



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 / EMPLOYER'S PARTICULARS

Name of Proposer QIAN YU		Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address 107, 36 Dakota Crescent. 399937		
Nationality Chinese	SB Transmission Ref	Occupation Ship Broker
Name of Company IFCOR		NRIC/FIN No S82641P7A
Contact No: (H) P2331360		(HP) P2331360

B. MAID'S PARTICULARS

Name of Maid Thin Thin Mar	
*Date of Birth (dd/mm/yyyy) 16/05/1995	Passport No MD181244
WP No 094364450	Nationality Myanmar
The Period of Insurance (dd/mm/yyyy) From / / To / /	

C. PERIOD OF INSURANCE:

* ☐ 1-YEAR ☐ 2-YEAR

*Please tick one only

*Age Limit: 69 years of age & below

D. CHOICE OF MEDICAL INSURANCE COVERAGE:

* ☐ PLAN A ☐ PLAN B ☐ PLAN C ☐ PLAN D

F. POLO GUARANTEE (For Filipino Helper only):

* ☐ \$2,000 ☐ \$7,000 (\$70.00)

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, I/we will only be liable to pay Aviva Ltd a fixed sum of S\$250.

FOR OFFICE USE ONLY

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 personal data (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 of 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 policy(ies) 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/pdpa.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 way 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:

- I/We will, at all times, unconditionally and irrevocably guarantee to jointly and severally compensate you for all claims, payments, demands, actions, suits, proceedings 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.
- 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.
- 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 Letter of Guarantee and/or Insurance Bond as conclusive evidence of my/our liability to you.
- 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 validity of the Letter of Guarantee and/or Insurance Bond without discharging or impairing my/our liability under the indemnity.

IN WITNESS WHEREOF I/we have hereto subscribed my/our name(s) this

day of

year

Date:

United Channel Services Pte Ltd
865 Mountbatten Road #01-22/23/24/25,
Katong Shopping Centre
Singapore 437844

RE: Undertaking Agreement for FDW Entry Permit Approval and Work permit Application


I, QIAKE YU, NRIC S82641771
employer of FDW thin thin Mar.

I hereby authorized United Channel Service Pte Ltd, Lic. No. 11C4954 (Employment Agency) to submit Request for MOM's Entry Approval before the FDW can enter Singapore. In-view to the Covid-19 requirements implement by Singapore Gov't., I hereby acknowledge, fully aware and responsible to bear the cost mentioned below;

- **FDW/Nanny's COVID-19 test (up to \$200 including GST).**
- **14-day stay at the dedicated Stay-Home Notice (SHN) facility (\$1,500 including GST), if applicable.**

However United Channel absorb 50% cost of SHN-14 days at designated facility by government upon arrival of the FDW.

Yours Sincerely,


(Employer)



United Channel Services Pte Ltd

Business Registration No 201012751K

License No.11C4954

EMPLOYER AUTHORISATION FOR SUBMISSION ENTRY PERMIT APPROVAL

Name of the Employer: QIAN YU

Nric No. : S8264197A

Name of FDW : Thin Thin Mar

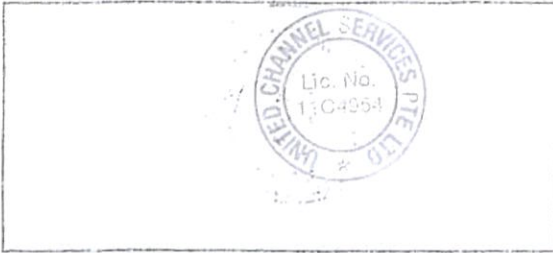
Passport / WP (FIN No.) : G8672883X

I, QIAN YU of Nric No. S8264197A
Hereby give my consent to UNITED CHANNEL SERVICES PTE LTD to submit the entry permit approval application for the FDW stated above for the mandatory 14 days Stay Home Notice.

I understand that the work pass processes like medical check-ups, SIP and Thumb-Print can only be processed after she has successfully completed the SHN period.

Sahla 8/March/2021
Signature of Employer/ Date:

Job Scope Sheet for Foreign Domestic Worker

Staff: Sharon

This job scope sheet pertains to the job offer made by the Employer to the FDW. It shall be translated into the FDW's language and given to her before she signs the employment contract.

Particulars of Parties

The Employer

Full Name: Qian Yu

- ☒ New
☐ Reselect
☐ Replacement

The Foreign Domestic Worker (FDW)

Full Name: Thin Thin Mar (Code: NOTE 033) Passport No.: _____

P/P Ready Date: _____

Job Scope

Persons in household of Employer's family:

- 2 adults
 _____ young adults aged 13 to 18
 _____ children aged 5 to 12
2 children aged between (3) to (5)
 _____ infants/babies below 3
 _____ person(s) requiring constant care and attention (excluding babies)

Basic Salary:

\$600 + \$96 if no off.

The FDW shall be required to perform domestic duties as follows (to tick where applicable):

- ☒ Household chores
☒ Cooking
☐ Looking after aged person(s) in the household [constant attention is
 *required/not required]
☐ Baby-sitting
☒ Child-minding
☐ Others (please specify):

Occasionally look after another 2 aged people
when Employers parents traveling/staying here

QIAN YU
 Name of Employer
8/March/21 Sahler
 Date Sign

Place of Work (to tick where applicable):

- a) House Type:
☐ Landed Property
☒ Condominium/ Private Apartment
☐ HDB 5-room or larger
☐ HDB _____-Room Flat (specify no. of rooms)
☐ Others _____ (specify)
 b) Number of Bedrooms in the house: 4

Signature of FDW



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 **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.

Declaration by Employer			
Employer Name	QIAN YU		
NRIC No./ FIN	S8264197A		
Contact No.	P2331360		
Signature and Date	Sahel 8/Nov/2021		
S/N	Name of Foreign Domestic Worker(s)	Passport / FIN WP No.	Authorised Transaction
1	Thin Thin Mar	G8672883+	APPLY
2			
<input checked="" type="checkbox"/> I hereby declare that I am authorising _____ (Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf.			
<i>Fill in only if applicable.</i>			
<input type="checkbox"/> 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	
<input checked="" type="checkbox"/> I have spoken to and verified with employer to confirm his / her authorisation.	
<input checked="" type="checkbox"/> 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.	
<input checked="" type="checkbox"/> I declare that I have ensured all necessary fields are filled in prior to making the abovementioned work pass transactions.	
<input type="checkbox"/> I declare that the information provided on this form is true and correct.	
Name of EA personnel	Palma Seng
Registration No.	810
Signature and Date	



Work Pass Division
Ministry of Manpower
18 Havelock Road
Singapore 059764
Telephone : (65) 64385122
Website : <http://www.mom.gov.sg>
Email : mom_wpd@mom.gov.sg

EMPLOYMENT HISTORY OF WORK PERMIT HOLDER

Date printed : 01/03/2021
Employment Agency : UNITED CHANNEL SERVICES PTE. LTD. (11C4954)

Worker Details

WP No. : 0 94364450
Name of Worker : THIN THIN MAR
DOB of Worker : 16/05/1995
Sex : FEMALE
Worker's FIN : G8672883X
Passport No. : MD181244
Nationality/Citizenship : MYANMAR

Employment History

Results Found : 1

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 1	07/06/2018	08/10/2020	General Household

No person shall in any way make any additions, modifications, adjustments or alterations to the information, or further disclose the information to any other person(s) unless required by the Ministry of Manpower.

DIAN Yu
Name of Employer
8/Mar/2021
Date
[Signature]
Sign