



## 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

LAM SUEE YIN

NRIC No./ FIN

S1062508D

Contact No.

Tel: 62556266

Signature and Date



S/N

Name of Foreign Domestic Worker(s)

Passport / FIN / WP No.

Authorised Transaction

1

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



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>LAM SWEE YIN</b>		Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address <b>130 Thomson Road #09-06 Singapore 307682</b>		
Nationality <b>Singaporean</b>	SB Transmission Ref	Occupation
Name of Company <b>-</b>	NRIC/FIN No <b>S1062508D</b>	
Contact No: (H) <b>62556266</b> (HP) <b>88001333</b>		

### B. MAID'S PARTICULARS

Name of Maid	
*Date of Birth (dd/mm/yyyy) <b>/ /</b>	Passport No
WP No	Nationality
The Period of Insurance (dd/mm/yyyy) From <b>/ /</b> To <b>/ /</b>	

### 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

X

Signature of Witness

Full Name:

NRIC No.:

Address:

Signature of Employer

Full Name: **LAM SWEE YIN**

NRIC No.:



Work Pass Division  
Ministry of Manpower  
18 Havelock Road  
Singapore 059764  
Telephone : (65) 64385122  
Website : <http://www.mom.gov.sg>  
Email : [mom\\_wpd@mom.gov.sg](mailto:mom_wpd@mom.gov.sg)

## EMPLOYMENT HISTORY OF WORK PERMIT HOLDER

Date printed : 28/02/2021  
Employment Agency : UNITED CHANNEL SERVICES PTE. LTD. (11C4954)

### Worker Details

WP No. : 0 94479088  
Name of Worker : AYE AYE THET  
DOB of Worker : 04/02/1993  
Sex : FEMALE  
Worker's FIN : G8736978T  
Passport No. : MD698027  
Nationality/Citizenship : MYANMAR

### Employment History

Results Found : 4

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 4	10/02/2021		General Household
Employer 3	24/11/2020	10/02/2021	General Household
Employer 2	22/03/2019	24/11/2020	General Household
Employer 1	10/11/2018	22/03/2019	General Household

No person shall in any way make any additions, modifications, adjustments or alterations to the information, or further disclose the information to any other person(s) unless required by the Ministry of Manpower.

## Consent to transfer Foreign Domestic Worker

### PART III - Declaration by current employer whose foreign domestic worker is applying for a change of employer

- To: Controller for Work Permits
- Work Pass Division  
Ministry of Manpower  
18 Havelock Road  
Singapore 059764
- Dear Sir/Madam,

#### CONSENT TO TRANSFER FOREIGN DOMESTIC WORKER

- Foreign domestic worker name \*

\_\_\_\_\_

- Work permit number \*

\_\_\_\_\_

- Date of application

\_\_\_\_\_

- I agree to release my foreign domestic worker named above to the prospective employer.

Until the transfer is successful, I remain responsible for this foreign domestic worker. In the meantime, if the work permit of this foreign domestic worker is expiring, I will either apply to extend her work permit or send her back to her home country.

- Name of current employer \*

\_\_\_\_\_

- NRIC/FIN (current employer) \*

\_\_\_\_\_

- Name of prospective employer

\_\_\_\_\_

- Signature of current employer



\_\_\_\_\_



REPUBLIC OF SINGAPORE  
CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

333750B

DECEASED	Death registered at WOODLANDS WEST NEIGHBOURHOOD POLICE CTR, S'PORE					
	Full name of deceased LEE SZE ENG					
	NRIC/Identification Document No. S0765061B	Sex FEMALE	Date of birth 16/09/1949			
	Race/Dialect Group CHINESE/TEOCHEW	Nationality SINGAPORE CITIZEN	Country/Place of birth SINGAPORE			
	Home Address APT BLK 887C WOODLANDS DRIVE 50 #12-609 SINGAPORE 733887		Date and hour of death 19/02/2021 0827			
	Place or Address where death occurred APT BLK 887C WOODLANDS DRIVE 50 #12-609 SINGAPORE 733887		Approximate interval between onset and death			
CAUSE OF DEATH BY CERTIFIER	I (a) MALIGNANT NEOPLASM OF BREAST		Years	Months	Days	Hours
	Disease or Condition leading to death			8		
	(b)					
	Antecedent Causes					
	(c)					
	II Other Significant conditions					
Name and official status of person certifying cause of death DR KONG KOK LEONG, MEDICAL PRACTITIONER		Certificate of Cause of Death Reference No.: COD-2021-KI-001928 Date: 19/02/2021				
INFORMANT	Name SOH SONG KAI		I certify that the above information given by me is correct.			
	Address APT BLK 10 KITCHENER LINK #05-19 SINGAPORE 207225					
	NRIC/Identification Document No. S7636272F		Informant's Signature/ Date			
	Relationship SON		Thumb impression			
REGISTRATION OFFICER	Name of Registration Officer TAN KIAN LEONG		WOODLANDS WEST NPC			
	Designation REGISTRATION OFFICER		NO. 1 WOODLANDS STREET 12			
	Date 19/02/2021		SINGAPORE 738622 for Registrar of Births and Deaths TEL: 1800-363 9999			

DISPOSITION	PERMIT TO BURY/CREMATE BODY [The Environment Public Health Act (Chapter 95)]			
	Place of Burial or Place of Cremation MANDAI CREMATORIUM	Religious type BUDDHIST		
INFORMANT MAKING APPLICATION	I SOH SONG KAI			
	NRIC/Identification Document No S7636272F apply for a permit to <input type="checkbox"/> bury + <input checked="" type="checkbox"/> cremate + 333750B the deceased referred to in the Death Certificate No. For application to cremate only <input checked="" type="checkbox"/> I certify that to the best of my knowledge, the deceased has no written direction that he/she should not be cremated +		Informant's Signature/ Date	
REGISTRATION OFFICER	The Certificate of Cause of Death certified that there is <input checked="" type="checkbox"/> No evidence of pacemaker in the body of the deceased + <input type="checkbox"/> Evidence of pacemaker/device removed from the body of the deceased + Permit is approved.		WOODLANDS WEST NPC NO. 1 WOODLANDS STREET 12 SINGAPORE 738622 for Commissioner of Public Health TEL: 1800-363 9999	
	Date 19/02/2021			