


**WORK INJURY COMPENSATION INSURANCE
 PROPOSAL/ DECLARATION FORM**
IMPORTANT NOTICE

- (1) Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof: you are to disclose in the application, fully and faithfully, all the facts which you know or ought to know, otherwise your Policy issued may be void and you may not receive any insurance protection from your Policy.
- (2) This document is not a contract of insurance. Full details of the terms, conditions and exceptions of this insurance are provided in the policy documents and will be sent to you upon acceptance of your application.
- (3) This insurance is subject to the premium being paid and received in full by the Company:
 - (a) before the inception date where the Policy is issued to an individual; or
 - (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
- (4) The liability of the Company shall only commence when this proposal form is accepted, and premium is paid in accordance to Point (3) above.
- (5) Unless exempted, any employer who fails to insure 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 SGD10,000 or to imprisonment for a term not exceeding one year or to both.
- (6) The Company reserves the right to request for more information.
- (7) If there are multiple entities to be insured, please submit separate declaration form.
- (8) It is MANDATORY to provide UEN no./ ACRA no. and declare the correct headcount of each category of employee under the insured's employment and their estimated annual earnings for verification purposes and submission to Ministry of Manpower (MOM)
- (9) If the Insured under-declares the employees' information or the Estimated Annual Earnings, the amount of the Company's indemnity to the Insured will be reduced proportionately by the extent of under-insurance and the Insured will bear its proportionate share of the liability under clause 13.
- (10) Please attach latest CPF and/ or levy statements for past 3 months preceding inception of WICA policy

 Intermediary's Name/
 Code :

General Information

Proposer's Name :

Business Address :

Business/ Trade :

Period of Insurance :

From

To

Place of Employment :

UEN no. / ACRA no. :

Name of Contact Person :

Email Address of Contact :

Designation :

Company Phone no. :



Section A - Mandatory WIC Insurance

As an employer, you are required by law to purchase Work Injury Compensation (WIC) insurance for

1. All employees doing manual work, regardless of salary level.
2. All employees doing non-manual work, earning less than S\$2,100 (w.e.f. Apr 2020) or \$2,600 (w.e.f. Apr 2021)

“Estimated Annual Earnings” means an amount, not less than the Past Annual Earnings of the Insured, declared by the Insured to be an estimate of the total earnings to be paid by the Insured (as well as by other employers and known to the Insured) during the 12 months starting on the Commencement Date of the Policy and *must consist of the normal wages, food and housing allowances, overtime payments, bonuses and annual wage supplements but excluding travelling allowances and employers’ CPF contributions.*

No. of Employees	Category/ Description of Occupations	Est. Annual wages, salaries and other mandatory earnings (SGD)	Brief Description of Job scope
TOTAL			

Section B - Non- Mandatory WIC Insurance

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 with earning above S\$2,100 (w.e.f. Apr 2020) or \$2,600 (w.e.f. Apr 2021) is not compulsory, employers will still be required to pay compensation in the event of a valid claim.

For this group of employees, do you want to insure them?

Please tick the appropriate box.

Yes

No

No. of Employees	Category/ Description of Occupations	Est. Annual wages, salaries and other mandatory earnings (SGD)	Brief Description of Job scope
TOTAL			



Are there any employees based outside Singapore?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details as follows:			
	<u>Country Based in</u>	<u>No. of Employees</u>	<u>Nature of Work</u>	<u>Estimated Annual Earnings</u>

Claims Experience for the past 3 years, as at _____ (Month/ Year)				
<u>Insurance Period</u>		<u>No. of Employees</u>	<u>Paid Claims for Period</u>	<u>Outstanding Claims for Period</u>
<u>From</u>	<u>To</u>		<u>Amount (SGD)</u>	<u>Amount (SGD)</u>

Are you insuring all employees in your company under this policy? - Please tick the appropriate box		YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Total No. of employees in your organisation insured under this policy	Total Estimated Annual Earnings* in your organisation (\$\$) insured under this policy	
TOTAL (A + B)			



Section C - Premium Adjustment & Declaration of Wages (for Annual policies only)		
Actual Wages Declaration for Expiring Period from: _____ to _____		
No. of Employees	Category/ Description of Occupations	Actual Annual wages, salaries and other mandatory earnings (SGD)
TOTAL		

Declaration	
<p>a. I/ We hereby declared that the particulars of this proposal are true, and I/ We agree that this proposal shall form the basis of the contract between the Proposer and the Company.</p> <p>b. I/ We acknowledged that employees not included in Categories/ Description of Occupations (under Section A and B above) will not be covered under this Policy.</p> <p>c. By submitting information to the Company,</p> <p>(1) The Insured agrees and gives consent for the Company to verify the following information about the Insured with governmental or regulatory authorities, for the purposes of processing, underwriting, administering and managing the Policy with the Company:</p> <p style="margin-left: 40px;">i. workforce size and aggregated payroll for all, or any class of employees;</p> <p style="margin-left: 40px;">ii. number of compensation cases and amount of work injury compensation paid or payable for all, or any class of employees.</p> <p>(2) I/ We also consents to the collection, use, disclosure and dissemination of all information (including but not limited to information provided by the Insured related to the Policy to the Insured's insurance intermediaries and the Company's authorised agents and service providers) for purposes relating to or incidental to the Insured's claims under the Policy or in accordance with the Legislation.</p> <p>d. I/ We acknowledge the detailed Privacy Policy Statement, governing the above, posted at www.tokiomarine.com.sg</p>	
Name :	_____
Designation :	_____
Email :	Company Stamp and signatory of Authorised Proposer
Contact No. :	Date :