



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	ployer						
Emplo	oyer Name	HUANG XIAOXIAN						
NRIC No./ FIN		S7976198B						
Contact No.		96738346						
Signa	ture and Date	ly						
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction				
1.	TIN MAR LAR		MD917654	APPLY				
2.								
		am authorising <u>UNITED CHANNEL</u> t agency) to perform the above wo						
■ Ih	in only if applicable. I hereby declare that I am authorising(Full name as in NRIC/Passport)(NRIC/Passport No.), to submit this porisation form on my behalf. A copy of the representative's NRIC/Passport is enclosed with this authorisation form.							
Declaration by EA								
✓ I	☑ I have spoken to and verified with employer to confirm his / her authorisation.							
"Housewall"	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	e of EA personnel	Helen Huang Yuling						
Regis	stration No.	R1658004						
Signa	ture 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

Underwritten by:



TOKIO MARINE INSURANCE SINGAPORE LTD. 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

Managed By:

AVA INSURANCE AGENCY PTE LTD 91 Bencoolen Street #09-06 Sunshine Plaza Singapore 189652 Tel: +65 65356836 / 64638138 Fax: +65 65356826 / 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

	IPLOYER'S PARTICUL	.ARS		se the policy issued hereunder m B. MAID'S PARTICULARS	
Name of Proposer			Sex	Name of Maid	
HUANG XIAOXIAN			M VF	TINMADIAD	
Address				TIN MAR LAR	
Address				*Date of Birth (dd/mm/yyyy)	Passport No
APT BLK 989D JURC	NG WEST STREET 93 #0	3-665 SINGAPORE	E 644989	Jake of Billi (do/illin/yyyy)	
III I BEIL 707B VOICE				06/10/1995	MD917654
Vationality	SB Transmission Ref	Occupation		WP No	Nationality
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Inma of Company		NRIC/FIN No		MYANMAR	
Name of Company		S7976198B		The Period of Insurance (dd/n	nm/yyyy)
Contact No:				From / /	To / /
H)	(HP)	96738346		*Age Limit: 69 years of age &	
* PLAN A REIMBURSEMEN	V2-YEAR ICAL INSURANCE CO PLAN B ☐ PLAN C IT ØF INDEMNITY PAI	OVERAGE:	tick one only	F. POLO GUARANTEE (F	
Provided always that my/our liability to keep To shall only arise if the breat from any deliberate act to the Security Bond was not	WO only the additional premiupokio Marine Insurance Singapouch of the condition under the Sir omission of the Employer. Wo teaused by or resulted from the pay Tokio Marine Insurance	ore Ltd. indemnified as Security Bond was cause There the breach of the se Employer's deliberate	stipulated above ed by or resulted condition under act or omission,		7.7a
\$10,000 (Ar	on:	\$20,000 (Annual L	_imit \$10,000)	\$30,000 (Annual Limit \$1	
ii) I declare and confirm	y carvica providere ar informa	ediaries, within or outs sent of the proposer/en or the above collection.	ide Singapore. nployer name here . use, process and	conal data for the purpose of procession, where applicable, and that he/sh disclosure; and okiomarine.com.sg.	
		COUNTER-I	NDEMNITY	FORM	
MPORTANT NOTICE: The of fax or otherwise, shall be	Employer is hereby notified that deemed binding and legally en	at by virtue of signing the forceable in a court of la	is Counter-Indemni aw and shall have t	ty Form, it is hereby understood and a he same legal effects as that of the o	greed that a copy of it, either by wa riginal.
To: Tokio Marine	e Insurance Singapore Lt Street #09-01 Tokio Marine C	d. Centre Singapore 069	046		
To: Tokio Marine 20 McCallum	e Insurance Singapore Lt Street #09-01 Tokio Marine C	d. Centre Singapore 069	046		
Tokio Marine 20 McCallum Dear Sirs,	Street #09-01 Toklo Marine C	Centre Singapore 069	046		
Tokio Marine 20 McCallum Dear Sirs, RE: COUNTER-INDEMNIT	Street #09-01 Toklo Marine C TY FOR LETTER OF GUARAN	Centre Singapore 069		rance Singapore Ltd. ("you") agrees	to my/our request to provide the
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Schedule A: Domestic Maid Insurance & Bond Package

Coverage	Plan A	Plan B	Plan C	Plan D
	Coverage	Coverage Plan A	Coverage Plan A Plan B	Coverage Plan A Plan B Plan C