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Work Injury Compensation Insurance Proposal/Declaration Form (Annual Policy)

- Statement pursuant to Section 23(5) of the Insurance Act (Cap.142). You are to disclose in this proposal form fully and faithfully all the facts which you know or ought to know, otherwise you may not receive any benefit from your policy.
- 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 S\$2100 per month or above S\$2600 per month effective 1 April 2021*) is not compulsory, employers will still be required to pay compensation in the event of a valid claim.
- The Insurer reserves the right to request for more information.

Name of intermediary _____

Account No. _____ Policy No. _____

General Information

Name of Employer (*Proposer*) _____

Business Address _____

Website _____

Email _____

UEN No. _____ Tel. No. _____ Fax No. _____

Nature of Business _____

Period of Insurance: From _____ To _____

Places of Employment _____

For New Business, please complete part A & C

For Renewal Business, please complete part A, B, & C

Part A

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.

Foreign Workers (*Work Permit & S-Pass holders*)

UEN No.	Category/Description of Occupations	Nature of Work	No. of Employees	Est. Annual Wages, Salary & Living/Other Allowances (<i>if any</i>)

Non Foreign Workers

UEN No.	Category/Description of Occupations	Nature of Work	No. of Employees	Est. Annual Wages, Salary & Living/Other Allowances (<i>if any</i>)

COMBINED TOTAL

If you are not insuring all non-compulsory employees, please provide separate listing on named basis

Part A Continued

Section 2 – Non-Compulsory Employees to be insured for Common Law (Employer’s Liability) only, employees insured under Act are to be declared in Section 1. (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.

Foreign Workers (Work Permit & S-Pass holders)

UEN No.	Category/Description of Occupations	Nature of Work	No. of Employees	Est. Annual Wages, Salary & Living/Other Allowances (if any)
TOTAL				

Are there any employees based outside Singapore? Yes No

If yes, kindly provide the following details:

Country Based In	Category/Descriptions of Occupations	No. of Employees	Estimated Wages

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

Please attach list if space is insufficient.

Insurance Period		No. of Employees	Paid Claims for Period		Outstanding Claims for Period	
From	To		Number	Amount (\$\$)	Number	Amount (\$\$)

Part B

For Premium Adjustment for Annual Policy Wages (Renewal)

Wages Declaration for Expiring Period from: _____ to _____

Please tick if Declaration for Wages adjustment is the same as the above Part A, Section 1 / 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.

Foreign Workers (Work Permit & S-Pass holders)

UEN No.	Category/Description of Occupations	Nature of Work	No. of Employees	Actual Annual Wages, Salary & Living/Other Allowances (if any)

Part B Continued

Non Foreign Workers

UEN No.	Category/Description of Occupations	Nature of Work	No. of Employees	Actual Annual Wages, Salary & Living/Other Allowances (if any)
COMBINED TOTAL				

Section 2 – Non-Compulsory Employees to be insured for Common Law (Employer’s Liability) only, employees insured under Act are to be declared in Section 1. (please attach list if space is insufficient)
 All employees within the same category must be insured.

UEN No.	Category/Description of Occupations	Nature of Work	No. of Employees	Actual Annual Wages, Salary & Living/Other Allowances (if any)
TOTAL				

Are there any employees based outside Singapore?
 If yes, kindly provide the following details:

Yes No

Country Based In	Category/Description of Occupations	No. of Employees	Actual Wages

Part C

Declaration

I/we hereby declare that the particulars of this proposal form are true, and i/we agree that this proposal shall be the basis of the contract between us (employer) and the insurer.

I/ we further agree that employees not included in categories/description of occupations (sections 1 & 2 OF part a & b above) will not be covered under the policy.

Signature of employer & company stamp

Signature of broker/agent/employee of the insured & company stamp (witness to employer's signature)

Name _____

Date _____

Date _____

NO LIABILITY IS ATTACHED UNTIL THIS PROPOSAL FORM IS ACCEPTED BY THE INSURER.

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 will be transmitted to the Ministry of Manpower as required under the Work Injury Compensation Act (WICA) 2019.

Personal Data Collection Statement

1. In order to process, evaluate, administer and/or manage your application, relationship, account and/or policy with Great American Insurance Company, Singapore Branch ("**Great American**"), Great American will necessarily need to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes (i) information set out in this statement and any other personal information provided by you or already in the possession of Great American as previously provided by you; and (ii) your claims.
2. Such personal data will be collected, used, disclosed and/or processed by "Great American for the purpose(s) of:
 - a. considering whether to provide you with the insurance you applied for including considering whether to accept any renewal request;
 - b. processing your application for underwriting and insurance;
 - c. administering and/or managing your relationship, account and/or policy with Great American;
 - d. processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
 - e. carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by Great American;
 - f. carrying out your instructions or responding to any enquiries by you;
 - g. dealing in any matters relating to the services and/or products which you are entitled to under a policy which you are applying for or have applied for (including the mailings of correspondence, statements, invoices, reports or notices to you, which could involve disclosure of certain personal data about you to bring about delivery of the same as well as on the external cover of envelopes/mail packages);
 - h. investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your renewal request, your claims or any other matter relating to your policy, and whether or not there is any suspicion of the aforementioned; and/or
 - i. complying with applicable law in administering and managing your relationship with Great American.

(collectively the "**Purposes**")

3. We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.
4. Your personal data may/will be disclosed by Great American to affiliates of Great American and third parties such as third party service providers, reinsurers or agents (including its lawyers / law firms) ("**Relevant Parties**"), which may be sited outside of Singapore, for one or more of the above Purposes, and such Relevant Parties would be processing your personal data for Great American in relation to one or more of the above Purposes.
 - c. consent to Great American disclosing your personal data to the Relevant Parties, for the Purposes as described above; and
 - d. consent to Great American transferring your personal data out of Singapore to the Relevant Parties, for the Purposes as described above.
5. By signing below, you:
 - a. consent to Great American collecting, using, disclosing and/or processing your personal data for the Purposes as described above;
 - b. consent to Great American collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the Purposes as described above;
 - c. consent to Great American disclosing your personal data to the Relevant Parties, for the Purposes as described above; and
 - d. consent to Great American transferring your personal data out of Singapore to the Relevant Parties, for the Purposes as described above.

I have read and agree to the above.