

To: Government of the Republic of Singapore and all relevant public sector bodies ("the Government")

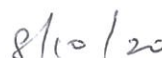
LETTER OF DECLARATION AND INDEMNITY

1. I, TEO CHEW YONG (NRIC No./FIN: S0778746D) (employer of the Foreign Employee¹) hereby acknowledge that the Government had provided the option for the Foreign Employee to serve her movement control measure² ("SHN") at a dedicated facility in a single room, and declare that I am instead electing out of my own free will for the Foreign Employee to serve her SHN at a dedicated facility in a room that is to be shared with one other person under SHN during the same period ("**Shared Room Accommodation**"). I acknowledge that there may be risks associated with serving the SHN in a Shared Room Accommodation. These include contracting infectious diseases like COVID-19 from the person under SHN whom the Foreign Employee is sharing the room with. The Foreign Employee's SHN may be extended if any of them tests positive for COVID-19. In this case, there may be additional costs for her stay and medical-related procedures.
2. In consideration of the Government arranging for and subsidising the costs related to the Foreign Employee's Shared Room Accommodation for the SHN ("**Support**"), I agree to be bound by the following conditions:
- a) I will waive, release, absolve and forever discharge the Government, its public sector agencies involved in facilitating the Foreign Employee's Shared Room Accommodation for the SHN, and their officers, agents and representatives (collectively, the "**Releasees**") from all and any responsibility, actions, claims, demands, obligations and/or liability arising from any loss or damage (including without limitation and to the extent permissible by law, physical injury, infection, loss of life or property damage) sustained by the Foreign Employee or caused as a result of the Foreign Employee's Shared Room Accommodation for the SHN.
 - b) I will treat this release and indemnity as confidential and not disclose to any third party, without the Government's prior written consent, the particulars of any of the Support received from the Releasees.
 - c) I shall bear all expenses incurred in excess of all Support received from the Releasees under this release and indemnity.
 - d) I shall indemnify and keep indemnified the Releasees against any and all liabilities, losses, damages, actions, claims, demands, costs (including legal costs on a full indemnity basis and experts' and consultants' fees), settlement sums and sums paid in satisfaction of court, that is sustained, incurred, paid by or suffered by the Releasees arising out of or in connection with the Foreign Employee's Shared Room Accommodation for the SHN.
 - e) This agreement shall be governed by Singapore law. I agree to submit to the exclusive jurisdiction of the courts of Singapore.

I have read this letter and fully understand and agree to its contents.



Signature of Employer



Date

¹ Employer of the foreign employee includes such persons appointed as deputies or donees of the employer under the Mental Capacity Act (Cap. 177A).

² "Movement control measure" as defined in the COVID-19 (Temporary Measures) (Control Order) Regulations 2020.

Declaration to the Controller of Work Passes, Ministry of Manpower:

18. Declaration for room sharing

- ✓ Both the employer and FDW/nanny have signed the indemnity forms and given consent for the FDW/nanny to serve her SHN at a dedicated SHN facility in a Shared Room Accommodation.
- ✓ I understand this request is subject to the availability of twin rooms at the dedicated SHN facility, which are limited, and room allocation by the SHN facility operator upon check-in.

I understand and acknowledge that if any of the information I have provided in this form is false or inaccurate, I will be liable to repay in full the value of the SHN facility charges based on the single room rate (\$1,500 including GST).

TEO CHEW YONG
Name of Employer
8/10/20
Date
leo
Sign



Inpatient Discharge Summary

Patient Particulars		Admission Information	
Name:	TEO CHEW YONG	Admission Date:	12 May 2018
MRN:	S0778746D	Clinical Discharge Date:	02-Jun-2018
Date of Birth:	01 Nov 1949	Clinical Discharge Type:	Planned Discharged
Address:	Blk/Hse:456,Level/Unit:11-276 TAMPINES STREET 42 . Singapore 520456	Length of Stay:	21 day(s) Account: 6918033313C
		Principal Doctor:	Kappaganthu V.Prasanna (18084Z)
		Dept/Location/Class:	RMD / CGH-IB-W64-0003-15 / CLASS C

Patient's Copy

Diagnosis

Principal: Multiple-level cervical spondylosis with radiculopathy
Secondary:

Drug Allergy Data

clindamycin (31 Mar 2011), Imipenem (31 Mar 2011), vancomycin (31 Mar 2011)

DRUG ALLERGY

Medication Prescribed

Fastum gel
Paracetamol
Neurobion

Care Plan

TCU spine MOPD Thursday x 6/12

Completed By: Jagannathan Ellomalay (62456Z)

01 Jun 2018 09:38

Ward 64
Integrated Building
Changi General Hospital
2 Simei Street 3
S529889

This is not a medical report. For Patient's Personal Reference Only

Name:TEO CHEW YONG MRN:S0778746D Account:6918033313C Admission Date:12 May 2018

Page: 1 of 1

Patient Particulars

Name: TEO CHEW YONG
 MRN: S0778746D Gender: Female
 Date of Birth: 01 Nov 1949
 Address: Blk/Hse: 456, Level/Unit: 11-276 TAMPINES STREET 42, Singapore 520456

Admission Information

Admission Date: 12 May 2018
 Clinical Discharge Date: 02 Jun 2018
 Clinical Discharge Type: Planned Discharged
 Length of Stay: 21 day(s) Account: 6918033313C
 Principal Doctor: Kappaganthu V. Prasanna (180842)
 Dept/Location/Class: RMD / CGH-IB-W64-0003-15 / CLASS C

Patient's Copy

Diagnosis

Principal: Multiple-level cervical spondylosis with radiculopathy
 Secondary:

Drug Allergy Data

clindamycin (31 Mar 2011), Imipenem (31 Mar 2011), vancomycin (31 Mar 2011)

DRUG ALLERGY

Medication Prescribed

DISCHARGE MEDICATION(S):

- Tramadol HCl Capsule/Tablet PO 25 mg, TDS -- For 28 Days
- MetoCLOPramide HCl Tablet PO 10 mg, TDS PRN Nausea or Vomiting -- For 28 Days
- Lactulose Syrup PO 10 mL, TDS PRN Constipation -- For 28 Days
- Bisacodyl Suppository Rectal 10 mg, Use as directed PRN No Bowel Movement for 2 days -- For 28 Days
- Trifluoperazine Tablet PO 5 mg, BD -- For 28 Days
- Salbutamol 100mcg Inhaler Inhalation 2 puff, QDS PRN Shortness of Breath -- For 28 Days
- Neurobion Tablet [Vit B1 100mg, B6 200mg, B12 200mcg] PO 1 tablet, OM -- For 28 Days
- Hydrocortisone Tablet PO 10 mg, OM -- For 28 Days
- Hydrocortisone Tablet PO 5 mg, Every late afternoon (4pm) -- For 28 Days
- Clopidogrel Tablet PO 75 mg, OM -- For 28 Days
- Atenolol Tablet PO 100 mg, OM -- For 28 Days
- Atorvastatin Tablet PO 40 mg, ON -- For 28 Days
- Exforge 5/160 Tablet [Amlodipine, Valsartan] PO 1 tablet, OM -- For 28 Days
- Fenofibrate Capsule PO 100 mg, OM -- For 28 Days
- Famotidine Tablet PO 20 mg, BD -- For 28 Days
- Paracetamol Tablet PO 1 g, TDS PRN Pain or Fever -- For 28 Days

Care Plan

TCU Discharge Medication from SACH

Completed By: Jagannathan Ellomalay (624562)

01 Jun 2018 10:29

Ward 64
 Integrated Building
 Changi General Hospital
 2 Simei Street 3
 S529889

This is not a medical report. For Patient's Personal Reference Only

Name: TEO CHEW YONG MRN: S0778746D Account: 6918033313C Admission Date: 12 May 2018

2 Simei Street 3, Singapore 529889 | Tel: (65) 6788 8833 | Fax: (65) 6788 0933 | www.cgh.com.sg | Reg No 198904226R

Inpatient Discharge Summary

Patient Particulars		Admission Information	
Name:	TEO CHEW YONG	Admission Date:	29 Aug 2018
MRN:	S0778746D	Gender:	Female
Date of Birth:	01 Nov 1949	Clinical Discharge Date:	12-Sep-2018
Address:	Blk/Hse:456,Level/Unit:11-276 TAMPINES STREET 42, Singapore 520456	Clinical Discharge Type:	Planned Discharged
		Length of Stay:	14 day(s)
		Account:	6918060140E
		Principal Doctor:	Tan Vern Hsen (13696D)
		Dept/Location/Class:	CVM / CGH-W18-0004-08 / CLASS C

Patient's Copy

Diagnosis

Principal: Fluid overload, likely due to hypertensive heart disease
Secondary: Type 2 respiratory failure, secondary to RMZ collapse/ consolidation
Acute kidney injury
IHD - Ischemic heart disease, TVD 50% stenosis on medical therapy

DRUG ALLERGY

Drug Allergy Data

Please check Electronic Medical Records (EMR)

clindamycin (31 Mar 2011), Imipenem (31 Mar 2011), vancomycin (31 Mar 2011)

Medication Prescribed

DISCHARGE MEDICATION(S):

- Bisoprolol Fumarate Tablet PO 5 mg, BD -- For 120 Days restart at lower dose. old dose is 5mg BD
- Bisacodyl Suppository Rectal 10 mg, OM PRN No Bowel Movement for 2 days -- For 120 Days
- Atorvastatin Tablet PO 40 mg, ON -- For 120 Days
- Clopidogrel Tablet PO 75 mg, OM -- For 120 Days
- Exforge 5/160 Tablet [Amlodipine, Valsartan] PO 1 tablet, BD -- For 120 Days
- Famotidine Tablet PO 20 mg, BD -- For 120 Days
- Fenofibrate Capsule PO 100 mg, OM -- For 120 Days
- Hydrocortisone Tablet PO 10 mg, OM -- For 120 Days
- Hydrocortisone Tablet PO 5 mg, Every late afternoon (4pm) -- For 120 Days
- Lactulose Syrup PO 10 mL, TDS PRN Constipation -- For 120 Days
- Neurobion Tablet [Vit B1 100mg, B6 200mg, B12 200mcg] PO 1 tablet, OM -- For 120 Days
- Salbutamol 100mcg Inhaler Inhalation 2 puff, QDS PRN Shortness of Breath -- For 120 Days
- Trifluoperazine Tablet PO 5 mg, BD -- For 120 Days

This is not a medical report. For Patient's Personal Reference Only

Name: TEO CHEW YONG MRN: S0778746D Account: 6918060140E Admission Date: 29 Aug 2018

Page: 1 of 3



Pay Foreign Worker Levy Using GIRO (For Employers with Foreign Domestic Workers)

This form may take you 3 minutes to complete.

Form DFWL 03/2020

IMPORTANT: Do not fax this form as original signature(s) is required. **Bank account holder must sign against amendments made. DO NOT use correction fluid/tape.** Incomplete or illegible details on the form will delay the processing.

Section 1: For Applicant's Completion

1 Applicant's Particulars and Authorisation

NOTE: Please submit this form only after your Foreign Domestic Worker's application has been approved and ensure that the NRIC/FIN filled below belongs to the Registered Employer.

Name of Registered Employer

TEO CHEW YONG

Employer's NRIC/FIN No.

0778746D

► DDA reference no.

- I/We authorise the Bank to process the Billing Organisation's (BO), Central Provident Fund Board (Ministry of Manpower's collecting agent for Foreign Worker Levy), instructions to debit and credit my/our account.
- The Bank is entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also have the discretion to allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- This authorisation will remain in force until the Bank's written notice sent to my/our address last known to the Bank; upon the Bank's receipt of my/our written revocation; or upon the Bank's receipt of the notice of expiry from the BO.

Name (as in Bank Account)

LIM CHEE KWEE SAMY

Signature(s)/Thumbprint(s)* as in Bank's records

Bank's Name

POSB

Bank Account No.

118 - 05231 - 5

Contact No.

97468566

Email

samy_lim@hotmail.com

Date: 14/10/20

*For thumbprint(s), you must approach your respective Bank with your identification documents for verification. For signature(s), you have the option to approach your respective Bank for verification.

2 What to Do Next?



Complete and return this form to us by mailing it to:
Tampines Central P.O. BOX 171 Singapore 915206

Your form will be sent to your bank and will be processed within one month.

You can check your application status at www.mom.gov.sg/levy-giro-status. While waiting for it to be approved, you should pay the levy for each month using other payment methods **by the 14th of the following month**.

*You will be redirected to the CPF Board's website to check your GIRO application status.

Section 2: For CPF Board's Completion

CPF Board's Account Details

SWIFT BIC: OCBCSGSGXXX

Account No.: 501600001001

Debiting Account Details

SWIFT BIC:

Account No.:

Section 3: For Bank's Completion

To CPF Board: The application is hereby **REJECTED** because

► Please tick all the applicable reasons

☐ Signature/Thumbprint differs from bank's records

☐ Wrong account number

☐ Signature/Thumbprint incomplete/unclear

☐ Amendments not countersigned by Bank Account Holder

☐ Account operated by signature/thumbprint

☐ Others:

Authorised Signature and Stamp of Bank

Name:

Date: