

Work Injury Compensation Insurance Premium Adjustment & Declaration of Wages Form (Expiring Policy)

Important Notice

1. **STATEMENT Pursuant to Section 25(5) of the Insurance Act** (or any subsequent amendments thereof) - We would remind you that you must disclose to us fully and faithfully the facts you know or ought to know otherwise you may not receive any benefits from your Policy.
2. Please note that 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, failing which there will be no liability under this cover.
3. The liability of the Company does not commence until this Application is accepted and the premium is paid in accordance with clause 2 above.

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| Intermediary's Name / Code: | Policy No.: |
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|--------------------------|
| Name of Employer: |
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1. Wageroll Declaration for Expiring Period from: _____ to _____

Section 1 - Employees 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 | Actual Annual Wages, Salary & Living/other allowances (if any) | FOR OFFICE USE ONLY | |
|-------------------------------------|------------------|--|---------------------|---------|
| | | | Rate (%) | Premium |
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| TOTAL | | | | |

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

All employees within the same category must be insured

| Category / Description of Occupations | No. of Employees | Actual Annual Wages, Salary & Living/other allowances (if any) | FOR OFFICE USE ONLY | |
|---------------------------------------|------------------|--|---------------------|---------|
| | | | Rate (%) | Premium |
| | | | | |
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| TOTAL | | | | |

DECLARATION

I/We acknowledge and agree (in case of corporate policy, I/we represent that I/we have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my/our personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the personal data protection act 2012 for the purposes and uses described in tenet Sompo's privacy policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's privacy policy can be found at www.sompo.com.sg

I/We consent to receive marketing and promotional information from Sompo (e.g. via email, mail, sms, etc.). I/We understand that I/we can withdraw or manage my/our consent to receive marketing and promotional information at www.sompo.com.sg

I am/we are aware of and agree to abide by the policy terms, conditions and exclusions and confirm that the information given in this application/form is true, accurate and complete.

Signature of Employer & Company Stamp

Date:

Signature of Broker/Agent/Employee of the Insured
& Company Stamp (Witness to Employer's signature)

Name:

NRIC:

Date:

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.**