



## 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 penewal / 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.

|       | laration by Em  | ployer  |   |  |   |   |
|-------|---|---|---|--|---|---|
| Empl  | oyer Name   | 719   | YASA  | Smyh   | Vann  |   |
| NRIC  | No./ FIN  |   | YAZA<br>V21123  |  |   |   |
| Conta | act No.   | ( - N/2 /   | 9188  | 3/05/  |   |   |
| Signa | ture and Date   | 1/1/ 22/  | 04/2021   |  | 1   |   |
| S/N   | Name of Foreign   | Domestic Worker(s)  |   | Passport /   | FIN / WP No.  | Authorised Transaction                                  |
| 1.    | -   |   |   |  |   | Anna  |
| 2.    |   |   |   |  | 1 2 2   | A CHOOSE  |
| Пп    | only if applicable.  nereby declare that I isstion form on my be  | am authorising (Full  | I name as in  | NRIC/Passp   | ort)(NRIC   | /Passport No.), to submit this this authorisation form. |
| I I   | nereby declare that I   | am authorising (Full  | I name as in  | NRIC/Passp   | ort)(NRIC   | /Passport No.), to submit this this authorisation form. |
| O I I | nereby declare that I isation form on my be   | am authorising (Full  | l name as in<br>esentative's N  | NRIC/Passp<br>IRIC/Passport  | ort)(NRIC<br>is enclosed with   | /Passport No.), to submit this this authorisation form. |
| Dec   | nereby declare that I isation form on my be claration by EA  I have spoken to and of the employer.  | em authorising(Full<br>half. A copy of the repre-<br>verified with employer<br>verified with employer                               | I name as in<br>esentative's N<br>to confirm his<br>that the perso                | NRIC/Passport IRIC/Passport S / her authoris on submitting                 | oort)(NRIC is enclosed with sation.                                   | EA is authorised to do so on behalf                     |
| Dec   | claration by EA  I have spoken to and of the employer. I declare that I I have spoken to and of the employer. I declare that I have work pass transaction | em authorising(Full<br>half. A copy of the repre-<br>verified with employer<br>verified with employer<br>ensured all necessary fins | I name as in esentative's Notes to confirm his that the personal telds are filled | NRIC/Passport IRIC/Passport  5 / her authoris on submitting in prior to ma | oort)(NRIC is enclosed with sation.                                   | EA is authorised to do so on behalf                     |
| Dec   | claration by EA  I have spoken to and of the employer. I declare that I I have spoken to and of the employer. I declare that I have work pass transaction | em authorising(Full<br>half. A copy of the repre-<br>verified with employer<br>verified with employer<br>ensured all necessary fi   | I name as in esentative's Notes to confirm his that the personal telds are filled | NRIC/Passport  S / her authorise on submitting in prior to ma              | oort)(NRIC is enclosed with sation. this form to the sking the abover | EA is authorised to do so on behalf                     |
| Dec   | claration by EA  I have spoken to and of the employer. I declare that I I have spoken to and of the employer. I declare that I have work pass transaction | em authorising(Full<br>half. A copy of the repre-<br>verified with employer<br>verified with employer<br>ensured all necessary fins | I name as in esentative's Notes to confirm his that the personal telds are filled | NRIC/Passport IRIC/Passport  5 / her authoris on submitting in prior to ma | sation. this form to the sking the abover                             | EA is authorised to do so on behalf                     |
| Dec 2 | claration by EA  I have spoken to and of the employer. I declare that I have work pass transaction I declare that the inf                                 | em authorising(Full<br>half. A copy of the repre-<br>verified with employer<br>verified with employer<br>ensured all necessary fins | I name as in esentative's Notes to confirm his that the personal telds are filled | NRIC/Passport  S / her authorise on submitting in prior to ma              | sation. this form to the sking the abover                             | EA is authorised to do so on behalf                     |

1500 Bendemeer Road Singapore 339946 Tel +65 6438 5122 Web http://www.mom.gov.sg Email mom\_fmmd@mom.gov.sg



NRIC No .: Address:

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



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

| Address  Address  Sex M  |                        |  |  |
|--|------------------------|--|--|
| Nationality  SB Transmission Ref  Occupation  NRIC/FIN No  Contact No: (H) (HP)  C. PERIOD OF INSURANCE: * *Please tick one only * 1-YEAR  | Name of Maid           |  |  |
| Nationality  SB Transmission Ref Occupation  NRIC/FIN No  The Period of Insurance (dd/mm/yyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyyy)  The Period of Insurance (dd/mm/yyyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyyy)  From / / To / /  The Period of Insurance (dd/mm/yyyyy)  The Period of Insurance (dd/mm/yyyy)  The Period of Insurance (dd/mm/yyyy)  The Period of Insurance (dd/mm/yyyy)  The Period of Insuran   |                        |  |  |
| Name of Company  NRIC/FIN No  The Period of Insurance (dd/mm/lyyyy)  From / / To / /  Age Limit: 69 years of age & below  F. POLO GUARANTEE (For Filipino Helper  * 1-YEAR   2-YEAR    D. CHOICE OF MEDICAL INSURANCE COVERAGE:  *   PLAN A   PLAN B   PLAN C   PLAN D    F. REIMBURSEMENT OF INDEMNITY PAID TO INSURER:  *   YES   NO    Frowfad always that if If we pay the additional premium for the waiver of counter indemnity, mylour liability to keep Aviva Ltd indemnified as stipulated above shall only arise if the breach of the condition under the Security Bond was not 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 \$\$\frac{25}{2}\$\$.  G. TOP-UP FOR SECTION 2 : H&S EXPENSES (Only with 2-Year Plan)(Optional):  \$\Begin{array} \$ \$10,000 (Annual Limit \$\$\frac{5}{2}\$,000) \$\Bigsize{2}\$\$ \$2,000 (Annual Limit \$\$15,000) \$\Bigsize{2}\$\$ \$30,000 (Annual Limit \$\$10,000) \$\Bigsize{2}\$\$ \$30,000 (Annual Limit \$\$15,000) \$\Bigsize{2}\$\$ \$30,000 |                        |  |  |
| Contact No:  (H)  (HP)  C. PERIOD OF INSURANCE:  *   1-YEAR   2-YEAR   2-YE   |                        |  |  |
| Contact No:  (H) (HP)  C. PERIOD OF INSURANCE:  *Please tick one only  * 1-YEAR  |                        |  |  |
| (H) (HP)  C. PERIOD OF INSURANCE: *Please tick one only *Age Limit: 69 years of age & below F. POLO GUARANTEE (For Filipino Helper * 2.74 PAR D. CHOICE OF MEDICAL INSURANCE COVERAGE: * PLAN A PLAN B PLAN C PLAN D  E. REIMBURSEMENT OF INDEMNITY PAID TO INSURER: * \$2,000 \$7,000 (\$70.00)  FOR OFFICE USE ONLY  FOR OFFICE USE O  |                        |  |  |
| 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    Provided always that if If we pay the additional premium for the waiver of counter indemnity, mylour 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 \$\$250.  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 per (whether contained in this form or obtained from other sources; existing data in Aviva's record or be collected in future) and transferring them to Aviva relate 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(e), 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  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 of fax or otherwise, shall be deemed binding and legally enforceable in a court of law and shall hav   |                        |  |  |
| #  |                        |  |  |
| * PLAN A PLAN B PLAN C PLAN D  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 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 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 \$\$250.  G. TOP-UP FOR SECTION 2: H&S EXPENSES (Only with 2-Year Plan)(Optional):  \$\begin{array}{cccccccccccccccccccccccccccccccccccc  | nly):                  |  |  |
| E. REIMBURSEMENT OF INDEMNITY PAID TO INSURER:  **YES  |                        |  |  |
| 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 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.  3. TOP-UP FOR SECTION 2: H&S EXPENSES (Only with 2-Year Plan)(Optional):  \$\begin{array}{c} \$10,000 (Annual Limit \$5,000) & \$20,000 (Annual Limit \$10,000) & \$30,000 (Annual Limit \$15,000) & \$10,000 (Annual Limit \$10,000) & \$10,  |                        |  |  |
| 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 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 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 \$\$250.  3. TOP-UP FOR SECTION 2: H&S EXPENSES (Only with 2-Year Plan)(Optional):  \$\Begin{array}{c} \] \$10,000 (Annual Limit \$\$5,000) \$\Bigsim \$20,000 (Annual Limit \$\$10,000) \$\Bigsim \$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 per (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 relate companies, third party service providers, reinsurers and/or suppliers for the following purposes:  1. 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 and/or account(s), including the processing of my/our personal data for underwriting purposes; payment of premiums and/or claims purposes;  1. for statistical, research, compliance, audit and regulatory purposes.  2. 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  2. 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 of fax or otherwise, shall be   |                        |  |  |
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| S10,000 (Annual Limit \$5,000) S20,000 (Annual Limit \$10,000) S30,000 (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 per (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 relate 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 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  **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 of fax or otherwise, shall be deemed binding and legally enforceable in a court of law and shall have the same legal effects 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 selection).   |                        |  |  |
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| 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 of fax or otherwise, shall be deemed binding and legally enforceable in a court of law and shall have the same legal effects 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 selections).  |                        |  |  |
| 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807  Dear Sirs,  RE: COUNTER-INDEMNITY FOR LETTER OF GUARANTEE NO   | by way                 |  |  |
|  |                        |  |  |
| A Letter of Guarantee for \$5,000 to the Ministry of Manpower of Singapore and/or Controller of Immigration of Singapore; and/or   | ted to                 |  |  |
| 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.   |                        |  |  |
| In return, I/we agree and undertake as follows:  |                        |  |  |
| <ol> <li>I/We will, at all times, unconditionally and irrevocably guarantee to jointly and severally compensate you for all claims, payments, demands, actions, suits, prosses, liabilities, costs and expenses whatsoever (including legal costs and expenses determined on a solicitor or client basis) which may be taken or made acrowhich become payable by you under the Letter of Guarantee and/or Insurance Bond.</li> <li>You will have absolute discretion to compromise all claims, payments, demands, actions, suits, proceedings, losses and liabilities whatsoever which may</li> </ol>  | inst you               |  |  |
| taken or made against you under the Letter of Guarantee and/or insurance Bond.  3. I/We shall accept the receipts, vouchers or any other evidence of all payments made by you or all liabilities or obligations incurred by you because of the of Guarantee and/or insurance Bond as conclusive evidence of my/our liability to you.   |                        |  |  |
| 4. This counter indemnity shall be a continuing demand and you may at any time have absolute discretion without giving any notice to me/us extend the valid Letter of Guarantee and/or Insurance Bond without discharging or impairing my/our liability under the indemnity.   | y of the               |  |  |
| INWTNESS WHEREOF I/we have hereto subscribed my/our name(s) this day of year   |                        |  |  |
| Signature of Athese E (10,0954) m  |                        |  |  |

Full Name: