

Work Injury Compensation Insurance Proposal / Declaration Form (Annual Policy)

IMPORTANT NOTICE
<p>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.</p> <p>2) The Work Injury Compensation Act covers <u>all</u> 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.</p> <p>3) The Insurer reserves the right to request for more information.</p>

INTERMEDIARY:	POLICY NO:
GENERAL INFORMATION	
Name of Employer (Proposer):	
Business Address:	
Website:	
ROC No:	Tel No: Fax No:
Nature of Business:	
Period of Insurance: From	To
Places of Employment:	

- 1) For New Business, please complete Part A & C
2) For Renewal Business, Please complete Part A, B & C

Part A (For Annual Policy)

Employees to be insured for Act Benefits and Common Law (please attach list if space is insufficient) All employees within the same category must be insured				
Estimated Annual Wages * - Refers to wages, salaries and other monetary earnings which 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 estimated to be paid during the Period of Insurance.				
Category/Description of Occupations	No. of Employees	Estimated Annual Wages *	Rate	Premium
COMBINED TOTAL				

Are there any employees based outside Singapore? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", kindly provide the following details:			
COUNTRY BASED IN	NO. OF EMPLOYEES	NATURE OF WORK	EST. ANNUAL WAGES *

Claims Experience for the past 3 years, as at _____ (Month/Year)						
Insurance Period		No. of Employees	Paid Claims for Period		Outstanding Claims for period	
From	To		Number	Amount (S\$)	Number	Amount (S\$)

Part B. For Premium Adjustment for Annual Policy Wages (Renewal)

Wages Declaration for Expiring Period of Insurance from: _____ to _____

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Please tick if Declaration for Wages adjustment is the same as the above Part A, Section 1.

Employees to be insured for Act Benefits and Common Law (please attach list if space is insufficient) All employees within the same category must be insured				
Estimated Annual Wages * - Refers to wages, salaries and other monetary earnings which 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 estimated to be paid during the Period of Insurance.				
Category/Description of Occupations	No. of Employees	Estimated Annual Wages *	Rate	Premium
COMBINED TOTAL				

Are there any employees based outside Singapore? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", kindly provide the following details:			
COUNTRY BASED IN	NO. OF EMPLOYEES	NATURE OF WORK	ACTUAL WAGES

Part C (Declaration)

DECLARATION (Please initial on both page of the form)			
<p>I/WE HEREBY DECLARE THAT THE PARTICULARS ON THIS PROPOSAL FORM ARE TRUE, AND I/WE AGREE THAT THIS PROPOSAL SHALL BE THE BASIS OF THE CONTRACT BETWEEN US (EMPLOYER) AND THE INSURER.</p> <p>I/WE FURTHER AGREE THAT EMPLOYEES NOT INCLUDED IN CATEGORIES/DESCRIPTION OF OCCUPATIONS (PART A & B ABOVE) WILL NOT BE COVERED UNDER THE POLICY.</p> <p>Policy Application, Service and Administration Where the policyholder(s) is/are an individual or individuals, by providing the information set out above, I/we agree and consent to Great Eastern, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents collecting, using, disclosing and sharing amongst themselves my/our personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate my/our proposal and to provide the products or services which I am/ we are applying for (including, without limitation, any policy renewals and policy upgrades, substitutions or replacements).</p> <p>These purposes are set out in Great Eastern's Privacy Statement, which is accessible at http://www.greateasternlife.com/sg/en/pncpolicies.htm and which I/we confirm I/we have read and understood.</p> <p>Where the policyholder is not an individual, we hereby confirm and represent to Great Eastern, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") that the insured individuals of the policy we are applying for ("Insured Individuals") have agreed and consented to the disclosure of their personal data to the Companies and their Representatives, and further, that for the Companies and their Representatives' collection, use and/or disclosure of the personal data of the Insured Individuals, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate our proposal and to provide the products or services which we are applying for. In respect of the Insured Individuals who are subsequently enrolled into the policy that we are applying for, we further undertake that we shall ensure and procure that each Insured Individual has provided such agreement and consent in relation to his/her personal data for such purposes.</p> <p>These purposes are set out in Great Eastern's Privacy Statement, which is accessible at http://www.greateasternlife.com/sg/en/pncpolicies.htm and which we confirm each of us and the Insured Members have read and understood.</p> <table border="0" style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;"><p>_____ SIGNATURE OF EMPLOYER & COMPANY STAMP</p><p>Date: _____</p></td><td style="width: 50%; vertical-align: top;"><p>_____ WITNESS TO EMPLOYER'S SIGNATURE SIGNATURE OF INTERMEDIARY / EMPLOYEE OF THE INSURED & COMPANY STAMP</p><p>NAME: _____ Date: _____</p></td></tr></table>		<p>_____ SIGNATURE OF EMPLOYER & COMPANY STAMP</p> <p>Date: _____</p>	<p>_____ WITNESS TO EMPLOYER'S SIGNATURE SIGNATURE OF INTERMEDIARY / EMPLOYEE OF THE INSURED & COMPANY STAMP</p> <p>NAME: _____ Date: _____</p>
<p>_____ SIGNATURE OF EMPLOYER & COMPANY STAMP</p> <p>Date: _____</p>	<p>_____ WITNESS TO EMPLOYER'S SIGNATURE SIGNATURE OF INTERMEDIARY / EMPLOYEE OF THE INSURED & COMPANY STAMP</p> <p>NAME: _____ Date: _____</p>		

FOR NEW BUSINESS, NO LIABILITY IS ATTACHED UNTIL THIS PROPOSAL FORM IS ACCEPTED BY THE INSURER

NOTES
<p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> THE INFORMATION DECLARED IN THIS FORM MAY BE MADE KNOWN TO THE MINISTRY OF MANPOWER AS AND WHEN REQUIRED. IMPORTANT</p>