





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	LEE YA JING
NRIC No. / FIN	S7919397F
Contact No.	82217824
Signature and Date	 

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	DELA CRUZ BLESSY AGOSTA	68848061L	APPLY
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.	
Signature and Date	



Work Pass Division
Ministry of Manpower
18 Havelock Road
Singapore 059764
Telephone : (65) 64385122
Website : <http://www.mom.gov.sg>
Email : mom_wpd@mom.gov.sg

EMPLOYMENT HISTORY OF WORK PERMIT HOLDER

Date printed : 06/02/2020
Employment Agency : UNITED CHANNEL

Worker Details

WP No. : 0 28055439
Name of Worker : DELA CRUZ BLESSY ACOSTA
DOB of Worker : 30/03/1978
Sex : FEMALE
Worker's FIN : G8842061L
Passport No. : P6375368A
Nationality : FILIPINO

Employment History

Results Found : 1

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 1	07/07/2019		General Household

No person shall in any way make any additions, modifications, adjustments or alterations to the information, or further disclose the information to any other person(s) unless required by the Ministry of Manpower.



Handwritten signature



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



AVA INSURANCE AGENCY PTE LTD
31 Bencoolen Street #09-06
Sunshine Plaza Singapore 189552
Tel: +65 65356838 / 64638138
Fax: +65 65356828 / 64635021
Web: www.ava-lhs.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 / EMPLOYER'S PARTICULARS

Name of Proposer Lee Ja Jing		Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address Blk 32 Ghim Moh Link #26-290 S(271032)		
Nationality Singaporean	SB Transmission Ref	Occupation
Name of Company	NRIC/FIN No S79(9307F)	
Contact No: (H) 82217824	(HP)	

B. MAID'S PARTICULARS

Name of Maid Blessy Acosta Dela Cruz	
Date of Birth (dd/mm/yyyy) 30 / 03 / 1978	Passport No P6375768A
WP No 0 28055439	Nationality FILIPINO
The Period of Insurance (dd/mm/yyyy) From / / To / /	

C. PERIOD OF INSURANCE:

* ☐ 1-YEAR ☒ 2-YEAR

*Please tick one only

*Age Limit: 69 years of age & below

D. CHOICE OF MEDICAL INSURANCE COVERAGE:

* ☒ PLAN A ☐ PLAN B ☐ PLAN C ☐ PLAN D

F. POLO GUARANTEE (For Filipino Helper only):

* ☐ \$2,000 ☐ \$7,000 (\$70.00)

E. REIMBURSEMENT OF INDEMNITY PAID TO INSURER:

* ☒ YES ☐ NO

Provided always that if I/we pay the additional premium for the waiver of counter indemnity, my/our liability to keep Aviva Ltd indemnified as stipulated above shall only arise if the breach of the condition under the Security Bond was caused by or resulted from any deliberate act 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 deliberate act or omission, I/we will only be liable to pay Aviva Ltd a fixed sum of S\$250.

FOR OFFICE USE ONLY

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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 (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data (whether contained in this form or obtained from other sources: existing data in Aviva's record or to be collected in future) and transferring them to Aviva related group of companies, third party service providers, reinsurers and/or suppliers for the following purposes:

- to issue and administer my existing and/or new policy(ies) and/or account(s) with Aviva and such other purposes ancillary or related to the administering of the policy(ies) and/or account(s), including the processing of my/our personal data for underwriting purposes, payment of premiums and/or claims purposes;
- for statistical, research, compliance, audit and regulatory purposes.

For more information on Aviva's data protection policy and full details of the purpose of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdp.html>.

COUNTER-INDEMNITY FORM

IMPORTANT NOTICE: The Employer hereby irrevocably and exclusively assigns to Aviva Ltd the right to assign this Counter-Indemnity Form to a relevant insurance company without any of the usual conditions. It shall be deemed binding and legally enforceable in all courts of law and shall have the same legal effect as that of the original.

To: **Aviva Ltd**
4 Shenton Way #01-01 SGX Centre 2 Singapore 068807

Dear Sirs,

RE: COUNTER-INDEMNITY FOR LETTER OF GUARANTEE NO. _____

In lieu of the cash deposit that I/we would otherwise have to provide as security, Aviva Ltd, you, agrees to my/our request 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 Controller of Immigration of Singapore; and/or
- ☐ An Insurance Bond for \$2,000 or \$7,000 (whichever amount is indicated in the insurance bond) to the Philippine Overseas Labour Office in Singapore

which guarantee(s) the payment on demand of any sum or sums not exceeding the amount stated in the Letter of Guarantee and/or Insurance Bond issued.

Notwithstanding, I/we agree and undertake as follows:

- I/we will, as claimant, unconditionally and irrevocably guarantee to fully and severally compensate you for all claims, payments, demands, awards, suits, proceedings, losses, damages, costs and expenses whatsoever (including legal costs) and expenses determined on a quantum meruit basis which may be taken or made against you or which become payable by you under the Letter of Guarantee and/or Insurance Bond.
- You will have absolute discretion to compromise all claims, payments, demands, awards, suits, proceedings, losses and damages whatsoever which may be taken or made against you under the Letter of Guarantee and/or Insurance Bond.
- I/we shall accept the receipts, vouchers or any other evidence of all payments made by you or all damages or obligations incurred by you (whether or not the Letter of Guarantee and/or Insurance Bond is conclusive evidence of my/our liability to you).
- This counter indemnity shall be a continuing demand and you may at any time have absolute discretion without giving any notice to this us extend the validity of the Letter of Guarantee and/or Insurance Bond with out discharging or reducing my/our liability under the indemnity.

My/our/our undersigned (I/we) have signed and stamped this Counter-Indemnity Form on this _____ day of _____ 20____.

Signature of Witness

Full Name

NRIC No.

Address



Signature of Employer

Full Name

NRIC No.

[Handwritten Signature]

Date: _____

To:

Work Permit Department
Ministry Of Manpower
18 Havelock Road
Singapore 059764

Dear Sir / Madam

CONSENT TO TRANSFER FOREIGN DOMESTIC WORKER

FOREIGN DOMESTIC WORKER DELA CRUZ BLESSY ACOSTA

WORK PERMIT 0 28055439

DATE OF APPLICATION _____

I, Ang Toa Wei of NRIC / Passport No S84021066
(Name of Current Employer)

Agree to release my Foreign Domestic Worker named above to the prospective employer

Lee Ya Jing
(Name of Prospective Employer)

Pending the outcome of the application, I undertake all responsibilities for the employment of the said Foreign Domestic Worker and will extend her work permit (if necessary).

If the application is not approved, I will repatriate this worker.



Signature of Current Employer

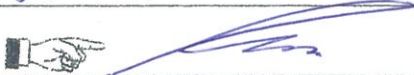


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Declaration by Employer

Employer Name	Ong Toa Wei
NRIC No. / FIN	S8402106G
Contact No.	9236-9966
Signature and Date	

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

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Registration No.	
Signature and Date	