

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 / EMP	LOYER'S PARTICULA	RS		B. MAID'	S PARTICULARS	
Name of Proposer			Sex	Name of N	Лaid	
CHEN KINGYA	NA MARINA		□M /F	SITI	KARNASIH	
Address			,			
29 TAMPINES !					Birth (dd/mm/yyyy) /07 /1986	Passport No B 2 4 7 0 4 7 4
	SB Transmission Ref	Occupation		WP No	100(11.	Nationality [ND ONES[AN
				004	69864-	(NUONOS(AN
Name of Company		G304071	70	The Perio	d of Insurance (dd/m	m/yyyy)
Contact No: (H)	(HP) 96	715583		From	/ / то	o / /
C. PERIOD OF INSURA	ANCE:	*Please ti	ck one only	*Age Limit:	69 years of age & b	elow
* ☐ 1-YEAR ☐ 2- D. CHOICE OF MEDICA	AL INSURANCE COV					or Filipino Helper only): 00 (\$70.00)
	LAN B PLAN C			FOR OFF	ICE USE ONLY	
E. REIMBURSEMENT		TO INSURER:				
my/our liability to keep Aviva of the condition under the S omission of the Employer. W	e pay the additional premium a Ltd indemnified as stipulated Security Bond was caused by Vhere the breach of the condi the Employer's deliberate act	d above shall only aris or resulted from any d tion under the Securit	se if the breach eliberate act or y Bond was not			9
G. TOP-UP FOR SECTI					(Appual Limit \$15	000)
	al Limit \$5,000) \$20		**************************************			000) f/or disclosing my/our personal data
companies, third party service to issue and administer mand/or account(s), includ for statistical, research, of	ce providers, reinsurers and/o my existing and/or new policy(i ling the processing of my/our compliance, audit and regulate s data protection policy and full o	r suppliers for the folloies) and/or account(s) personal data for underly purposes. letails of the purpose of COUNTER-IN	wing purposes: with Aviva and serviting purpose collection, use and	uch other purpo s, payment of p disclosure of yo	ses ancillary or related remiums and/or claims ur personal data, please v	vering them to Aviva related group of to the administering of the policy(ies) purposes; visit http://www.aviva.com.sg/pdpa.html.
of fax or otherwise, shall be dee	emed binding and legally enfor	ceable in a court of law	and shall have	he same legal	effects as that of the original	ginal.
To: Aviva Ltd 4 Shenton Way	/ #01-01 SGX Centre 2 Sin	gapore 068807				
Dear Sirs,						
RE: COUNTER-INDEMNITY F In lieu of the cash deposit that be covered under the insurance	I/we would otherwise have to		riva Ltd. ("you") a	grees to my/our	request to provide the fo	ollowing (whichever is selected to
A Letter of Guarantee for S	\$5,000 to the Ministry of Man	power of Singapore a	nd/or Controller	of Immigration	of Singapore; and/or	
An Insurance Bond for \$2,					· ·	
which guarantee(s) the payme	50 16 40 10 10 10 10 10 10 10 10 10 10 10 10 10	sums not exceeding	the amount state	ed in the Letter	of Guarantee and/or In	surance Bond issued.
losses, liabilities, costs and	onditionally and irrevocably gu	ding legal costs and ex	cpenses determine	ensate you for a ned on a solicite	all claims, payments, de or or client basis) which	emands, actions, suits, proceedings may be taken or made against you
2. You will have absolute dis	* *	aims, payments, dem	ands, actions, s	uits, proceedir	ngs, losses and liabilitie	es whatsoever which may be
I/We shall accept the rece of Guarantee and/or Insura	eipts, vouchers or any other ance Bond as conclusive evid	evidence of all paymence of my/our liability	ents made by you	ou or all liabiliti	es or obligations incur	red by you because of the Letter
	all be a continuing demand a or Insurance Bond without di					o me/us extend the validity of the
Lic. No. 0704306 Rep Mountbatte Signal Matter My Shopping Full Name: Tel: 6344 88	mployment Agency Pte L GST Reg. No. 200716859 on Road #01-22/23/24/25 Centre Singapore 43784 807 Fax: 6345 0806 redes@singnet.com	td W	Ful	year CL nature of Emp Name: IC No.:	· Volta	<u> </u>



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.

-					
Emple	oyer Name	CHEN XINGYAN			
NRIC	No./ FIN	XXXXX717U			
Conta	act No.	96715583 THERESA			
Signa	ture and Date	Chu Apan	7 Der 2019		
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction	
1.	SITI KARNASIH		B2470474	APPLY	
2.					
		am authorising <u>UNITED CHANNEL</u> It agency) to perform the above wo			
I h		m authorising(Full name as in nalf. A copy of the representative's N			
		verified with employer to confirm his			
	have spoken to and of the employer.	verified with employer that the perso	on submitting this form to the I	EA is authorised to do so on behalf	
✓ I		ensured all necessary fields are filled s	in prior to making the abovem	entioned	
☑ I declare that the information provided on this form is true and correct					
Name	e of EA personnel	Yetty Simbar		4	
Regis	stration No.	R1112371			
Signa	ture and Date	MAN			
	2013/2014/Proposition Vision V	114			

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



Work Pass Division Ministry of Manpower

18 Havelock Road Singapore 059764

Telephone: (65) 64385122 Website: http://www.mom.gov.sg

Email : nttp://www.mom.gov.sg

EMPLOYMENT HISTORY OF WORK PERMIT HOLDER

Date printed

: 07/12/2019

Employment Agency

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

Worker Details

WP No.

: 0 0769864-

Name of Worker

: SITI KARNASIH

DOB of Worker

: 13/07/1986

Sex

: FEMALE

Worker's FIN

: G6991209K

Passport No.

: B2470474

Nationality

: INDONESIAN

Employment History

Employer	F	Industry	
	Start Date	End Date	
Employer 4	28/07/2017	18/11/2019	General Household
Employer 3	03/08/2015	06/07/2017	General Household
Employer 2	28/08/2014	22/07/2015	General Household
Employer 1	22/12/2011	30/06/2014	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.