

Declaration by Employer

S7978190H

Employer Name
NRIC No./ FIN



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.

Conta	ct No.	90602697	4.4 1.8 1.2010						
Signature and Date		1 1 JAN 2019							
S/N	Name of Foreign I	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction					
1.	AYE AYE AUNG		MD 860714	APPLY					
2.			EMPLOYMEN.						
		m authorising <u>UNITED CHANNE</u> t agency) to perform the above w							
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.									
Dec	laration by EA								
₩ I	have spoken to and	verified with employer to confirm h	nis / 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		1 1 JAN 2019							

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



AVA INSURANCE AGENCY PTE LTD 91 Bencoolen Street #09-06 Sunshine Plaza Singapore 189652 Tel: +65 65356828 / 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.

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INGAPOREAN					YANMAR	
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				The Period of Insurance (dd/mm/yyyy)		
ontact No:		S7978190H		From / / To / /		
H)	(HP)	90602697				
PERIOD OF INS	URANCE:	*Please	tick one only	*Age Limit: 69 years of age	& below	
* 1-YEAR		ricase	tick one only	F. POLO GUARANTEE	(For Filipino Helper only)	
CHOICE OF ME	DICAL INSURANCE CO	VERAGE:		* \$2,000 \$7	(,000 (\$70.00)	
* PLANA	PLAN B PLAN C	PLAN D		FOR OFFICE USE ONLY	,	
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*	NO					
The second secon	I I/we pay the additional premiu	m for the waiver of c	ounter indemnity.			
my/our liability to keep	Tokio Marine Insurance Singapo	ore Ltd. indemnified a	s stipulated above			
	each of the condition under the S t or omission of the Employer. W					
	not caused by or resulted from th					
I/we will only be liable	to pay Tokio Marine Insurance	Singapore Ltd. a fix	ed sum of S\$250			
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\$10,000 /	Appual Limit \$5 000)	\$20,000 (Annual	11 imit \$10,000) 30,000 (Annual Limit	\$15,000)	
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Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D