



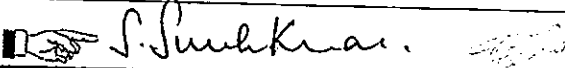
MINISTRY OF
MANPOWER

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	SIRIGINEEDI SURESH KUMAR
NRIC No. / FIN	G3379446R
Contact No.	81576475
Signature and Date	 16/11/2018

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

☐ I hereby declare that I am authorising _____ (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 authorise _____ (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	
Registration No.	
Signature and Date	



Work Pass Division
Ministry of Manpower
18 Havelock Road
Singapore 059764
Telephone : (65) 64385122
Website : <http://www.mom.gov.sg>
Email : mom_wpd@mom.gov.sg

EMPLOYMENT HISTORY OF WORK PERMIT HOLDER

Date printed : 12/11/2018
Employment Agency : UNITED CHANNEL EMPLOYMENT AGENCY PTE. LT (07C4306)

Worker Details

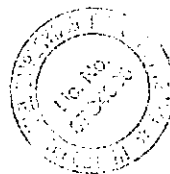
WP No. : 0 26730228
Name of Worker : ORDONIO CRISTINE IVE AMBROCE
DOB of Worker : 13/04/1986
Sex : FEMALE
Worker's FIN : G2338642P
Passport No. : P2413688A
Nationality : FILIPINO

Employment History

Results Found : 1

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 1	04/06/2018		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.



SIRIGINEEDJ SURESH KUMAR
Name of Employer

16/11/2018
Date

Sign

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		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address		
Nationality	SB Transmission Ref	Occupation
Name of Company		NRIC/FIN No
Contact No: (H) _____ (HP) _____		

B. MAID'S PARTICULARS

Name of Maid	
*Date of Birth (dd/mm/yyyy) / /	Passport No
WP No	Nationality
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.

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:

S. Suresh Kumar

Signature of Employer

Full Name: **SIRIGINEEDI SURESH KUNAR**

NRIC No.: **G3379446R**

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)