



CRYSTAL TABLIZO PASCUAL
C/O WONG SEOW YIN
THERESA
32 LORONG STANGEE
SINGAPORE 425000



027174493040615

For Immigration Use (To clear by FIN)



G2661727N

23 May 2017

This letter allows you to stay and work in Singapore

Dear CRYSTAL TABLIZO PASCUAL

Your employer has renewed your work permit with MOM.

MOM will send you your new work permit in the next four to five days after we have checked everything in your application. We will send your employer an SMS one working day before we deliver your card.

Before you get your new permit, this letter allows you to stay and work in Singapore. It is valid until 21 Jun 2017. You will need to show this letter at Immigration if you leave the country before your new permit arrives.

You must return your old permit to us by 30 May 2017. Please post it to the *Work Pass Division, Ministry of Manpower, 18 Havelock Road, Singapore 059764*.

Yours sincerely

Pansy Chow
For the Controller of Work Passes

HELPER'S NAME
CRYSTAL TABLIZO PASCUAL

FIN
G2661727N

NEW WORK PERMIT EXPIRY DATE
06 JUL 2019

DATE OF BIRTH
27 MAY 1990

GENDER
FEMALE

NATIONALITY
FILIPINO

PASSPORT NO
EC3865842

PASSPORT EXPIRY DATE
05 APR 2020

EMPLOYER'S NAME
WONG SEOW YIN THERESA

OCCUPATION
FOREIGN DOMESTIC WORKER



WONG SEOW YIN THERESA
32 LORONG STANGEE
SINGAPORE 425000



23 May 2017

Your helper's work permit has been renewed

Dear WONG SEOW YIN THERESA

This letter confirms that you can keep your helper. Her new work permit will expire on 06 Jul 2019.

There is a letter with this one that you need to print and give to your helper. It acts as a temporary work permit while you wait for your helper's new permit.

MOM will send your helper a new work permit in the next four to five days, once we have checked all the information in your renewal application. The new permit will only be released to any of the authorised recipients whom you have named. We will send you an SMS one working day before we deliver the permit.

MOM is unable to accept requests to change delivery times. However, if we fail the first time, we will try to deliver the permit again a few days later — we will send you another SMS. If we are unable to deliver after two attempts, you will be asked to collect the permit from the MOM Services Centre in Bendemeer.

You can check the status of your delivery through Work Permit Online. Click Enquire > Card Delivery / Collection Status.

Yours sincerely

Pansy Chow
For the Controller of Work Passes

PAYMENT REFERENCE
D41E7A58967431

RECEIPT NO
R00000646277

HELPER'S NAME
CRYSTAL TABLIZO PASCUAL

FIN
G2661727N

Underwritten by



TOKIOMARINE

TOKIO MARINE INSURANCE SINGAPORE LTD
20 McCallum Street #09-01
Tokio Marine Centre Singapore 069046
Tel: +65 62216111 Fax: +65 63242180
Web: www.tokiomarine.com.sg
Company's Registration No. 19230014M

For Enquiries / Documentations / Claims Handling, please contact:



AVA INSURANCE AGENCY PTE LTD
91 Dendrolium Street #09-06
Sunshine Plaza Singapore 189052
Tel: +65 65356838 / 64636136
Fax: +65 65356828 / 64635021
Web: www.ava-ins.com.sg
Company's Registration No. 201113230C

Domestic Maid Insurance

UNITED CHANNEL EMPLOYMENT AGENCY PTE LTD (KT1)

Certificate No. DZA164877

The Insured : WONG SEOW YIN THERESA

The Address : 32 LORONG STANGEE SINGAPORE 425000

The Beneficiary : The Estate of the Insured Person named below in respect of Section 1A and 1B only.

The Insured Person : CRYSTAL TABLIZO PASCUAL

Date of Birth : 27/05/1990

Passport No : EC3865842

Nationality : FILIPINO

The Period of Insurance : 07/07/2017

to 06/09/2019

Or until cessation of the employment whichever is the earlier.

| Section | Coverage | Limit |
|---------|--|--|
| 1. | Personal Accident | |
| | (A) Death | S\$40,000 |
| | (B) Permanent Disablement | As per scale in Policy |
| | (C) Medical Expenses | S\$4,000 |
| 2. | Hospital & Surgical Expenses | S\$60,000 (Annual Limit : S\$30,000) (Worldwide) |
| 3(A). | Recuperation Expenses | S\$30 per day (Max 60 Days) |
| 3(B). | Temporary Help Benefit | S\$20 per day, up to 30 days & subject to a max benefit limit of S\$600 |
| 4. | Repatriation Expenses | Up to S\$10,000 |
| 5. | Wages & Levy Reimbursement | Up to S\$35 per day (Max 60 Days) |
| 6. | Termination/Re-hiring Expenses | S\$500 |
| 7. | Outpatient Kidney Dialysis/ Cancer Treatment | S\$5,000 (Policy Limit) |
| 8. | Special Grant | S\$3,000 |
| 9. | Maid & Household Liability | S\$50,000 AOA/Unlimited AOP |
| 10. | Fidelity Guarantee | S\$5,000 |
| 11. | Reimbursement of Indemnity paid to Insurer(excess S\$250) | Covered wef 07-Jul-2017 |
| | | |

Premium : S\$400.00

GST : S\$28.00

Premium (w/GST) : S\$428.00

Signed this 22/05/2017

Not valid unless countersigned

Authorised Representative
AVA Insurance Agency Pte Ltd

Tokio Marine Insurance Singapore Ltd

A.K. Cher
CEO and Managing Director

Underwritten by



TOKIOMARINE

TOKIO MARINE INSURANCE SINGAPORE LTD
20 McCallum Street #09-01
Tokio Marine Centre Singapore 069046
Tel: +65 62218111 Fax: +65 63242180
Web: www.tokiomarine.com.sg
Company's Registration No. 1923C0014M

For Enquiries / Documentations / Claims Handling, please contact:



AVA INSURANCE AGENCY PTE LTD
91 Bencoolen Street #05-06
Sunshine Plaza Singapore 109652
Tel: +65 65366838 / 64638138
Fax: +65 65366828 / 64638021
Web: www.ava-ins.com.sg
Company's Registration No. 201113230C

Ministry of Manpower
Singapore

Date : 22/05/2017

Letter of Guarantee No. DZA164877

Dear Sir,

Whereas WONG SEOW YIN THERESA

holder of employer's NRIC/Passport No S1434466G of
32 LORONG STANGEE SINGAPORE 425000

(hereinafter called the Employer) by a
Bond (hereinafter called the Security Bond) dated 07/07/2017 made under section
12 of Employment of Foreign Manpower (Work Passes) Regulations or section 21 of Immigration Regulations,
undertake to ensure that the work pass/special pass holder whose particulars appear in the schedule to the Security
Bond shall comply with all the conditions on which the pass was granted and which are set forth in the Security
Bond and to observe further conditions imposed on himself in the Security Bond.

And whereas the Employer is required to deposit a sum of dollars Five Thousand only (S\$5,000) to you as security
under Security Bond.

And whereas, at our request, you have agreed to accept this guarantee in lieu of the said sum of S\$5,000 in cash,
upon the terms and conditions hereinafter set forth.

1. Now, we **Tokio Marine Insurance Singapore Ltd** having our registered office at 20 McCallum Street #09-01.
Tokio Marine Centre Singapore 069046, in consideration of you having agreed, at our request, not to insist on
cash deposit from the Employer as security under the Security Bond, hereby guarantee and undertake as
principal debtors to pay to you at any time forthwith, on demand any sum or sums not exceeding in total the said
sum of S\$5,000. Our guarantee shall not be discharged by a demand of any sum by you resulting from a partial
forfeiture of the Security Bond and you shall be entitled to demand any remaining sum resulting from any
ensuing forfeiture of the remainder of the security.
2. On receiving from us the sum under Clause 1, you will be entitled to hold and use them as if they were the
security deposit paid to you under the Security Bond.
3. We shall not be discharged or released from this guarantee by an alteration in the Employer obligations and
liabilities under the Security Bond without your consent or by any forbearance shown towards him thereunder.
4. All requests for payments under Clause 1 shall be in writing and shall be made to us on or before 06/09/2019.
5. This guarantee shall be effective from 07/07/2017.

Yours faithfully
for and on behalf of
Tokio Marine Insurance Singapore Ltd

A.K. Cher
CEO and Managing Director

In the presence of

Joanne Huang
Assistant General Manager, Business Development

Underwritten by



TOKIO MARINE

TOKIO MARINE INSURANCE SINGAPORE LTD
20 McCallum Street #09-01
Tokio Marine Centre Singapore 069046
Tel: +65 62215111 Fax: +65 63242180
Web: www.tokiomarine.com.sg
Company's Registration No. 1923C0014M

For Enquiries / Documentations / Claims Handling, please contact:



AVA INSURANCE AGENCY PTE LTD
91 Bencoolen Street #05-06
Sunshine Plaza Singapore 106652
Tel: +65 65356838 / 64636138
Fax: +65 65356828 / 64635021
Web: www.ava-ins.com.sg
Company's Registration No. 201113230C

Date : 22/05/2017

PHILIPPINE OVERSEAS LABOUR OFFICE

Attention: The Labour Attache
EMBASSY OF THE PHILIPPINES
20 Nassim Road
Singapore 258395

Dear Sir/Madam

INSURANCE BOND NO. DAA034564

Whereas WONG SEOW YIN THERESA

holder of NRIC/Passport No. S1434466G and residing at 32 LORONG STANGEE SINGAPORE 425000

(hereinafter called the EMPLOYER) by this Insurance Bond undertakes to ensure that the said EMPLOYER during the employment of the HOUSEHOLD WORKER whose particulars appear in the Schedule below shall abide and comply with the Terms and Conditions of the STANDARD EMPLOYMENT CONTRACT FOR FILIPINO HOUSEHOLD WORKER IN SINGAPORE (hereinafter referred to as the CONTRACT) executed by the EMPLOYER, the HOUSEHOLD WORKER and the EMPLOYMENT AGENCY named in the CONTRACT duly verified by the Philippine Overseas Labour Office in Singapore (P.O.L.O. - Singapore) and authenticated by the Consulate General of the Philippines in Singapore.

We, **Tokio Marine Insurance Singapore Ltd** (hereinafter called the Company) having our registered office at 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046 hereby guarantee that if, on the occurrence of a breach by the said EMPLOYER of one or more of the Terms and Conditions of the CONTRACT, the P.O.L.O. - Singapore sends a written demand specifying such breach, we shall pay within fourteen (14) days of the date of the letter of demand the sum or sums as demanded but not exceeding the total sum of Singapore Dollars Seven Thousand (S\$7,000) only.

This Bond is valid from the above date of issuance until the expiration date of the CONTRACT unless the CONTRACT is prematurely terminated by P.O.L.O. - Singapore as a result of any breach by the EMPLOYER or HOUSEHOLD WORKER of one or more of the CONTRACT's Terms and Conditions, after which date this Bond shall automatically cease. In no case shall this Bond's validity period be longer than twenty-six (26) months from the date of issuance. It is a condition under this bond that a written claim be made no later than fourteen (14) days beyond its validity period.

THE SCHEDULE

Name of HOUSEHOLD WORKER CRYSTAL TABLIZO PASCUAL
Passport No. EC3865842 Date of Birth 27/05/1990

Yours faithfully
for and on behalf of
Tokio Marine Insurance Singapore Ltd

A.K. Cher
CEO and Managing Director
Development

In the presence of

Joanne Huang
Assistant General Manager, Business



WONG SEOW YIN THERESA
32 LORONG STANGEE
SINGAPORE 425000



16 May 2017

It's time to renew your helper's work permit

Dear WONG SEOW YIN THERESA

Your helper's work permit will expire on **06 Jul 2017**.

There are a few things you need to do if you want to keep her. Use the handy checklist over the page to make sure you have everything ready before you renew.

If you don't intend to renew your helper's permit, you will need to think about transferring her to another employer or sending her home. You can find out more about this at mom.gov.sg > Foreign Manpower > Work passes and permits > Work Permit for foreign domestic worker.

Yours sincerely

Pansy Chow
For the Controller of Work Passes

HELPER'S NAME
CRYSTAL TABLIZO PASCUAL

FIN
G2661727N

WP NO
0 27174493

DATE OF APPLICATION
04 JUN 2015

SB TRANSMISSION NO
E169308

If you wish to keep your helper

- 1 If your address has changed recently, update the Police Post or ICA
- 2 Buy a new insurance package
- 3 Then go online to renew at services.mom.gov.sg/workpass/keepmyhelper

⚠ IMPORTANT

There may be an overstaying fine of up to \$500 if your helper's permit is not renewed, transferred or cancelled before 06 Jul 2017

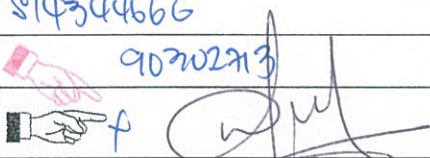


Authorisation Form for Foreign Domestic Worker Work Pass Transactions

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 | Wong Seow Yin Theresa |
| NRIC No./ FIN | S1434466G |
| Contact No. | 90702713 |
| Signature and Date |  |

| S/N | Name of Foreign Domestic Worker(s) | Passport / FIN / WP No. | Authorised Transaction |
|-----|------------------------------------|-------------------------|------------------------|
| 1 | Crystal Tabrizo Pascual | 0 2174493 | RENEWAL |
| 2 | | | |


☒ I hereby declare that I am authorising United Channel Employment Agency Pte Ltd (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 | Palma Sharon Asuncion |
| Registration No. | R1705865 |
| Signature and Date |  |



Use this form only if you are an employment agent acting on behalf of an employer

Declaration by the employer:

1. In order to renew a work pass under the Employment of Foreign Manpower Act ("EFMA"), I declare that:
 - a. I am fully aware of and shall fulfil my obligations as an employer of a foreign domestic worker under the EFMA and the Employment of Foreign Manpower (Work Passes) Regulations ("EFMR") which includes the following:
 - Pay her salary promptly
 - Pay for her upkeep and maintenance, including medical treatment
 - Provide acceptable accommodation for her
 - Should she die while in Singapore, pay for her burial or cremation and pay for her body and belongings to be returned to her home
 - Take her to the Controller of Work Passes when required by MOM
 - Inform the Controller of Work Passes in writing within seven days when her employment ends or her work pass is cancelled
 - Arrange and pay for her passage home, after giving her reasonable notice, and paying her outstanding salary.
 - b. I shall take reasonable steps to ensure that my foreign domestic worker complies with the EFMA and the EFMR; and such steps shall include reporting to the Controller of Work Passes if I know that she is non-compliant; and
 - c. I have obtained my foreign domestic worker's written consent to continue her employment with me.
2. When a new security bond is needed, I declare that:
 - a. I have furnished my security bond as follows:

| | |
|---------------|--------------------------|
| Policy Number | Expiry Date (DD-MM-YYYY) |
|---------------|--------------------------|
 - b. I understand that the Controller of Work Passes has imposed on me a security bond for the sum of FIVE THOUSAND SINGAPORE DOLLAR (SGD 5,000) payable to the Government of the Republic of Singapore to ensure that I comply with my obligations under the EFMA and the EFMR [including those in 1(a) above];
 - c. I understand that if I breach any of my obligations as an employer of a foreign domestic worker, my Security Bond may be forfeited fully or in part. I also understand that if there is only partial forfeiture, the Government of the Republic of Singapore may forfeit the rest at a later point in time for the same breach or a different breach.
3. By signing this form, I indicate that I have read and understood this declaration; and intend to be bound by it. I am aware that if I have wilfully stated in it anything which I know to be false or do not believe to be true, I may be prosecuted.

Name of foreign domestic worker

CRYSTAL TABLIZO PASCUAL

Name of employer

Wong Seow Yin Theresa

NRIC / FIN

S1434466G

FIN of foreign domestic worker

G2661721N

Signature of employer

Date (DD-MM-YYYY)

22 MAY 2017

Underwritten by:



ALLIED WORLD ASSURANCE COMPANY, LTD (SINGAPORE BRANCH)
60 Anson Road #08-01
Mapletree Anson Singapore 079914
Company's Registration No. T09FC0142D

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 THERESA WONG | | Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F |
| Address 32 Lorong Stangee 8425000 | | |
| Nationality Singaporean | SB Transmission Ref | Occupation Commercial Manager |
| Name of Company British Airways PLC | NRIC/FIN No 81434466G | |
| Contact No: 90302713 (HP) | | |

B. MAID'S PARTICULARS

| | |
|--|---------------------------------|
| Name of Maid Crystal Tabligo Pascual | |
| *Date of Birth (dd/mm/yyyy) 27 /05/ 1990 | Passport No EC3865842 |
| WP No 027174493 | Nationality Filipino |
| The Period of Insurance (dd/mm/yyyy) From 6,07,17 To 05,09,19 | |

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 I/we pay the additional premium for the waiver of counter indemnity, my/our liability to keep Allied World Assurance Company, Ltd (Singapore Branch) 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 Allied World Assurance Company, Ltd (Singapore Branch) a fixed sum of S\$250.

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)

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: **Allied World Assurance Company, Ltd (Singapore Branch)**
60 Anson Road #08-01 Mapletree Anson Singapore 079914

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, **Allied World Assurance Company, Ltd (Singapore Branch)**. ("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:

1. 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.
2. 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.
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 Letter of 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 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:

Victor Wong
8154195Z
32 Lor Stangee 8425000

Signature of Employer

Full Name:

NRIC No.:

Theresa Wong
81434466G

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\$40,000 | | | |
| | (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)



United Channel

865 Mountbatten Road, #01-22/23/24/25, Katong Shopping Centre, Singapore 437844

Tel: 6344 8807 Fax: 6345 0806 Email: unitedes@singnet.com

License No. 07C4306

www.unitedchannel.com.sg

GST Registration No. 200716859W

TAX INVOICE

Employer Detail

Employer Name: WONG SEOW YIN THERESA
Booking No: KT011705172996

NRIC No: S1434466G
Date: 17-05-2017

FDW Detail

FDW's Name: CRYSTAL TABLIZO PASCUAL
Nationality: MYANMAR
Placement Fee: \$0.00

Code No: VDA
P / P No:

Description

| | |
|--|-----------|
| WORK PERMIT RENEWAL (ONLINE) (\$30 MOM charge) | \$ 50.00 |
| INSURANCE | \$ 350.00 |
| INDEMNITY INSURANCE | \$ 50.00 |
| 2K BOND | \$ 69.91 |
| DISCOUNT | \$ 50.00 |

Taxable Amount

\$469.91

GST Standard Rated 7%

\$32.89

Sub Total

\$502.80

REIMBURSEMENT

Total Amount (rounding of adjustment \$0.00)

\$502.80

Amount Received

\$502.80

| Receipt No. | Date | Amount | Description | Payment Mode/Ref |
|----------------|------------|-----------|---|-------------------|
| KT012017055193 | 17-05-2017 | \$ 502.80 | Booking fee for WORK PERMIT RENEWAL (ONLINE) (\$30 MOM charge) (\$50.00), INSURANCE ~ PLAN D (2 YEARS) (\$350.00), INDEMNITY INSURANCE (\$50.00) 2K BOND (\$52.800000000000001) | Cheque-DBS 301822 |

*payment includes 7% GST where its applicable.

Amount Balance

\$0.00

Signature by Employer

Name: WONG SEOW YIN THERESA

NRIC: S1434466G

Signature by Agent

Name: Sharon

Reg No: R1105865

Any enquiries/feedback, kindly contact us at feedback@unitedchannel.net

RENEWAL OF WORK PERMIT / PASSPORT / VISA Documentation

****Note :** Please make sure that all authorization
forms are filled and signed

(company stamp)

United Channel Employment Agency Pte Ltd
Lic. No. 07C4306 GST Reg. No. 200716859
865 Mountbatten Road #01-22/23/24/25
Katong Shopping Centre Singapore 437 044
Tel: 6344 8807 Fax: 6345 0806
Email: unitedes@singnet.com

Date : 22 MAY 2017

Package Fee : FOC

Official Receipt No. : _____

Insurance : Plan D w/ 7K Bond
2 5K Bond

RIP : (YES) / NO

crystal.sg2016@gmail.com

Name of Employer : jiang Seow Yin Theresa

Contact No. : (H) 90302713 (HP) _____

Spouse : _____

Contact No. : (H) _____ (HP) _____

Myanmar / Filipino / Indonesia

Name of FDW : crystal tablizo pasual

Work Permit No. : 0 2174493

Date of Expiry : _____

Passport No. : EC 3865842

Date of Expiry : _____

Remarks / Special Instructions ,

WP deliver to employer Address
Follow Passport detail in mom record please