

## WORK INJURY COMPENSATION INSURANCE PROPOSAL/DECLARATION FORM

### 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 S\$1600 or more 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.

### GENERAL INFORMATION

Name of Employer (Proposer) \_\_\_\_\_

Business Address \_\_\_\_\_

Tel No: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Period of Insurance: Fr \_\_\_\_\_ to \_\_\_\_\_

Places of Employment: \_\_\_\_\_

Policy Requirement:  Annual  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	Category / Description of Occupations	Est. Annual Wages, Salary & Living/other allowances (if any)	FOR OFFICE USE ONLY	
			Rate (%)	Premium
<b>TOTAL</b>				

\_\_\_\_\_  
Initial of Employer

# First Capital Insurance Limited

A member of the Fairfax Group

Company Reg. No. 195000106C  
GST Reg. No. M2-0001676-9

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	Category / Description of Occupations	Est. Annual Wages, Salary & Living/other allowances (if any)	FOR OFFICE USE ONLY	
			Rate (%)	Premium
<b>TOTAL</b>				

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	ESTIMATED WAGES

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

\_\_\_\_\_  
Initial of Employer

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## Section B (for Project policies)

Contract Title: \_\_\_\_\_  
 \_\_\_\_\_  
 Contract Period: \_\_\_\_\_ to \_\_\_\_\_ (inclusive of maintenance period)  
 Estimated waggeroll of contract: \_\_\_\_\_

Claims Experience for the past 3 years, as at _____ (Mth/Yr)					
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: _____ 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	Actual Annual Wages, Salary & Living/other allowances (if any)	FOR OFFICE USE ONLY	
			Rate (%)	Premium
<b>TOTAL</b>				

\_\_\_\_\_  
Initial of Employer

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Company Reg. No. 195000106C  
GST Reg. No. M2-0001676-9

Section 2-Employees to be insured for Common Law (Employers' Liability) only				
No. of Employees	Category / Description of Occupations	Actual Annual Wages, Salary & Living/other allowances (if any)	FOR OFFICE USE ONLY	
			Rate (%)	Premium
<b>TOTAL</b>				

## DECLARATION

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.

\_\_\_\_\_  
SIGNATURE OF EMPLOYER & COMPANY STAMP

\_\_\_\_\_  
SIGNATURE OF BROKER/AGENT & COMPANY STAMP

Date:

Date:

**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.*

\_\_\_\_\_  
Initial of Employer