




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	KOH YEO KHIM		
NRIC No./ FIN	UCS-S0855826D		
Contact No.	63927059/91528963		
Signature and Date	 04 MAY 2019		

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

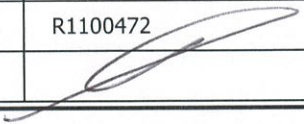
☒ I hereby declare that I am authorising UNITED CHANNEL SERVICES PTE LTD (11C4954) (Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf.

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

<input checked="" type="checkbox"/> I have spoken to and verified with employer to confirm his / her authorisation.	
<input checked="" type="checkbox"/> 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.	
<input checked="" type="checkbox"/> I declare that I have ensured all necessary fields are filled in prior to making the abovementioned work pass transactions	
<input checked="" type="checkbox"/> 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	 04 MAY 2019

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

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
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 KOH YEO KHIM		Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address BLK 94 GEYLANG BAHRU #04-3092 SINGAPORE 330094		
Nationality Singapore	SB Transmission Ref	Occupation
Name of Company		NRIC/FIN No UCS-S0855826D
Contact No: (H) 63927059 (HP) 91528963		

B. MAID'S PARTICULARS

Name of Maid SULI SAIMAN	
*Date of Birth (dd/mm/yyyy) 12/05/1974	Passport No C2146781
WP No 004076591	Nationality INDONESIAN
The Period of Insurance (dd/mm/yyyy) 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**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)

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 hereunto subscribed my/our name(s) this _____ day of _____ year

Signature of Witness

Full Name:

NRIC No.:

Address:



Signature of Employer

Full Name:

NRIC No.:

Koh

KOH YEO KHIM

S0855826D

Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D

Worker Details

WP No. : 0 04076591
Name of Worker : SULI SAIMAN
DOB of Worker : 12/05/1974
Sex : FEMALE
Worker's FIN : G7349015X
Passport No. : C2146781
Nationality : INDONESIAN

Employment History

Results Found : 12

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 12	13/03/2019	only Sir, not suitable. Employer take Filipina	General Household
Employer 11	02/04/2017	take care Ah Mah and baby (new born) 13/03/2019 2 years.	General Household
Employer 10	24/02/2017	Ah Mah (wheel chair) 02/04/2017 2 months	General household, garden Household 3 story
Employer 9	24/09/2016	24/02/2017 5 months	General Household take care sick baby in hospital.
Employer 8	06/08/2016	24/09/2016 1 months	General Household Ah Mah don't like
Employer 7	14/06/2016	06/08/2016 2 months in hospital	General Household Ah Goh, bedridden pass away
Employer 6	01/04/2015	11 months 09/05/2016 take care Ah Mah wheel chair.	General Household
Employer 5	17/09/2014	01/04/2015 Take care Ah Goh. Can work. Can't talk.	General Household got tube in throat
Employer 4	10/01/2003	02/09/2008 5 years	General Household Take care baby and Ah Mah
Employer 3	14/09/2002	10/01/2003 India Family	General Household vegetarian Family
Employer 2	03/08/2002	14/09/2002 Ah Goh pass away	General Household
Employer 1	12/04/2002	03/08/2002 Take care Ah Mah	General Household

Page 1

[Back to Top](#)

[Enquire Another Worker](#)

[Print Employment History](#)

Tai wan
Hong Kong

6 years.

1990 - 1996

take care elderly in hospital

6 months

1997

take care elderly, bedridden



KOH YEO KHIM
Name of Employer

07 MAY 2019
Date

Sign