



Authorisation Form for Foreign Domestic Worker Work Pass

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 for rows</u> 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 | | NG SIEW LAN S 1378625 I | | | | | | |
| NRIC No./ FIN | | · S 1378625 I | | | | | | |
| Contact No. | | · 8 28 07 2021 | | | | | | |
| Signature and Date & & DD 2021 | | | | | | | | |
| S/N | Name of Foreign | Domestic Worker(s) | Passport / FIN / WP No. | Authorised Transaction | | | | |
| 1. | | | | ADDIL | | | | |
| 2. | | | | (* (TE) | | | | |
| I hereby declare that I am authorising UNITED CHANNEL SERVICES PTE LTD (11C4954) 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. | | | | | | | | |
| De | claration by EA | | | | | | | |
| 11 | I have spoken to and verified with employer to confirm his / her authorisation. | | | | | | | |
| 2 | 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. | | | | | | | |
| 0 | 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 | | | | | | | | |
| Name of EA personnel | | | | | | | | |
| Registration No. | | | Soh Geok Sian R1100683 | | | | | |
| Signature and Date | | | | | | | | |

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 / E | MPLOYER'S PARTICULA | B. MAID'S PARTICULARS | | | | | | | |
|---|---|--|---|---|-------------|--|--|--|--|
| Name of Proposer | | Name of Maid | | | | | | | |
| | | | | | | | | | |
| Address | | | | | | | | | |
| | | *Date of Birth (dd/mm/yyyy) / / | Passport No | | | | | | |
| Nationality | SB Transmission Ref | Occupation | | WP No | Nationality | | | | |
| Name of Company | | NRIC/FIN No | | The Period of Insurance (dd/m | nm/yyyy) | | | | |
| Contact No: | | From / / To / / | | | | | | | |
| (H) | (HP) | Ploin / / | 0 / / | | | | | | |
| | IDANOF. | *Please t | ick one only | *Age Limit: 69 years of age & b | nelow | | | | |
| C. PERIOD OF INSURANCE: *Please tick one o | | | | F. POLO GUARANTEE (For Filipino Helper only): | | | | | |
| | ICAL INSURANCE COV | EDAGE. | | * \$2,000 \$7,000 (\$70.00) | | | | | |
| * PLAN A | PLAN B PLAN C | | | | | | | | |
| | IT OF INDEMNITY PAID | | | FOR OFFICE USE ONLY | | | | | |
| * YES Arovided always that if my/our liability to keep A of the condition under tomission of the Employ | No I/we pay the additional premium Aviva Ltd indemnified as stipulate the Security Bond was caused by er. Where the breach of the cond from the Employer's deliberate ac | | | | | | | | |
| | TION 2 : H&S EXPENS | ES (Only with 2 | 2-Year Plan)(| Optional): | | | | | |
| | | | | \$30,000 (Annual Limit \$15 | ,000) | | | | |
| (whether contained in the companies, third party so to issue and administiand/or account(s), infor statistical, research | nis form or obtained from other si- ervice providers, reinsurers and/ ter my existing and/or new policy- icluding the processing of my/our ich, compliance, audit and regulai | ources; existing data in or suppliers for the foll (ies) and/or account(s) personal data for und ory purposes. | n Aviva's record of owing purposes:) with Aviva and sulerwriting purpose: | | s purposes; | | | | |
| | | COUNTER-II | NDEMNITY | FORM | | | | | |
| | | | | ty Form, it is hereby understood and a ne same legal effects as that of the or | | | | | |
| To: Aviva Ltd | Way #01-01 SGX Centre 2 Sir | 00000 | | | | | | | |
| Dear Sirs, | Way #01-01 SGA Centre 2 Sil | gapore 000007 | | | | | | | |
| RE: COUNTER-INDEMNI | TY FOR LETTER OF GUARANT | EE 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, 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. | | | | | | | | | |
| 3. 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 Incurance Bond as a view evidence of my/our liability to you. | | | | | | | | | |
| 4. This counter indemnity shall be a contily single entant 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 Bong without also charging or impairing my/our liability under the indemnity. | | | | | | | | | |
| IN WITNESS WHEREOR | liwe have henero subscribed my | our name(s) this | day of | year SMM | | | | | |
| | AUCES PA | | | 0.0 | | | | | |