



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.

Declaration by Employer

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1.	NYEIN NYEIN AYE	MB327901	APPLY
2.			

Fill in only if applicable.

Declaration by EA

- | | |
|----------------------|---|
| Name of EA personnel | 
Soh Geok Sian
RT100503 |
| Registration No. | |
| Signature and Date | |

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 Cheng Kim Han		Sex ☐ M ☒ F
Address 207 Compassvale Lane #01-32 S(544201)		
Nationality Malay	SB Transmission Ref	Occupation
Name of Company		NRIC/FIN No S 25363443
Contact No: (H) 97924634 (HP)		

B. MAID'S PARTICULARS

Name of Maid MAY PH MIGHT THU	
*Date of Birth (dd/mm/yyyy) 27/03/1995	Passport No MD 098813
WP No 094313674	Nationality Malay
The Period of Insurance (dd/mm/yyyy) From / / 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

FOR OFFICE USE ONLY

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

Signature of Witness

Full Name:

NRIC No.:

Address:

Signature of Employer

Full Name:

NRIC No.: