E-ticket Departure Flight

traveloka

Monday, 8 October 2018

Lion \$ air

Subclass Q (Economy)

14:50 Singapore (SIN)

Changi Intl - Terminal 3

15:40 O Jakarta (CGK)

Soekarno Hatta International Airport - Terminal 2E

Traveloka Booking ID 365158806

Airline Booking Code (PNR)

CJQRTW

REFUNDABLE

Lion Air JT-155

Present e-ticket and passport at check-in



Check-in at least 90 minutes before departure



All times shown are in local airport time

No.

1

Passenger(s)

Ms. MILA RIANA

Ticket Type

Facilities (Baggage, seat)

Adult

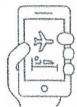
SIN - CGK 20 kg

24 hours

Customer Service (Singapore) 6486-7945

Customer Service (Indonesia) +62-804-150-0308

Customer Service Email cs@traveloka.com



No need to print!

Show e-ticket in your Traveloka App or mobile web at check-in. To see bookings made on another device, log in with email used at the time of booking.

Scan QR code to download FREE Traveloka App







Passenger Details

No. Passenger(s)

Route

Ticket Number

1 Ms. MILA RIANA

Singapore - Jakarta

9902166667127

Airline Conditions of Carriage

Please read and understand the following airline's conditions of carriage



Lion Air : http://traveloka.com/x/coc/jt

Cancellation

- 1. Log in to your Traveloka account through www.traveloka.com/en/login
- 2. Go to My Booking
- 3. Click "Refund" button on the booking for which you want to request refund
- 4. Read the Refund Terms and Conditions, then fill in the Refund Form
- 5. Refund will be processed by Traveloka, it may take up to 30-90 working days
- 6. Refund procedure can be found on www.traveloka.com/en/faq/refund

All refund should be processed through Traveloka. Otherwise, refund will not be approved by airline.





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.

| Decl | aration by Em | | | | | |
|--|---|-----------------------|-----------------------|------------------------|--|--|
| Emplo | Employer Name 7an get Nec NRIC No./FIN S0796281I | | | | | |
| NRIC No./ FIN | | 507962 | S0796281I | | | |
| Contact No. | | 97 | 973793180 | | | |
| Signa | Signature and Date Charge . | | | | | |
| S/N | | n Domestic Worker(s) | Passport / FIN WP No. | Authorised Transaction | | |
| 1 | A1 | la Riana | 0 06670172 | CXC w/P | | |
| 2 | / | | A PIE LID * | | | |
| 9 | I hereby declare | that I am authorising | 50 50 S | (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 | | | | | | |
| Thave spoken to and verified with employer to confirm his / her authorisation. | | | | | | |
| 70 | 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. | | | | | |
| P | I declare that I have ensured all necessary fields are filled in prior to making the abovementioned work pass transactions. | | | | | |
| 9 | declare that the information provided on this form is true and correct. | | | | | |
| Nai | me of EA personn | | 1. | - | | |
| Reg | gistration No. | Palma S | havon Asuncion | | | |
| Sig | Signature and Date | | | | | |



Cancellation Request (for other Country)

| I,MI/A Riana | of Passport no: | B8277441 |
|---|-----------------------------|--------------------|
| I, | hereby request to be sent | to |
| (Place of Repatriation) instead of my home cou | ntry upon the cancellation | of my work permit. |
| FDW's Signature: | Date: | |
| Employer's U | <u>Indertaking</u> | |
| I, Jan get alee | holder of Nric/Fin no | : S0796281I |
| Have no objection to the request of my Foreign | Domestic Worker (FDW) | named above to be |
| sent to instead of he | er home country and I herel | by authorized |
| UNITED CHANNEL to cancel my FDW's wor | rk permit on | and she shall be |
| Repatriated within 14 days by flight/ferry/Coad | ch No:(Flight Number} | reporting to |
| Immigration check | point. | |
| Employer's Signature: | Date: | |
| EA Personnel Name Reg No: | Signature: | |
| | | |

Licence No: 11C4954 / 07C4306

PERHATIAN

Oseonr ini adalah dokumen milik Negera

2 Kecuali pejabat yang berwerang, dibaang menda atau melakukan perupahan apapun, atas bilis cetakan danlatau dalam bentuk apapun yang terda Alurap memperhatikan ketentuan lepisanga kewarganegaraan Republik Indonesia yang diatikewarganegaraan Nomor 12 Pahu dalam Pasal 23 Undang-Ordang Nomor 12 Pahu 2006 tentang Kewarganegaraan Republik Indonesia.

4. Hanap meminta kaherangan atau visa sertabih dahul dari Penwakitan Negara Asing yang akan dikunjunge

5. Dalam hat paspor us hilang agir

a Kantor Kepolistan Negara Republik Indon Kantor Imigrasi terdeksif alau

b. Kantor Poliss setempat dan Kepata Perwi Republik Indonesia tendakat dakam hali terji Luar medaci

PASPOR

55 T 1 1 1 1



NIKIM 110010393808

REPUBLIK INDONESIA

JENIS / TYP

KODE NEGARA I COUNTRY CODE

P/F

P

IDN

NAMA LENGHAP I FULL HAME

MILA RIANA

XEWARGANEGARAAN I NATIONALITY

INDONESIA

TGL LAHIR LOATE OF BIRTH

15 JUL 1981

TGL PENGELUARAN I DATE OF ISSUE

NO.REG.

1A18VB5774FRQX

NO. PASPOR! PASSPORT NO.

B8277441

TEMPAT LANGE PLACE OF BIRTH

LAMPUNG

19 DEC 2022

KANTORYANG MENGELUARKAN /

BANDAR LAMPUNG

P<IDNRIANA<<MILA<<<<<<<<<<*>B8277441<8IDN8107156F22121971807015507001070



United Channel

BIO-DATA OF FOREIGN DOMESTIC WORKER (FDW)

Alfee: \$1688 Salary: \$50 +85 = \$635

*Please ensure that you run through the information within the biodata as it is an important document to help you select a suitable FDW

Code: (I)AF 056

Passport Status:



| A1 Personal Information | | |
|---|--|--|
| 1. Name : | MILA RIANA | |
| 2. Date of Birth: | 15-07-1981 Age: 36 | |
| 3. Place of Birth: | OPAK APIK | |
| 4. Height & Weight : | 150 CM 45 KG | |
| 5. Nationality : | INDONESIAN | |
| | Kp. Opak apik, rt.03 / rw.03 kel. Bumi | |
| C. Davidankial address in banca securbary | nabung udik kec. Sukadana kabKp. Opal | |
| 6. Residential address in home country: | apik, rt.03 / rw.03 kel. Bumi nabung udi | |
| | kec. Sukadana kab. Lampung timur, | |
| 7. Name of port / airport to be | JAKARTA | |
| repatriated to: | | |
| 8. Contact number in home country : | | |
| 9. Religion: | Muslim | |
| 10. Education level : | High School | |
| 11. Number of siblings : | No. of Brother 8 (in total) Age: | |
| | No. of Sister Age: | |



| A2 Medical History/Dietary Re | CTPICTION |
|------------------------------------|-----------|
| AZ Pieulcai ilistoi y/ Dietai y Re | |

14. Allergies (if any): NA

12. Marital Status:

13. Number of children:

Age (S) of children (if any):

15. Past and existing illnesses (including chronic ailments and illnesses requiring medication):

No

Yes

Married

Age (boy): 14,10,8 Age(Girl):

| i. Mental illness | | | | |
|--------------------------------|-----------|---------|---------|--|
| ii. Epilepsy | 0 | (0) | | |
| iii. Asthma | | 0 | | |
| iv. Diabetes | 0 | • | | |
| v. Hypertension | | • | | |
| 16. Physical disabilities: NO | | | | |
| 17. Dietary restrications: NO | | | | |
| 18. Food handling preferences: | ☐ No pork | No beef | Others: | |
| | | | | |

| | Yes | No |
|--------------------|-----|-----|
| vi. Tuberculosis | | • |
| vii. Heart disease | 0 | (0) |
| viii. Malaria | | 0 |
| ix. Operations | | • |
| x. Others: | | |

RECEIPT

Number: #1613643687260088185 Date: 07 Oct 2018, 13:35 (Sunday)



CUSTOMER DETAILS

PAYMENT DETAILS

Name

: MILA RIANA

Email

: admin1@unitedchannel.net

Contact Number

:+6598379022

P.O. NUMBER

METHOD

:365158806 : Credit Card

STATUS

: Paid

PASSENGER DETAILS

MISS MILA RIANA (ADULT)

PURCHASE DETAILS

| No | Type of Item | Item Description | Qty | Price per unit S\$ | Total S\$ |
|----|---------------|---|-------|--------------------|-----------|
| 1 | Flight Ticket | Lion Air (Adult) SIN - CGK 8 Oct 2018 | 1 | | |
| 2 | 2 Add-ons | Prepaid Baggage | | 93.11 | 93.11 |
| | | · · · · · · · · · · · · · · · · · · · | | 0.00 | 0.00 |
| | | | TOTAL | | 93.11 |
| | | | | CONVENIENCE FEE | 0.00 |
| | | | | PAYMENT AMOUNT | |

