



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

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.

Declaration by EA	
<input checked="" type="checkbox"/>	I have spoken to and verified with employer to confirm his / her authorisation.
<input 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 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	Soh Geok Sian R1300683
Registration No.	06 MAR 2021
Signature and Date	



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		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address		
Nationality	SB Transmission Ref	Occupation
Name of Company		NRIC/FIN No
Contact No: (H) _____ (HP) _____		

C. PERIOD OF INSURANCE:

*Please tick one only

* 1-YEAR 2-YEAR

D. CHOICE OF MEDICAL INSURANCE COVERAGE:

* PLAN A PLAN B PLAN C PLAN D

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.

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

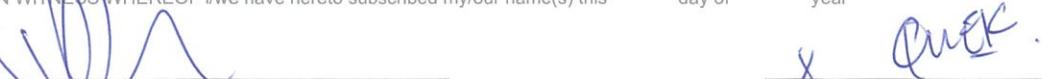
day of _____ year _____

Signature of Witness

Full Name:

NRIC No.:

Address:



Signature of Employer

Full Name:

NRIC No.: