

Work Injury Compensation Proposal Form

Important Notice

- Pursuant to Section 25 (5) of the Insurance Act (Cap 142) (or any subsequent amendment thereof). You are to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know in respect of the risk proposed; otherwise the policy issued hereunder may be void.
- The Work Injury Compensation Act covers all employees regardless of their level of earnings.
- insurance for employees who are newly covered under the Act (i.e. those involved in non-manual work and earning S\$1600 or more per month) is not compulsory, employers will still be required to pay compensation in the event of a valid claim.
- The insurer reserves the right to request for more information

General Information						
Name of Employer (Proposer)						
Business Address:						
Nature of Business				Period of Insurance		
Contact				Places of Employment		
Policy Requirement: <input type="checkbox"/> Annual <input type="checkbox"/> Project (Contract)						
Section A (For Annual policies)						
Section 1 - Employees to be insured for Act benefits and Common Law <Categorize foreign workers (Work Permit & S-pass holders) separately>						
No of Employees	Catergeory/ Description of Occupations	Est. Annual Wages, Salary & Living/ other allowances (if any)	For Office Use Only			
			Rate (%)	Premium		
Section 2 - Employees to be insured for Common Law (Employers' Liability) only. Please see Important Notice (2) above before choosing this option.						
No of Employees	Catergeory/ Description of Occupations	Est. Annual Wages, Salary & Living/ other allowances (if any)	For Office Use Only			
			Rate (%)	Premium		
Are there any employees based outside Singapore? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, kindly provide the following details)						
Country Based In	No of Employees	Nature of Work	Estimated WAgEs			
Claims Experience for the last 3 years, at Month/ Year						
Insurance Period		No of Employers	Paid Claims for Period		Outstanding Claims for Period	
From	To		Number	Amount (S\$)	Number	Amount (S\$)
Section B (For Project policies)						
Contract Title:						
Contract Period: From to (inclusive of maintenance period)						
Estimated waggeroll of contract						
Claims Experience for the last 3 years, at Month/ Year						
Year	Turnover	Paid Claims for Period		Outstanding Claims for Period		
		Number	Amount (S\$)	Number	Amount (S\$)	

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> <ul style="list-style-type: none"> a) Etiqa's holding companies, branches, representative officers, subsidiaries, related corporations or affiliates; b) any of Etiqa's contractors or third party service providers or distribution partners or professional advisers or agents; 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; 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 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>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>				
_____ Signature of Employer & Company Stamp			_____ Signature of Broker/ Agent & Company Stamp	
Date: _____			Date: _____	

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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