

Tenet Insurance Company Ltd

(A wholly owned company of Hwa Hong Corporation Limited)

11 Collyer Quay #09-00 The Arcade Singapore 049317 Tel:6221 2211 Fax:6221 3302

Company Registration No. 195700067Z

<http://www.tenetinsurance.com>



WORK INJURY COMPENSATION INSURANCE PROPOSAL 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.

| | |
|---------|------------|
| AGENCY: | 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: | | |
| | | |

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

| Category/Description of Occupations | No. of Employees | Est. Annual Wages, Salary & Living/other allowances (if any) | FOR OFFICE USE ONLY | |
|---|------------------|--|---------------------|---------|
| | | | Rate (%) | Premium |
| ❖ Foreign Workers (Work Permit & S-Pass holders) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| ❖ All Others | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| COMBINED TOTAL | | | | |

Section 2 - Employees to be insured for Common Law (Employers' Liability) only (please attach list if space is insufficient)

**All employees within the same category must be insured
Please see Important Notice (2) above before choosing this option**

| Category / Description of Occupations | No. of Employees | Est. Annual Wages, Salary & Living/other allowances (if any) | FOR OFFICE USE ONLY | |
|---------------------------------------|------------------|--|---------------------|---------|
| | | | Rate (%) | Premium |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 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 | ESTIMATED 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 (\$\$) | Number | Amount (\$\$) |
| | | | | | | |
| | | | | | | |
| | | | | | | |

DECLARATION (Please initial on both page of the form)

I/WE HEREBY DECLARE THAT THE PARTICULARS OF 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 (SECTIONS 1 & 2 ABOVE) WILL NOT BE COVERED UNDER THE POLICY.

SIGNATURE OF EMPLOYER & COMPANY STAMP

SIGNATURE OF BROKER/AGENT & COMPANY STAMP
(WITNESS TO EMPLOYER'S SIGNATURE)

Date:

Date:

- No liability is attached until this proposal form is accepted by the insurer
- Wages, salaries and other monetary earnings 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

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.**