

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0465226F



0974511



NG AIK BEE

黄奕美

Race

CHINESE

Date of Birth

1927

Country of Birth

CHINA

Sex

M



Card No. S0465226F

Photo Group

O+

Date of issue

22-05-1993

Address

APT BLK 77 MARINE DRIVE
#07-4B
SINGAPORE 1544

Emp

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0465228B



0974238



ONG MING TEE

王明治

Race

CHINESE

Date of Birth

1926

Country of Birth

CHINA

Sex

F



Card No. S0465228B

Photo Group

B+

Date of issue

22-05-1993

Address

APT BLK 77 MARINE DRIVE
#07-4B
SINGAPORE 1544

Spunel

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1316445B

Name
PEH AH WAH




白亞華

Race
CHINESE

Date of Birth
08-09-1958


Sex
M

Country of Birth
SINGAPORE




Sponsor

164



NRIC No. S1316445B



Blood Group
O+

Date of issue
06-02-1994

NRIC No: 81316445B Date: 15-12-1994 No: 1843048

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1377187A

Name
NG SWEE HONG

黄瑞芳

Race
CHINESE

Date of Birth
05-03-1959

Sex
F

Country of Birth
SINGAPORE



Sponsor's spouse.

0979943

NRIC No. S1377187A

Blood Group
O+

Date of issue
24-05-1993

APT 614 772 PASIR RIS STREET 71 408-410
SINGAPORE S13777

NRIC No: S1377187A Date: 24-05-1993 No: 1843049






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 Employer

Employer Name	NG AIK BEE
NRIC No. / FIN	S0465226F
Contact No.	63447092/91117589
Signature and Date	

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1.	NAW KA PAW SOE	M0982769	APPLY
2.			


☒ I hereby declare that I am authorising UNITED CHANNEL EMPLOYMENT AGENCY PTE LTD (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 declare that I am authorising (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

- ☒ 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	Helen Huang Yuling
Registration No.	R1658004
Signature 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



Underwritten by:



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

TOKIO MARINE

Managed By:



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 NG AIK BEE		Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Address BLK 77 MARINE DRIVE #07-48 SINGAPORE 440077		
Nationality SINGAPOREAN	SB Transmission Ref	Occupation
Name of Company		NRIC/FIN No S0465226F
Contact No: (H) 63447092 (HP) 91117589		

B. MAID'S PARTICULARS

Name of Maid MAW KA PAW SOE	
*Date of Birth (dd/mm/yyyy) 08 '12 '1987	Passport No MD. 982769
WP No	Nationality MYANMAR
The Period of Insurance (dd/mm/yyyy) From / / To / /	

C. PERIOD OF INSURANCE:

* ☐ 1-YEAR ☒ 2-YEAR

*Please tick one only

*Age Limit: 69 years of age & below

D. CHOICE OF MEDICAL INSURANCE COVERAGE:

* ☒ PLAN A ☐ PLAN B ☐ PLAN C ☐ PLAN D

F. POLO GUARANTEE (For Filipino Helper only):

* ☐ \$2,000 ☐ \$7,000 (\$70.00)

E. REIMBURSEMENT OF INDEMNITY PAID TO INSURER:

* ☒ YES ☐ NO

Provided always that if/ 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.

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.

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 hereunto subscribed my/our name(s) this _____ day of _____ year

Signature of Witness

Full Name:

NRIC No.:

Address:

Huang Yuling
R1658004



Signature of Employer

Full Name:

NRIC No.:

Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D

	Letter of Guarantee	S\$5,000			
1	Personal Accident				
	(A) Death	S\$60,000 (wef 1 Oct 2017)			
	(B) Permanent Disablement	As per scale in Policy			
	(C) Medical Expenses	S\$1,000	S\$1,500	S\$2,500	S\$4,000
2	Hospital & Surgical Expenses (Worldwide)	S\$30,000 (Annual Limit : S\$15,000)	S\$30,000 (Annual Limit : S\$15,000)	S\$40,000 (Annual Limit : S\$20,000)	S\$60,000 (Annual Limit : S\$30,000)
3	(A) Recuperation Expenses (Max 60 Days)	NIL	S\$10 per day	S\$20 per day	S\$30 per day
	(B) Temporary Help Benefit (Max 30 Days)	NIL	S\$10 per day	S\$15 per day	S\$20 per day
4	Repatriation Expenses	Up to S\$10,000			
5	Wages & Levy Reimbursement (Max 60 Days)	NIL	Up to S\$30 per day	Up to S\$35 per day	Up to S\$35 per day
6	Termination / Re-Hiring Expenses	NIL	S\$250	S\$350	S\$500
7	Outpatient Kidney Dialysis / Cancer Treatment	NIL	NIL	S\$2,500 (Policy Limit)	S\$5,000 (Policy Limit)
8	Special Grant	NIL	S\$1,000	S\$2,000	S\$3,000
9	Maid & Household Liability	NIL	S\$50,000 AOA (Any One Accident) / Unlimited AOP (Any One Period)		
10	Fidelity Guarantee	NIL	NIL	S\$5,000	S\$5,000
Premium	14-month	\$171.20 (Incl GST)	\$192.60 (Incl GST)	\$224.70 (Incl GST)	\$256.80 (Incl GST)
	26-month	\$246.10 (Incl GST)	\$284.30 (Incl GST)	\$327.10 (Incl GST)	\$374.50 (Incl GST)
Reimbursement of Indemnity paid to insurer (excess \$250)					
If purchased with Policy		\$53.50 (Incl GST)			
If purchased subsequently		\$85.60 (Incl GST)			
Top-up for Section 2: Hospital & Surgical Expenses (H&S)					
26-month Policy	S\$10,000 (Annual Limit \$5,000)		\$53.50 (Incl GST)		
	S\$20,000 (Annual Limit \$10,000)		\$107.00 (Incl GST)		
	S\$30,000 (Annual Limit \$15,000)		\$139.10 (Incl GST)		

Refund Policy:

Cancellation Period	Within 60 days	Within 61 to 120 days	Within 121 to 180 days	Within 181 to 270 days	After 270 days
14-month Policy	70% of Premium	50% of Premium	No Refund	No Refund	No Refund
26-month Policy	70% of Premium	50% of Premium	30% of Premium	20% of Premium	No Refund

Special Extensions

- * Policy Covers the maid when she is on home leave and she has a valid Work Permit
- * Section 1 Benefit C (Medical Expenses) is extended to include treatment by a licensed TCM registered with MOH
- * Section 2 (Hospital & Surgical Expenses) is extended to :
 - Include Day Surgery
 - Cover communicable diseases or illness (e.g. SARS, Tuberculosis, H1N1, Dengue Fever, MERS) solely for the purpose of quarantine or isolation

This Policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg)

AVA/5K_2K_APP/1 OCT 2017



2017/10/17
10:28:17

Tax Reference No : SXXXX445B
Year of Assessment : 2017
Income Tax
Date : 08 May 2017

**NOTICE OF ASSESSMENT
ORIGINAL**



INLAND REVENUE
AUTHORITY OF
SINGAPORE

Please quote the Tax Reference Number (eg. NRIC, FIN, etc) in full when corresponding with us.

MR PEH AH WAH
777 PASIR RIS ST 71
#08-416
SINGAPORE 510777



55 Newton Road
Revenue House
Singapore 307987
Tel: 1800-356 8300
Website: <http://www.iras.gov.sg>
e-Services: <https://mytax.iras.gov.sg>

1-1

	S'PORE (\$)	OTHER COUNTRIES (\$)	TOTAL (\$)
TRADE	43,577.00		43,577.00
EMPLOYMENT	14,400.00		14,400.00
TOTAL INCOME	57,977.00		57,977.00
ASSESSABLE INCOME			57,977.00
LESS: PERSONAL RELIEFS			
Earned Income		6,000.00	
NSman-self/wife/parent		1,500.00	
Child (QCR)		4,000.00	
Provident Fund/Life Insurance		5,000.00	
TOTAL PERSONAL RELIEFS			16,500.00
CHARGEABLE INCOME			41,477.00
FIRST 40,000.00		550.00	
NEXT 1,477.00 @ 7.00%		103.39	653.39
LESS: TAX SETOFFS			
20 % Tax Rebate (capped at \$500)			130.68
TAX PAYABLE BY 08 JUN 2017			522.71 DR

Thank you for your contribution towards nation building

1. Your tax assessment is based on information given by you through e-Filing on 17 Apr 2017.

2. As you are on GIRO, deductions will be made from your bank account based on the GIRO plan which is attached / will be sent to you shortly.

Your total outstanding income tax balance is shown in the Statement of Account which is attached / will be sent to you shortly.

3. If you have any objection, please submit your objection online within 30 days via the Object to Assessment e-service or email us at myTax Portal.

TAN TEE HOW
COMPTROLLER OF INCOME TAX



PART B

Fill in the details of the sponsors (and/or their spouse) below and ask them to sign the declaration. Please also complete Part A of the application form. Note that the section "Sponsor Income Details" should be completed with the sponsor's income, not the employer's. MOM can only consider two incomes, but they can be any of the employer's children/grandchildren/siblings or their partners.

Please also submit copies of these additional documents with this application:

1. The sponsors' NRIC
2. Supporting documents to prove their income

Sponsor income details

Please use 1 or 2 to tell us about the sponsor's income.

✓ 1. The sponsor's monthly income range:

\$3696.41

✓ 2. The sponsors' combined monthly income range:

\$3696.41

Have the sponsor(s) worked in Singapore for the last 2 years? (tick one):

☒ Yes

☐ No

What income proof do the sponsor(s) want to provide? (tick one):

☒ Notice of assessment (NOA)

☐ Employer letter & CPF statements, overseas income tax, or any other documents to show that they can afford to maintain the helper

☐ Allow MOM to verify the sponsor(s)' income with IRAS. Please provide us with:

• Sponsor 1's Singapore Tax Reference No.:

• Sponsor 2's Singapore Tax Reference No.:



PART B

About sponsor one

Relationship with the employer:

Father-in-law

Full name:

Peh Ah Wah

Gender (tick one):

☐

Female

☒

Male

Date of birth (dd/mm/yyyy):

08/09/1958

NRIC (if any):

S1316445B

Nationality:

Singaporean

Residential status (tick one):

☒

Singapore Citizen

☐

Permanent Resident

Residential address:

Blk 777 Pasir Ris Street 71 #08-416

Postal Code

510777

Marital status (tick one):

☐

Single

☐

Divorced

☐

Widowed

☐

Separated

☒

Married



PART B

If sponsor 1 is married, please complete this section.

Was the marriage registered in Singapore? (tick one):

☒

Yes

☐

No

Spouse's full name:

NG SWEET HONG

Spouse's gender (tick one):

☒

Female

☐

Male

Spouse's date of birth (dd/mm/yyyy):

05/03/1959

Spouse's NRIC (if any):

S1377187A

Spouse's FIN (if any):

Passport no.:

Passport expiry date (dd/mm/yyyy):

/ /

Spouse's nationality:

Singaporean

Spouse's residential status (tick one):

☒

Singapore Citizen

☐

Permanent Resident

☐

Long-Term Visit Pass (LTVP)

☐

Employment or S Pass

☐

Dependant's Pass

☐

Diplomat

☐

Others

Sponsor 1's contact details

Mobile no.:

+ 65 9111 7589

Email:

Residential address:

Blk 777 Pasir Ris Street 71 # 08-416

1

Postal Code

510777



PART B

About sponsor 2 (if any)

Relationship with the employer:

Full name:

Gender (tick one):

☐ Female

☐ Male

Date of birth (dd/mm/yyyy):

NRIC (if any):

Nationality:

Residential status (tick one):

☐ Singapore Citizen

☐ Permanent Resident

Residential address:

Postal Code

Marital status (tick one):

☐ Single

☐ Divorced

☐ Widowed

☐ Separated

☐ Married



PART B

If sponsor 2 is married, please complete this section.

Was the marriage registered in Singapore? (tick one):

☐ Yes

☐ No

Spouse's full name:

Spouse's gender (tick one):

☐ Female

☐ Male

Spouse's date of birth (dd/mm/yyyy):

Spouse's NRIC (if any):

Spouse's FIN (if any):

Passport no.:

Passport expiry date (dd/mm/yyyy):

Spouse's nationality:

Spouse's residential status (tick one):

☐ Singapore Citizen

☐ Permanent Resident

☐ Long-Term Visit Pass (LTVP)

☐ Employment or S Pass

☐ Dependant's Pass

☐ Diplomat

☐ Others

Sponsor 2's contact details

Mobile no.:

Email:

Residential address:

Postal Code



Declaration by sponsor(s)

I/We declare that:

1. I/We are responsible for the upkeep, maintenance and well-being of the foreign domestic worker.
2. I/We remain responsible for this foreign domestic worker as long as we remain sponsor(s).
3. If I/we apply for a new foreign domestic worker, MOM will take into consideration our existing responsibilities for the foreign domestic worker.
4. I/We must pay the foreign domestic worker levy and all other employment related expenses on behalf of Ng Aik Bee (Name of employer), for as long as we remain sponsor(s).

Name of sponsor 1

Peh Ah Wah

Name of sponsor 2

NRIC/Passport number of sponsor 1

S1316445B

NRIC/Passport number of sponsor 2

Signature of sponsor 1

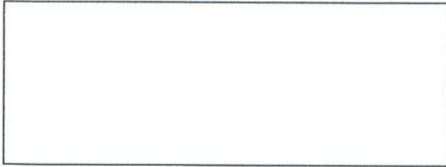


Signature of sponsor 2

Date (DD-MM-YYYY)

16-01-2019

Job Scope Sheet for Foreign Domestic Worker



Staff: Soh Geok Sian on 09/03/2015 (dd-mm-yyyy)

This job scope sheet pertains to the job offer made by the *Employer* to the *FDW*. It shall be translated into the *FDW*'s language and given to her before she signs the employment contract.

Particulars of Parties

The Employer

Full Name : NG AIK BEE
NRIC/Passport No. : S0465226F
Address : BLK 77 MARINE DRIVE #07-48 SINGAPORE 440077

The Foreign Domestic Worker (FDW)

Full Name : NAW KA PAW^{SOE} (Code: HAY 328)
Passport No. : _____
Passport Ready Date : _____ (dd-mm-yyyy)
Salary (S\$) : 500 Off day: 4

☒ New ☐ Reselect ☐ Replacement

Job Scope

Persons in household of Employer's family:

- 04 adults
☐ Young adults aged 13 to 18;
☐ Children aged 5 to 12
☐ children aged 3 to 5
☐ Infants / Babies below 3
☒ Person(s) requiring constant care (excluding Babies)

The FDW shall be required to perform domestic duties as follows (to tick where applicable) :

- ☒ Standard House Chores
☐ Cooking
☒ Looking after aged person(s) in the household [constant attention is ☒ required / ☐ not required]
☐ Baby Sitting
☐ Child-minding
☒ Others (please specify) take care ah gong., bath for ah gong., feed ah gong

Place of Work (to tick where applicable):

- a) House Type:
☐ Landed Property
☐ Condominium / Private Apartment
☒ HDB 5-room or larger
☐ HDB ___ - Room Flat (specify no. of rooms)
☐ Others ___ (specify)
b) Number of Bedrooms in the house: 04

NG AIK BEE S0465226F
Name of Employer
16-01-2019 Ng
Date Sign

Signature of FDW

