

Proposal Form – Work Injury Compensation (Annual)

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

1. 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
2. The Work Injury Compensation Act 2019 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\$2,100 or S\$2,600 per month with effect from 1 April 2021) 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

Name of Producer & Producer Code: _____

Particulars of Proposer

Please complete the [attached excel](#) for details of your work activities that your company undertakes and for each entity or if there are multiple proposers to be insured.

Name of Proposer (Insured): _____	Business Registration/UEN No.: _____
Mailing Address: _____ Postal Code ()	
Period of Insurance: From _____ To _____	
Nature of Business (Please provide full description ¹): _____ _____	

¹ Please provide details of your work activities that your company undertakes

Employees' Information

“Estimated Annual Earnings” means an amount, not less than the Past Annual Earnings of the Insured, declared by the Insured to be an estimate of the total earnings to be paid by the Insured (as well as by other employers and known to the Insured) during the 12 months starting on the Commencement Date of the Policy.

“Past Annual Earnings” means the total of the monthly earnings paid by the Insured (as well as by other employers and known to the Insured) during the 12 months immediately before the Commencement Date of the Policy.

The types of remuneration that constitute “Earnings” are set out in Section 2 of the Work Injury Compensation Act 2019.

Warning

If the Insured misrepresents the number of employees, job category or the Estimated Annual Earnings:

1. The amount of the Company's indemnity to the Insured for a claim will be reduced proportionately by the extent of under-insurance. The Insured will bear its proportionate share of the liability and the Company may recover this amount from the Insured under clause 13, or
2. The Company may recover from the Insured the amount paid to a claimant which is attributable to any relevant Injury arising in relation to those non-disclosed or misstated material facts under clause 8(1)(a)



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Claims Experience for the past 3 years

UEN No.	Year of Accident	Nature of Claims	Paid Claims	Outstanding Claims
			S\$	S\$
			S\$	S\$
			S\$	S\$

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?
2. Are any workers involved in works at heights of more than 30 feet above floor or ground level or below ground more than 1.5m in depth from road/street level? If height is above 30 feet, please advise method use to access/reach the height limit?
3. Are any works involved in Demolition/Sewer/Manhole/Tunnelling works?
4. Are any workers involved in following activities:
 - a. Explosive, dangerous or toxic chemicals
 - b. Tank cleaning
 - c. Dealing with asbestos
 - d. Dealing with radiation and radio active contamination (excluding radiographers)If yes, please provide details

5. Are any workers involved in the use of cutting, pressing, grinding machine, table/circular saw etc?
6. Are your workers involve in any Welding and/or Hotwork process?
7. Are any workers involved in lifting or hoisting operations?
8. Are any workers required to work-on-board vessels? If "Yes", please use the separate On-board Vessel Proposal Form for risks involving work-on-board vessels instead.
9. Are there any worker involves in the use of 2-wheelers (rider or passenger) in the course of work?
10. Will there be any diving and/or related underwater activities pertaining to your business?



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Additional Information

11. Is there any insurance in force covering the same workers for the same period of insurance being proposed? If "Yes", please state:		
Name of Insurer:	No. of Employees:	Estimated Annual Earnings:
_____		S\$ _____
12. Has any Insurance Company ever refused your Work Injury Compensation Insurance Proposal or refused to renew your Workmen's Compensation Policy?		
13. Has your insurance been cancelled solely or in part due to a breach of premium payment warranty in the last 12 months?		
14. Please state the largest projects/contracts you have undertaken in the past 5 years		
Project Title	Project Value	Description of Works
	S\$	
	S\$	
	S\$	
	S\$	
	S\$	

Mode of Payment

AXS Online/AXS Stations²

Cheque³

Bank: _____

Cheque No.: _____

² Please select Liberty Insurance as billing organisation and enter the policyholder name and contact number.

³ Please cross your cheque & make payable to "LIBERTY INSURANCE PTE LTD". Kindly indicate (1) Name of Proposer; (2) Contact No.; (3) Name of Product at the back of your cheque.

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 2019 shall be guilty of an offence and shall be liable on conviction to a fine or to imprisonment for a term 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 and any supporting documents attached to this proposal or supplied separately may be made known to the Ministry of Manpower.
- "Estimated Annual Earnings" means an amount, not less than the Past Annual Earnings of the Insured, declared by the Insured to be an estimate of the total earnings to be paid by the Insured (as well as by other employers and known to the Insured) during the 12 months starting on the Commencement Date of the Policy.



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- Warning: If the Insured under-declares the employees' information or the Estimated Annual Earnings, the amount of the Company's indemnity to the Insured will be reduced proportionately by the extent of under-insurance and the Insured will bear its proportionate share of the liability under clause 13

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 cancelled and a pro-rata premium is to be charged for the period that the Company is on risk.

DECLARATION

I/We, the Proposer, declare and warrant that:

- All information provided by me/us in connection with this application are true, accurate and complete
- I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself/us
- I/We further agree that employees indicated as not insured under the non-mandatory WIC insurance section above, or not included in this Declaration, will not be covered under the Policy.
- If I/we do not fully and faithfully give the facts as I know them or ought to know them, I/we may receive nothing from the policy
- I/We agree to the policy terms, exclusions and conditions as expressed in the proposal form, policy wordings and endorsements
- I/We have read & agreed entirely to all terms in Liberty's Data Protection Policy, available on request & also at www.libertyinsurance.com.sg/data-protection-policy, both now & in advance as it may be amended from time to time
- I/We consents to the collection, use, disclosure and dissemination of all information (including but not limited to information provided by the Insured related to the Policy to the Insured's insurance intermediaries and the Company's authorised agents and service providers) for purposes relating to or incidental to the Insured's claims under the Policy or in accordance with the Legislation

By submitting information to the Company,

1. The Insured agrees and gives consent for the Company to verify the following information about the Insured with governmental or regulatory authorities, for the purposes of processing, underwriting, administering and managing the Policy with the Company
 - a) Workforce size and aggregated payroll for all, or any class of employees
 - b) Number of compensation cases and amount of work injury compensation paid or payable for all, or any class of employees
 - c) I, in my personal capacity, agree to indemnify and keep Liberty Insurance Pte Ltd and its Directors, officers, employees, agents, & contractors indemnified against all proceedings, costs, expenses, claims, liabilities, losses or damages if any part of this form turns out to be false, howsoever, on a strict liability basis, that is, even if my state of mind was unintentional, intentional, negligent, inadvertent, accidental, unknowing, etc

IMPORTANT NOTICE TO SUBMITTER

If you, the submitter of this form, are submitting this form for another person who is the actual Proposer; and in consideration for Liberty processing this application upon your request:

- a) You agree that you have been validly & legally authorised by the Proposer to do so; and
- b) You warrant that you have shown this entire completed document to the intended Proposer and had obtained his/her agreement to everything; and
- c) You, in your personal capacity, agree to indemnify and keep Liberty Insurance Pte Ltd and its Directors, officers, employees, agents, & contractors indemnified against all proceedings, costs, expenses, claims, liabilities, losses or damages if any part of this form turns out to be false, howsoever, on a strict liability basis, that is, even if my state of mind was unintentional, intentional, negligent, inadvertent, accidental, unknowing, etc

Signatory of Employer & Company
Stamp

Signatory of Witness & Company Stamp
(if witness is broker/agent); or Name &
NRIC No. (if witness is employee of
Insured)

Name & Designation of Submitter

Name of Witness



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Name of Proposer: _____

Contact No.

NRIC No. of Witness

Email

Date

Date

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us (servicecenter@libertyinsurance.com.sg) or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

