

# RENEWAL OF WORK PERMIT / PASSPORT / VISA Documentation

**\*\*Note :** Please make sure that all authorization  
forms are filled and signed

(company stamp)



Date : 3/6/2020

Package Fee : \_\_\_\_\_

Official Receipt No. : \_\_\_\_\_

Insurance : (Plan B)

RIP : ☒ YES / NO

Name of Employer : ng Poh Kuan

Contact No. : (H) \_\_\_\_\_ (HP) 97809294

Spouse : \_\_\_\_\_

Contact No. : (H) \_\_\_\_\_ (HP) \_\_\_\_\_

☒ Myanmar / Filipino / Indonesia

Name of FDW : NIAN JOE JOE

Work Permit No. : 0 933 90962

Date of Expiry : 30/4/2019

Passport No. : \_\_\_\_\_

Date of Expiry : 29/4/2024

Remarks / Special Instructions .

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REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0323087B

Name  
NG POH KUAN

黄葆权

Race  
CHINESE

Date of Birth  
1933

Sex  
M

Country of Birth  
JOHORE

S0323087B

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0323086D

Name  
SIT PENG CHIN

薛萍珍

Race  
CHINESE

Date of Birth  
1934

Sex  
F

Country of Birth  
SINGAPORE

1154668

Barcode

NRIC No. S0323087B

88FC  
27566

Blood Group  
AB+

Date of issue  
31-07-1993

Address  
APT BLK 63B LENGKOK BAHRU #07-354  
SINGAPORE 152063  
NRIC No: S0323087B Date: 19-10-2000 No: 3736566

1154

Barcode

NRIC No. S0323086D

88FC  
47718

Blood Group  
A+

Date of issue  
31-07-1993

Address  
APT BLK 63B LENGKOK BAHRU #07-354  
SINGAPORE 152063  
NRIC No: S0323086D Date: 19-10-2000 No: 3736566






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      | Mg Bh Kum  |
| NRIC No./ FIN      | S032307B   |
| Contact No.        | 97809294   |
| Signature and Date |  11/11/11 |

| S/N | Name of Foreign Domestic Worker(s) | Passport / FIN / WP No. | Authorised Transaction |
|-----|------------------------------------|-------------------------|------------------------|
| 1   | NAN SOE SOE                        | MD 68333X               | Renewal                |
| 2   |                                    |                         |                        |

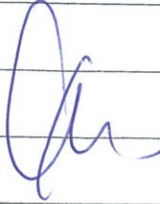
☐ I hereby declare that I am authorising \_\_\_\_\_ (Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf.

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 | Soh Geok Sian   |
| Registration No.     | R1100683  |
| Signature and Date   |  |



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

NIAN SOE SOE

FIN of helper

G 246320011

Name of employer

DS PUN KUAM

NRIC/FIN of employer

S 0323087B

Signature of employer

黃 X

Date (DD-MM-YYYY)

3/6/2020





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<br><i>Ng Poh Kuan</i>                     |                     | Sex<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F |
| Address<br><i>63B Lengkok Bahru #07-350<br/>S (152063)</i> |                     |   |
| Nationality<br><i>Span</i>                                 | SB Transmission Ref | Occupation  |
| Name of Company<br><i>S</i>                                |                     | NRIC/FIN No<br><i>S032307B</i>  |
| Contact No:<br>(H) _____ (HP) <i>97809294</i>              |                     |   |

### B. MAID'S PARTICULARS

|   |                                 |
|---|---------------------------------|
| Name of Maid<br><i>DIAN JOE JOE</i>                     |                                 |
| *Date of Birth (dd/mm/yyyy)<br><i>17/12/1980</i>        | Passport No<br><i>MD 683332</i> |
| WP No<br><i>09339038</i>                                | Nationality<br><i>Myanmar</i>   |
| The Period of Insurance (dd/mm/yyyy)<br>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 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.:







Ng Poh Kuan  
today at 16:45





 Ng Poh Kuan  
today at 16:45

