

Work Injury Compensation Insurance Proposal Form (Annual 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.

Intermediary's Name / Code:	Policy No.:
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1. 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:		

2. Section 1 – Employees to be 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	Est. Annual Wages, Salary & Living/other allowances (if any)	FOR OFFICE USE ONLY	
			Rate (%)	Premium
TOTAL				

3. Section 2 – Employees to be insured for Common Law (Employers’ Liability) only (please attach list if space is insufficient)

**All employees within the same category must be insured
Please see Important Notice (2) above before choosing this option**

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

4. Are there any employees based outside Singapore? YES NO If “YES”, kindly provide the following details:

Country Based In	No. of Employees	Nature of Work	Estimated Wages

5. Claims Experience for the past 3 years, as at _____ (Month/Year)

Insurance Period		No. of Employees	Paid Claims for Period		Outstanding Claims for period	
From	To		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, accurate and complete and I/we agree that this proposal shall be the basis of the contract between us (employer) and Sompo Insurance Singapore Pte. Ltd. (“Sompo”).

I/We further agree that employees not included in categories/description of occupations (Sections 1 & 2 above) will not be covered under the policy.

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 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

Signature of Employer & Company Stamp

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

Name:

Date:

NRIC:

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.**