



**LONPAC INSURANCE BHD** (F05635C)

(Incorporated in Malaysia)  
 101 Thomson Road #18-01 United Square Singapore 307591  
 Tel: (65) 6250 7388 Fax: (65) 6253 2058

**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 above S\$1,600 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, salaries and other monetary earnings	FOR OFFICE USE ONLY	
			Rate (%)	Premium

Section A (for Annual policies) (Cont'd)

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, salaries and other monetary earnings	FOR OFFICE USE ONLY	
			Rate (%)	Premium
<b>TOTAL</b>				

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, salaries and other monetary earnings	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\$)	

**Section B (for Project policies)**

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

Year	Turnover	Paid Claims for Period		Outstanding Claims for period	
		Number	Amount (\$)	Number	Amount (\$)

**Section C- Premium Adjustment & Declaration of Wages (for Annual policies only)**

Wage roll Declaration for Expiring Period from: \_\_\_\_\_ to \_\_\_\_\_

Section I- 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, salaries and other monetary earnings	FOR OFFICE USE ONLY	
			Rate (%)	Premium
<b>TOTAL</b>				

**Section 2-Employees to be insured for Common Law (Employers' Liability) only**

No. of Employees	Category / Description of Occupations	Est. Annual wages, salaries and other monetary earnings	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 Date:	SIGNATURE OF BROKER/AGENT & COMPANY STAMP (WITNESS TO EMPLOYER'S SIGNATURE) Date:
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- 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 S\$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.*