




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	TAN MEOW ENG
NRIC No./ FIN	S 0 376632B
Contact No.	9895 8820
Signature and Date	

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	NAN WIN	MB 131396	APPLY.
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	Nang May Oo
Registration No.	R1100634
Signature and Date	May May Oo

Underwritten by:



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

TOKIOMARINE

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 Tan Meow Eng.		Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address APT BLK 871A TAMPINES STREET 84 #09-25 S(521871)		
Nationality Singaporean	SB Transmission Ref	Occupation
Name of Company		NRIC/FIN No S0376632B.
Contact No: (H) _____ (HP) 98958820		

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 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.

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.

B. MAID'S PARTICULARS

Name of Maid Nan Win	
*Date of Birth (dd/mm/yyyy) 01/03/1992	Passport No MB131396.
WP No 093761758	Nationality MYANMAR
The Period of Insurance (dd/mm/yyyy) From / / To / /	

*Age Limit: 69 years of age & below

F. POLO GUARANTEE (For Filipino Helper only):

* ☐ \$2,000 ☐ \$7,000 (\$70.00)

FOR OFFICE USE ONLY

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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:

Nang May Oo
R1100634



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)



PART B

Fill in the details of the sponsors (and/or their spouse) below and ask them to sign the declaration. Please also complete Part A of the application form. Note that the section "Sponsor Income Details" should be completed with the sponsor's income, not the employer's. MOM can only consider two incomes, but they can be any of the employer's children/grandchildren/siblings or their partners.

Please also submit copies of these additional documents with this application:

1. The sponsors' NRIC
2. Supporting documents to prove their income

Sponsor income details

Please use 1 or 2 to tell us about the sponsor's income.

1. The sponsor's monthly income range:

2. The sponsors' combined monthly income range:

Have the sponsor(s) worked in Singapore for the last 2 years? (tick one):

☒ Yes

☐ No

What income proof do the sponsor(s) want to provide? (tick one):

☐ Notice of assessment (NOA)

☐ Employer letter & CPF statements, overseas income tax, or any other documents to show that they can afford to maintain the helper

☒ Allow MOM to verify the sponsor(s)' income with IRAS. Please provide us with:

• Sponsor 1's Singapore Tax Reference No.:

• Sponsor 2's Singapore Tax Reference No.:



MINISTRY OF
MANPOWER

PART B

About sponsor one

Relationship with the employer:

SON

Full name:

SHO ENG HOCK

Gender (tick one):

☐

Female

☒

Male

Date of birth (dd/mm/yyyy):

09.10.1970

NRIC (if any):

S7000802E

Nationality:

SINGAPOREAN

Residential status (tick one):

☒

Singapore Citizen

☐

Permanent Resident

Residential address:

APT BLK 716 Tampines Street 71 # 12-166

Postal Code

520716

Marital status (tick one):

☐

Single

☐

Divorced

☐

Widowed

☐

Separated

☒

Married

MINISTRY OF
MANPOWER**PART B**

If sponsor 1 is married, please complete this section.

Was the marriage registered in Singapore? (tick one):

☒ Yes☐ No

Spouse's full name:

CHUNG LI PING (ZENG LIPING)

Spouse's gender (tick one):

☒ Female☐ Male

Spouse's date of birth (dd/mm/yyyy):

28/10/1972

Spouse's NRIC (if any):

S7240827F

Spouse's FIN (if any):

Passport no.:

Passport expiry date (dd/mm/yyyy):

/ /

Spouse's nationality:

Singaporean

Spouse's residential status (tick one):

☒ Singapore Citizen☐ Permanent Resident☐ Long-Term Visit Pass (LTVP)☐ Employment or S Pass☐ Dependant's Pass☐ Diplomat☐ Others**Sponsor 1's contact details**

Mobile no.:

+ 65 97629036

Email:

seh12166@yahoo.com.sg

Residential address:

APT BLK 716 Tampines Street 71 #12-166

Postal Code

520716



Declaration by sponsor(s)

I/We declare that:

1. I/We are responsible for the upkeep, maintenance and well-being of the foreign domestic worker.
2. I/We remain responsible for this foreign domestic worker as long as we remain sponsor(s).
3. If I/we apply for a new foreign domestic worker, MOM will take into consideration our existing responsibilities for the foreign domestic worker.
4. I/We must pay the foreign domestic worker levy and all other employment related expenses on behalf of _____ (Name of employer), for as long as we remain sponsor(s).

Name of sponsor 1

SHO ENG HOCK

NRIC/Passport number of sponsor 1

S7000802E

Signature of sponsor 1

Date (DD-MM-YYYY)

Name of sponsor 2

NRIC/Passport number of sponsor 2

Signature of sponsor 2

Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 minute to fill in.

Please complete this form only if you do not wish to submit your Income Tax Notice of Assessment when applying for a Work Permit (WP) for a foreign domestic worker.

Part I – Monthly Combined Income of Employer and Spouse

Please tick (✓) the appropriate box.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Below \$2,000 | <input type="checkbox"/> \$2,000 to \$2,499 | <input type="checkbox"/> \$2,500 to \$2,999 | <input type="checkbox"/> \$3,000 to \$3,499 |
| <input type="checkbox"/> \$3,500 to \$3,999 | <input type="checkbox"/> \$4,000 to \$4,999 | <input type="checkbox"/> \$5,000 to \$5,999 | <input type="checkbox"/> \$6,000 to \$7,999 |
| <input type="checkbox"/> \$8,000 to \$9,999 | <input type="checkbox"/> \$10,000 to \$12,499 | <input type="checkbox"/> \$12,500 to \$14,999 | <input checked="" type="checkbox"/> \$15,000 to \$19,999 |
| <input type="checkbox"/> \$20,000 to \$24,999 | <input type="checkbox"/> \$25,000 and above | | |

Part II – Authorisation by Employer and His/Her Spouse





If either you and/or your spouse do not wish to submit a copy of your Income Tax Notice of Assessment, please complete Part II and authorise the Comptroller of Income Tax to verify your income range stated in Part I above and communicate the results of the verification to the Controller of Work Passes.

I, SHO ENG HOCK, *NRIC/WP No/FIN: S7000802E
(Name of employer)

and/or I, _____, *NRIC/WP No/FIN: _____
(Name of the employer's spouse)

authorise the Comptroller of Income Tax to verify *my/our income tax range stated in Part I above, based on *my/our assessment record(s) for the current Year of Assessment and the two previous Years of Assessment, for the Controller of Work Passes. *I/We also authorise the Comptroller of Income Tax to thereafter communicate the results of the verification to the Controller of Work Passes.

In the event that *my/our assessment record(s) for the current Year of Assessment *is/are not available or finalised at the point of verification, I/*we understand that the Comptroller of Income Tax will verify *my/our income range stated in Part I against *my/our assessment record(s) for the two previous Years of Assessment.

Employer	Employer's Spouse
Income Tax Notice of Assessment No:	Income Tax Notice of Assessment No:
Signature: 	Signature: 
Date: 	Date: 

*Delete where inapplicable

Date: _____

To:

Work Permit Department
Ministry Of Manpower
18 Havelock Road
Singapore 059764

Dear Sir / Madam

CONSENT TO TRANSFER FOREIGN DOMESTIC WORKER

FOREIGN DOMESTIC WORKER

Nan Win

WORK PERMIT

0 93761758

DATE OF APPLICATION

I, Tan Meow Eng of NRIC / Passport No S0376632B
(Name of Current Employer)

Agree to release my Foreign Domestic Worker named above to the prospective employer

(Name of Prospective Employer)

Pending the outcome of the application, I undertake all responsibilities for the employment of the said Foreign Domestic Worker and will extend her work permit (if necessary).

If the application is not approved, I will repatriate this worker.



Tan Meow Eng
Signature of Current Employer



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 : 26/02/2019
Employment Agency : UNITED CHANNEL EMPLOYMENT AGENCY PTE. LT (07C4306)

Worker Details

WP No. : 0 93761758
Name of Worker : NAN WIN
DOB of Worker : 01/03/1992
Sex : FEMALE
Worker's FIN : G2754063K
Passport No. : MB131396
Nationality : MYANMAR

Employment History

Results Found : 4

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 4	20/02/2019		General Household
Employer 3	13/02/2018	22/10/2018	General Household
Employer 2	28/09/2017	13/02/2018	General Household
Employer 1	16/12/2015	18/08/2017	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.

.....
Name of Employer

.....
Date

.....
Sign



Job Scope Sheet for Foreign Domestic Worker

Annex A

Employment Agency Name : United Channel Employment Agency Pte Ltd
License No. : 07C4306
865 Mountbatten Road #01-23 Katong Shopping Centre S437844
Tel : (65) 63448807 Fax : (65) 63450806

Staff: Jo on 02-03-19

This job scope sheet pertains to the job offer made by the Employer to the FDW. It shall be translated into the FDW's language and given to her before she signs the employment contract.

Particulars of Parties

The Employer

Full Name : Tan Meow Eng NRIC/Passport No. : S0376632B

- ☒ New
☐ Reselect
☐ Replacement

The Foreign Domestic Worker (FDW)

Full Name : Nan Win (Code: AM149) Passport No. : MB131396

P/P Ready Date : _____

Job Scope

Persons in household of Employer's family:

- 02 adults
_____ young adults aged 13 to 18
_____ children aged 5 to 12
_____ children aged between 3 to 5
_____ infants/babies below 3
01 person(s) requiring constant care and attention (excluding babies)

The FDW shall be required to perform domestic duties as follows (to tick where applicable):

- ☒ Household chores
☒ Cooking (cook for whole family)
☐ Looking after aged person(s) in the household [constant attention is
*required/not required]
☐ Baby-sitting
☒ Child-minding
☐ Others (please specify):

Place of Work (to tick where applicable):

- a) House Type:
☐ Landed Property
☐ Condominium/ Private Apartment
☐ HDB 5-room or larger
☐ HDB _____-Room Flat (specify no. of rooms)
☐ Others _____ (specify)
b) Number of Bedrooms in the house: _____

Signature of FDW

.....
Name of Employer

..... Date Sign

