

PROPOSAL / DECLARATION FORM - WORK INJURY COMPENSATION

Important Notice to the Proposer

- Under Section 25(5) of the Insurance Act (Cap. 142), or any subsequent amendments thereof, you must disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know in respect of the risk proposed; otherwise the policy issued hereunder may be void.
- The Work Injury Compensation Act covers all employees regardless of their level of earnings. Whilst insurance for employees who are newly covered under the Act (i.e. those involved in non-manual work and earning above S\$1,600 per month) is not compulsory, employers will still be required to pay compensation in the event of a valid claim.
- The Insurer reserves the right to request for more information.

Particulars of Proposer:

Full Name:

Mailing Address:

Postal Code:

Contact No:

Email:

(O)

(M)

(F)

No. of Years in Business:

Co. Regn. No.:

Nature of Business:

Period of Insurance

From: _____ To: _____

Section A (For Annual Policies)

Section 1: Employees to be insured for Act benefits and Common Law *Categorize foreign workers (Work Permit & S-pass holders) separately*

No. of Employees	Category / Description of Occupations	Est. Annual Wages, Salaries and other Monetary Earnings	For Office use Only	
			Rate (%)	Premium
TOTAL				

Section 2: Employees to be insured for Common Law (Employers' Liability) only. *Please see Important Notice (2) above before choosing this option.*

No. of Employees	Category / Description of Occupations	Est. Annual Wages, Salaries and other Monetary Earnings	For Office use Only	
			Rate (%)	Premium
TOTAL				

Employees Based Overseas

Are there any employees based outside Singapore? Yes No (If 'Yes', kindly provide the following details)

Country Based in	No. of Employees	Nature of Work	Estimated Wages



Claims Experience for the past 3 years, as at _____ (Mth/Yr):

Insurance Period		No. of Employees	Paid Claims for Period		Outstanding Claims for Period	
From	To		Number	Amount (\$\$)	Number	Amount (\$\$)

Section B - Premium Adjustment & Declaration of Wages (For Annual Policies)

Section 1: Employees to be insured for Act benefits and Common Law

Categorize foreign workers (Work Permit & S-pass holders) separately

No. of Employees	Category / Description of Occupations	Est. Annual Wages, Salaries and other Monetary Earnings	For Office use Only	
			Rate (%)	Premium
TOTAL				

Section 2: Employees to be insured for Common Law (Employers' Liability) only

No. of Employees	Category / Description of Occupations	Est. Annual Wages, Salaries and other Monetary Earnings	For Office use Only	
			Rate (%)	Premium
TOTAL				

Section C - Additional Information

	Yes	No
A. Are there any workers involved in manual works in connection with installation, erection, repair, maintenance, testing, demolition or construction outside insured's premises?	<input type="checkbox"/>	<input type="checkbox"/>
B. Are there any workers involved in works at height of more than 30 feet above floor or ground level? If yes, will there be any scaffolding works &/or other related activities?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C. Are there any workers involved in works involving explosives, dangerous or toxic chemicals, e.g. chemicals that are under the Poison Act?	<input type="checkbox"/>	<input type="checkbox"/>
D. Are there any workers involved in excavation works, work in manholes or tunnels etc?	<input type="checkbox"/>	<input type="checkbox"/>
E. Are there any workers involved in using heavy industrial machines that involve cutting, pressing, grinding etc?	<input type="checkbox"/>	<input type="checkbox"/>
F. Are there any workers involved in lifting or hoisting operations, especially in public areas?	<input type="checkbox"/>	<input type="checkbox"/>
G. Are there any workers required to work onboard vessels? If yes, what will be the maximum number of employees on board any vessel at any one time? _____ Employees	<input type="checkbox"/>	<input type="checkbox"/>
H. Will there be any diving &/or related underwater activities pertaining to your business?	<input type="checkbox"/>	<input type="checkbox"/>

Declaration:

I/We hereby declare that the particulars of this Proposal/Declaration are true, and I/We agree that this Proposal shall be the basis of the Contract between us (employer) and the Insurer.

I/ We further agree that employees not included in Categories/Description of Occupations (under Section A, Sections 1 & 2 above) will not be covered under the Policy.

Signature of Employer and Company Stamp

Signature of Broker / Agent & Company Stamp
(Witness to Employer's Signature)

Date:

Date:

Important Notes:

- * Unless exempted, any employer who fails to insure himself in accordance with the Work Injury Compensation Act shall be guilty of an offence and shall be liable on conviction to a fine not exceeding S\$10,000 or to imprisonment for a term not exceeding one year or to both.
- * The information declared in this form may be made known to the Ministry of Manpower as and when required.
- * No liability is attached until this Proposal form is accepted by the Insurer
- * Wages, salaries and other monetary earnings must consist of the normal wages, food and housing allowances, overtime payments, bonuses and annual wages supplements but excluding travelling allowances and employers' CPF contributions.

For Official Use

Accepted by:

Date:

Agent / Broker ASTRA ASSURANCE AGENCIES LLP

Code: A00007

Version 1 (01 March 2010)