



**WORK INJURY COMPENSATION INSURANCE  
PROPOSAL/ DECLARATION FORM**

**IMPORTANT NOTICE**

- (1) Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof: you are to disclose in the application, fully and faithfully, all the facts which you know or ought to know, otherwise your Policy issued may be void and you may not receive any insurance protection from your Policy.
- (2) The Work Injury Compensation Act covers all employees regardless of their level of earnings. Whilst insurance for employees who are involved in non-manual work and earning SGD1,600 or more per month is not compulsory, employers will still be required to pay compensation in the event of a valid claim.
- (3) This insurance is subject to the premium being paid and received in full by the Company:
  - (a) before the inception date where the Policy is issued to an individual; or
  - (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
- (4) The liability of the Company shall only commence when this proposal form is accepted and premium is paid in accordance to Point (3) above.
- (5) Unless exempted, any employer who fails to insure 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 SGD10,000 or to imprisonment for a term not exceeding one year or to both.
- (6) The information declared in this form may be made known to the Ministry of Manpower as and when required.
- (7) This document is not a contract of insurance. Full details of the terms, conditions and exceptions of this insurance are provided in the policy documents and will be sent to you upon acceptance of your application.
- (8) The Company reserves the right to request for more information.

|                              |   |  |
|------------------------------|---|--|
| Intermediary's Name/<br>Code | : |  |
|------------------------------|---|--|

*Please delete or tick  where applicable.*

*\*Please attach separate sheets if there is insufficient space.*

**General Information**

|                      |   |                                 |  |   |  |
|----------------------|---|---------------------------------|--|---|--|
| Proposer's Name      | : |                                 |  |   |  |
| Business Address     | : |                                 |  |   |  |
| Business/ Trade      | : |                                 |  |   |  |
| ROC No.              | : |                                 |  |   |  |
| Established Since    | : |                                 |  |   |  |
| Period of Insurance  | : | From                            |  | To  |  |
| Places of Employment | : |                                 |  |   |  |
| Policy Requirement   | : | <input type="checkbox"/> Annual |  | <input type="checkbox"/> Project (Contract) |  |



| WORK INJURY COMPENSATION INSURANCE<br>PROPOSAL/ DECLARATION FORM  |  |   |                       |                                  |
|---|--|---|-----------------------|----------------------------------|
| <b>Section A (for Annual policies)</b>  |  |   |                       |                                  |
| Section 1 - Employees to be insured for Act benefits and Common Law<br><Categorize foreign workers (Work Permit & S-pass holders) separately>         |  |   |                       |                                  |
| No. of Employees  | Category/ Description of Occupations   | Est. Annual wages, salaries and other mandatory earnings (SGD)  | FOR OFFICIAL USE ONLY |                                  |
|   |  |   | Rate (%)              | Premium                          |
|   |  |   |                       |                                  |
|   |  |   |                       |                                  |
|   |  |   |                       |                                  |
|   |  |   |                       |                                  |
| <b>TOTAL</b>  |  |   |                       |                                  |
| Section 2 - Employees to be insured for Common Law (Employer's Liability) only.<br>Please see Important Notice (2) above before choosing this option. |  |   |                       |                                  |
| <u>No. of Employees</u>   | <u>Category/ Description of Occupations</u>  | <u>Est. Annual wages, salaries and other mandatory earnings</u> | FOR OFFICIAL USE ONLY |                                  |
|   |  |   | <u>Rate (%)</u>       | <u>Premium</u>                   |
|   |  |   |                       |                                  |
|   |  |   |                       |                                  |
|   |  |   |                       |                                  |
|   |  |   |                       |                                  |
| <b>TOTAL</b>  |  |   |                       |                                  |
| Are there any employees based outside Singapore?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If 'Yes', please provide details as follows: |   |                       |                                  |
|   | <u>Country Based in</u>  | <u>No. of Employees</u>   | <u>Nature of Work</u> | <u>Estimated Annual Earnings</u> |
|   |  |   |                       |                                  |
|   |  |   |                       |                                  |
|   |  |   |                       |                                  |



| WORK INJURY COMPENSATION INSURANCE<br>PROPOSAL/ DECLARATION FORM   |   |   |                        |                               |                               |              |
|--|---|---|------------------------|-------------------------------|-------------------------------|--------------|
| Claims Experience for the past 3 years, as at _____ (Month/ Year)  |   |   |                        |                               |                               |              |
| Insurance Period   |   | No. of<br>Employees   | Paid Claims for Period |                               | Outstanding Claims for Period |              |
| From   | To                                      |   | Number                 | Amount (SGD)                  | Number                        | Amount (SGD) |
|  |   |   |                        |                               |                               |              |
|  |   |   |                        |                               |                               |              |
|  |   |   |                        |                               |                               |              |
|  |   |   |                        |                               |                               |              |
|  |   |   |                        |                               |                               |              |
|  |   |   |                        |                               |                               |              |
| <b>Section B (for Project policies)</b>  |   |   |                        |                               |                               |              |
| Contract Title :   |   |   |                        |                               |                               |              |
| Contract Period :  |   | From  |                        | To                            |                               |              |
| <i>(inclusive of maintenance period)</i>   |   |   |                        |                               |                               |              |
| Claims Experience for the past 3 years, as at _____ (Month/ Year)  |   |   |                        |                               |                               |              |
| Year   | Turnover                                | Paid Claims for Period  |                        | Outstanding Claims for Period |                               |              |
|  |   | Amount (SGD)  | Number                 | Amount (SGD)                  |                               |              |
|  |   |   |                        |                               |                               |              |
|  |   |   |                        |                               |                               |              |
|  |   |   |                        |                               |                               |              |
|  |   |   |                        |                               |                               |              |
|  |   |   |                        |                               |                               |              |
| <b>1. Section C - Premium Adjustment &amp; Declaration of Wages (for Annual policies only)</b>   |   |   |                        |                               |                               |              |
| Wageroll Declaration for Expiring Period from: _____ to _____  |   |   |                        |                               |                               |              |
| <u>Section 1 - Employees to be insured for Act benefits and Common Law</u><br><Categorize foreign workers (Work Permit & S-pass holders) separately> |   |   |                        |                               |                               |              |
| No. of<br>Employees  | Category/ Description of<br>Occupations | Est. Annual wages, salaries and<br>other mandatory earnings (SGD) | FOR OFFICIAL USE ONLY  |                               |                               |              |
|  |   |   | Rate (%)               | Premium                       |                               |              |
|  |   |   |                        |                               |                               |              |
|  |   |   |                        |                               |                               |              |
|  |   |   |                        |                               |                               |              |
|  |   |   |                        |                               |                               |              |
|  |   |   |                        |                               |                               |              |
| <b>TOTAL</b>   |   |   |                        |                               |                               |              |



| WORK INJURY COMPENSATION INSURANCE<br>PROPOSAL/ DECLARATION FORM  |   |   |   |                |
|---|---|---|---|----------------|
| Section 2 - Employees to be insured for Common Law (Employer's Liability) only.   |   |   |   |                |
| <u>No. of Employees</u>   | <u>Category/ Description of Occupations</u> | <u>Est. Annual wages, salaries and other mandatory earnings</u> | FOR OFFICIAL USE ONLY   |                |
|   |   |   | <u>Rate (%)</u>   | <u>Premium</u> |
|   |   |   |   |                |
|   |   |   |   |                |
|   |   |   |   |                |
|   |   |   |   |                |
| <b>TOTAL</b>  |   |   |   |                |
| <b>Declaration</b>  |   |   |   |                |
| <p>a. I/ We hereby declared that the particulars of this proposal are true, and I/ We agree that this proposal shall form the basis of the contract between the Proposer and the Company.</p> <p>b. I/ We acknowledged that employees not included in Categories/ Description of Occupations (under Section A above) will not be covered under this Policy.</p> <p>c. In relation to Personal Data Protection Policy:</p> <ul style="list-style-type: none"> <li>- I/ We acknowledge and consent to Tokio Marine Insurance Singapore Ltd. Collecting, using, processing and disclosing to third party service providers and/ or intermediaries, within or outside Singapore, my/ our personal data for the purpose of processing and servicing my/ our policies/ claims;</li> <li>- I/ We declare and confirm that I/ we have obtained the consent of the person(s) and/ or nominee(s) named herein, where applicable, and that he/ she/ they has/ have authorised me/ us to disclose their personal data and to give consent on their behalf for the above collection, use, process and disclosure; and</li> <li>- I/ We acknowledge the detailed Privacy Policy Statement, governing the above, posted at <a href="http://www.tokiomarine.com.sg">www.tokiomarine.com.sg</a></li> </ul> |   |   |   |                |
| _____<br>Company Stamp and signatory of<br>Authorised Proposer<br><br>Date: _____   |   |   | _____<br>Company Stamp and signatory of<br>Witness<br><br>Date: _____ |                |

***Wages, salaries and other monetary earnings must consist of the normal wages, food and housing allowances, overtime payments, bonuses and annual wage supplements but excluding travelling allowances and employers' CPF contributions.***