

PROPOSAL / DECLARATION FORM – WORK INJURY COMPENSATION

IMPORTANT NOTICE TO THE PROPOSER

1. Under Section 25(5) of the Insurance Act (Chap. 142), or any subsequent amendments thereof, you must disclose in this Proposal Form, fully and faithfully, all the facts which you know or ought to know in respect of the risk proposed; otherwise the Policy issued hereunder may be void.

2. 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\$1,600 per month) is not compulsory, employers will still be required to pay compensation in the event of a valid claim.

3. The Insurer reserves the right to request for more information.

PARTICULARS OF PROPOSER

Full Name:			
Address:			Postal Code ()
Email:	Contact No.: (Home)	(Office)	(Mobile)
No. of Years in Business:	Co. Regn. No.:		
Nature of Business:	Period of Insurance: From _____ To _____		

SECTION A (FOR ANNUAL POLICIES)

**SECTION 1 - EMPLOYEES TO BE INSURED FOR ACT BENEFITS AND COMMON LAW
CATEGORIZE FOREIGN WORKERS (WORK PERMIT & S-PASS HOLDERS) SEPARATELY**

No. of Employees	Category / Description of Occupations	Est. Annual Wages, Salaries and other Monetary Earnings	For Official Use Only	
			Rate (%)	Premium
TOTAL				

**SECTION 2 - EMPLOYEES TO BE INSURED FOR COMMON LAW (EMPLOYERS' LIABILITY) ONLY
PLEASE SEE IMPORTANT NOTICE (2) ABOVE BEFORE CHOOSING THIS OPTION.**

No. of Employees	Category / Description of Occupations	Est. Annual Wages, Salaries and other Monetary Earnings	For Official Use Only	
			Rate (%)	Premium
TOTAL				

EMPLOYEES BASED OVERSEAS

Are there any employees based outside Singapore? <input type="checkbox"/> Yes <input type="checkbox"/> No (If 'Yes', kindly provide the following details)			
Country Based in	No. of Employees	Nature of Work	Estimated Wages

CLAIMS EXPERIENCE FOR THE PAST 3 YEARS, AS AT _____ (MTH/YR):

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

SECTION B - PREMIUM ADJUSTMENT & DECLARATION OF WAGES (FOR ANNUAL POLICIES)

**SECTION 1 - EMPLOYEES TO BE INSURED FOR ACT BENEFITS AND COMMON LAW
CATEGORIZE FOREIGN WORKERS (WORK PERMIT & S-PASS HOLDERS) SEPARATELY**

No. of Employees	Category / Description of Occupations	Est. Annual Wages, Salaries and other Monetary Earnings	For Official Use Only	
			Rate (%)	Premium
TOTAL				

SECTION 2 - EMPLOYEES TO BE INSURED FOR COMMON LAW (EMPLOYERS' LIABILITY) ONLY

No. of Employees	Category / Description of Occupations	Est. Annual Wages, Salaries and other Monetary Earnings	For Official Use Only	
			Rate (%)	Premium
TOTAL				

SECTION C - ADDITIONAL INFORMATION

		Yes	No
A.	Are there any workers involved in manual works in connection with installation, erection, repair, maintenance, testing, demolition or construction outside insured's premises?	<input type="checkbox"/>	<input type="checkbox"/>
B.	Are there any workers involved in works at height of more than 30 feet above floor or ground level? If yes, will there be any scaffolding works &/or other related activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
C.	Are there any workers involved in works involving explosives, dangerous or toxic chemicals, e.g. chemicals that are under the Poison Act?	<input type="checkbox"/>	<input type="checkbox"/>
D.	Are there any workers involved in excavation works, work in manholes or tunnels etc?	<input type="checkbox"/>	<input type="checkbox"/>
E.	Are there any workers involved in using heavy industrial machines that involve cutting, pressing, grinding etc?	<input type="checkbox"/>	<input type="checkbox"/>
F.	Are there any workers involved in lifting or hoisting operations, especially in public areas?	<input type="checkbox"/>	<input type="checkbox"/>
G.	Are there any workers required to work onboard vessels? If yes, what will be the maximum number of employees on board any vessel at any one time? Employees: _____	<input type="checkbox"/>	<input type="checkbox"/>
H.	Will there be any diving &/or related underwater activities pertaining to your business?	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL DATA COLLECTION STATEMENT

To evaluate, process and administer this application or transaction, it is necessary for us to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes information collected in this form, or in any document provided, or to be provided to us by you or from other sources.

A. Purpose of Collection

The personal data belonging to you and your insured/s may be collected, used and disclosed for the purposes of:

- a. carrying out identity checks;
- b. deciding whether to insure or continue to insure you and your insured persons;
- c. providing advice for product recommendation based on your profile;
- d. processing any claims under your policy, including the settlement of claims and any necessary investigations relating to the claims;
- e. communicating on any matters relating to the services and/or products which you are entitled to under this policy;
- f. responding to your inquiries or instructions and providing ongoing services, under your policy;
- g. making or obtaining payments and recovering any debt owed to us;
- h. detecting and preventing fraud, unlawful or improper activities;
- i. conducting market research and statistical analysis;
- j. coaching employees for customer service quality assurance;
- k. reinsuring risks and for reinsurance administration; and
- l. complying with all applicable laws, including reporting to regulatory and industry entities.

B. Disclosure of Data

The personal data belonging to you and your insured/s may be disclosed for the purposes set out in Section A above to the parties below:

- a. Third party service vendors, suppliers, agents, reinsurers, or intermediaries;
- b. Medical Professionals and Institutions;
- c. Local or overseas service third party vendors that provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- d. Debt collection agencies;
- e. Dispute resolution parties;
- f. Parties that assist us to investigate, administer and adjudicate claims;
- g. Financial institutions;
- h. Credit reference agencies;
- i. Industry associations; and
- j. To any regulatory, government and statutory body to comply with applicable, laws or regulation or upon their valid request.

C. Personal Data Access and Amendments

You can request access to your personal data collected by us, and to make any corrections to your personal data so as to keep it updated. We may charge you a reasonable fee for providing you with the service.

D. Marketing Option

Please indicate if you wish to receive marketing or promotional materials on our products or services via the following modes of communication. ;

- Telephone call Text Message Mail Email

If you do not indicate your option here, we will follow any existing option you may have indicated previously.

E. Withdrawal Option of the collection and use of your personal data

You may make your request to withdraw your consent, access or correct your personal data by writing to: The Data Protection Officer, EQ Insurance, 5 Maxwell Road, #17-00 Tower Block, MND Complex, Singapore 069110. Alternatively, you can email to dpo@eqinsurance.com.sg.

Neither EQ Insurance nor any of its employees shall be liable for any loss or damage suffered by you or any user as a result of any disclosure of any personal data which you have consented to us and/or any of its employees disclosing.

Altering on this "Personal data collection statement" is strictly prohibited. Any attempt to do so will be of no effect.

DECLARATION

I/We hereby declare that the particulars of this Proposal/Declaration 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 (under Section A, Sections 1 & 2 above) will not be covered under the Policy.

Signature of Employer and Company Stamp

Date:

Signature of Broker / Agent & Company Stamp
(Witness to Employer's Signature)

Date:

IMPORTANT NOTES

1. 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 S\$10,000 or to imprisonment for a term not exceeding one year or to both.
2. The information declared in this form may be made known to the Ministry of Manpower as and when required.
3. No liability is attached until this Proposal form is accepted by the Insurer.
4. 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.

FOR OFFICIAL USE

Accepted by:	Date:
Agent / Broker:	Code:

Policy Owners' Protection Scheme: This policy is protected under the Policy Owners' Protection which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact the Company or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).