




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.

### Declaration by Employer


<b>Employer Name</b>	TAN MEOW ENG
<b>NRIC No./ FIN</b>	S0376632B
<b>Contact No.</b>	69881198/98958820
<b>Signature and Date</b>	

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1.	KHIN PA PA TUN	ME205889	APPLY.
2.			

*Fill in only if applicable.*

### 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

<b>Name of EA personnel</b>	Nang May Oo
<b>Registration No.</b>	R1100684
<b>Signature and Date</b>	

1500 Bendemeer Road Singapore 339946 Tel +65 6438 5122 Web <http://www.mom.gov.sg> Email [mom\\_fmmd@mom.gov.sg](mailto:mom_fmmd@mom.gov.sg)



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

TOKIO MARINE



**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 <b>Tan Meow Eng</b>		Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address <b>BLK 871A Tampines Street 84 # 09-25 S (521871)</b>		
Nationality <b>Singaporean</b>	SB Transmission Ref	Occupation
Name of Company		NRIC/FIN No <b>S 0376632B</b>
Contact No: (H) _____ (HP) <b>98958820</b>		

### B. MAID'S PARTICULARS

Name of Maid <b>Khin Pa Pa Tun</b>	
*Date of Birth (dd/mm/yyyy) <b>13 / 07 / 1990</b>	Passport No <b>ME205889</b>
WP No <b>094651417</b>	Nationality <b>Myanmar</b>
The Period of Insurance (dd/mm/yyyy) From / / To / /	

### C. PERIOD OF INSURANCE:

\* ☐ 1-YEAR ☒ 2-YEAR

\*Please tick one only

### 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.

\*Age Limit: 69 years of age & below

### F. POLO GUARANTEE (For Filipino Helper only):

\* ☐ \$2,000 ☐ \$7,000 (\$70.00)

### FOR OFFICE USE ONLY

### 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](http://www.tokiomarine.com.sg).

## 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:

**Muy May Oo**

**Nang May Oo**  
R1100634



**[Signature]**

Signature of Employer

Full Name:

NRIC No.:



## Worker Details

**WP No.** : 0 94651417

**Name of Worker** : KHIN PA PA TUN

**DOB of Worker** : 13/07/1990

**Sex** : FEMALE

**Worker's FIN** : G8834161P

**Passport No.** : ME205889

**Nationality** : MYANMAR

## Employment History

Results Found : 1

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 1	15/06/2019		General Household

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.....  
Name of Employer

.....  
Date

.....  
Sign



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

KHIN PA PA TUN

WORK PERMIT

0 94651417

DATE OF APPLICATION

I, SEON CHAI HONG of NRIC / Passport No S00860785  
(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.



\_\_\_\_\_  
Signature of Current Employer