



TOKIO MARINE

Tokio Marine Insurance Singapore Ltd.

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WORK INJURY COMPENSATION INSURANCE PROPOSAL/DECLARATION FORM

A/B

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 \$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 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL | | | | |

| 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 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 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 | 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 (\$) | Number | Amount (\$) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Section B (for Project policies)

Contract Title: _____

Contract Period: _____ to _____ (inclusive of maintenance period)

Estimated wage roll 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 (\$) | Number | Amount (\$) |
| | | | | | |
| | | | | | |
| | | | | | |

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

| Wage roll 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 | Est. Annual wages, salaries and other monetary earnings | FOR OFFICE USE ONLY | |
| | | | Rate (%) | Premium |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL | | | | |

| 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 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL | | | | |

| DECLARATION | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>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.</p> <p>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.</p> | |
| <p>_____ SIGNATURE OF EMPLOYER & COMPANY STAMP</p> <p>Date: _____</p> | <p>_____ SIGNATURE OF BROKER/AGENT/EMPLOYEE OF THE INSURED & COMPANY STAMP (WITNESS TO EMPLOYER'S SIGNATURE)</p> <p>NAME : _____ NRIC : _____</p> <p>Date: _____</p> |

- 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • <i>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.</i> • <i>The information declared in this form may be made known to the Ministry of Manpower as and when required.</i> |

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| <p>Broker / Agent: _____ Account No: _____</p> |
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