

**Declaration by Employer** 



## 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.

Employer Name		NOOR AISHA D/O ABDUL HANI				
NRIC No./ FIN		UCS-XXXXX887G				
Contact No. 9		97863091				
Signature and Date		1000	William .			
S/N	Name of Foreign	Domestic Wor	ker(s)	Passport / FIN / WP No.	Authorised Transaction	
1.	RAMINI BT SAMA AKMAD		C4976485	APPLY		
2.						
I hereby declare that I am authorising <u>UNITED CHANNEL SERVICES PTE LTD (11C4954)</u> (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 declare that I am authorising(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.						
"Seasons"						
✓ I	of the employer.  I declare that I have ensured all necessary fields are filled in prior to making the abovementioned work pass transactions					
<b>≥</b> 1	I declare that the information provided on this form is true and correct					
Name of EA personnel		Farahizah Binte Shariff				
Registration No.		R1100472				
Signature and Date			$\sim$			
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

**TOKIO MARINE** 

Address:

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; otherw						
A. PROPOSER'S / EMPLOYER'S PARTICULARS	B. MAID'S PARTICULARS					
Name of Proposer	Name of Maid					
Noor Aisha Do Abdul Hani IM F	Ramini Bt Sama Akmad.					
APT BIK 10F Bedok South Avenue 2	*Date of Birth (dd/mm/yyyy) Passport No					
#02-540 3(465010)	11 '06'1980 C4976485					
Nationality SB Transmission Ref Occupation	WP No Nationality					
Sangaporean						
	Indonesia					
Name of Company  NRIC/FIN No  SXXXX 8879	The Period of Insurance (dd/mm/yyyy)					
Contact No: (H)(HP)9786 3091	From / / To / /					
C. PERIOD OF INSURANCE: *Please tick one only *Age Limit: 69 years of age & below						
* ☐ 1-YEAR Ø2-YEAR	F. POLO GUARANTEE (For Filipino Helper only):					
D. CHOICE OF MEDICAL INSURANCE COVERAGE:  *□ PLAN A □ PLAN B □ PLAN C □ PLAN D	* \$2,000 \$7,000 (\$70.00)					
E. REIMBURSEMENT OF INDEMNITY PAID TO INSURER:	FOR OFFICE USE ONLY					
* NO						
Provided always that if I/we pay the additional premium for the waiver of counter indemnity,						
my/our liability to keep Tokio Marine Insurance Singapore 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 Tokio Marine Insurance Singapore Ltd. a fixed sum of S\$250.						
G. TOP-UP FOR SECTION 2: H&S EXPENSES (Only with 2-Year Plan)  \$10,000 (Annual Limit \$5,000) \$20,000 (Annual Limit \$10,000)						
By submitting this information:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					
i) I acknowledge and consent to TMiS collecting, using, disclosing and/or processing my pers	sonal data for the purpose of processing/servicing my policy/claim and b					
disclosed to third party service providers, or intermediaries, within or outside Singapore.  ii) I declare and confirm that I have obtained the consent of the proposer/employer name here						
personal data and to give consent on their behalf for the above collection, use, process and iii) I acknowledge the detailed Privacy Policy Statement, governing the above, posted at www.i						
COUNTER-INDEMNITY						
IMPORTANT NOTICE: The Employer is hereby notified that by virtue of signing this Counter-Indemn of fax or otherwise, shall be deemed binding and legally enforceable in a court of law and shall have to	ity Form, it is hereby understood and agreed that a copy of it, either by way the same legal effects as that of the original.					
To: Tokio Marine Insurance Singapore Ltd. 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046						
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, Tokio Marine Insur following (whichever is selected to be covered under the insurance plan):	rance Singapore Ltd. ("you") agrees to my/our request to provide the					
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 bor	nd) to the Philippine Overseas Labour Office in Singapore,					
which guarantee(s) the payment on demand of any sum or sums not exceeding the amount state	ed in the Letter of Guarantee and/or Insurance Bond issued.					
In return, I/we agree and undertake as follows:						
1. I/We will, at all times, unconditionally and irrevocably guarantee to jointly and severally compensate you for all claims, payments, demands, actions, suits, proceeding losses, liabilities, costs and expenses whatsoever (including legal costs and expenses determined on a solicitor or client basis) which may be taken or made against you or which become payable by you under the Letter of Guarantee and/or Insurance Bond.						
2. You 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.  3. I/We shall accept the receipts, youchers or any other evidence of all payments made by 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.						
4. This counter indemnity shall be a continuing demand and you may at any time have absolut Letter of Guarantee and/or Insurance Bond without discharging or impairing my/our liability.	te discretion without giving any notice to me/us extend the validity of the ty under the indemnity.					
IN WITNESS WHEREOF I/we have hereto subscribed my/our name(s) this day of	year 1077					
39 * UNIF						
Signature of Witness						
Signature of Williess Finte Shariff (10, 00, 017) 1	nature of Employer					
Full Name: Farallization472 Full NRIC No.:	I Name:					

NRIC No.: