



Liberty Insurance Pte Ltd

51 Club Street #03-00 Liberty House Singapore 069428 Tel: 6221 8611 Fax: 6226 3360
Company Registration No. 199002791D website: <http://www.libertyinsurance.com.sg>

WORK INJURY COMPENSATION INSURANCE WAGES DECLARATION FORM (FOR ANNUAL POLICY PREMIUM ADJUSTMENT)

Producer: _____

Insured: _____

Policy No: _____

Note: Wages, salaries and other monetary earnings declared below 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.

Section 1 : Employees Working in Singapore			
Category/Description of Occupations	No. of Employees	Est. Annual wages, salaries and other monetary earnings	Cover Type A = Act Only E = EL Only A/E = Act/EL
❖ Foreign Workers (Work Permit & S-Pass holders)			
❖ All Others			
COMBINED TOTAL			

Employer's Initial:

Insured: _____

Policy No: _____

Section 2 : 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

DECLARATION (Please initial on both page of the form)

I/WE HEREBY DECLARE THAT THE PARTICULARS OF THIS DECLARATION FORM ARE TRUE, AND I/WE AGREE THAT THIS FORM SHALL BE THE BASIS OF PREMIUM ADJUSTMENT FOR THE ABOVE INSURANCE CONTRACT BETWEEN US (EMPLOYER) AND THE INSURER.

I/ WE FURTHER AGREE THAT EMPLOYEES NOT INCLUDED IN CATEGORIES/DESCRIPTION OF OCCUPATIONS WILL NOT BE COVERED UNDER THE POLICY.

SIGNATURE OF INSURED & COMPANY STAMP

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

Date:

Date: