

QBE Insurance (International) Limited

A member of the worldwide QBE Insurance Group - Unique Entity No. S16FC0047K

60 ANSON Road #11-01, Mapletree Anson, Singapore 079914
Tel: 65-6224 6633 Fax: 65-6533 3270
GST Registration No.: M2-000527 4-9
www.qbe.com.sg



WORK INJURY COMPENSATION INSURANCE PROPOSAL FORM – FOR ANNUAL POLICY

IMPORTANT NOTICE

- 1) Statement pursuant to Section 25 (5) of the Insurance Act (Cap. 142) (or any subsequent amendments thereof)-You are to disclose in this Proposal Form fully and faithfully all facts which you know or ought to know, otherwise the policy issued hereunder may be void.
- 2) 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 \$1,600 per month) is not compulsory, employers will still be required to pay compensation in the event of a valid claim.
- 3) The Insurer reserves the right to request for more information.

GENERAL INFORMATION

Name of Employer (Proposer) _____

Business Address _____

_____ Tel No: _____

Nature of Business: _____ Period of Insurance: Fr _____ to _____

Places of Employment: _____

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				

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**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				

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 (S\$)	Number	Amount (S\$)

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DECLARATION

I/We hereby declare that the particulars of this Proposal 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 & COMPANY STAMP

EMPLOYER'S

Date:

SIGNATURE OF BROKER/AGENT/ EMPLOYEE OF THE
INSURED & COMPANY STAMP (WITNESS TO

SIGNATURE)

NAME: ASTRA ASSURANCE AGENCIES LLP
NRIC: 01000803

Date:

- 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.

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 \$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.*