



Liberty Insurance Pte Ltd

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Company Registration No. 199002791D website: <http://www.libertyinsurance.com.sg>

WORK INJURY COMPENSATION INSURANCE PROPOSAL FORM (CONTRACT 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:

Places of Employment:

PROJECT POLICIES

Contract Title:

Contract Value: S\$

Contract Period:

to

(inclusive of maintenance period)

Estimated wage roll of contract:

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\$)

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.

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.