

PROPOSAL FORM FOR WORK INJURY COMPENSATION INSURANCE / PUBLIC LIABILITY INSURANCE

IMPORTANT NOTICE

1) Statement pursuant to Section 25 (5) of the Insurance Act (Cap. 142) (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.

2) 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\$1600 per month) 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.

This proposal form is not applicable for Contract Work Insurance

INSURED'S PARTICULARS

Name of Insured:

Business Address:

Contact No:

Fax:

E-mail Address:

Nature of Business/Occupation:

Period of insurance: From

To

1. WORK INJURY COMPENSATION INSURANCE

ALL EMPLOYEES (EXCEPT WORK PERMIT AND S-PASS HOLDERS)

No. of Employees	Categories of Employees	Est. Annual wages, salaries and other monetary earnings *	FOR OFFICE USE ONLY		
			Rate (%)	Premium	
Total Premium	S\$	GST	S\$	Please Pay	S\$

2. WORK INJURY COMPENSATION INSURANCE					
FOREIGN WORKERS - WORK PERMIT AND S-PASS HOLDERS (NAMES AND WORK PERMIT NUMBER TO BE ATTACHED)					
No. of Employees	Categories of Employees	Est. Annual wages, salaries and other monetary earnings *		FOR OFFICE USE ONLY	
				Rate (%)	Premium
Total Premium	S\$	GST	S\$	Please Pay	S\$

* 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

Common Law Liability Limit : **S\$10,000,000 per occurrence**

Additional Information or Remarks (if any) :

3. PUBLIC LIABILITY					
Risk	<input type="checkbox"/> Premises <input type="checkbox"/> Anywhere in Singapore				
Any One Accident	S\$				
Any One Period	Unlimited				
Estimated Annual Turnover	S\$				
Total Premium	S\$	GST	S\$	Please Pay	S\$

Additional Information or Remarks (if any):-

WORK INJURY COMPENSATION AND PUBLIC LIABILITY CHECKLIST		
(if answer is "YES" to any of the following questions, please provide more details)		
(1)	Are there any workers involved in manual works in connection with installation, erection, repair, maintenance, testing, demolition, or construction outside insured's premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2a)	Are there any workers involved in works at a height of more than 30 feet above floor or ground level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2b)	Will there be any scaffolding works &/or other related activities or external works?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3)	Are there any workers involved in works involving explosives, dangerous or toxic chemicals e.g. chemicals that are under the Poison Act or Gases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4)	Are there any workers involved in excavation works, work in manholes or tunnels etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5a)	Are there any workers involved in using heavy industrial machines that involved cutting, pressing, grinding etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5b)	Are there any workers involved in lifting or hoisting operations especially in public areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6a)	Are there any claims in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6b)	If yes, how many and what is the highest paid amount and the total claims incurred? _____	
(6c)	Please provide a description on the nature of the claims. _____	
(7a)	Are there any workers required to work onboard vessels or oilrigs, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7b)	Are there any welding or hot works on board vessel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7c)	If yes, what is the maximum no. of employees onboard any vessel any one time? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7d)	Will there be any Diving &/or related Underwater activities pertaining to your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(8)	Number of years in operations:	
(9)	Are you at present insured, or have you ever proposed for an insurance in respect of your liability to which this insurance relates? If yes, state the name of Insurer:	<input type="checkbox"/> Yes <input type="checkbox"/> No

(10)	Please provide details pertaining to the Insured's Nature of Business.
(11)	Please give a brief description of surrounding third party properties.
(12)	<p>Other Information</p> <ul style="list-style-type: none"> ▪ Is the vessel docked at the shipyard / jetty or is it anchored at sea (offshore works)? ▪ Is there any shipyard requirement to be fulfilled? If yes, please provide the necessary shipyard requirements.

DECLARATION

I/We hereby declare that the particulars of this Proposal are true, and I/We agree that this Proposal shall be the basis of the Contract between us (employer) and the Insurer.

I/ We further agree that Employees not included in Categories/Description of Occupations (under 1 & 2 above) will not be covered under the policy.

Date

Agent's Name

Agent's Code

Agent's Contact No

Agent's Fax No

Agent's E-mail Address

Signature of Employer & Company Stamp

Date:

This is not an insurance policy. However your declarations or disclosures shall form the basis of the contract of insurance. The Specific terms, conditions and exclusions applicable to this insurance are set out in the Policy, a copy of which is available upon request. This insurance policy will not be in force until the proposal has been accepted by the insurance company.

IMPORTANT NOTES

- **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 \$10,000 or to imprisonment for a term not exceeding one year or to both.**
- **The information declared in this form may be made known to the Ministry of Manpower as and when required.**