



JOO MOK KWONG  
409 HOUGANG AVENUE 10  
#09-1040  
SINGAPORE 530409



17 Sep 2019

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

Dear JOO MOK KWONG

Your helper's work permit will expire on 07 Oct 2019.

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 one of your sponsors, ONG CHIN TECK or YIO HENG NGO, 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](http://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  
MAI THU ZAR AUNG

FIN  
G2724753P

WORK PERMIT NO.  
0 93721314

DATE OF APPLICATION  
25 SEP 2015

SECURITY BOND TRANSMISSION NO.  
U784248

### 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 [services.mom.gov.sg/workpass/keepmyhelper](http://services.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 07 Oct 2019

Underwritten by:



TOKIOMARINE

TOKIO MARINE INSURANCE SINGAPORE LTD.  
20 McCallum Street #09-01  
Tokio Marine Centre Singapore 069046



Underwritten 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 <b>JOO MOK KWONG</b>		Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address <b>BLK 409 HOUGANH AVE 10 #09-1040 SINGAPORE 530409</b>		
Nationality <b>SINGAPOREAN</b>	SB Transmission Ref <b>U784248</b>	Occupation
Name of Company		NRIC/FIN No <b>50710881H</b>
Contact No: (H) <b>9769 5146</b>		(HP)

## B. MAID'S PARTICULARS

Name of Maid <b>MAI THU ZAR AUNG</b>	
*Date of Birth (dd/mm/yyyy) <b>01 / 08 / 1986</b>	Passport No <b>ME 203893</b>
WP No <b>093721314</b>	Nationality <b>MYANMAR</b>
The Period of Insurance (dd/mm/yyyy) From <b>07 / 10 / 2019</b> To <b> / /</b>	

## 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.

\*Age Limit: 69 years of age &amp; below

## F. POLO GUARANTEE (For Filipino Helper only):

\* ☐ \$2,000 ☐ \$7,000 (\$70.00)

## FOR OFFICE USE ONLY

## G. TOP-UP FOR SECTION 2 : H&amp;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.:

**JOO MOK KWONG**  
**50710881H**





MINISTRY OF  
MANPOWER


## 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	JOO MOK KWONG
NRIC No./ FIN	S 0710881 H
Contact No.	97695146
Signature and Date	

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	MAI THU ZAR AUNG	G 2724753 P	
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	



# PASSPORT

Passport No.  
ME203893

MAI THU ZAR AUNG

MYANMAR

01 AUG 1986

F

Date of issue

12 SEP 2019

Date of expiry

11 SEP 2024

Place of birth

TAUNGDWINGYI

### Authority

ME, SINGAPORE

Holder's signature

Aug

PJMMRMAI<THU<ZAR<AUNG<<<<<<<<<<<<<<<<<<<<<<  
ME203893<7MMR8608011F2409113<<<<<<<<<<<<<<<<2



ENDORSEMENTS, AMENDMENTS AND  
OBSERVATIONS

ENDORSEMENTS, AMENDMENTS AND  
OBSERVATIONS

This passport is issued in lieu of passport


No MB 311670 dated 16 SEP 2015




12 SEP 2019 (Hnin Nu Nu Aung)

First Secretary

EMBASSY OF THE REPUBLIC OF THE UNION OF MYANMAR  
15, ST. MARTIN'S DRIVE  
SINGAPORE


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

Employer Location  
**JOO MOK KWONG**  
409 HOUGANG AVENUE 10 #09-1040 S(530409)





Name  
**MAI THU ZAR AUNG**  
Occupation  
**DOMESTIC WORKER**



Work Permit No.  
**0 93721314**



Date of Application  
**25-09-2015**  
Date of Issue  
**19-09-2017**  
Date of Expiry  
**07-10-2019**



**L8322472**

VISIT PASS			
Immigration Regulations			
Name MAI THU ZAR AUNG			
	Date of Birth	Sex	Nationality
	01-05-1986	F	MYANMAR
	FIN	Date of issue	Date of Expiry
	G2724753P	19-09-2017	07-10-2019
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.			
			





Use this form only if you are an Employment Agent acting on behalf of an employer

## To be signed by the employer and uploaded as part of the renewal process

### 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 Ministry of Manpower
    - 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.
  - d. I consent to MOM displaying the work pass details when my foreign domestic worker's card is scanned using MOM's work pass mobile application.
2. When a new security bond is needed, I declare that:
  - a. I have furnished my security bond.
  - b. I understand that the Controller of Work Passes has imposed on me a security bond for the sum of FIVE THOUSAND SINGAPORE DOLLARS (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 helper

Nai Thu Zar Aung

FIN of helper

G2724753P

Name of employer

Joo Mok Kwong

NRIC/FIN of employer

S071088/H

Signature of employer

Date (DD-MM-YYYY)

15.09.2019