Underwritten by:



TOKIO MARINE INSURANCE SINGAPORE LTD. 20 McCallum Street #09-01

Tokio Marine Centre Singapore 069046



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

A. PROPOSER'S			Sex	Name of Maid	
Name of Proposer GUO XUAN			M ✓ F	NGUN HLEI TIAL	
Address					1
105 woodlands vie	w,#11-07 NORTH WAVE	S737710		*Date of Birth (dd/mm/yyyy) / 01/06/1996	Passport No
Nationality	SB Transmission Ref	Occupation		WP No	Nationality
Singapore	Singapore	Singapore			1
Name of Company		NRIC/FIN No		, n	MYANMAR
italia of Company				The Period of Insurance (dd/n	nm/yyyy)
Contact No:		UCS-XXXXX8	01F	From / /	To / /
(H)	(HP)	97882967		7 7	
* PLAN A REIMBURSEN * YES Provided always that my/our liability to kee	2-YEAR IEDICAL INSURANCE CO PLAN B PLAN C IENT OF INDEMNITY PAI NO at if I/we pay the additional premiu ep Tokio Marine Insurance Singapu	PLAN D ID TO INSURER: Im for the walver of coore Ltd. indemnified as	ounter indemnity, stipulated above		For Filipino Helper only): 00 (\$70.00)
from any deliberate the Security Bond wa	breach of the condition under the S act or omission of the Employer. W as not caused by or resulted from the ole to pay Tokio Marine Insurance	Where the breach of the ne Employer's deliberate	e condition under e act or omission,		
G. TOP-UP FOR \$10,000	SECTION 2 : H&S EXPER	NSES (Only with \$20,000 (Annual)	1 2-Year Plan)(Limit \$10,000)	\$30,000 (Annual Limit \$1	5,000)
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Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D





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.

Dec	laration by Em	pioyei		
Emplo	oyer Name	GUO XUAN		
NRIC	No./ FIN	UCS-XXXXX801F		
Conta	ct No.	97882967		
Signa	ture and Date	19		
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1.	NGUN HLEI TIAL		ME 332330	APPLY
2.				
✓ I h	ereby declare that I a	nm authorising <u>UNITED CHANNEL</u> erform the above work pass transac	SERVICES PTE LTD (11C4954) tion(s) on my behalf.	(Name and licence no. of
☐ I h		m authorising(Full name as in all. A copy of the representative's N		
Dec	laration by EA			
✓ I	have spoken to and	verified with employer to confirm his	s / her authorisation.	
Torontoes!	have spoken to and of the employer.	verified with employer that the pers	on submitting this form to the I	EA is authorised to do so on behalf
houses	declare that I have e vork pass transactions	ensured all necessary fields are filled	in prior to making the abovem	nentioned
✓ I	declare that the info	rmation provided on this form is true	e and correct	
Name	e of EA personnel	Farahizah Binte Shariff		
Regis	stration No.	R1100472		
Signa	nture and Date			
			The second secon	

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

Worker Details

WP No.

: 0 94712041

Name of Worker

: NGUN HLEI TIAL

DOB of Worker

: 01/06/1996

Sex

: FEMALE

Worker's FIN

: G8866095T

Passport No.

: ME332330

Nationality

: MYANMAR

Employment History

Results Found: 1			
Employer	Per	Industry	
	Start Date	End Date	
Employer 1	22/08/2019		General Household

Page 1

Back to Top Enquire Another Worker Print Employment History

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30 Sep. 2019

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