

Work Injury Compensation (WIC) Proposal Form (For Annual Policy)

QBE Insurance (Singapore) Pte Ltd



IMPORTANT

- **Under Section 25(5) of the Insurance Act (Cap 142)**
If the Insured does not fully and faithfully give the facts as he knows them or ought to know them, the Insured may receive nothing from the policy.
- **The Insurer reserves the right to request for more information.**
- **This Policy is protected under the Policy Owners' Protection Scheme**, which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for this Policy under the Policy Owners' Protection Scheme is automatic and requires no further action from the Insured. 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 the Company or visit SDIC website (www.sdic.org.sg)

If there are multiple entities to be insured, please use the attached excel spreadsheet and fill in the information for each entity.

PART 1 - DECLARATION OF NUMBER OF EMPLOYEES AND EARNINGS FOR WIC INSURANCE

This information declared here will be shared with the Ministry of Manpower as required under Section 33(1) of WICA 2019.

General Information

Entity Name (Insured)

Business Registration No. (UEN)

Address

Nature of Business

No. of years in operation

Website (if any)

Insurance Policy Period (dd/mm/yyyy)	From	To
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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.

Warning

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

1. The amount of the Company's indemnity to the Insured for a claim will be reduced proportionately by the extent of Underinsurance. The Insured will bear its proportionate share of the liability and the Company may recover this amount from the Insured under the Underinsurance and average condition, or
2. The Company 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 the recovery from Insured clause.

Mandatory WIC Insurance

Category of Employee	No. of Employees	Job Category	Estimated Annual Earnings* (\$\$)
All manual employees regardless of earnings			
All non-manual employees with earnings up to \$2,100 (w.e.f. Apr 2020) or \$2,600 (w.e.f. April 2021)			

Non-Mandatory WIC Insurance

For this group of employees, do you want to insure them? Please tick (✓) the appropriate box below:	Please provide the following information for both "Yes or "No"		
	No. of Employees	Job Category	Estimated Annual Earnings* (\$\$)
<input type="checkbox"/> Yes <input type="checkbox"/> No			

	Total No. of employees in your organisation	Total Estimated Annual Earnings* in your organisation (\$\$)
Total		

PART 2 - ADDITIONAL INFORMATION

The information is required by the insurer for risk assessment before quotation.

Claims Experience for the past 3 years, as at

(Please provide details on a separate sheet if more space is required.)

Insurance Period		No. of Employees during this period	Paid Claims		Outstanding Claims	
From	To		No. of claims	Amount (SGD)	No. of claims	Amount (SGD)

Do you have any on-going contract/project works? (Not applicable for SMEs whose turnover is below SGD 25 million)

1 Yes No Not applicable

If you have answered "Yes", kindly provide our underwriters with the following information to review these under your annual policy.

- a) List of all existing projects - including Contract Title, Scope of work (in case contract title is generic), Contract Value, Contract
- b) Period, Role of your organisation (main con or sub-con) and Percentage (%) completed (and as at when)
- c) Headcount and Annual Wages of all your direct employees who are involved in these projects
- d) Past 3 years claims records coming from your direct employees (all work related claims)

(Kindly provide separate list for this as space will be limited in this form)

Does the works carried out by the insured employees involved any of the followings?

- | | | | |
|---|---|------------------------------|-----------------------------|
| 2 | Work on board vessels, chemical works, offshore structures, oil or gas refineries | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 | Work outside Singapore for more than 6 months | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | Work involving height above 12 metres above ground or floor level
i.e. height between the floor level and the roof level in any one storey level or atrium | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 | Work involving excavation, underground, manholes, tunnels or any confined spaces | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 | Use, handle, store or transport any hazardous substances such as chemicals, explosive substances, gasses, asbestos and/or radioactive substances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7 | Work involving diving and/or and any related underwater activity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered "Yes" to any of the above questions, please provide details of the nature of work performed, number of employees involved.

Guidelines for

- Q2 details of the nature of work performed (including but not limited to mode of access, duration on board, etc) and number of employees involved.
- Q3 details of the nature of work performed (including but not limited to work scope, overseas, duration, etc) and number of employees involved.
- Q4 details of the nature of work performed (including but not limited to mode of access, average heights involved, staff training and certifications, etc) and number of employees involved.
- Q5 details of the nature of work performed (including but not limited to mode of access, buddy system in place, PPE, staff training records, etc) and number of employees involved.
- Q6 details of the nature of work performed (including but not limited to kind of substance(s) involved, copy of updated Material Safety Data Sheet (MSDS), staff training, certification if any, etc) and number of employees involved.
- Q7 details of the nature of work performed (including but not limited to mode of access, depth involved, buddy system (if diving) in place, PPE, staff training records, certification, etc) and number of employees involved.

Additional information

- 8 Is your company currently bizSAFE certified or have relevant Workplace/Occupational Safety and Health (WSH/OSH) certifications? Yes No

If you have answered "Yes", please tick one of the following:

bizSAFE Level 3 Level 4 Level 5/Star Others _____

- 9 Does your company have an operational WSH/OSH improvement plan in place? Yes No

If "Yes", how often is this reviewed? _____

Please provide a copy of your latest Risk Assessment (RA) report, if available.

- 10 Has your company taken any actions to limit the exposure to your employees to any human infectious or contagious disease? Yes No

If "Yes", please provide details. (if this is addressed in RA report, Qn9 above)

[\(Some examples could be protective equipment/garments, face masks, sanitiser and temperature checking etc.\)](#)

- 11 Is there any shipyard requirement to be fulfilled? Yes No

If "Yes", please provide the necessary shipyard requirements.

- 12 Are there any unusual tools of trade and/or risks peculiar to your business and/or foreseeable material changes to your business in the next 12 months that you wish to declare? Yes No

If "Yes", please provide details.

Personal Information Collection Statement ("PICS")

In relation to the personal data collected by QBE Insurance (Singapore) Pte. Ltd. ("QBE SG"), I/we agree and acknowledge that:

- a) the personal data requested is necessary for QBE SG to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed;
- b) the personal data collected in this form may be used by QBE SG for the purposes stated in its Privacy Policy found at www.qbe.com/sg. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes)
- c) QBE SG may transfer the personal data to the following classes of persons (whether based in Singapore or overseas) for the purposes identified in (b) above:
 - i. third parties providing services related to the administration of my/our policy (including reinsurance);
 - ii. financial institutions for the purpose of processing this application and obtaining policy payments;
 - iii. in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
 - iv. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
 - v. other parties referred to in QBE's Privacy Policy for the purposes stated therein;
- d) I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at:
QBE Insurance (Singapore) Pte Ltd
Address: 1 Wallich Street, #35-01, Guoco Tower, Singapore 078881
Email: info.sing@qbe.com
- e) that where I/we are providing personal data on behalf of another person to QBE SG, I/we have obtained consent from the other person who have agreed that their personal data will be released to QBE SG in accordance with paragraphs(a, (b) and (c) above.

Please tick here if you do not want us to use your personal data to contact you by email with information about goods and services of QBE SG or their affiliates.

I/We have read and understood the Personal Information Collection Statement attached to this Questionnaire.

I would like to receive information about goods and services of QBE SG or their affiliates via email and/or phone. Yes No

Declaration

Name and Authorised Signature/Company Stamp
of the Insured employer or the Policyholder

Name, Signature & Company Stamp of Producer (if any)

Producer Code

Date of Submission
(dd/mm/yyyy)

Date of Submission
(dd/mm/yyyy)

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1. The amount of the Company’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 Company may recover this amount from the Insured under clause 8, or
2. The Company 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).

S/n	Entity Name	Business Registration No. (JEN No.)	Address	Nature of Business	Mandatory WIC Insurance						Non-mandatory WIC Insurance						Total Number of Employees of the Entity	Total Estimated Annual Earnings (S\$) of the Entity
					All manual Employee regardless of salary			All non-manual employee with salary up to \$2,100 (w.e.f. Apr 2020) or \$2,600 (w.e.f. Apr 2021)			The Work Injury Compensation Act 2019 covers all employees regardless of their level of salary. 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 \$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						Please provide the following information for both "Yes" or "No"							
					Number	Job Category	Estimated Annual Earnings (S\$)	Number	Job Category	Estimated Annual Earnings (S\$)	Yes	No	Number	Job Category	Estimated Annual Earnings (S\$)	Number		
1.																		
2.																		
3.																		
4.																		
5.																		
Total																		