

Proposal/Declaration Form – Work Injury Compensation (Annual)

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

1. Statement pursuant to Section 23(5) of the Insurance Act 1966 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

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.

Annual Earnings declared should be inclusive of normal wages, food and housing allowances, overtime payments, bonuses and annual wages supplements.



Proposal/Declaration Form – Work Injury Compensation (Annual)

Name of Proposer: _____

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)

Employees to be Insured²

Please confirm all your employees are declared.

If no, please advise:

Category/Description of Occupations	No. of Employees	Estimated Annual Earnings
All manual workers		
		S\$
		S\$
		S\$
		S\$
		S\$
	Total	S\$
All non-manual workers		
		S\$
		S\$
		S\$
		S\$
		S\$
	Total	S\$
All employees in your organisation		S\$



Proposal/Declaration Form – Work Injury Compensation (Annual)

Name of Proposer: _____

Claims Experience

Are there any claims for the past 3 years? If yes, please fill out the table below.

UEN No.	Category/Description of Occupations	Date of Accident	Nature of Claims	Paid Claims	Outstanding Claims
				S\$	S\$
				S\$	S\$
				S\$	S\$

Premium Adjustment & Declaration of Wages for Expiring Period²

Category/Description of Occupations	No. of Employees	Past Annual Earnings
All manual workers		
		S\$
		S\$
		S\$
		S\$
		S\$
Total		S\$
All non-manual workers		
		S\$
		S\$
		S\$
		S\$
		S\$
Total		S\$



Proposal/Declaration Form – Work Injury Compensation (Annual)

Name of Proposer: _____

All employees in your organisation S\$ _____

² Please use a separate listing in case of insufficient space above. If there are more than one employer, please submit a separate listing with each entity's name, corresponding UEN, no. of employees and wages

Additional Information

1. Are any employees involved in manual works in connection with installation, erection, repair, testing, maintenance or construction outside insured's premises? If yes, please provide details.

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\$	

2. Are any employees involved in works at heights of more than 30 feet above floor or ground level? If yes is selected, please advise on how the employees gain access to such heights by selecting from the options below.

Gondola/Scaffolding/Boomlift

Rope Access

Others (please specify): _____

Occupation: _____

No. of Employees: _____

Estimated Annual Earnings: _____

_____ S\$ _____

3. Are any employees involved in following activities:

a. Handling of explosive, dangerous or toxic chemicals

b. Tank cleaning

c. Handling of asbestos products

d. Handling of radioactive substance and/or contamination (excluding radiographers)

e. Demolition works exceeding S\$500,000 per contract



Proposal/Declaration Form – Work Injury Compensation (Annual)

Name of Proposer: _____

Additional Information

f. Inspection, testing and maintenance of aircraft, and/or any works whilst in flight

g. Handling of firearm

h. Diving and/or any underwater activities with the use of apparatus

i. Tunnelling and/or Tunnel construction works

j. Works in manhole/confined spaces

Occupation: _____

No. of Employees: _____

Estimated Annual Earnings: _____

S\$ _____

If yes is selected for any of the above questions, please provide details:

4. Are any employees involved in the use of table saw?

Occupation: _____

No. of Employees: _____

Estimated Annual Earnings: _____

S\$ _____

5. Are your employees involved in any Welding and/or Hotwork process?

Occupation: _____

No. of Employees: _____

Estimated Annual Earnings: _____

S\$ _____

6. Are any employees stationed outside Singapore?

If yes, please state:

Occupation: _____

Estimated Annual Earnings: _____

Duration (weeks/months/
years): _____

Destination: _____

S\$ _____

No. of Employees: _____

Nature of Work: _____

7. Are any employees involved in the use of 2-wheelers?

Occupation: _____

No. of Employees: _____

Estimated Annual Earnings: _____

S\$ _____



Proposal/Declaration Form – Work Injury Compensation (Annual)

Name of Proposer: _____

Additional Information

8. Has any insurance company ever refused your Work Injury Compensation Insurance Proposal or refused to renew your Workmen's Compensation Policy? If yes, please provide reasons.

Mode of Payment

Credit Card through [AXS Online](#)/AXS Stations

- Select Liberty Insurance as the billing organisation

Bank Transfer / PayNow Corporate



- Name of Bank: United Overseas Bank Ltd
- Account Number: 451-304-455-5
- PayNow UEN: 199002791D555
- Entity Name: Liberty Insurance Pte Ltd
- Remarks: Enter Company Name and Contact Number
- Please provide a screen capture of the payment

Upon making payment, kindly email payment details and completed proposal form to accountsreceivable@libertyinsurance.com.sg.

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.
- 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



Proposal/Declaration Form – Work Injury Compensation (Annual)

Name of Proposer: _____

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:

- a) All information provided by me/us in connection with this application are true, accurate and complete
- b) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself/us
- c) 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.
- d) 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
- e) I/We agree to the policy terms, exclusions and conditions as expressed in the proposal form, policy wordings and endorsements
- f) 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
- g) 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



Proposal/Declaration Form – Work Injury Compensation (Annual)

Name of Proposer: _____

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

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).

