

**Declaration by Employer** 

Employer Name



## 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 MA 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.

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Conta	ct No.	9190:	2488	<u> </u>	
Signa	ture and Date	n	(	1 n APR 2	021
S/N	Name of Foreign	Domestic Worker(s)		Passport / FIN / WP No.	Authorised Transaction
1.					Mony
2.					., ,
☑ I h	ereby dedare that I a	am authorising <u>UNITE</u> erform the above work	D CHANNEL pass transac	SERVICES PTE LTD (11C4954) tion(s) on my behalf.	)_ (Name and licence no. of
uthoris	action form on my bel	malf. A copy of the repr	esentative's f	NRIC/Passport Is enclosed with	:/Passport No.), to submit this this authorisation form.
<b>7</b> 1	have spoken to and	verified with employer	to confirm his	s / her authorisation.	
	have spoken to and of the employer.	verified with employer	that the pers	on submitting this form to the	EA is authorised to do so on behalf
	declare that I have e work pass transaction		elds are filled	I in prior to making the above	mentioned
	declare that the info	rmation provided on th	s form is tru	e and correct	2.80204
Nam	e of EA personnel			TUA	PR ZUZI
Regi	stration No.			Son Geok	Sian
Sign	ature and Date			711100	000

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



AVIVA LTD 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 Company's Registration No. 196900499k

Managed by



AVA INSURANCE AGENCY PTE LTD 91 Bencoden Street #09-06 Sunshine Plaza Singapore 189652 Tel: +65 66356828 / 64636138 Fax. +66 65356828 / 64635021 Web: www.sva-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 LEMPLOTER'S PARTICUL			B. MAIL		
Name of Proposer Hul WAI QUE		Sex M []F	Name of	Maid	
Address 150 PRINCE CHAI	RLES CRES	TENT			
#15-03 515901		No. or or	*Date of	Birth (dd/mm/yyyy)	Passport No
Nationality SINGMORE SB Transmission Ref	Occupation	- 10	WP No	Back, toga	Nationality
Name of Company	NRIC/FIN No S 7735839 J		The Period of Insurance (dd/mm/yyyy)		
Contact No: (H) (HP)	9190 2488		From	/ / 1	ro / /
C. PERIOD OF INSURANCE:	*Please t	ick one only	*Age Lim	it: 69 years of age & b	pelow
* 1-YEAR / 2-YEAR			F. POL	O GUARANTEE (	or Filipino Helper only):
. CHOICE OF MEDICAL INSURANCE CO	VERAGE:		*□	\$2,000 □\$7,0	00 (\$70.00)
* PLANA PLANB PLANC	PLAN D		FOR OF	FICE USE ONLY	
E. REIMBURSEMENT OF INDEMNITY PAI	D TO INSURER:				
*ZYES NO			PATE AND ADDRESS OF THE PARTY O		1770 83 (2000) 177
Provided always that if I/we pay the additional premiu	ited above shall only an by or resulted from any ndition under the Secur	ise if the breach deliberate act or ity Bond was not			LEAD COLLEGE CO.
my/our liability to keep Aviva Ltd indemnified as stipula of the condition under the Security Bond was caused omission of the Employer. Where the breach of the cor- caused by or resulted from the Employer's deliberate a pay Aviva Ltd a fixed sum of \$\$250.					
of the condition under the Security Bond was caused omission of the Employer. Where the breach of the corcaused by or resulted from the Employer's deliberate a pay Aviva Ltd a fixed sum of \$\$250.  5. TOP-UP FOR SECTION 2: H&S EXPEN \$10,000 (Annual Limit \$5,000) \$  On behalf of myself and all proposed Lives Assured, I (whether contained in this form or obtained from other companies, third party service providers, reinsurers and to issue and administer my existing and/or new police.	20,000 (Annual Lii I consent to Aviva (and sources; existing data in dror suppliers for the follocy(ies) and/or account(s.	mit \$10,000)  Aviva related grou in Aviva's record or lowing purposes: ) with Aviva and su	\$30,00 p of compar to be collect ch other purp	0 (Annual Limit \$15 nies) collecting, using an cted in future) and transf	id/or disclosing my/our personal datering them to Aviva related group of the administering of the policy(ie)
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