

Section C – Premium Adjustment & Declaration of Wages (For Annual policies only)				
Wageroll Declaration for Expiring Period from:		From	to	
Section 1 - Employees to be insured for Act benefits and Common Law			<Categorize foreign workers (Work Permit & S-pass holders) separately>	
No of Employees	Category/ Description of Occupations	Est. Annual Wages, Salary & Living/ Other Allowances (If any)	For Office Use Only	
			Number	Amount (S\$)
TOTAL				
Section D – Employees to be insured for Common Law (Employers' Liability) only				
No of Employees	Category/ Description of Occupations	Est. Annual Wages, Salary & Living/ Other Allowances (If any)	For Office Use Only	
			Number	Amount (S\$)
TOTAL				
DECLARATION				
<p>I/We hereby declare that the particulars of this Proposal/Declaration 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 Section A, Sections 1 & 2 above) will not be covered under the policy.</p> <p>I/We expressly authorize and consent to Etiqa's officers, employees and agents disclosing, at their sole discretion, any and all information relating to me/us, including my/our personal particulars, my/our transactions and dealings and my/our policies of insurances with Etiqa, to any of the following persons, whether in Singapore or elsewhere:</p> <p>a) Etiqa's holding companies, branches, representative officers, subsidiaries, related corporations or affiliates;</p> <p>b) any of Etiqa's contractors or third party service providers or distribution partners or professional advisers or agents;</p> <p>c) any regulatory, supervisory or other authorities, court of law, tribunal or persons, in any jurisdiction, where such disclosure is required by law, regulation, judgement or order of court or order of any tribunal or as a matter of practice;</p> <p>d) any actual or potential assignee(s) or transferee(s) of any rights and obligations of Etiqa under or relating to my/our policy or policies for any purpose connected with the proposed assignment/s or transfers; and</p> <p>e) any credit bureau, insurer or financial adviser, for such purpose(s) that Etiqa in its reasonable opinion considers appropriate including but not limited to the purposes of underwriting, customer servicing, investigation of Etiqa's representatives and monitoring of undesirable sales practices.</p> <p>I wish to receive information, including marketing materials from Etiqa Insurance (Singapore Branch) from the following communication channels:-</p> <p><input type="checkbox"/> Call <input type="checkbox"/> SMS/ MMS <input type="checkbox"/> Fax <input type="checkbox"/> Direct Mail <input type="checkbox"/> Emails <input type="checkbox"/> All</p> <p>* "SMS / MMS" means any messages, whether in sound, text, visual or other forms</p> <p>For more information, kindly visit the PDPA website at: http://www.pdpc.gov.sg</p> <p>If this Proposal has not been completed by me/ us personally, I/We declare that I/ We have read the completed form and accept full responsibility for the answers.</p>				
<p>_____ Signature of Employer & Company Stamp</p>			<p>_____ Signature of Broker/ Agent & Company Stamp</p>	
<p>Date:</p>			<p>Date:</p>	

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.

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