



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 <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.

Dec	laration by Em	ployer				
Emplo	oyer Name	LIM SEOW WEI				
NRIC No./ FIN		UCS-S7104280D				
Conta	ict No.	64493231/98315786				
Signa	ture and Date	Ling				
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction		
1.	THAN SAN	CING	ME363516	APPLY		
2.						
		am authorising <u>UNITED CHANNEL</u> erform the above work pass transac		(Name and licence no. of		
authoris		nm authorising(Full name as in nalf. A copy of the representative's N				
⊘ I	have spoken to and	verified with employer to confirm his	s / her authorisation.			
✓ I	have spoken to and of the employer.	verified with employer that the personsured all necessary fields are filled	on submitting this form to the I			
✓ I	declare that the info	rmation provided on this form is true	e and correct			
Name	e of EA personnel	Farahizah Binte Shariff				
Regis	stration No.	R1100472				
Signa	ature and Date	K				

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 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.

Singapore Name of Company Contact No: (H) 64493231 C. PERIOD OF INSURA * 1-YEAR 22-Y D. CHOICE OF MEDICA * PLAN A PL E. REIMBURSEMENT O * YES NO Provided always that if I/we p my/our liability to keep Tokio N shall only arise if the breach of shall only arise if the breach of from any deliberate act or omi the Security Bond was not caus I/we will only be liable to pay G. TOP-UP FOR SECTIC \$10,000 (Annua By submitting this information: i) I acknowledge and conser disclosed to third party sen ii) I declare and confirm that personal data and to give o iii) I acknowledge the detailed	(HP) 98 INCE: YEAR AL INSURANCE COV AN B PLAN C DF INDEMNITY PAID Do pay the additional premium of the condition under the Sections of the Employer. When used by or resulted from the E or Tokio Marine Insurance Sin CON 2: H&S EXPENS all Limit \$5,000) \$\frac{1}{2}\$ 22 and to TMIS collecting, using, rvice providers, or intermedia the consent consent on their behalf for the consent	NRIC/FIN No UCS-S7104280D 8315786 *Please to the waiver of country bond was cause to the breach of the comployer's deliberate ngapore Ltd. a fixed SES (Only with 0,000 (Annual Liddisclosing and/or praries, within or outsid to the proposer/em, he above collection,	inter indemnity, stipulated above ed by or resulted condition under act or omission, sum of \$\$250. 2-Year Plan)(imit \$10,000) ocessing my perside Singapore, ployer name herei use, process and	FOR OFFICE USE ONLY (Optional): \$30,000 (Annual Limit \$15) onal data for the purpose of procession, where applicable, and that he/she disclosure; and	Passport No ME36356 Nationality MYAMMA m/yyyyy) o / / ellow or Filipino Helper only): 0 (\$70.00)
37 TAMAN MERAH KEC Nationality Singapore Name of Company Contact No: (H) 64493231 C. PERIOD OF INSURAL * 1-YEAR 1/2-YEAR C. CHOICE OF MEDICA * PLAN A	(HP) 98 INCE: YEAR AL INSURANCE COV AN B PLAN C DF INDEMNITY PAID Do pay the additional premium of the condition under the Sections of the Employer. When used by or resulted from the E or Tokio Marine Insurance Sin CON 2: H&S EXPENS all Limit \$5,000) \$\frac{1}{2}\$ 22 and to TMIS collecting, using, rvice providers, or intermedia the consent consent on their behalf for the consent	NRIC/FIN No UCS-S7104280D 8315786 *Please to the waiver of country bond was cause to the breach of the comployer's deliberate ngapore Ltd. a fixed SES (Only with 0,000 (Annual Liddisclosing and/or praries, within or outsid to the proposer/em, he above collection,	inter indemnity, stipulated above ed by or resulted condition under act or omission, sum of \$\$250. 2-Year Plan)(imit \$10,000) ocessing my perside Singapore, ployer name herei use, process and	*Date of Birth (dd/mm/yyyy) 20 / 03 / 1996 WP No The Period of Insurance (dd/mm From / / To *Age Limit: 69 years of age & br F. POLO GUARANTEE (Fo * \$2,000 \$7,00 FOR OFFICE USE ONLY (Optional): \$30,000 (Annual Limit \$15) onal data for the purpose of processic in, where applicable, and that he/she disclosure; and	Passport No ME3635(6 Nationality MYAMMA m/yyyyy) o / / elow or Filipino Helper only): 0 (\$70.00)
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of fax or otherwise, shall be deem To: Tokio Marine Ins	ployer is hereby notified that be med binding and legally enforce surance Singapore Ltd. at #09-01 Tokio Marine Cen	ceable in a court of la	s Counter-Indemnit w and shall have th	FORM y Form, it is hereby understood and ag ne same legal effects as that of the orig	reed that a copy of it, either by way ginal.
Dear Sirs, RE: COUNTER-INDEMNITY FO					
following (whichever is selected A Letter of Guarantee for \$5 An Insurance Bond for \$2,00 which guarantee(s) the paymen In return, I/we agree and undert I I/We will, at all times, uncon losses, liabilities, costs and or which become payable by You will have absolute disc taken or made against you I/We shall accept the receip of Guarantee and/or Insuran	I to be covered under the insis, 5,000 to the Ministry of Mang 5,000 or \$7,000 (whichever am nt on demand of any sum or take as follows: Inditionally and irrevocably guexpenses whatsoever (incluing you under the Letter of Guecretion to compromise all cluinder the Letter of Guerrights, vouchers or any other ince Bond as conclusive evid all be a continuing demand a rinsurance Bond without di	urance plan): power of Singapore a nount is indicated in t sums not exceeding parantee to jointly and ding legal costs and i arantee and/or Insur- laims, payments, de new and/or Insurance evidence of all payn lence of my/our liabili and you may at any t ischarging or impair ur name(s) this	d severally compenses determinance Bond. mands, actions, see Bond. ments made by you ime have absoluteing my/our liability.	ance Singapore Ltd. ("you") agrees to of Immigration of Singapore; and/or d) to the Philippine Overseas Labour of the Letter of Guarantee and/or In insate you for all claims, payments, dened on a solicitor or client basis) which suits, proceedings, losses and liabilities or all liabilities or obligations incured adiscretion without giving any notice younder the indemnity.	Office in Singapore, isurance Bond issued. emands, actions, suits, proceeding may be taken or made against your ies whatsoever which may be tred by you because of the Lette to me/us extend the validity of the content of the content is the content of the conten
Full Name: NRIC No.: Address:	ahizah Binte Sharif	Tr.	Full	Name: 1710425	40D

Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D
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