




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	YONG CHEW HONG
NRIC No./ FIN	UCS-XXXXX603D
Contact No.	92317811
Signature and Date	 7/11/2020

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1.	Aye Ni	G2559903P	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	

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



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 Yong Chew Hong		Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address Blk 112 Aljunied Crescent #09-142 Singapore 380112		
Nationality Singaporean	SB Transmission Ref	Occupation
Name of Company		NRIC/FIN No S2076603D
Contact No: (H) 92317811 (HP)		

B. MAID'S PARTICULARS

Name of Maid Aye Ni	
*Date of Birth (dd/mm/yyyy) 03/06 / 1990	Passport No MA881614
WP No 0 93523121	Nationality myanmar
The Period of Insurance (dd/mm/yyyy) From / / To / /	

C. PERIOD OF INSURANCE:

* ☐ 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 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 \$5250.

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>.

*Age Limit: 69 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 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

Signature of Witness

Full Name:

NRIC No.:

Address:

Signature of Employer

Full Name: **Yong Chew Hong**

NRIC No.: **S2076603D**



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

EMPLOYMENT HISTORY OF WORK PERMIT HOLDER

Date printed : 04/01/2020
Employment Agency : UNITED CHANNEL SERVICES PTE. LTD. (11C4954)

Worker Details

WP No.	: 0 93523121
Name of Worker	: AYE NIE
DOB of Worker	: 03/06/1990
Sex	: FEMALE
Worker's FIN	: G2559903P
Passport No.	: MA881614
Nationality	: MYANMAR

Employment History

Results Found : 1

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 1	22/11/2014		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.



Xong Chew Hong
Name of Employer
21/1/2020
Date
Sign




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	Mdm Lim Choo Lan
NRIC No. / FIN	S1083914 I
Contact No.	9011 6732 (Daughter)
Signature and Date	 4/1/2020

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	

WORK PASS DIVISION
APPLICATION FOR A WORK PERMIT FOR A DOMESTIC WORKER
PART IV - TO BE COMPLETED BY CURRENT EMPLOYER WHOSE
DOMESTIC WORKER IS APPLYING FOR A CHANGE OF EMPLOYER

To:
Work Pass Division
Ministry of Manpower
18 Havelock Road
Singapore 059764

Dear Sir / Madam

CONSENT TO TRANSFER DOMESTIC WORKER

FOREIGN WORKER : _____
WORK PERMIT NO. : _____
DATE OF APPLICATION : _____

I, _____ of IC / Passport No. _____
(Name of Current Employer)

Agree to release my domestic worker named above to the prospective employer,

(Name of Prospective Employer)

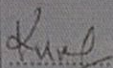
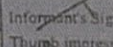

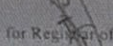

Pending the outcome of the application, I undertake all the responsibilities for the employment of the said domestic worker and will extend her work permit (if necessary). If the application is not approved and I do not wish to continue her employment, I will repatriate this worker.

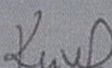
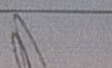


SIGNATURE OF CURRENT EMPLOYER

REPUBLIC OF SINGAPORE
CERTIFICATE OF REGISTRATION OF DEATH

308578C

Name of deceased LAI CHUAN LAM		NRIC/Identification Document No. S10810141		Sex FEMALE	Date of birth 01/05/1903
Race/Ethnic group CHINESE/HOKKIAN		Nationality SINGAPORE CITIZEN		Usual place of birth SINGAPORE	
Place of death 11 FIDELIO STREET SINGAPORE 458117		Date and time of death 27/12/2019 1540			
Place of death where death occurred 11 FIDELIO STREET SINGAPORE 458117		Appropriate interval between death and burial			
<p>(a) CHRONIC ISCHAEMIC HEART DISEASE</p> <p>Direct or immediate leading to death</p> <p>(b)</p> <p>Antecedent Causes</p> <p>(c)</p> <p>Other Significant conditions</p>		Years	Months	Days	Hours
Name and official status of person certifying cause of death DR KWAN YANN HAU SEBASTIAN, MEDICAL PRACTITIONER		Certificate of Cause of Death Reference No.: COD-2019-NA-012010 Date: 27/12/2019			
INFORMANT	Name KUNG GUEK HON		I certify that the above information given by me is correct.		
	Address APT BLK 740 TAMPINES STREET 72 #02-58 SINGAPORE 520740				
	NRIC/Identification Document No. S04926091				
	Relationship DAUGHTER				
REGISTRATION OFFICER	Name of Registration Officer MUHD KAMARULARIFIN BIN MOHD YUSOFF		for Registrar of Births and Deaths		
	Designation REGISTRATION OFFICER				
Date 27/12/2019					

DISPOSITION	PERMIT TO BURY/CREMATE BODY [The Environment Public Health Act (Chapter 95)]	
	Place of Burial or Place of Cremation MANDAI CREMATORIUM	Religious type CHRISTIAN
INFORMANT MAKING APPLICATION	<p>I KUNG GUEK HON</p> <p>NRIC/Identification Document No S04926091 apply for a permit to</p> <p><input type="checkbox"/> bury + <input checked="" type="checkbox"/> cremate +</p> <p>the deceased referred to in the Death Certificate No. 308578C</p> <p>For application to cremate only</p> <p><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 +</p>	<p>  </p> <p>Informant's Signature/</p> <p>Thumb impression</p> <p>27/12/2019</p> <p>Date</p>
	<p>The Certificate of Cause of Death certified that there is</p> <p><input checked="" type="checkbox"/> No evidence of pacemaker in the body of the deceased +</p> <p><input type="checkbox"/> Evidence of pacemaker/device removed from the body of the deceased +</p> <p>Permit is approved</p> <p>27/12/2019</p> <p>Date</p>	<p>  </p> <p>for Commissioner of Public Health</p>

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S 6091



Name
KUNG GUEK HON

Race
CHINESE

Date of Birth
31-05-1993

Sex
F

Country of Birth
SINGAPORE



0996195



NRIC No. S 6091



Blood Group
O+

Date of issue
31-05-1993

APT BLK 740 TAMPINES STREET 72 #02-58
SINGAPORE 520740

NRIC No: S 6091 Date: 02/10/2017