

Proposal Form

Work Injury Compensation Wages Declaration (Annual)

Please complete all sections in BLOCK LETTERS to facilitate the processing of your application.

Statement pursuant to Section 25(5) Cap. 142 of the Insurance Act or any subsequent amendments thereof. You are to disclose in the proposal form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

Name of Producer & Producer Code: _____	
Name of Insured: _____	Policy No.: _____

1. Employees working in Singapore

All employees within the same category must be insured (please attach a separate list if space is insufficient)

Category/ Description of Occupations	No. of Employees	Estimate Annual wages, salaries and other monetary earnings	Type of Cover
• Foreign Workers (Work Permit & S-Pass holders)			
• All Others			
Combined Total			

- 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 traveling allowances and employers' CPF contributions.
 - Type of Cover: A=Act only; EL=Employer's Liability only; A/E=Act and Employer's Liability

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Name of Insured: _____

2. Employees Working Overseas

Are there any employees based outside Singapore? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please provide details:			
Country Based In	No. of Employees	Nature of Work	Estimate Annual wages, salaries and other monetary earnings

PERSONAL DATA PROTECTION

I give consent to Liberty Insurance Pte Ltd and third-parties including related entities, employees, agents, other insurers, contractors & service-providers (collectively, "Appointees") to collect, use and disclose all personal data relating to myself or other individuals that I have furnished in the past, present & in the future, for one or more of the purposes described in Liberty's Data Protection Policy, including but not limited to considering whether to provide insurance, carrying out due diligence, pricing, administering and servicing my policies, communicating with me, renewals, reinsurance, collections, claims, accounting, audit, legal, compliance, research, analysis, information-sharing, surveys, data storage & backups. I have read and agreed to the full Policy at www.libertyinsurance.com.sg/data-protection-policy/. If there is any personal data relating not to myself but to other individuals that I have furnished in the past, present & in the future, I warrant that I have obtained prior consent from these data subjects (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty Insurance Pte Ltd and its Appointees to collect, use and disclose their personal data for the abovementioned purposes and on the same terms herewith. I warrant that all personal data I have provided are accurate and complete, and I shall inform Liberty of any changes to the personal data to my knowledge as soon as practicable.

DECLARATION

I/We do hereby declare and warrant that:

- a) All information provided by me/us in connection with this application is true, accurate and complete
- b) I/We understand that any inaccurate, incomplete or false information given or any omission of information required, may at Liberty Insurance Pte Ltd's ("Liberty", the "Company") discretion, render this application invalid
- c) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
- d) I/We agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- e) If we/I do not fully and faithfully give the facts as we/I know them or ought to know them, we/I may receive nothing from the policy

Signature of Insured &
Company Stamp
Name of Company:
Date:

Signature of Witness & Company
Stamp (if witness is BROKER/AGENT);
or Name & NRIC No. (if witness is
EMPLOYEE OF INSURED)
Name:
NRIC No.:
Date: