



Authorisation Form for Foreign Domestic Worker Work Pass Transactions

Whis 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.

Employer Name		Lee Yi Ting Kelly					
NRIC No./ FIN		S8605257A					
Contact No. Signature and Date		97104210					
		2 May 2021					
s/N	Name of Foreign	n Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction			
1.							
2.				SEL SERVICE			
ill in	only if applicable.	am authorising (Full name	NNEL SERVICES PTE LTD (11C4954) ansaction(s) on my behalf. as in NRIC/Passport)(NRIC ive's NRIC/Passport is enclosed with	/Passport No.), to submit this			
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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



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 ought to know in respect of the risk that is being proposed; otherwise the policy issued hereunder may be void.

A. PROPOSER'S / EN	IPLOYER'S PARTICUL	B. MAID'S PARTICULARS							
Name of Proposer	'ally	Name of Maid							
Lee Yi Ting K	сепу								
522C Tampine	es Central 7	*Date of Birth (dd/mm/yyyy)	Passport No						
Singapore 523	522								
Nationality Singaporean	SB Transmission Ref	Occupation Adjunct Lectu		WP No	Nationality				
Name of Company		NRIC/FIN No		The Period of Insurance (dd/mm/yyyy)					
Temasek Polytechnic S8605257			7A						
Contact No: (H)	97104210				From / / To / /				
* PLAN A C E. REIMBURSEMEN * YES	2-YEAR ICAL INSURANCE CO PLAN B PLAN C. V T OF INDEMNITY PAIL NO	*Age Limit: 69 years of age & below F. POLO GUARANTEE (For Filipino Helper only): * \$2,000							
my/our liability to keep A of the condition under the omission of the Employe	/we pay the additional premiu viva Ltd indemnified as stipular ie Security Bond was caused it ir. Where the breach of the cor om the Employer's deliberate a m of \$\$250.								
Usanti Santi	all proposed Lives Assured, f is form or obtained from other ervice providers, reinsurers and er my existing and/or new polic cluding the processing of my/or th, compliance, audit and regul	20,000 (Annual Lin consent to Aviva (and sources; existing data in for suppliers for the follo y(ies) and/or account(s) ur personal data for und- atory purposes.	mit \$10,000) Aviva related groun Aviva's record or purposes: with Aviva and surerwriting purposes	\$30,000 (Annual Limit \$15 p of companies) collecting, using are to be collected in future) and transich other purposes ancillary or related, payment of premiums and/or claim	d/or disclosing my/our personal data erring them to Aviva related group of to the administering of the policy(ies)				
IMPORTANT NOTICE: The of fax or otherwise, shall be	Employer is hereby notified that deemed binding and legally en	COUNTER-IN at by virtue of signing this forceable in a court of lav	NDEMNITY Counter-Indemnit w and shall have the	FORM y Form, it is hereby understood and a te same legal effects as that of the or	greed that a copy of it, either by way				
To: Aviva Ltd 4 Shenton V Dear Sirs; RE: COUNTER-INDEMNIT In lieu of the cash deposit the covered under the insur	Vay #01-01 SGX Centre 2 S Y FOR LETTER OF GUARAN nat I/we would otherwise have t ance plan):	ingapore 068807 TEE NO. to provide as security, A	viva Ltd. ("you") ag	rees to my/our request to provide the f 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 Guarantée and/or Insurance Bond issued. In return, I/we agree and undertake as follows:									
I/We will, at all times, used to see, liabilities, costs	inconditionally and irrevocably	cluding legal costs and e	xpenses determin	nsate you for all claims, payments, o ed on a solicitor or client basis) whic	iemands, actions, suits, proceedings h may be taken or made against you				
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									
	receipts, vouchers or any oth surance Bond as conclusive e			u or all liabilities or obligations inco	urred by you because of the Letter				
Letter of Guarantee ar	nd/or Insurance Bond without	l and you may at any tir discharging or impairin	me have absolute ng my/our liability	discretion without giving any notice under the indemnity.	to me/us extend the validity of the				
IN WITNESS WHEREOF	No. 150	y/our name(s),this	day of	year					
Signature of Witness	11C4954 m	and the constant	Sign	nature of Employer					
Full Name:	WIND *		Full	Name Lee Yi Ting Kelly	/				

NRIC No.:

S8605257A