



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.

Dec	laration by Em	ployer		
Emple	oyer Name	HENG AIK RU (XING YIRU)	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	
NRIC	No./ FIN	S8435452Z		
Conta	ict No.	97888584		
Signa	ture and Date	13 Jun	2019	
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1.	NANT KHIN PA PA		MD683287	APPLY
2.				
		am authorising <u>UNITED CHANNEL</u> t agency) to perform the above wo		
Fill in			Control of the Contro	
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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



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

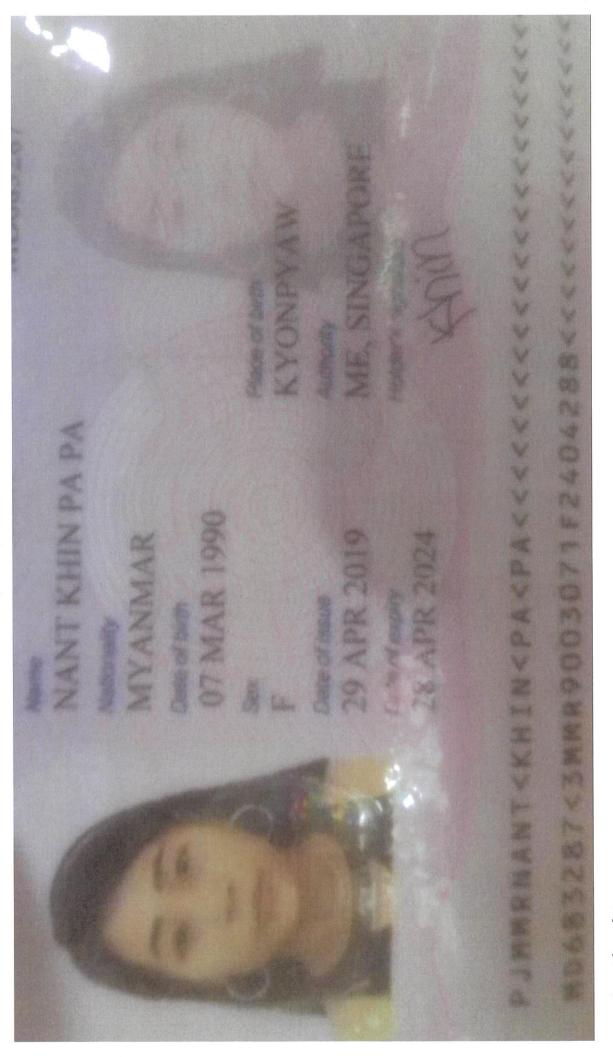
DOMESTIC MAID APPLICATION FORM

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.

Nationality Singapore Name of Company NRIC/FIN No Nationality Singapore NRIC/FIN No NRIC/FIN NRIC/FIN NO NRIC/FIN	A. PROPOSER'S / EN	MPLOYER'S PARTICULA	RS		B. MA	AID'S PARTICULARS		
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PLANA PLANA** PLAN	(H)	(HP) 9	7888584					
personal data and to give consent on their behalf for the above collection, use, process and disclosure; and this process and declosure; and the above, posted at www tokinomarine.com.sg. 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 of fax or otherwise, shall be deemed binding and legally enforceable in a count 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 089046 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 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 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 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 in lieu of Guarantee (or Singapore). A Letter of Guarantee (or Singapore) and or 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 of demand of any sum or sums not exceeding the amount stated in the Letter of Guarantee and/or Insurance Bond insurance Bond in surance Bond insurance Bond without discharging or impairing my/o	* PLAN A E. REIMBURSEMEN * YES Provided always that in my/our liability to keep The shall only arise if the breatform any deliberate act of the Security Bond was not lowe will only be liable to the Security Bond was not lowe will only be liable to the security Bond was not lower will only be liable to the security Bond was not lower will only be liable to the security Bond was not look and the security Bond was not considered to the securi	PLAN B PLAN C IT OF INDEMNITY PAID NO INDEMNITY PAID INDEMNITY PAID INDEMNITY INDEMNITY INDEX IN	PLAN D TO INSURER: for the waiver of columnities as urity Bond was causing the breach of the Employer's deliberate ingapore Ltd. a fixed ESES (Only with 20,000 (Annual Languages, within or outside the columnities of the Employer's deliberate ingapore and the columnities of the	unter indemnity, stipulated above ed by or resulted condition under a act or omission of sum of \$\$250 2-Year Plainit \$10,000	n)(Option) \$30	office use only nal): ,000 (Annual Limit \$1	5,000) sing/servicing my policy/claim ar	
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In return, I/we agree and undertake as follows: 1. I/We will, at all times, unconditionally and irrevocably guarantee to jointly and severally compensate you for all claims, payments, demands, actions, suits, plosses, liabilities, costs and expenses whatsoever (including legal costs and expenses determined on a solicitor or client basis) which may be taken or made a or which become payable by you under the Letter of Guarantee and/or Insurance Bond. 2. You will have absolute discretion to compromise all claims, payments, demands, actions, suits, proceedings, losses and liabilities whatsoever which me taken or made against you under the Letter of Guarantee and/or Insurance Bond. 3. 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 Guarantee and/or Insurance Bond as conclusive evidence of my/our liability to you. 4. 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 validation 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 Signature of Employer Full Name: Heng Aik Ru	An Insurance Bond fo	r \$2,000 or \$7,000 (whichever ar	nount is indicated in	the insurance b	ond) to the	Philippine Overseas Labou		
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IN WITNESS WHEREOF I/we have hereto subscribed my/our name(s) this day of year Signature of Witness Full Name:	losses, liabilities, cost or which become pays 2. You will have absolu taken or made again 3. I/We shall accept the of Guarantee and/or I	s and expenses whatsoever (included above by you under the Letter of Grate discretion to compromise all of the control of Guara receipts, vouchers or any other insurance Bond as conclusive evi	uding legal costs and uarantee and/or Insu claims, payments, d intee and/or Insurar r evidence of all pay dence of my/our liab	remove Bond. Jemands, action The Bond. Jements made by Jements made by Jements made by	s, suits, pro	ceedings, losses and liabi	lities whatsoever which may be urred by you because of the Le	
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Full Name: Full Name: Heng Aik Ru	IN WITNESS WHEREOF	I/we have hereto subscribed my/	our name(s) this	day of	year	THE		
Full Name: Heng Aik Ru	Signature of Witness				ignature o	f Employer		
	Full Name:				-			
NRIC No.: CQAQEAEO7	NRIC No.:					S8435452Z		

Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D



six code

Worker Details

WP No.

: 0 93501713

Name of Worker : NANT KHIN PA PA

DOB of Worker : 07/03/1990

Sex

: FEMALE

Worker's FIN : G2541788M

Passport No. : MA855008 /MD6g328干

Nationality

: MYANMAR

Employment History

Employer	Period of Employment			Industry
	Start Date		End Date	
Employer 2	13/05/2016	India.	01/05/2019 3, 6. Your old.	General Household
Employer 1	16/10/2014	India.	15/02/2016 £.7. Kons old	General Household

Page 1

Back to Top Enquire Another Worker Print Employment History



Heng Aik Ru

Name of Employer 13 Jun 2019 Date Sign