



## 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 <i>Lim Mong chee</i>		Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address B1K 240 Serangoon Avenue 2 #03-61 S(550240)		
Nationality <i>Singaporean</i>	SB Transmission Ref	Occupation
Name of Company		NRIC/FIN No <i>S0444382I</i>
Contact No: (H) _____	(HP) _____	<i>91906046</i>

\*Please tick one only

### C. PERIOD OF INSURANCE:

\*  1-YEAR  2-YEAR

### 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 Aviva 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 Aviva 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)

On behalf of myself and all proposed Lives Assured, I consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data (whether contained in this form or obtained from other sources; existing data in Aviva's record or to be collected in future) and transferring them to Aviva related group of companies, third party service providers, reinsurers and/or suppliers for the following purposes:

- to issue and administer my existing and/or new policy(ies) and/or account(s) with Aviva and such other purposes ancillary or related to the administering of the policy(ies) and/or account(s), including the processing of my/our personal data for underwriting purposes, payment of premiums and/or claims purposes;
- for statistical, research, compliance, audit and regulatory purposes.

For more information on Aviva's data protection policy and full details of the purpose of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.

## 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: Aviva Ltd  
4 Shenton Way #01-01 SGX Centre 2 Singapore 068807

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, Aviva 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:

Signature of Employer

Full Name: *Lim Mong chee*

NRIC No. *S0444382I*



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 : 14/01/2020

Employment Agency : UNITED CHANNEL SERVICES PTE. LTD. (11C4954)

### Worker Details

WP No.	: 0 94225418
Name of Worker	: YADANAR LWIN
DOB of Worker	: 13/04/1993
Sex	: FEMALE
Worker's FIN	: G8582326X
Passport No.	: MC676886
Nationality	: MYANMAR

### Employment History

Results Found : 2

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 2	01/03/2019		General Household
Employer 1	15/11/2017	21/12/2018	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.



Lim Mong Chee  
Name of Employer

Date

Sign



## 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	Lim Mong Chee		
NRIC No./ FIN	S0444382J		
Contact No.	90997538		
Signature and Date	Shins		

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

Date: \_\_\_\_\_

To:  
Work Permit Department  
Minstry Of Manpower  
18 Havelock Road  
Singapore 059764

Dear Sir / Madam

**CONSENT TO TRANSFER FOREIGN DOMESTIC WORKER**

FOREIGN DOMESTIC WORKER

**YADANAR LWIN**

WORK PERMIT

**0 94225418**

DATE OF APPLICATION

I, LIM YOK SIN of NRIC / Passport No S0771572B  
(Name of Current Employer)

Agree to release my Foreign Domestic Worker named above to the prospective employer

(Name of Prospective Employer)

Pending the outcome of the application, I undertake all responsibilities for the employment of the said Foreign Domestic Worker and will extend her work permit ( if necessary ).

If the application is not approved, I will repatriate this worker.



Signature of Current Employer