

Declaration by Employer

CHIA KOK MENG

UCS-S7021044D

97432191/98773006

Employer Name

NRIC No./ FIN

Signature and Date

Contact No.



Authorisation Form for Foreign Domestic Worker Work Pass

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 <u>NA</u> 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.

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction					
1.	PAN PHYU		APPLY					
2.								
	ereby declare that I am authorising <u>UNITED</u> yment agency) to perform the above work p	The state of the s	(Name and licence no. of					
Fill in only if applicable. I hereby declare that I am authorising(Full name as in NRIC/Passport)(NRIC/Passport No.5) to submit this authorisation form on my behalf. A copy of the representative's NRIC/Passport is enclosed with this authorisation form.								
Dec	laration by EA							
₩ I	I have spoken to and verified with employer to confirm his / her authorisation.							
€ I	have spoken to and verified with employer the the employer. declare that I have ensured all necessary fields							
Ø 1	of the employer,	ds are filled in prior to making the abovem form is true and correct	entioned					
№ 1№ 1	of the employer. declare that I have ensured all necessary field work pass transactions	ds are filled in prior to making the abovem form is true and correct	entioned					
Ø I Name	of the employer. declare that I have ensured all necessary field vork pass transactions declare that the information provided on this	ds are filled in prior to making the abovem	entioned					

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

Managed By:

AVA INSURANCE AGENCY PTE LTD 91 Benocolen Street #09-06 Sunshine Plaza Singapore 189652 Tel: +65 65356938 / 64638138 Fax: +65 65356928 / 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 crossed on the

A. PROPOSER'S / E	MPLOYER S PARTICUL	LAKO		B. MAID'S PARTICULAR	(2)	
Name of Proposer CHIA KOK MENG			Sex	Name of Maid		
Address			ØM ØF	PAN PHYU		
239 SERANGOON AVE 2 #03-39 SPORE 550239				*Date of Birth (dd/mm/yyyy) Passport No 23/05/1996 ME 432682		
Nationality	SB Transmission Ref	Occupation		23/05/1996 WP No	ME 412682 Nationality	
Name of Company		NRIC/FIN No		MYANMAR		
UCS-S702)	The Period of Insurance (dd/mm/yyyy)		
Contact No: (H)	/a ten			From / /	To / /	
		97432191 /9877300				
" PLANA	2-YEAR DICAL INSURANCE CO PLAN B ⊟PLAN C	VERAGE:	tick one only		below (For Filipino Helper only): 000 (\$70.00)	
Provided always that if my/our liability to keep T shell only arise if the bre from any deliberate act if its Security Bond was no	NT OF INDEMNITY PAIL NO I we pay the additional premiur oklo Marine Insurance Singapor ach of the condition under the Se or omission of the Employer. Wi ot caused by or resulted from the	n for the waiver of course Ltd. Indemnified as security Bond was cause ners the breach of the	stipulated above ad by or resulted condition under	The state of the s		
Trivia will only be liable t	o pay Tokio Marine Insurance :	SHUBDOTH LIG. A fixed				
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Schedule A: Domestic Maid Insurance & Bond Package

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