

Work Injury Compensation insurance (Unnamed basis)

Application/Declaration form (Annual policy)

Statement pursuant to Section 25(5) of Insurance Act, Cap. 142 (or any future amendments to it)

You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for. Otherwise, the insurance policy issued may not be valid.

Important notes

1. 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 travelling allowances and employers' CPF contributions.
2. 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.
3. The information declared in this form may be made known to the Ministry of Manpower as and when required.

Particulars of proposer

Name of employer (proposer)	Policy number
Contact number (Office) (Handphone)	Unique entity number (UEN)
Correspondence address of proposer	Email
Type of business/trade	Period of insurance (dd/mm/yyyy) From To
Places of employment	

Section A - New/Renewal

Section 1 - Employees to be insured for Act benefits and Common Law

Categorize foreign workers (Work Permit & S-pass holders) separately

Category / Description of occupations	Number of employees	Est. Annual wages, salaries and other monetary earnings	For official use only	
			Rate	Premium (S\$)
Foreign Workers (Work Permit & S-Pass Holders)				
All others				
Combined total				

Section 2 - Employees to be insured for Common Law (Employers' liability) only

Please see Important Notice (2) above before choosing this option.

Category / Description of occupations	Number of employees	Est. Annual wages, salaries and other monetary earnings	For official use only	
			Rate	Premium (S\$)
Total				

Section 3 - Employees seconded outside Singapore

Coverage: Work Injury Compensation Act & Common Law Common Law Only

Country based in	Number of employees	Nature of work	Estimated wages

Section 4 – Claims experience for the past 3 years, as at _____ (Month/Year)

Insurance period (dd/mm/yyyy)		Number of employees	Paid claims for period		Outstanding claims for period	
From	To		Number	Amount (S\$)	Number	Amount (S\$)

Section B- Premium adjustment and declaration of actual wages (Past year)

Wage roll declaration for expiring period from: _____ to _____

Section 1 - Employees to be Insured for Act benefits and Common Law

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			Rate	Premium (S\$)
Foreign Workers (Work Permit & S-Pass Holders)				
All others				
Combined total				

Section 2 - Employees to be insured for Common Law (Employers' liability) only

Please see Important Notice (2) above before choosing this option.

Category / Description of occupations	Number of employees	Est. Annual wages, salaries and other monetary earnings	For official use only	
			Rate	Premium (S\$)
Total				

Section 3 - Employees seconded outside Singapore

Coverage: Work Injury Compensation Act & Common Law Common Law only

Country based in	Number of employees	Nature of work	Estimated wages

Section C - Additional information

1	Have you carried out all the obligations imposed on you by the Laws and Regulations governing the conduct or maintenance of your Premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Are your boilers, machinery, plant, equipment and ways properly fenced and guarded, and otherwise in good order and condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Has any insurer declined to insure your employees? If "Yes", please give name of insurer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Will any work be carried out on board vessel/in shipyard/in oil refinery? If "Yes", please request & complete additional shipyard questionnaire	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Are any workers involved in manual works in connection with installation, erection, repair, testing, maintenance, demolition or construction outside insured's premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Are any workers involved in works at height of more than 10 metres above floor or ground level? If Yes, will there be scaffolding works &/or other related activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Are any workers involved in using heavy industrial machines that involve cutting, pressing, grinding, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Has your insurance been cancelled 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

Declaration by employer

We declare that the above information is true, correct and complete, and whether written by us or by anyone else on our behalf, we accept full responsibility for them.

We have not withheld any material information. We agree that this application and other written statement, information or declaration made by us or on our behalf shall form the basis of the contract of insurance between us and Income.

We acknowledge that the liability of Income does not commence until this application has been accepted and the premium paid and received in full by Income.

We further agree that employees not included in Categories/Description of Occupations (under Section A, Section 1 & 2 above) will not be covered under the Policy.

If a material fact is not disclosed in this application, 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 application. Please check to ensure you are fully satisfied with the information declared in this application.

Signature of employer & company stamp

Date (dd/mm/yyyy)

For official use

Intermediary's name	Intermediary's code	Date (dd/mm/yyyy)	Policy delivery <input type="checkbox"/> Hand <input type="checkbox"/> Mail
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