



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 E	mployer				
Employer Name	chia siew t	tue Valerie			
NRIC No./ FIN	570205192				
Contact No.	ntact No. 83229198				
Signature and Date	Valerie	73/9/51			
S/N Name of Forei	gn Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction		
1					
2					
licence no. of e	that I am authorising	m the above work pass trans	(Name and action(s) on my behalf.		
Fill in only if applicable	2.				
☐ I hereby author	ise	(Full name as	in NRIC/Passport),		
	esentative's NRIC/Passport is	o.), to submit this authorisat enclosed with this authorisa			
Declaration by E	A				
I have spoken to	and verified with employer t	to confirm his / her authorisa	ation.		
I have spoken t	o and verified with employer	that the person submitting t	his form to the EA is		
authorised to do	so on behalf of the employer	r.			
I declare that I I work pass trans	nave ensured all necessary fiel actions.	lds are filled in prior to maki	ng the abovementioned		
I declare that th	e information provided on th	is form is true and correct.			
Name of EA personn	el				
Registration No.		Self Geok Sian R1100683			
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 Sunstane Plaza Singapore 189652 Tel +65 6536682 i 4633438 Fax +65 6536682 i 46435021 Web: www.ava-ins.com.sg Cempany'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 becoming the proposed.

A. PROPOSER'S / EMPLOYER'S PARTICUL	ARS		B. MAID'S PARTICU	LARS	
Name of Proposer		Sex	Name of Maid		
Chia Siew Hua Valeria	e	M OF			
Address 25 D Richards	Α	1			
Infinium	rvenne		*Date of Birth (dd/mm/	yyyy) Passp	ort No
Singapore 544	639		1 1	1	
Nationality SB Transmission Ref	Occupation	-	WP No	Natio	nality
Singaporean	manage	X	100		,
Name of Company Hyfir Solutions Pte Utol	NRJC/FIN No		The Period of Insurance (dd/mm/yyyy) From / / To / /		
Contact No. (H) 693 55 681 (HP) 83229198		-			
(17)					
C. PERIOD OF INSURANCE:	"Please t	ick one only	*Age Limit 69 years of		
* 1-YEAR 22-YEAR CHOICE OF MEDICAL INSURANCE CO			* \$2,000		
* PLAN A PLAN B PLAN C	PLAN D		FOR OFFICE USE O	NLY	
REIMBURSEMENT OF INDEMNITY PAI	D TO INSURER:				
Provided always that if I/we pay the additional premis	um for the walver of co	unter indemnity,			
mylour liability to keep Aviva Ltd indensified as stipuli of the condition under the Security Band was caused					
omission of the Employer. Where the breach of the op- caused by or resulted from the Employer's deliberate pay Asive Ltd a fixed sum of \$\$250.	indition under the Secur	ity Bond was not			
S. TOP-UP FOR SECTION 2 : H&S EXPER		,,,			
\$10,000 (Annual Limit \$5,000)	\$20 000 (Annual Li	1000 019 Erro	E20 000 (Appuall is	mil \$45 000)	
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