

WORK INJURY COMPENSATION (WIC) INSURANCE

Important Notice under Section 25(5) of the Insurance Act (Cap 142)

If the Insured does not fully and faithfully give the facts as he knows them or ought to know them, the Insured may receive nothing from the policy.

The information is mandatory for submission to the Ministry of Manpower under the current licensed Work Injury Compensation Insurance regime.

GENERAL INFORMATION	
Entity Name (Insured)	
Business Registration No. (UEN)	
Address	
Nature of Business	
Insurance Policy Commencement Date	
Insurance Policy End Date	
Employees' Information <p>*"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 12 months starting on the Commencement Date of the Policy.</p> <p>Warning If the Insured under-declares the employees, job category or the Estimated Annual Earnings:</p> <ol style="list-style-type: none"> 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 (Average Condition), 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(3)(a)/(b). 	



MANDATORY WIC Insurance (for all manual workers or those involved in non-manual work with earnings up to S\$2,100 (w.e.f April 2020) or S\$2,600 (w.e.f April 2021).

NON-MANDATORY WIC Insurance (Please declare if you wish to cover the non-mandatory employees.)

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 with earning above S\$2,100 (w.e.f. Apr 2020) or \$2,600 (w.e.f. Apr 2021) is not compulsory, employers will still be required to pay compensation in the event of a valid claim.

EMPLOYEES TO BE INSURED (Please use separate listing in case of insufficient space below.)

(Please confirm all your employees are declared. Yes ☐ No ☐

If No, please advise

Category / Description of Occupations	No. of Employees	Estimated Annual Earnings* (\$\$)
All Manual workers		
Total		
All Non-manual workers		
Total		
All Employees in your Organisation		

EMPLOYEES BASED OVERSEAS

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

DO YOU WANT TO COVER ALL THE EMPLOYEES UNDER COMMON LAW? ☐ YES ☐ NO



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

If there were no claims incurred, please indicate "no claims" in the table below.

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

PREMIUM ADJUSTMENT & DECLARATION OF WAGES FOR EXPIRING PERIOD

Category / Description of Occupations	No. of Employees	Estimated Annual Earnings* (\$\$)
All Manual workers		
Total		
All Non-manual workers		
Total		
All Employees in your Organisation		



UNDERWRITING INFORMATION

Please declare if your employees are involved in work as defined below:

1	Prospecting, extraction and refining of liquid or gaseous fuels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Construction &/or demolition & operation &/or maintenance of major tunnels, bridges, dams & coffer dams & subaqueous work unless incidental to operations not otherwise excluded? "Major" refers to spanning more than 1KM in length "Incidental" refers to any works incidental to the actual operation &/or maintenance of the tunnels, bridges etc	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Excavation and tunneling works in connection with mining or quarrying for tunneling work	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Manufacture, storage, filling, breaking down and transportation of fireworks, ammunition, fuses, cartridges, powder, nitroglycerine, celluloid, pyroxylin or any explosive	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Offshore platforms and offshore rigs	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Oil companies - drillings, producing, refining and distributing (other than general distributors)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Any handling or Removal of Asbestos materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Quarry involving explosives or underground mining?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Airline &/or aircraft operators & airport operators? Exclusion does not extend to include maintenance & support work to the management of an airport	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Occupation involving railway operators or WIC for Hong Kong workers or Ship crews or Service in any kind of armed forces	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Any Wet works/ diving &/or related underwater activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Work on board vessels/ship building/ ship repairing If yes, what will be the maximum no. of employees on board any vessel at any one time? (Max 20 pax) No. of employees: _____ Scope of work: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Any work involving height of more than 30 feet (10m) above floor or ground level? If yes, what is the maximum height? _____ meter Does the work at height involve the following: a) Scaffolding/platform b) Gondolas c) Rope access d) External facade e) Others (please specify: _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
14	Any work involving excavation/tunnelling /manhole/sewer work/confined spaces? If yes, what is the maximum depth and length? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Any handling or exposure to nuclear or radioactive materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Have you been given demerits from MOM in the last 3 years	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please circle the options with relevant works applicable to your Organisation.*

If the above answer(s) is/are Yes, please provide details in respect of the scope of works.



DECLARATION

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.

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

IMPORTANT NOTICES:

- 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.



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, 77 Robinson Road, #12-01 Robinson 77, Singapore 068896. 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.

