



United Channel

865 Mountbatten Road, #01-22/23/24/25, Katong Shopping Centre, Singapore 437844
Tel: 6344 8807 Fax: 6345 0806 Email: unitedes@singnet.com
License No. 07C4306 www.unitedchannel.com.sg GST Registration No. 200716859W

BOOKING INVOICE

Employer Detail

Employer Name: ONG SIOK HWEE NRIC No: UCS-XXXXX799D
Booking No: UCS/KT011803201619 Date: 18-03-2020

FDW Detail

FDW's Name: NENG DEDE PUSPITASARI Code No: (I)YL 186
Nationality: INDONESIAN P / P No:

Description

Agency Fee 1188.00
WPOL Filing Fee (\$35 application+\$35 e-issue) 70.00
Documentation Fee 70.00
Administrative & Transporation 75.00
Insurance Basic (Plan A) 246.10
Indemnity Insurance 53.50

Discount \$0.00
Sub Total \$1,702.60
Total Amount \$1,702.60

Amount Received					\$0.00
Receipt No.	Date	Amount	Payment Mode	Ref	
Amount Balance					\$

Signature by Employer
Name: ONG SIOK HWEE
NRIC: UCS-XXXXX799D

Signature by Agent
Name: Palma Sharon Asuncion
Reg No: R1105865

UCS-

UOB - 356 302 497 4

admin1@unitedchannel.net



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 Ong Siok Hwee		Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address 3 #00 KIM LIN ROAD # 03-22 Tropika East S(49679)		
Nationality Singaporean	SB Transmission Ref U882290	Occupation
Name of Company		NRIC/FIN No S7679799D
Contact No: (H) _____ (HP) 94362203		

B. MAID'S PARTICULARS

Name of Maid Neng Dede Puspitasari	
*Date of Birth (dd/mm/yyyy) 27/06/1996	Passport No C473409
WP No 0 09773568	Nationality Indonesian
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

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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 hereon subscribed our name(s) this _____ day of _____ year.

United Channel Services Pte Ltd
LIC No: **11C4954**
865 Mountbatten Road #01-22/23/24/25
Katong Shopping Centre Singapore 437844
Tel: 6344 8807 Fax: 6345 0806
Email: unitedes@singnet.com

Signature of Witness

Full Name:

NRIC No.:

Address:

Signature of Employer

Full Name:

NRIC No.:

ONG SIOK HWE

S7679799D




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	Ong Siok Hwee
NRIC No. / FIN	S767979AD
Contact No.	94362203
Signature and Date	 19/3/2020

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	Neng Bede Puspitasari	United Channel Services Pte Ltd Lic. No. 1104954	Application
2		865 Mountbatten Road #01-22/23/24/25 Katong Shopping Centre Singapore 437844 Tel: 6344 8807 Fax: 6345 0808 Email: unitedes@singnet.com	

☒ 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.

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.

Name of EA personnel	Farahizah Binte Shariff
Registration No.	RT100472
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 : 16/03/2020
Employment Agency : UNITED CHANNEL SERVICES PTE. LTD. (11C4954)

Worker Details

WP No. : 0 09773568
Name of Worker : NENG DEDE PUSPITASARI
DOB of Worker : 27/06/1996
Sex : FEMALE
Worker's FIN : G8890597R
Passport No. : C4731909
Nationality : INDONESIAN

Employment History

Results Found : 1

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 1	23/10/2019		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.



ong siok hwee
Name of Employer
19/3/2020
Date
Sign