

Declaration by Employer



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.

Emplo	yer Name	HUN POK YAH					
NRIC	No./ FIN	S1837788H					
Contact No.		97426073/93686483 BELINDA					
Signa	ture and Date	X Bahada Hom					
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction			
1.	JULY MAW		MC253636	APPLY			
2.							
		am authorising <u>UNITED CHANNEL</u> nt agency) to perform the above wo					
I h		am authorising(Full name as in half. A copy of the representative's N					
₽]	have spoken to and	verified with employer to confirm his	s / 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						
•	declare that the info	ormation provided on this form is tru	e and correct				
Nam	e of EA personnel	Yetty Simbar					
Regi	stration No.	R1112371					
Sign	ature 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

TOKIO MARINE

TOKIO MARINE INSURANCE SINGAPORE LTD. Tokio Marine Centre Singapore 069046



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 PARTICULA	RS		B. MAID'S PARTICULARS	3
Name of Proposer		Sex	Name of Maid	
Hun Pok Yah.		□ M 🗾	July Maw	
BIK 34 EUROS Crescent	# 16-262		*Date of Birth (dd/mm/yyyy)	Decement No.
S (400034).	110 -62		(7 / 11 / 1992	Passport No MC 253636
Nationality SB Transmission Ref	Occupation		WP No	Nationality
Singaporean			0 94129257	Myanmar
Name of Company	NRIC/FIN No S (837)	1884	The Period of Insurance (dd/	
Contact No: (H) (HP)	9742 60	•	From / /	To / /
C. PERIOD OF INSURANCE: * 1-YEAR 2-YEAR D. CHOICE OF MEDICAL INSURANCE CO * PLAN A PLAN B PLAN C	*Please t	ick one only	*Age Limit: 69 years of age & F. POLO GUARANTEE (* \$2,000 \$7,0	For Filipino Helper only):
E. REIMBURSEMENT OF INDEMNITY PAID			FOR OFFICE USE ONLY	
*TYES NO	TO INSURER.			
Provided always that if I/we pay the additional premium my/our liability to keep Tokio Marine Insurance Singapor shall only arise if the breach of the condition under the Se from any deliberate act or omission of the Employer. What the Security Bond was not caused by or resulted from the I/we will only be liable to pay Tokio Marine Insurance.	e Ltd. indemnified as s curity Bond was cause ere the breach of the Employer's deliberate	stipulated above ed by or resulted condition under act or omission		
G. TOP-UP FOR SECTION 2: H&S EXPEN \$10,000 (Annual Limit \$5,000) \$				15,000)
i) I acknowledge and consent to TMiS collecting, usin disclosed to third party service providers, or interme ii) I declare and confirm that I have obtained the consepersonal data and to give consent on their behalf foi	diaries, within or outs ent of the proposer/en the above collection,	de Singapore. oployer name h use, process a	erein, where applicable, and that he/s	
IMPORTANT NOTICE: The Employer is hereby notified that of fax or otherwise, shall be deemed binding and legally enforced.		is Counter-Inde	nnity Form, it is hereby understood and	
To: Tokio Marine Insurance Singapore Ltc 20 McCallum Street #09-01 Tokio Marine C	I. entre Singapore 069	046		
Dear Sirs,				
RE: COUNTER-INDEMNITY FOR LETTER OF GUARAN	TEE NO			
In lieu of the cash deposit that I/we would otherwise have t following (whichever is selected to be covered under the i	nsurance plan):			
☐ A Letter of Guarantee for \$5,000 to the Ministry of Manager An Insurance Bond for \$2,000 or \$7,000 (whichever				
which quarantee(s) the payment on demand of any sum			,	0 1
, , , , , , , , , , , , , , , , , , , ,	or sams not exceeding	g the amount o	ated in the Ester of Saarantee andre	modiano bona isoaca.
In return, I/we agree and undertake as follows: 1. I/We will, at all times, unconditionally and irrevocably losses, liabilities, costs and expenses whatsoever (in or which become payable by you under the Letter of 2. You will have absolute discretion to compromise al taken or made against you under the Letter of Gua	cluding legal costs and Guarantee and/or Insu I claims, payments, d	l expenses dete rance Bond. emands, action	rmined on a solicitor or client basis) w	hich may be taken or made against you
I/We shall accept the receipts, vouchers or any oth of Guarantee and/or Insurance Bond as conclusive e	er evidence of all pay	ments made b	you or all liabilities or obligations in	ncurred by you because of the Letter
This counter indemnity shall be a continuing deman Letter of Guarantee and/or Insurance Bond withou	d and you may at any t discharging or impa	time have abs iring my/our lia	olute discretion without giving any not oillity under the indemnity.	ice to me/us extend the validity of the
IN WITNESS WHEREOF I/we have hereto subscribed m	//our name(s) this	day of	year	
Signature of Witness Full Name: NRIC No.:	THE PART OF THE PA	7	EBelmda Hm Signature of Employer Full Name: Hmn Pok Y NRIC No.: S 1837788 H	rah

Worker Details

WP No. : 0 94129257

Name of Worker **JULY MAW**

DOB of Worker 17/11/1992

Sex **FEMALE**

Worker's FIN G8521173R

Passport No. MC253636

Nationality **MYANMAR**

Employment History

Employer	Pe	Industry	
	Start Date	End Date	
Employer 1	29/06/2017	17/05/2018	General Household

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Hun Pok Yah
Name of Employer
Belinda Hm
Date Sign