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 FORMThe 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.

Name of Proposer	_ARS		B. MAID'S PARTICULARS	
		Sex	Name of Maid	
Sig Sok Hia @ Sig Loke ticw		M DF	Isla Mondhie 6	Sonzales
Address 23A Poole Road			*Date of Birth (dd/mm/yyyy)	Passport No
S (437511)			10/09/1986	EC5774757
Nationality SB Transmission Ref	Occupation		WP No	Nationality
Singsporean			0 21826199	FILIPINO
Name of Company	NRIG/FIN NO 5 820 436	9	The Period of Insurance (dd/m	m/yyyy)
Contact No:			From / / T	o / /
(H)(HP)	96163355			
C. PERIOD OF INSURANCE: * \Boxed 1-YEAR \Delta 2-YEAR D. CHOICE OF MEDICAL INSURANCE CO * \Boxed PLAN A \Boxed PLAN B \Boxed PLAN C	OVERAGE:	ick one only	*Age Limit: 69 years of age & b F. POLO GUARANTEE (F * \$2,000 \$7,00	or Filipino Helper only):
E. REIMBURSEMENT OF INDEMNITY PA	ID TO INSURER:		FOR OFFICE USE ONLY	
* TES NO Previded always that if I/we pay the additional premiumy/our liability to keep Tokio Marine Insurance Singapshall only arise if the breach of the condition under the Sfrom any deliberate act or omission of the Employer. We the Security Bond was not caused by or resulted from the I/we will only be liable to pay Tokio Marine Insurance.	um for the waiver of cou ore Ltd. indemnified as s Security Bond was cause Where the breach of the one Employer's deliberate	tipulated above d by or resulted condition under act or omission,		
G. TOP-UP FOR SECTION 2 : H&S EXPE			Optional):	
☐ \$10,000 (Annual Limit \$5,000) ☐	\$20,000 (Annual Li	mit \$10,000)	☐ \$30,000 (Annual Limit \$15	5,000)
By submitting this information: i) I acknowledge and consent to TMiS collecting, usidisclosed to third party service providers, or interm ii) I declare and confirm that I have obtained the conpersonal data and to give consent on their behalf fiii) I acknowledge the detailed Privacy Policy Stateme	ediaries, within or outsic sent of the proposer/em or the above collection,	de Singapore. ployer name here use, process and	in, where applicable, and that he/she disclosure; and	
IMPORTANT NOTICE: The Employer is hereby notified the of fax or otherwise, shall be deemed binding and legally en	COUNTER-II at by virtue of signing this aforceable in a court of la	Counter-Indemnit	y Form, it is hereby understood and ag	greed that a copy of it, either by way ginal.
IMPORTANT NOTICE: The Employer is hereby notified the of fax or otherwise, shall be deemed binding and legally entropy. To: Tokio Marine Insurance Singapore L' 20 McCallum Street #09-01 Tokio Marine Insurance Singapore L'	at by virtue of signing this nforceable in a court of la	s Counter-Indemnit w and shall have th	y Form, it is hereby understood and ag	greed that a copy of it, either by way ginal.
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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 Empl	oyer					
Employer Name	ha sok thap to	Ke Ficul				
NRIC No./ FIN \$18201436						
Contact No. 96163355						
Signature and Date						
S/N Name of Foreign De	omestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction			
1 (SLA WENCH!	E GONZALES	0 27826199	APPLY			
2		EMPLOYMEN				
I hereby declare that	I am authorising	(E) Lic. No. (E) 07C4306	(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	o.), to submit this authorisat	ion 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		A.				
Registration No.	Palma Sharon Asuncion R110/865					
Signature and Date						



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

: 01/04/2019

Employment Agency

: UNITED CHANNEL EMPLOYMENT AGENCY PTE. LT (07C4306)

Worker Details

WP No.

: 0 27826199

Name of Worker

: ISLA MENCHIE GONZALES

DOB of Worker

: 10/09/1986

Sex

: FEMALE

Worker's FIN

: G8681023P

Passport No.

: EC5774757

Nationality

: FILIPINO

Employment History

Results Found : 1			
Employer	Р	Period of Employment	Industry
	Start Date	End Date	
Employer 1	07/07/2018	28/03/2019	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.