

Work Injury Compensation Insurance Proposal / Declaration Form (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/Declaration 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. *effective from 01.04.2020, those involved in non-manual work and earning above S\$2,100 per month) is not compulsory, employers will still be required to pay compensation in the event of a valid claim.
- 3) If there are multiple entities to be insured, please use separate sheet to fill in the information for each entity.
- 4) The Insurer reserves the right to request for more information.
- 5) For New Business - No liability is attached until this Proposal Form is accepted by the Insurer.

*effective from 01.04.2021, the mandatory insurance salary threshold for non-manual employees will be increased to S\$2,600 per month.

INTERMEDIARY:

POLICY NO:

GENERAL INFORMATION

Name of Insured (Employer/Proposer):

Business Address:

Website:

Business Registration No:
(UEN No.)

Tel No:

Nature of Business:

Period of Insurance: From

To

Places of Employment:

Employees' Information

"Estimated Annual Earnings" means an amount, not less than the Past Annual Earnings of the Insured, declared by the Insured to be an estimate of the total earnings to be paid by the Insured (as well as by other Employers and known to the Insured) during the 12 months starting on the commencement date of the Policy.

"Past Annual Earnings" means the total of the monthly earnings paid by the Insured (as well as by other Employers and known to the Insured) during the 12 months immediately before the commencement date of the Policy.

The types of remuneration that constitute "Earnings" are set out in Section 2 of the Work Injury Compensation Act 2019, which refers to: Wages, salaries and other monetary earnings which must consist of the normal earnings, food and housing allowances, overtime payments, bonuses and annual earnings supplements but excluding travelling allowances and employers' CPF contributions.

Warning

If the Insured misrepresents the number of employees, job category or the Estimated Annual Earnings:

1. The amount of the Insurer's indemnity to the Insured for a claim will be reduced proportionately by the extent of under-insurance. The Insured will bear its proportionate share of the liability and the Insurer may recover this amount from the Insured under Clause 13, or
2. The Insurer may recover from the Insured the amount paid to a claimant which is attributable to any Relevant Injury arising in relation to those non-disclosed or misstated material facts under Clause 8(1)(a) of the Work Injury Compensation Act 2019.

- For New Business, please complete Part A & C
- For Renewal Business, please complete Part A, B & C

Part A. For Annual Policy

Employees to be insured for Act Benefits and Common Law (please attach list if space is insufficient)
All employees within the same category must be insured

Mandatory WIC Insurance

Category/Description of Occupations	No. of Employees	Estimated Annual Earnings* (S\$)	Internal Use	
			Rate	Premium
SUB-TOTAL:				

Non-Mandatory WIC Insurance

The Work Injury Compensation Act 2019 covers all employees regardless of their level of earnings. Whilst insurance is not compulsory under the Act for employees involved in non-manual work with salary above S\$2,100 (w.e.f. Apr 2020) or S\$2,600 (w.e.f. Apr 2021), Employers will still be required to pay compensation in the event of a valid claim.

For this group of employees, do you want to insure them? Please tick (✓) the appropriate box below:	No. of Employees	Estimated Annual Earnings* (S\$)	Internal Use	
			Rate	Premium
<input type="checkbox"/> Yes <input type="checkbox"/> No				

	<u>Total No. of Employees in your organisation</u>	<u>Total Estimated Annual Earnings in your organisation (S\$)</u>
TOTAL:		

Claims Experience for the past 3 years, as at _____ (Month/Year)

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

Part B. For Premium Adjustment for Annual Policy Earnings (Renewal)

Declaration of Actual Earnings for Expiring Period of Insurance from: _____ to _____

Please tick if the Actual Annual Earnings and other details declared are the same as completed in Part A above.

Employees to be insured for Act Benefits and Common Law (please attach list if space is insufficient)
All employees within the same category must be insured

Mandatory WIC Insurance

Category/Description of Occupations	No. of Employees	Estimated Annual Earnings* (S\$)	Internal Use	
			Rate	Premium
SUB-TOTAL:				

Non-Mandatory WIC Insurance (to be completed if this group of employees is insured)

	No. of Employees	Estimated Annual Earnings* (S\$)	Internal Use	
			Rate	Premium
	Total No. of Employees in your organisation		Total Estimated Annual Earnings in your organisation (S\$)	
TOTAL:				

Part C (Declaration)

DECLARATION

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are there any aircraft crews and any employee involved in inspection, testing and maintenance of aircraft whilst in flight? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are there any ship crews in your employment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Are your employees involved in handling explosives, dangerous or toxic chemicals, gases, substances or waste (example; substances specified under the Poisons Act) or working at high risk areas such as petrochemical or chemical plant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are your employees involved in excavation works, underground works, working in manholes or tunnels etc? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Are your employees involved in manual works in connection with construction, maintenance and demolition of dams, towers, bridges and chimney shafts? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Are your employees required to work at shipyards, onboard vessels, rigs, platform or confined space etc? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Are your employees involved in professional sports activities in their course of work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Will there be any operation of railways activities other than private sidings? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Are your employees involved in any underwater works? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Are your employees involved in any height of more than 30 feet (10 metres) above floor or ground level? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If the above answer(s) is/are Yes, please provide details in respect of the scope of work.

I/We hereby declare that the particulars of this Proposal / Declaration form are true, and I/we agree that this Proposal / Declaration shall form part of the basis of the contract between me / us and Great Eastern General Insurance Limited (Insurer).

I/We further agree that employees indicated as not insured under the non-mandatory WIC insurance section above, or not included in categories / description of occupations (Part A & B above) will not be covered under the policy.

By submitting information to the Insurer, I/We agrees and gives consent for the Insurer to verify the following information about the Employer / Insured with government or regulatory authorities, for the purposes of processing, underwriting, administering and managing the policy with the Insurer:

- a) workforce size and aggregated payroll for all, or any class of employees;
- b) number of compensation cases and amount of work injury compensation paid or payable for all, or any class of employees.

I/We also consent to the collection, use, disclosure and dissemination of all information (including but not limited to information provided by me/us related to the policy to my/our insurance intermediaries and the Insurer's authorised agents and service providers) for purposes relating to or incidental to my/our claims under the policy or in accordance with the Legislation.

Policy Application, Service and Administration

Where the policyholder(s) is/are an individual or individuals, by providing the information set out above, I/we agree and consent to Great Eastern, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents collecting, using, disclosing and sharing amongst themselves my/our personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate my/our proposal and to provide the products or services which I am/ we are applying for (including, without limitation, any policy renewals and policy upgrades, substitutions or replacements).

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <http://www.greatasteamlife.com/sg/en/pncpolicies.htm> and which I/we confirm I/we have read and understood.

Where the policyholder is not an individual, we hereby confirm and represent to Great Eastern, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") that the insured individuals of the policy we are applying for ("Insured Individuals") have agreed and consented to the disclosure of their personal data to the Companies and their Representatives, and further, that for the Companies and their Representatives' collection, use and/or disclosure of the personal data of the Insured Individuals, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate our proposal and to provide the products or services which we are applying for. In respect of the Insured Individuals who are subsequently enrolled into the policy that we are applying for, we further undertake that we shall ensure and procure that each Insured Individual has provided such agreement and consent in relation to his/her personal data for such purposes.

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <http://www.greatasteamlife.com/sg/en/pncpolicies.htm> and which we confirm each of us and the Insured Members have read and understood.

Authorised Signature & Company Stamp

Date:

Name of Signatory: