

# Proposal Form

## Work Injury Compensation (Annual)

Please complete all sections 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 this proposal form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.
- 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\$1,600 per month) is not compulsory, employers will still be required to pay compensation in the event of a valid claim.
- The Insurer reserves the right to request for more information.

|  |
|--|
| <b>Name of Producer &amp; Producer Code:</b> _____ |
|--|

### Particulars of Proposer

|   |  |
|---|--|
| <b>Name of Proposer:</b> _____  | <b>Business Registration No.:</b> _____            |
| <b>Mailing Address:</b> _____   |  |
| Postal Code (            )  | _____  |
| <b>Email:</b> _____   | <b>Contact No.:</b> _____                          |
| <b>Places of Employment:</b> _____                                    | <b>Period of Insurance:</b><br>From _____ To _____ |
| <b>Nature of Business:</b><br>(Please provide full description) _____ |  |

### 1. Employees to be insured for Act Benefits and Common Law

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 | Est. Annual Wages, salaries & other monetary earnings | For Office Use Only |         |
|--|------------------|---|---------------------|---------|
|  |                  |   | Rate (%)            | Premium |
| • Foreign Workers (Work Permit & S-Pass holders) |                  |   |                     |         |
|  |                  |   |                     |         |
|  |                  |   |                     |         |
|  |                  |   |                     |         |
|  |                  |   |                     |         |
|  |                  |   |                     |         |

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## 1. Employees to be insured for Act Benefits and Common Law

| Category/Description of Occupations | No. of Employees | Est. Annual Wages, salaries & other monetary earnings | For Office Use Only |         |
|-------------------------------------|------------------|---|---------------------|---------|
|                                     |                  |   | Rate (%)            | Premium |
| <b>All Others</b>                   |                  |   |                     |         |
|                                     |                  |   |                     |         |
|                                     |                  |   |                     |         |
|                                     |                  |   |                     |         |
|                                     |                  |   |                     |         |
|                                     |                  |   |                     |         |

### 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 traveling allowances and employers' CPF contributions.

## 2. Employees to be insured for Common Law (Employer's Liability) only

**All employees within the same category must be insured (please attach a separate list if space is insufficient). Please see Important Notice (2) above before choosing this option.**

| Category/Description of Occupations | No. of Employees | Est. Annual Wages, salaries & other monetary earnings | For Office Use Only |         |
|-------------------------------------|------------------|---|---------------------|---------|
|                                     |                  |   | Rate (%)            | Premium |
|                                     |                  |   |                     |         |
|                                     |                  |   |                     |         |
|                                     |                  |   |                     |         |
|                                     |                  |   |                     |         |
|                                     |                  |   |                     |         |
|                                     |                  |   |                     |         |
| <b>Total</b>                        |                  |   |                     |         |

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### 3. Employees Working Overseas

Are there any employees based outside Singapore?  Yes  No  
If Yes, please provide the following details:

| Country Based In | No. of Employees | Nature of Work | Estimate Annual wages, salaries, and other monetary earnings |
|------------------|------------------|----------------|--|
|                  |                  |                |  |
|                  |                  |                |  |
|                  |                  |                |  |
|                  |                  |                |  |
|                  |                  |                |  |

### Claims Experience for the past 3 years

| Period of Insurance |    | No. of Employees | Paid Claims for period |        | Outstanding Claims for period |        |
|---------------------|----|------------------|------------------------|--------|-------------------------------|--------|
| From                | To |                  | No.                    | Amount | No.                           | Amount |
|                     |    |                  |                        |        |                               |        |
|                     |    |                  |                        |        |                               |        |
|                     |    |                  |                        |        |                               |        |
|                     |    |                  |                        |        |                               |        |
|                     |    |                  |                        |        |                               |        |

### Additional Information

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. 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 |
| 2. Are any workers involved in works at height of more than 30 feet above floor or ground level?<br>If Yes, will there be any scaffolding works and/or other related activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. 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 |
| 4. Are any workers involved in using heavy industrial machines that involve cutting, pressing, grinding etc?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are any workers involved in lifting or hoisting operations especially in public areas?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are any workers required to work-on-board vessels?<br>If Yes, please use the separate Proposal Form for risks involving work-on-board vessels instead?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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## Additional Information

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 7. Will there be any diving and/or related underwater activities pertaining to your business?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Is there any insurance in force covering the same workers for the same period of insurance being proposed<br>If Yes, please state:<br>Name of Insurer: _____ Estimated Annual Earnings: _____<br>S\$ _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Has any Insurance Company ever refused your Workmen's Compensation Insurance Proposal or refused to renew your Workmen's Compensation Policy?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Has your insurance been canceled 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 |

### IMPORTANT NOTES:

- The liability of the Company does not commence until this Proposal has been accepted by the Company.
- 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 S\$10,000 or to imprisonment for a term not exceeding one year or to both.
- The Insured will be deemed to be his own insurer to the extent of the shortfall in the total number of employees and/or Total Annual Wages declared, and shall bear a ratable proportion of the liability accordingly.
- The information pertaining to Work Injury Compensation insurance declared in this form may be made known to the Ministry of Manpower as and when required.

### PREMIUM PAYMENT WARRANTY (CORPORATE)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days of the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and a pro-rata premium is to be charged for the period that the Company is on risk.

### 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/](http://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.

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## 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 Employer &  
Company Stamp  
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: