

**WORK INJURY COMPENSATION INSURANCE
PROPOSAL / DECLARATION FORM
(ANNUAL POLICY)**

IMPORTANT NOTICE

- 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.
- 2) The Work Injury Compensation Act covers all 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.
- 3) The Insurer reserves the right to request for more information.

AGENT ACCOUNT CODE:	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 *
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 _____

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
Actual 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 that is paid during the Expiring Period of Insurance.

Category/Description of Occupations	No. of Employees	Actual Annual Wages **
COMBINED TOTAL		

Are there any employees based outside Singapore? YES NO
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)

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.

I/ WE FURTHER AGREE THAT EMPLOYEES NOT INCLUDED IN CATEGORIES/DESCRIPTION OF OCCUPATIONS (PART A & B ABOVE) WILL NOT BE COVERED UNDER THE POLICY.

SIGNATURE OF EMPLOYER & COMPANY STAMP

WITNESS TO EMPLOYER'S SIGNATURE
SIGNATURE OF INTERMEDIARY / EMPLOYEE OF THE
INSURED & COMPANY STAMP

NAME :
Date:

Date:

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

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.**

PERSONAL DATA PROTECTION

1. I/We acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that **India International Insurance Pte Ltd** may collect, use, disclose and/or process my/our personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and described in **India International Insurance Pte Ltd** Personal Data Collection Statement (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to **India International Insurance Pte Ltd** business partners, intermediaries, third party service providers and industry associations. **India International Insurance Pte Ltd** Personal Data Protection can be found at www.iii.com.sg
2. I/We consent to receive marketing and promotional information from **India International Insurance Pte Ltd** (e.g. via email, mail, SMS, etc). I/We understand that I/we can withdraw or manage my/our consent to receive marketing and promotional information at www.iii.com.sg
3. By signing this form, I/we have read, understood and agreed to be bound by the prevailing Personal Data Protection Act 2012 as supplement to the Personal Data Collection Statement. If any inconsistencies between the Personal Data Collection Statement and the Personal Data Protection Act 2012, the latter shall prevail.