

WORK INJURY COMPENSATION INSURANCE PROPOSAL / DECLARATION FORM
IMPORTANT

- 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.
- 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 with earning above S\$2,600 (w.e.f. 1 Apr 2021) is not compulsory, employers will still be required to pay compensation in the event of a valid claim.
- Certain information declared in this form is mandatory for submission to the Ministry of Manpower under the Work Injury Compensation Insurance regime.
- Unless exempted, any employer who fails to insure in accordance with the Work Injury Compensation Act 2019 shall be guilty of an offence and shall be liable on conviction to a fine not exceeding S\$10,000.00 or to imprisonment for a term not exceeding 6 months or both.
- China Taiping Insurance (Singapore) Pte. Ltd. ("CTPIS" or "Company") reserves the right to request for more information.
- 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 CTPIS or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

General Information

If there are multiple entities to be insured, please use a separate excel spreadsheet and fill in the information for each entity.

Name of Employer (Proposer)

Business Registration No. (UEN No.)

Business Address

Country:

Postal Code:

Contact Numbers

Office No.:

Mobile No. (Mandatory):

Email Address (Mandatory):

Nature of Business

SSIC Code / Industry Code

Period of Insurance

From / / To / /

Employees' Information

"Estimated Annual Earnings" means an amount, not less than the Past Annual Earnings of the Insured, declared by the Insured (as defined in the Policy) 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.

Please attach a copy of the latest CPF and/or Levy Statement upon confirmation of cover.

Warning

If the Insured under-declares the number of employees, Estimate Annual Earnings or mis-states the job category:

- The amount of CTPIS'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 the Average Clause in the Policy, or
- CTPIS may recover from the Insured the amount paid to a claimant which is attributable to any Relevant Injury arising in relation to any non-disclosed or misstated material facts under this Proposal and/or during the Period of Insurance. "Relevant Injury" refers to any accident or disease giving rise to a claim or claims against the Insured for which indemnity is provided under this Policy.

Please note that we will not accept or process any incomplete form.

1 Mandatory WIC Insurance

For all manual workers or those involved in non-manual work with earnings up to S\$2,600 (wef. April 2021). Please use a separate excel spreadsheet in case of insufficient space below.

Category / Description of Occupations	No. of Employees	Actual Annual Earnings* (S\$) for Prior Policy Year	Est. Annual Earnings* (S\$) for New Policy Year
All manual workers regardless of wages			
Total			
All non-manual workers with earnings up to S\$2,600 (wef. 1 April 2021)			
Total			

2 Non-mandatory WIC Insurance

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 with earning above S\$2,600 (w.e.f. 1 April 2021) is not compulsory, employers will still be required to pay compensation in the event of a valid claim.

Category / Description of Occupations	No. of Employees	Actual Annual Earnings* (S\$) for Prior Policy Year	Est. Annual Earnings* (S\$) for New Policy Year
Employees you wish to cover for WIC Insurance			
Total			
Employees you do not wish to cover for WIC Insurance			
Total			

3 Please complete this mandatory section

All Employees in your Organisation	Total No. of employees in your organisation	Total Estimated Annual Earnings* in your organisation (S\$)
Total		

4 Please advise whether you have any similar insurance placed with another insurance company

Name of Insurance Company	Categories of Employees insured	Reason for having separate insurance policies

5 Underwriting Information in relation to your work

Please **tick** (✓) in the appropriate box below. If any of the Answer is "YES", please indicate percentage (%) of works involved.

1. Handling or removal of Asbestos materials	<input type="radio"/> Yes <input type="radio"/> No	% :
2. Handling of nuclear or radioactive materials or working in environment exposed to these	<input type="radio"/> Yes <input type="radio"/> No	% :
3. Handling of hazardous gas, chemicals, toxic substance and waste	<input type="radio"/> Yes <input type="radio"/> No	% :
4. Handling of fireworks, ammunition, fuses, cartridges, power, nitro-glycerin or any explosives	<input type="radio"/> Yes <input type="radio"/> No	% :
5. Handling of pyrotechnics	<input type="radio"/> Yes <input type="radio"/> No	% :
6. Works on board vessels, offshore platforms / rig or in shipyards, including supervisory and/or inspection or survey (Please complete the separate Questionnaire for risks involving work-on-board vessels)	<input type="radio"/> Yes <input type="radio"/> No	% :
7. Diving and/or Underwater activities	<input type="radio"/> Yes <input type="radio"/> No	% :
8. Works involving heights exceeding 30 feet (3 storey) from ground / floor level If YES , please advise Maximum Height : _____, Average Height: _____	<input type="radio"/> Yes <input type="radio"/> No	% :
a. Rope Access	<input type="radio"/> Yes <input type="radio"/> No	% :
b. Scaffolds, Gondolas	<input type="radio"/> Yes <input type="radio"/> No	% :
c. Cranes, scissor lifts, spider lifts	<input type="radio"/> Yes <input type="radio"/> No	% :
d. Erection / Dismantling of Steel Structure / Scaffolding / Gondola	<input type="radio"/> Yes <input type="radio"/> No	% :
9. Works involving welding and / or hot works	<input type="radio"/> Yes <input type="radio"/> No	% :
10. Works involving wrecking, dam construction or tower chimney shaft works	<input type="radio"/> Yes <input type="radio"/> No	% :
11. Working underground e.g. tunneling, underground mines	<input type="radio"/> Yes <input type="radio"/> No	% :
12. Working in a confined space e.g manholes, sewerage, cargo holds and/or ship engines If YES , please state the maximum no. of workers at any one time _____	<input type="radio"/> Yes <input type="radio"/> No	% :
13. Working in Chemical and/or Petrochemical Plants	<input type="radio"/> Yes <input type="radio"/> No	% :
14. Working in Quarries	<input type="radio"/> Yes <input type="radio"/> No	% :
15. Drilling, producing, refining and distribution of oil and gas (other than general distributors and gas delivery drivers)	<input type="radio"/> Yes <input type="radio"/> No	% :
16. Works on board air-craft or airside exposure	<input type="radio"/> Yes <input type="radio"/> No	% :
17. Stevedoring works / terminal operators / "bunkering and/or debunkering" activities or services	<input type="radio"/> Yes <input type="radio"/> No	% :

6 Underwriting information in relation to your Business Activities

	Prior Year (Actual) – S\$	New Year (Estimate) – S\$
Turnover		
Highest Contract Value		
Average Contract Value		
Average Number of Contracts per year		

7 Please complete this Section for any employees based outside Singapore

Are there any employees based outside Singapore? If **YES**, kindly provide the following details

Yes No

Country based in	No. of Employees	Nature of Work	Estimated Wages* S\$

8 Please complete this Section for Past Claims History

Claims Experience for the past 3 years, as at

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Accident	Name of worker / Occupation	Nature of Accident	Claim Paid S\$	Claim Outstanding S\$

DECLARATION

I/We hereby declare that the information above and the additional information (if any) annexed to this Proposal/Declaration Form are true, correct and complete, whether written by us or by anyone else on our behalf and I/We accept full responsibility for them.

I/We have not withheld any material information. I/We agree that the information in this Proposal/Declaration and other written statement or information furnished by us or on our behalf shall form the basis of the Contract between me/us (the Insured) and CTPIS.

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.

I/We acknowledge that the liability of CTPIS does not commence until this Proposal has been accepted and the premium paid and received in full by CTPIS.

By submitting information to CTPIS,

- (1) The Insured agrees and gives consent for CTPIS 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 CTPIS:
 - (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.
- (2) The Insured also 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 CTPIS'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.

CTPIS is authorized to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of this to CTPIS's relevant third parties, companies within China Taiping Insurance Group, reinsurers, medical organizations, my / our Agents, financial institutions, credit agencies, investigators, judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities whether within or outside Singapore in accordance with CTPIS Privacy Policy which is made available on our website at www.sg.cntaiping.com/privacypolicy, as may be amended from time to time. As far as reasonably possible, CTPIS will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with the applicable law.

If a material fact is not disclosed in this Proposal/Declaration Form, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the intermediary but was not included in the Proposal/Declaration Form. Please check to ensure that you are fully satisfied with the information furnished and/or declared in this Proposal/Declaration Form.

Employer's Company Stamp	Authorised Signature (Name and Designation)	Date

Intermediary Account Code	Name of Intermediary	Email Address	Contact Number