/or suppliers for the following purposes:

- to issue and administer my existing and/or new policy(ies) and/or account(s) with Aviva and such other purposes ancillary or related to the administering of the policy(ies) and/or account(s), including the processing of my/our personal data for underwriting purposes, payment of premiums and/or claims purposes;
- for statistical, research, compliance, audit and regulatory purposes.

For more information on Aviva's data protection policy and full details of the purpose of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.

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: **Aviva Ltd**
4 Shenton Way #01-01 SGX Centre 2 Singapore 068807

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, **Aviva 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

Soh Geok Sian
R1100683

Signature of Witness

Full Name:

NRIC No.:

Address:

Signature of Employer

Full Name:

NRIC No.:



CHAN AH TWAN
59 CIRCUIT ROAD
#05-187 MACPHERSON GARDEN
SINGAPORE 370059



06 Apr 2020

It's time to renew your helper's work permit

Dear CHAN AH TWAN

Your helper's work permit will expire on 02 May 2020.

There are a few things you need to do if you want to keep her. You can log in with SingPass to renew the work permit. Use the handy checklist over the page to make sure you have everything ready before you renew.

You can also get your sponsor, SONG SIU KUAN, to log in with their SingPass and renew the work permit on your behalf.

If you don't intend to renew your helper's permit, you will need to think about transferring her to another employer or sending her home. You can find out more about this at mom.gov.sg > Foreign Manpower > Work passes and permits > Work Permit for foreign domestic worker.

Yours sincerely

Pansy Chow
For the Controller of Work Passes

HELPER'S NAME
THI THI WIN

FIN
G8656039P

WORK PERMIT NO.
0 94335841

DATE OF APPLICATION
02 MAY 2018

SECURITY BOND TRANSMISSION NO.
P583848

If you wish to keep your helper

- 1 If your address has changed recently, update the Police Post or ICA
- 2 Buy a new insurance package
- 3 Then go online to renew at service2.mom.gov.sg/workpass/keepmyhelper

△ IMPORTANT

There may be an overstaying fine of up to \$500 if your helper's permit is not renewed, transferred or cancelled before 02 May 2020