

# 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 (CONTRACT 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.

<b>AGENCY:</b>	<b>POLICY NO:</b>
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**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:		

**PROJECT POLICIES**

Contract Title:		
Contract Value: S\$		
Contract Period:	to	(inclusive of maintenance period)
Estimated wagheroll of contract:		

**Claims Experience for the past 3 years, as at \_\_\_\_\_ (Month/Year)**

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

**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 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.*