

Work Injury Compensation insurance (Named basis)

Application/Declaration form (Annual policy)

Statement under section 25(5) of Insurance Act, Cap. 142 (Or any future amendments to it)

You must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying. Otherwise, the insurance policy 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

Name	NRIC/FIN number	Category / Description of occupations	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.

Name	NRIC/FIN number	Category / Description of occupations	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	Name of employees	NRIC/FIN number	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 (\$\$)	Number	Amount (\$\$)

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

Name	NRIC/FIN number	Category / Description of occupations	Est. Annual wages, salaries and other monetary earnings	For official use only	
				Rate	Premium (\$\$)
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.

Name	NRIC/FIN number	Category / Description of occupations	Est. Annual wages, salaries and other monetary earnings	For official use only	
				Rate	Premium (\$\$)
Total					

Section 3 - Employees seconded outside Singapore

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

Country based in	Name of employees	NRIC/FIN number	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

Personal data collection statement

NTUC Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by NTUC Income includes all personal data provided in this form, or in any supplementary form or any document provided, or to be provided to us by you or your insured persons or from other sources from time to time including personal data of additional insured persons to be covered, for the purpose of the insurance application or transaction. It includes all personal data for us to evaluate or administer the application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data that you will provide to us, the personal data will also include any subsequent information we collect on health or financial situation, or any information that is necessary for us to decide whether to insure and on what terms to insure, such as test results, medical examination results, and health records from medical practitioners or other insurance companies. For further information on our Privacy policy, please go to www.income.com.sg/others/privacy.asp.

Before your insured persons' personal data is collected by us, we rely on you to notify, inform and make them aware of the following:

- that you will or may provide their personal data to us, or their personal data may be provided from other sources to us;
- the third parties to whom the personal data may be provided by us;
- the purposes we and the third parties will use it for; and
- how your insured persons can access their personal data.

We also rely on you to obtain their consent on all the above matters and will assume that their consent has been obtained before their personal data is collected by us. If you have not done or will not do any of the above matter, you must alert us before any relevant personal data is collected by us.

1. Purpose of collection

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) carry out membership or information checks;
- (c) communicate on purposes relating to the insurance application;
- (d) decide whether to insure or continue to insure you and your insured persons;
- (e) provide financial advice for product recommendation based on your financial needs analysis;
- (f) provide ongoing services and respond to your inquiries or instructions;
- (g) make or obtain payments;
- (h) investigate and settle claims;
- (i) recover any debt owed to us;
- (j) detect and prevent fraud, unlawful or improper activities;
- (k) conduct research and statistical analysis;
- (l) coach employees and monitor for quality assurance;
- (m) reinsure risks and for reinsurance administration; and
- (n) comply with all applicable laws, including reporting to regulatory and industry entities.

2. Disclosure of personal data

We may disclose personal data belonging to you or your insured persons for the purposes set out in Section 1 to these parties:

- (a) your insurance agents, insurance brokers, association, employer or group policyholder;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as courier service, survey, printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) industry associations; and
- (j) regulators, law enforcement and government agencies.

3. Consequence of withdrawing consent to the collection, use and disclosure of personal data

You may refuse to obtain consent, or withdraw this consent for us to collect, use or disclose your insured persons' personal data by giving us reasonable notice so long as there is no legal or contractual restriction preventing you from doing so. For example, if you withdraw your consent for us to use the personal data for insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping the insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate your insurance with us.

4. Access and correction rights

Your insured persons can direct requests for access to their personal data through you, and also request, through you, to know how it is being used and disclosed for the last 12 months to the extent that their right is allowed by law. If we allow you access, we may charge you a reasonable fee. Your insured persons also have the right to request, through you, correction of their personal data.

You may make your request to withdraw this consent, access or correct the insured persons' personal data by writing to:
The Data Protection Officer, NTUC Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email to: DPO@income.com.sg

Declaration & warranty 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 NTUC Income.

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

We confirm that we understand and agree to the 'Personal data collection statement'.

We undertake to inform and obtain our insured persons' consent to the collection, use and disclosure of their personal data (including personal data required for their cover and participation under the insurance, and the ongoing administration of the insurance) by NTUC Income in accordance with this Personal data collection statement, and in this respect, to comply with all our obligations under the PDPA.

That by and when submitting the personal data of our insured persons, we represent and warrant that we have informed and obtained our insured persons' consent as required above.

At NTUC Income's written request, we further undertake to allow NTUC Income to verify that the personal data of our insured persons which is provided, comply with the above, including:

- (a) To audit the accuracy and completeness of the personal data;
- (b) To validate that you have obtained consent from your insured persons in accordance with the attached Notification on Personal data collection statement; and
- (c) To verify that the sources of the personal data are reliable and can be trusted.

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
---------------------	---------------------	-------------------	--