



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.

Declaration by Employer									
Employer Name		KOAY ZI YEN							
NRIC No./ FIN		S8631432J							
Contact No.		92760886							
Signature and Date		14/06/2021 Qin							
S/N	Name of Foreign Domestic Worker(s)		Passport / FIN / WP No.	Authorised Transaction					
1				Aprily					
2									
	50 000 000 000 000 000 000 000 000 000	reby declare that I am authorising(Name and							
	licence no. of employment agency) to perfit the bove 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.									
Nam	e of EA personnel								
Registration No.			Son Geok Sian						
Signature and Date			J R1100683						



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

Nationality Nation		ght to know in respect of th MPLOYER'S PARTICUL		oposed; other	wise the policy issued hereunder B. MAID'S PARTICULAR		
Address 3 BIDEFORD ROAD 223-01 \$229920 Nationality SB Transmission Ref SEF EMPLOYED Nationality SID Transmission Ref SEF EMPLOYED NATIONAL OF The Period of Insurance (dd/mm/yyyy) GRAIFFODO COPTE LTD SISSINALAY Contact No: (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Name of Proposer		Name of Maid				
BIDEFORD ROAD #23-01 \$229929 Total of Birth (dd/mm/yyyy) Passport No	KOAY ZI YEN						
Self-employed Self-employe	Address						
Name of Company NRICOFIN No Se814323 Se814324 S	3 BIDEFORD ROAD #23	-01 S229920			*Date of Birth (dd/mm/yyyy)	Passport No	
Contact No: (H)					WP No	Nationality	
Contact No: (H) (HP) 9276886 C. PERIOD OF INSURANCE: *Please tick one only *	Name of Company		NRIC/FIN No				
(H) SPERIOD OF INSURANCE: **Please tick one only ** 1-YEAR X 2-YEAR D. CHOICE OF MEDICAL INSURANCE COVERAGE: ** PLAN A PLAN B X PLAN C PLAN D ** SEMBULSESMENT OF INDEMNITY PAID TO INSURER: ** YES NO Provided always that if live pay the additional permism for the valvee of counter indomnly, or the condition under the Social subject of the condition under the Social Social Subject of the Condition under the Social Social Subject of the Condition under the Social Soc	GRATEFOOD CO PTE LT	D	S8631432J		The Period of Insurance (dd	/mm/yyyy)	
(H) (HP) 9276898 C. PERIOD OF INSURANCE: *Please tick one only *C. TYPEAR X 2 YEAR D. CHOICE OF MEDICAL INSURANCE COVERAGE: *D. CHOICE OF MEDICAL INSURANCE COVERAGE: *TO PLAN A PLAN B X PLAN D X PLAN D X PLAN D X PLAN D X PLAN B X	Contact No:				From / /	To / /	
* 1-YEAR \$1.2-YEAR \$1.2-YE	(H)	(HP) 9	2760886				
E. REIMBURSEMENT OF INDEMNITY PAID TO INSURER: *X YES	* \(\tau \) 1-YEAR \(\text{N} \) D. CHOICE OF MED	2-YEAR DICAL INSURANCE CO	F. POLO GUARANTEE (For Filipino Helper only): * \$2,000 \$7,000 (\$70.00)				
\$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) collected; using and/or disclosing my/our personal diveheline 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 Avivar related group companies, third party service providers, reinsurers and/or suppliers for the following purposes: - to issue and administer my existing and/or accountles), including the processing of implore processing of implore processing of the policy(in and/or accountles), including the processing of implore processing of the policy and/or accountles), including the processing of implore processing of the policy of and/or accountles), including the processing of my/our personal data for underwriting purposes. Per 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/pdpa.htm. 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 we 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 Centra 2 Singapore 068807 Dear Sirs, RE: COUNTER-INDEMNITY FOR LETTER OF GUARANTEE NO. In lieu of the cash deposit that If 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 A Letter of Guarantee for \$5,000 to the Ministry of Manpower of Singapore and/or Controller	*XYES Provided always that if my/our liability to keep / of the condition under to omission of the Employ-caused by or resulted fit.	NO I/we pay the additional premiu Aviva Ltd indemnified as stipula he Security Bond was caused er. Where the breach of the co rom the Employer's deliberate	im for the waiver of cou ited above shall only ari by or resulted from any ndition under the Securi	ise if the breach deliberate act or ity Bond was no	r t		
(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 companies, third party service providers, reinsurers and/or suppliers for the following purposes: • to issue and administer my existing and/or new policy(les) and/or account(s) with Aviva and such other purposes ancillary or related to the administering of the policy(and/or account(s) with Aviva and such other purposes and an animal provided in the purposes; or for statistical, research, compliance, audit and regulatory 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 for provided and provided in the purpose of collection, use and disclosure of your personal data, please visit http://www.aviva.com.sg/pdps.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 we 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 mylour 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. In return. I/we agree and undertake as follows: 1. In/We will, at all times, unconditionally and	G. TOP-UP FOR SE	CTION 2 : H&S EXPEN				15,000)	
MPORTANT 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 we 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 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. 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, proceedin losses, isbalbilities, costs and expenses whatseever (including legal costs and expenses determined on a solicitor or client basis) which may be taken or made against 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 recepts, vouchers 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. 4. This counter indemnity shall be a contraking demans and you may	(whether contained in the companies, third party so to issue and administiand/or account(s), in for statistical, research	nis form or obtained from other service providers, reinsurers and ster my existing and/or new polic scluding the processing of my/orch, compliance, audit and regu	sources; existing data in d/or suppliers for the follow (ies) and/or account(s) ur personal data for und latory purposes.	n Aviva's record owing purposes) with Aviva and lerwriting purpos	I or to be collected in future) and trand such other purposes ancillary or relations, payment of premiums and/or claims.	nsferring them to Aviva related group of ed to the administering of the policy(ies ims purposes;	
A 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. 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 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 recepts, vouchers 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. 4. This counter indemnity shall be a compound deman and any or may at any time have absolute discretion without giving any notice to me/us extend the validity of the Letter of Guarantee and/or Insurance Bond. Signature of Witness Signature of Employer Full Name: KOAY ZI YEN			at by virtue of signing this	s Counter-Indem	nity Form, it is hereby understood and		
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Signature of Witness Full Name: Signature of Employer Full Name: KOAY ZI YEN	losses, liabilities, costs or which become pays 2. You will have absolut taken or made agains 3. I/We shall accept the of Guarantee and/or Ir	s and expenses whatsoever (in tible by you under the Letter of e discretion to compromise all st you under the Letter of Gua recepts, vouchers or any oth nsurance Bond as conclusive of	cluding legal costs and e Guarantee and/or Insura I claims, payments, der rantee and/or Insuranc ler evidence of all payn vidence of my/our liabilit	expenses determince Bond. mands, actions, e Bond. ments made by ty to you.	nined on a solicitor or client basis) wh suits, proceedings, losses and liab you or all liabilities or obligations in	nich may be taken or made against you illities whatsoever which may be accurred by you because of the Letter	
Signature of Witness Full Name: Signature of Employer Full Name: KOAY ZI YEN	This counter indemnit Letter of Guarantee a	y shall be a continuing demanding line in the continuing demanding the continuing demanding dema	dand you may at any ti t discharging or impairi	me have absolung my/our liabi	ate discretion without giving any noti lity under the indemnity.	ce to me/us extend the validity of the	
Full Name: Full Name: KOAY ZI YEN	IN WITNESS WHEREOF	TIME have hereto stocking in	y/our_name(s) this	day of	year		
Full Name: Full Name: KOAY ZI YEN	Clanature of William			-	2700		
Full Name: KOAY ZI YEN	Sig				nature of Employer		
			Name: KOAY ZI YEN				

NRIC No.: \$8631432J