

ADDITIONAL DECLARATION FOR MULTIPLE ENTITIES FORM – To be attached to the Main Declaration Form

Work Injury Compensation (WIC) Insurance

Commencement Date of Policy	
Expiry Date of 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 Policy.

Important Information

"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 twelve (12) months starting on the Commencement Date of the Policy.

"Past Annual Earnings" means the total of the monthly earnings paid by the Insured (as well as by other employers and known to the Insured) during the twelve (12) months immediately before the Commencement Date of the Policy.

The types of remuneration that constitute "Earnings" are set out in Section 2 of the Work Injury Compensation Act 2019.

Warning

If the Insured misrepresents the number of employees, job category or the Estimated Annual Earnings:

1. The amount of the Company's indemnity to the Insured for a claim will be reduced proportionately by the extent of under-insurance. The Insured will bear its proportionate share of the liability and the Company may recover this amount from the Insured under clause 13, or

2. The Company may recover from the Insured the amount paid to a claimant which is attributable to any Relevant Injury arising in relation to those non-disclosed or misstated material facts under clause 8(1)(a).

SN	Entity Name	Unique Entity Number (UEN)	Address	Nature of Business	Part 1: Mandatory WIC Insurance						Part 2: Non-Mandatory WIC Insurance			Part 3: Total Number of Employees and Estimated Annual Earnings in the Respective Entities		
					All <u>Manual</u> Employees Regardless of Earnings			All <u>Non-Manual</u> Employees with Earnings up to \$2,600 (w.e.f. Apr 2021)			The Work Injury Compensation Act 2019 covers all employees regardless of their level of earnings. Whilst insurance is not compulsory under the Act for employees involved in non-manual work with earnings above \$2,600 (w.e.f. Apr 2021), 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 below.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable (No employees under this group) If you have selected "Yes" and "No" above, please provide the following information:					
					No. of Employees (a)	Job Category / Description	Estimated Annual Earnings (S\$) (k)	No. of Employees (b)	Job Category / Description	Estimated Annual Earnings (S\$) (l)	No. of Employees (c)	Job Category / Description	Estimated Annual Earnings (S\$) (z)			No. of Employees (q) + (b) + (c)
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
TOTAL																

DECLARATION

Are any of the above Employees declared in Part 1, 2 and 3 above involved/expected to work in the following environment:

1 Seconded / based outside Singapore / on overseas manual work assignment? (Please tick (✓) the appropriate box below.)

Yes No

If you have selected either "Yes" or "No" above, please provide the following information:

No. of Employees	Job Category / Description	Country	Estimated Annual Earnings (S\$)

- 2 Dormitory, Healthcare, Education, Hotel or Tour operators Yes No
- 3 Airline and/or aircraft operators and airport operators Yes No
- 4 Waste removal and waste site operators Yes No
- 5 Ammunition, firearms, explosives or fireworks Yes No
- 6 Excavation, tunnelling works or underground works Yes No
- 7 Offshore platforms and gas Yes No

- 8 Oil companies – drilling, producing, refining and distributing (other than general distributors) Yes No
 - 9 Subaqueous works, diving or underwater related activities Yes No
 - 10 Railway operators Yes No
 - 11 Ship crews, ship painters Yes No
 - 12 Involve in any height of more than 30 feet (10m) above floor or ground level Yes No
 - 13 Shipyards, on board vessels works Yes No
 - 14 Involving toxic or dangerous chemicals or toxic waste Yes No
 - 15 Port authority, port workers, stevedoring Yes No
 - 16 Professional sportspersons Yes No
- If the above answer(s) is / are Yes, please provide details in respect of the scope of works

I/We hereby declare that the particulars of this Declaration Form are true and I/We agree that this Declaration shall form part of the basis of the Contract between me/us (the Insured) and the Company.

I/We further agree that employees indicated as not insured under the non-mandatory WIC insurance section above, or not included in this Declaration, will not be covered under the Policy.

By submitting information to the Company,

(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.

- (a) workforce size and aggregated payroll for all, or any class of employees;
- (b) number of compensation cases and amount of work injury compensation paid or payable for all, or any class of employees.

(2) The Insured 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.

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 the applicable policies) 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 the applicable policies) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in 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

Name of the insured employer or the Policyholder on behalf of all the insured employers _____ Authorised Signature and Company Stamp _____ Date _____