



Liberty Insurance Pte Ltd

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WORK INJURY COMPENSATION INSURANCE PROPOSAL 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 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 S\$1600 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.

PRODUCER:

POLICY NO:

GENERAL INFORMATION

Name of Employer (Proposer):

Business Address:

Website:

ROC No:

Tel No:

Fax No:

Nature of Business (If it involves work on board vessels please use the proposal form for such risks instead):

Period of Insurance:

From

To

Places of Employment:

Section 1 – Employees to be insured for Act Benefits and Common Law (please attach separate list if space is insufficient)

All employees within the same category must be insured

Category/Description of Occupations	No. of Employees	Est. Annual wages, salaries and other monetary earnings	FOR OFFICE USE ONLY	
			Rate (%)	Premium
❖ Foreign Workers (Work Permit & S-Pass holders)				
❖ All Others				
COMBINED TOTAL				

Note: In Sections 1 & 2, 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.

Proposer's Initial:

Section 2 – Employees to be insured for Common Law (Employers' Liability) only (please attach separate list if space is insufficient)

All employees within the same category must be insured

Please see Important Notice (2) above before choosing this option

Category / Description of Occupations	No. of Employees	Est. Annual wages, salaries and other monetary earnings	FOR OFFICE USE ONLY	
			Rate (%)	Premium
TOTAL				

Section 3 – Employees Working 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	Est. Annual wages, salaries and other monetary earnings

Section 4 - 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\$)

Section 5 – Additional Information

Are any workers involved in manual works in connection with installation, erection, repair, testing, maintenance, demolition or construction outside insured's premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any workers involved in works at height of more than 30 feet above floor or ground level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, will there be any scaffolding works &/or other related activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any workers involved in works involving explosives, dangerous or toxic chemicals, e.g. chemicals that are under the Poison Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any workers involved in excavation works, work in manholes or tunnels etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any workers involved in using heavy industrial machines that involve cutting, pressing, grinding etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any workers involved in lifting or hoisting operations especially in public areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any workers required to work on board vessels? If yes please use the separate proposal form for risks involving work on board vessels instead.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be any diving &/or related underwater activities pertaining to your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any insurance in force covering the same workers for the same period of insurance being proposed? If yes, please state: (i) Name of Insurer _____ (ii) Estimated Annual Earnings (S\$) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any Insurance Company ever refused your Workmen's Compensation Proposal or refused to renew your Workmen's Compensation Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your insurance been cancelled solely or in part due to a breach of premium payment warranty in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Proposer's Initial:

DECLARATION (Please initial on both page of the form)

I/WE HEREBY DECLARE THAT THE PARTICULARS OF THIS PROPOSAL FORM 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 (SECTIONS 1 & 2 ABOVE) WILL NOT BE COVERED UNDER THE POLICY.

SIGNATURE OF EMPLOYER & COMPANY STAMP

SIGNATURE OF WITNESS &
COMPANY STAMP (if witness is BROKER/AGENT); or
NAME & NRIC NO. (if witness is EMPLOYEE OF INSURED)

Date:

Date:

IMPORTANT NOTES

- NO LIABILITY IS ATTACHED UNTIL THIS PROPOSAL FORM IS ACCEPTED BY THE INSURER.
- 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.