

RENEWAL OF WORK PERMIT / PASSPORT / VISA Documentation

**Note : Please make sure that all authorization

forms are filled and signed

(company stamp)



Date

: 1/03/2019

Package Fee

: _____

Official Receipt No. : _____

Insurance

: 246-10

RIP : YES ☒ NO

Name of Employer

: Wong Suet Han

Contact No.

: (H) _____ (HP) _____

Spouse

: _____

Contact No.

: (H) _____ (HP) 978 39191

Myanmar / Filipino / Indonesia

Name of FDW

: Ade yuliana

Work Permit No.

: 0 07622465

Date of Expiry

: 31/04/2019

Passport No.

: B 2468577

Date of Expiry

: 30/03/2021

Remarks / Special Instructions

email: jessiewsh@singnet.com

ADDITIONAL INFORMATION

Relationship	Name	Age	Occupation	Contact No.
Father :				
Mother :				
Name of Spouse :				

PERSONAL INFORMATION

S/N	Description	Yes	No
1	Are you prepared to work for any nationality?	<input checked="" type="radio"/>	<input type="radio"/>
2	Do you have any allergies?	<input type="radio"/>	<input checked="" type="radio"/>
3	Do you have any illness/surgery in the last 6 months?	<input type="radio"/>	<input checked="" type="radio"/>
4	Are you afraid of dogs ?	<input checked="" type="radio"/>	<input type="radio"/>
5	Are you afraid of loneliness?	<input type="radio"/>	<input checked="" type="radio"/>
6	Are you wearing glasses ?	<input type="radio"/>	<input checked="" type="radio"/>
7	Are you willing to take care of elderly person ?	<input checked="" type="radio"/>	<input type="radio"/>
8	Are you willing to eat pork ?	<input type="radio"/>	<input checked="" type="radio"/>
9	Are you willing to take care of new born / infant?	<input checked="" type="radio"/>	<input type="radio"/>
10	Are you willing to look after bedridden?	<input checked="" type="radio"/>	<input type="radio"/>
11	Are you willing to work in a landed property ?	<input checked="" type="radio"/>	<input type="radio"/>
12	Are you willing to accept "No-Off-Day" as an employment criteria?	<input checked="" type="radio"/>	<input type="radio"/>

FDW Name and Signature

Date:

EA Personnel Name and Registration Number

Date:



MINISTRY OF
MANPOWER

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	Wong Suet Han
NRIC No./ FIN	S0137018I
Contact No.	978 39191
Signature and Date	

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	Ade Yuliana	0 07622465	Renewal
2			

☒ 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	
Registration No.	Palma Shary Asuncion R1102865
Signature and Date	

Underwritten by:



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

TOKIO MARINE

Managed By:



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 <i>Wong Suet Han</i>		Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address <i>34 Lorong Sari S (119111)</i>		
Nationality <i>Singaporean</i>	SB Transmission Ref	Occupation
Name of Company		NRIC/FIN No <i>S0137018I</i>
Contact No: (H) _____ (HP) <i>97837191</i>		

B. MAID'S PARTICULARS

Name of Maid <i>Ade Yuliana</i>	
*Date of Birth (dd/mm/yyyy) <i>10 / 03 / 1954</i>	Passport No <i>82468577</i>
WP No <i>0 07622465</i>	Nationality <i>Indonesian</i>
The Period of Insurance (dd/mm/yyyy) From <i>21 / 04 / 2019</i> To <i>1 / 1</i>	

C. PERIOD OF INSURANCE:

* ☐ 1-YEAR ☒ 2-YEAR

*Please tick one only

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 Tokio Marine Insurance Singapore 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 Tokio Marine Insurance Singapore Ltd. a fixed sum of S\$250.

*Age Limit: 69 years of age & below

F. POLO GUARANTEE (For Filipino Helper only):

* ☐ \$2,000 ☐ \$7,000 (\$70.00)

FOR OFFICE USE ONLY

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)

By submitting this information:

- I acknowledge and consent to TMIS collecting, using, disclosing and/or processing my personal data for the purpose of processing/servicing my policy/claim and be disclosed to third party service providers, or intermediaries, within or outside Singapore.
- I declare and confirm that I have obtained the consent of the proposer/employer name herein, where applicable, and that he/she has authorized me to disclose their personal data and to give consent on their behalf for the above collection, use, process and disclosure; and
- I acknowledge the detailed Privacy Policy Statement, governing the above, posted at www.tokiomarine.com.sg.

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: **Tokio Marine Insurance Singapore Ltd.**
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

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, **Tokio Marine Insurance Singapore 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.:

Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D
	Letter of Guarantee	S\$5,000			
1	Personal Accident				
	(A) Death	S\$60,000 (wef 1 Oct 2017)			
	(B) Permanent Disablement	As per scale in Policy			
	(C) Medical Expenses	S\$1,000	S\$1,500	S\$2,500	S\$4,000
2	Hospital & Surgical Expenses (Worldwide)	S\$30,000 (Annual Limit : S\$15,000)	S\$30,000 (Annual Limit : S\$15,000)	S\$40,000 (Annual Limit : S\$20,000)	S\$60,000 (Annual Limit : S\$30,000)
3	(A) Recuperation Expenses (Max 60 Days)	NIL	S\$10 per day	S\$20 per day	S\$30 per day
	(B) Temporary Help Benefit (Max 30 Days)	NIL	S\$10 per day	S\$15 per day	S\$20 per day
4	Repatriation Expenses	Up to S\$10,000			
5	Wages & Levy Reimbursement (Max 60 Days)	NIL	Up to S\$30 per day	Up to S\$35 per day	Up to S\$35 per day
6	Termination / Re-Hiring Expenses	NIL	S\$250	S\$350	S\$500
7	Outpatient Kidney Dialysis / Cancer Treatment	NIL	NIL	S\$2,500 (Policy Limit)	S\$5,000 (Policy Limit)
8	Special Grant	NIL	S\$1,000	S\$2,000	S\$3,000
9	Maid & Household Liability	NIL	S\$50,000 AOA (Any One Accident) / Unlimited AOP (Any One Period)		
10	Fidelity Guarantee	NIL	NIL	S\$5,000	S\$5,000
Premium	14-month	\$171.20 (Incl GST)	\$192.60 (Incl GST)	\$224.70 (Incl GST)	\$256.80 (Incl GST)
	26-month	\$246.10 (Incl GST)	\$284.30 (Incl GST)	\$327.10 (Incl GST)	\$374.50 (Incl GST)
Reimbursement of Indemnity paid to insurer (excess \$250)					
If purchased with Policy		\$53.50 (Incl GST)			
If purchased subsequently		\$85.60 (Incl GST)			
Top-up for Section 2: Hospital & Surgical Expenses (H&S)					
26-month Policy	S\$10,000 (Annual Limit \$5,000)		\$53.50 (Incl GST)		
	S\$20,000 (Annual Limit \$10,000)		\$107.00 (Incl GST)		
	S\$30,000 (Annual Limit \$15,000)		\$139.10 (Incl GST)		

Refund Policy:

Cancellation Period	Within 60 days	Within 61 to 120 days	Within 121 to 180 days	Within 181 to 270 days	After 270 days
14-month Policy	70% of Premium	50% of Premium	No Refund	No Refund	No Refund
26-month Policy	70% of Premium	50% of Premium	30% of Premium	20% of Premium	No Refund

Special Extensions

- * Policy Covers the maid when she is on home leave and she has a valid Work Permit
- * Section 1 Benefit C (Medical Expenses) is extended to include treatment by a licensed TCM registered with MOH
- * Section 2 (Hospital & Surgical Expenses) is extended to :
 - Include Day Surgery
 - Cover communicable diseases or illness (e.g. SARS, Tuberculosis, H1N1, Dengue Fever, MERS) solely for the purpose of quarantine or isolation

This Policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg)



WONG SUET HAN
34 LORONG SARI
SINGAPORE 119111



20 Feb 2019

It's time to renew your helper's work permit

Dear WONG SUET HAN

Your helper's work permit will expire on 21 Apr 2019.

There are a few things you need to do if you want to keep her. Use the handy checklist over the page to make sure you have everything ready before you renew.

If you don't intend to renew your helper's permit, you will need to think about transferring her to another employer or sending her home. You can find out more about this at mom.gov.sg > Foreign Manpower > Work passes and permits > Work Permit for foreign domestic worker.

Yours sincerely

Pansy Chow
For the Controller of Work Passes

HELPER'S NAME
ADE YULIANA

FIN
G6957655P

WORK PERMIT NO.
0 07622465

DATE OF APPLICATION
20 APR 2017

SECURITY BOND TRANSMISSION NO.
4637453

If you wish to keep your helper

- 1 If your address has changed recently, update the Police Post or ICA
- 2 Buy a new insurance package
- 3 Then go online to renew at services.mom.gov.sg/workpass/keepmyhelper

⚠ IMPORTANT

There may be an overstaying fine of up to \$500 if your helper's permit is not renewed, transferred or cancelled before 21 Apr 2019



Keep this checklist handy and work your way through it

1 If your address has changed recently, update the Police Post or ICA

- You need to inform the Police Post or ICA whenever you move. You can find out more about this at www.ica.gov.sg.
- Tell them about your move at least three days before you renew with MOM. Your helper can only work at the address MOM prints on the work permit.

2 Buy a new insurance package

- **Your current security bond details:**

Insurer: TOKIO MARINE INSURANCE SINGAPORE LTD

Policy number: DZA162633

Expires on: 21 Jun 2019

- Insurance for helpers is usually sold as 'FDW insurance package' and includes the security bond, personal accident insurance and medical insurance.
- Once you have bought insurance, the company will send MOM the details (take up to 3 working days).
- The work permit expires two months earlier than the security bond.

3 Then go online to renew at services.mom.gov.sg/workpass/keepmyhelper



Use this form only if you are an Employment Agent acting on behalf of an employer

**To be signed by the employer
and uploaded as part of the
renewal process**

Declaration by the employer

1. In order to renew a work pass under the Employment of Foreign Manpower Act ("EFMA"), I declare that:
 - a. I am fully aware of and shall fulfil my obligations as an employer of a foreign domestic worker under the EFMA and the Employment of Foreign Manpower (Work Passes) Regulations ("EFMR") which includes the following:
 - Pay her salary promptly
 - Pay for her upkeep and maintenance, including medical treatment
 - Provide acceptable accommodation for her
 - Should she die while in Singapore, pay for her burial or cremation and pay for her body and belongings to be returned to her home
 - Take her to the Controller of Work Passes when required by Ministry of Manpower
 - Inform the Controller of Work Passes in writing within seven days when her employment ends or her work pass is cancelled
 - Arrange and pay for her passage home, after giving her reasonable notice, and paying her outstanding salary.
 - b. I shall take reasonable steps to ensure that my foreign domestic worker complies with the EFMA and the EFMR; and such steps shall include reporting to the Controller of Work Passes if I know that she is non-compliant; and
 - c. I have obtained my foreign domestic worker's written consent to continue her employment with me.
 - d. I consent to MOM displaying the work pass details when my foreign domestic worker's card is scanned using MOM's work pass mobile application.
2. When a new security bond is needed, I declare that:
 - a. I have furnished my security bond.
 - b. I understand that the Controller of Work Passes has imposed on me a security bond for the sum of FIVE THOUSAND SINGAPORE DOLLARS (SGD 5,000) payable to the Government of the Republic of Singapore to ensure that I comply with my obligations under the EFMA and the EFMR [including those in 1(a) above];
 - c. I understand that if I breach any of my obligations as an employer of a foreign domestic worker, my Security Bond may be forfeited fully or in part. I also understand that if there is only partial forfeiture, the Government of the Republic of Singapore may forfeit the rest at a later point in time for the same breach or a different breach.
3. By signing this form, I indicate that I have read and understood this declaration; and intend to be bound by it. I am aware that if I have wilfully stated in it anything which I know to be false or do not believe to be true, I may be prosecuted.

Name of helper

Ade Yulianq

FIN of helper

G 6957655P

Name of employer

wong Suet Han

NRIC/FIN of employer

S0137018I

Signature of employer

[Signature]

Date (DD-MM-YYYY)

1/03/2019

1. Paspor ini adalah dokumen milik Negara.
2. Kecuali pejabat yang berwenang, dilarang mencoret atau melakukan perubahan apapun atas tulisan, cetakan dan/atau dalam bentuk apapun yang terdapat dalam paspor ini.
3. Harap memperhatikan ketentuan kehilangan kewarganegaraan Republik Indonesia yang diatur dalam Pasal 23 Undang-Undang Nomor 12 Tahun 2006 tentang Kewarganegaraan Republik Indonesia.
4. Harap meminta keterangan atas visa terlebih dahulu dari perwakilan Negara Asing yang akan dikunjungi.
5. Dalam hal paspor ini hilang agar segera melapor kepada:
 - a. Kantor Kepolisian Negara Republik Indonesia dan Kantor Migrasi terdekat atau
 - b. Kantor Polisi setempat dan Kepala Perwakilan Republik Indonesia terdekat dalam hal terjadi di luar negeri.

Figure 1 shows a 10x10 grid of points. The points are arranged in a regular pattern, with some points highlighted in black and others in white. The grid is labeled with 'x' and 'y' axes.

P<IDNYULIANA<<ADE<<<<<<<<<<<<<<<<<<<<<<<<<<<<
B2468577<8IDN8807087F2103307<<<<<<<<<<<<<<<<04



WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer/Location
WONG SUET HAN
34 LORONG SARI S(119111)



Name
ADE YULIANA
Occupation
DOMESTIC WORKER

Work Permit No.
0 07622465

Date of Application
20-04-2017

Date of Issue
01-05-2017

Date of Expiry
21-04-2019



L7891443

VISIT PASS

Immigration Regulations

Name
ADE YULIANA



Date of Birth	Sex	Nationality
08-07-1988	F	INDONESIAN
FIN	Date of Issue	Date of Expiry
G6957655P	01-05-2017	21-04-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



