




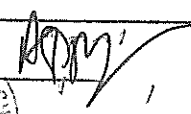
Authorisation Form for Foreign Domestic Worker Work Pass Transactions

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 Employer

Employer Name	LAM ARIS
NRIC No. / FIN	S7743362
Contact No.	90185758
Signature and Date	

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


☐ I hereby declare that I am authorising _____ (Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf.

Fill in only if applicable.

☒ I hereby authorise _____ (Full name as in NRIC/Passport), _____ (NRIC/Passport No.), to submit this authorisation form on my behalf. A copy of the representative's NRIC/Passport is enclosed with this authorisation form.

Declaration by EA

- ☒ I have spoken to and verified with employer to confirm his / her authorisation.
- ☒ I have spoken to and verified with employer that the person submitting this form to the EA is authorised to do so on behalf of the employer.
- ☒ I declare that I have ensured all necessary fields are filled in prior to making the abovementioned work pass transactions.
- ☐ I declare that the information provided on this form is true and correct.

Name of EA personnel	
Registration No.	304, Gank Siang A 100073
Signature and Date	



AVIVA LTD
4 Shenton Way #01-01
SGX Centre 2 Singapore 06887
Company's Registration No. 19692949K



AVA INSURANCE AGENCY PTE LTD
81 Bras Basah Street #01-01
Suntech Place Singapore 189552
Tel: +65 63366338 / 64633133
Fax: +65 63366333 / 64633221
Web: www.ava-ins.com.sg
Company's Registration No. 201113255C

DOMESTIC MAID APPLICATION FORM

The Insurance Act. You are to disclose in the proposal form fully and truthfully all the facts which you know or ought to know in respect of the risk than is being proposed; otherwise the policy issued hereunder may be void.

A. PROPOSER'S / EMPLOYER'S PARTICULARS

Name of Proposer LAU REN Sex ☐ M ☒ F
Address BK 361 BLK 1 BATO K
5731 #10-057 CE 650361
Nationality SPRINT SS Transmission Ref ML ASH
Name of Company 57743302C
Contact No. 90182758

B. MAID'S PARTICULARS

Name of Maid CHMAR OO
Date of Birth (dd/mm/yyyy) 16 05 1979 Passport No. MF167771
NID No. 43960907R Nationality MYANMAR
The Period of Insurance (dd/mm/yyyy)
From To

C. PERIOD OF INSURANCE:

1 YEAR ☐ 2 YEAR ☒

D. CHOICE OF MEDICAL INSURANCE COVERAGE:

PLAN A ☐ PLAN B ☐ PLAN C ☐ PLAN D ☐

E. REIMBURSEMENT OF INDEMNITY PAID TO INSURER:

YES ☐ NO ☒

Proposed Insurer that I have paid the additional premium for the waiver of co-insurance indemnity under the Security Bond, I hereby agree that I shall only seek the breach of the condition under the Security Bond, which is caused by or resulted from any negligence and/or omission of the Employer. Where the breach of the condition under the Security Bond was not caused by or resulted from the Employer's negligence and/or omission, I shall only be liable to pay the cost of a fixed sum of \$2500.

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 send Aviva related group of companies collecting, using and storing my personal data whether contained in this form or obtained from other sources, including data in Aviva's record to be collected in future and transferring them to Aviva related group of companies, their party service providers, insurers and/or suppliers for the following purposes:

- to issue and administer my existing and/or new policies and/or applications with Aviva and such other purposes ancillary or related to the administering of the policies and/or applications, including the processing of my personal data for underwriting purposes, payment of premiums and/or claims purposes;
- for individual research, compliance, audit and regulatory purposes;

For more information on Aviva's data collection policy and full details on the scope of collection, use and disclosure of your personal data, please visit <http://www.ava-ins.com.sg/privacy.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 apply without delay in a court of law and shall have the same legal effects as that of a contract.

To: **Aviva Ltd**
4 Shenton Way #01-01 SGX Centre 2 Singapore 06887

Dear Sirs,

RE: COUNTER-INDEMNITY FOR LETTER OF GUARANTEE NO.

In view of the cash deposit that I/we would otherwise have to provide as security, Aviva Ltd ("You") agrees to fulfill the need 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 Commissioner of Immigration in Singapore; and/or
- An Insurance Bond for \$1,000 or \$7,000 (whichever amount is indicated in the insurance bond) to the Philippine Overseas Labor Office in Singapore;

which guarantee to be provided as demand of any such requirement, 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, understand and unconditionally 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) incurred by a third party or claimant, which may be taken or made against you or which require payment by you, under the Letter of Guarantee and/or Insurance Bond;
- I/we 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 receipt, vouchers or any other evidence of all payments made to 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 bring whatever suit action without giving any notice to me to extend the validity of the Letter of Guarantee and/or Insurance Bond against me/our liability to you for the indemnity.

By affixing my/our signature and seal, I/we hereby agree to the above terms and conditions.

Signature of Employer [Signature] Date 1

Signature of Employer [Signature] Date 1

Signature of Employer [Signature] Date 1

Signature of Employer [Signature] Date 1

Signature of Employer [Signature] Date 1

Signature of Employer [Signature] Date 1

Signature of Employer [Signature] Date 1

Signature of Employer [Signature] Date 1

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