Liberty Pte Limited
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Singapore 048583
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UEN | GST Reg. No. 201538069C
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Proposal/Declaration Form – Work Injury Compensation (Annual)

Please complete all sections to facilitate the processing of your application.

1. Statement pursuant to Section 23(5) of the Insurance Act 1966 or any subsequent amendments thereof. You are to disclose in the proposal form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void
2. The Work Injury Compensation Act 2019 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$2,100 or S$2,600 per month with effect from 1 April 2021) 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

Name of Producer & Producer Code: _____

Particulars of Proposer

Name of Proposer (Insured):	Business Registration/UEN No.:
_____	_____
Mailing Address: _____ Postal Code ( )	
Period of Insurance: From _____ To _____	
Nature of Business (Please provide full description[1]): _____	

[1] Please provide details of your work activities that your company undertakes.

Employees' 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 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 12 months immediately before the Commencement Date of the Policy.

Annual Earnings declared should be inclusive of normal wages, food and housing allowances, overtime payments, bonuses and annual wages supplements.

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Warning

If the Insured mispresents 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)

Employees to be Insured[2]

Please confirm all your employees are declared.
If no, please advise:

_____

Please select

Category/Description of Occupations	No. of Employees	Estimated Annual Earnings
All manual workers		
		S$
		S$
		S$
		S$
		S$
	Total	S$ 0.00
All non-manual workers		
		S$
		S$
		S$
		S$
		S$
	Total	S$ 0.00
	All employees in your organisation	S$ 0.00

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Claims Experience

Are there any claims for the past 3 years? If yes, please fill out the table below. Please select

UEN No.	Category/Description of Occupations	Date of Accident	Nature of Claims	Paid Claims	Outstanding Claims
				S$	S$
				S$	S$
				S$	S$

Premium Adjustment & Declaration of Wages for Expiring Period[2]

Category/Description of Occupations	No. of Employees	Past Annual Earnings
All manual workers		
		S$
		S$
		S$
		S$
	Total	S$
All non-manual workers		
		S$
		S$
		S$
		S$
	Total	S$
	All employees in your organisation	S$ 0.00

[2] Please use a separate listing in case of insufficient space above. If there are more than one employer, please submit a separate listing with each entity's name, corresponding UEN, no. of employees and wages

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Additional Information

1. Are any employees involved in manual works in connection with installation, erection, repair, testing, maintenance or construction outside insured's premises? If yes, please provide details. _____ Please state the largest projects/contracts you have undertaken in the past 5 years.	Please select

Project Title	Project Value	Description of Works
	S$	
	S$	
	S$	
	S$	
	S$	

2. Are any employees involved in works at heights of more than 30 feet above floor or ground level? If yes is selected, please advise on how the employees gain access to such heights by selecting from the options below.	Please select

☐ Gondola/Scaffolding/Boomlift ☐ Rope Access

☐ Others (please specify): _____

Occupation: _____ No. of Employees: _____ Estimated Annual Earnings: S$ _____

3. Are any employees involved in following activities:	
a. Handling of explosive, dangerous or toxic chemicals	Please select
b. Tank cleaning	Please select
c. Handling of asbestos products	Please select
d. Handling of radioactive substance and/or contamination (excluding radiographers)	Please select
e. Demolition works exceeding S$500,000 per contract	Please select

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f. Inspection, testing and maintenance of aircraft, and/or any works whilst in flight	Please select
g. Handling of firearm	Please select
h. Diving and/or any underwater activities with the use of apparatus	Please select
i. Tunnelling and/or Tunnel construction works	Please select
j. Works in manhole/confined spaces	Please select

Occupation: _____ No. of Employees: _____ Estimated Annual Earnings: S$ _____

If yes is selected for any of the above questions, please provide details:

_____

4. Are any employees involved in the use of table saw? Please select

Occupation: _____ No. of Employees: _____ Estimated Annual Earnings: S$ _____

5. Are your employees involved in any Welding and/or Hotwork process? Please select

Occupation: _____ No. of Employees: _____ Estimated Annual Earnings: S$ _____

6. Are any employees stationed outside Singapore? Please select
If yes, please state:

Occupation: _____ Estimated Annual Earnings: S$ _____ Duration (weeks/months/years): _____ Destination: _____

No. of Employees: _____ Nature of Work: _____

7. Are any employees involved in the use of 2-wheelers? Please select

Occupation: _____ No. of Employees: _____ Estimated Annual Earnings: S$ _____

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Additional Information

8. Has any insurance company ever refused your Work Injury Compensation Insurance Proposal or refused to renew your Workmen's Compensation Policy? If yes, please provide reasons. _____	Please select

Mode of Payment

☐ Credit Card through AXS Online/AXS Stations

- Select Liberty as the billing organisation

☐ Bank Transfer / PayNow Corporate

- Name of Bank: United Overseas Bank Ltd
- Account Number: 451-304-455-5
- PayNow UEN: 201538069C555
- Entity Name: Liberty Pte Limited
- Remarks: Enter Company Name and Contact Number
- Please provide a screen capture of the payment

Upon making payment, kindly email payment details and completed proposal form to sgservicecenter@libertymutual.com.

IMPORTANT NOTES

- The liability of the Company does not commence until this Proposal has been accepted by the Company.
- Unless exempted, any employer who fails to insure himself in accordance with the Work Injury Compensation Act 2019 shall be guilty of an offence and shall be liable on conviction to a fine or to imprisonment for a term or to both.
- The Insured will be deemed to be his own insurer to the extent of the shortfall in the total number of employees and/or Total Annual Wages declared and shall bear a ratable proportion of the liability accordingly.
- The information pertaining to Work Injury Compensation insurance declared in this form and any supporting documents attached to this proposal or supplied separately may be made known to the Ministry of Manpower. "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.
- Warning: If the Insured under-declares the employees' information or the Estimated Annual Earnings, the amount of the Company's indemnity to the Insured will be reduced proportionately by the extent of under-insurance and the Insured will bear its proportionate share of the liability under clause 13

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PREMIUM PAYMENT WARRANTY (CORPORATE)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days of the inception date of the coverage, failing which the Policy shall be deemed to be automatically cancelled and a pro-rata premium is to be charged for the period that the Company is on risk.

DECLARATION

I/We, the Proposer, declare and warrant that:

a) All information provided by me/us in connection with this application are true, accurate and complete
b) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself/us
c) 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.
d) If I/we do not fully and faithfully give the facts as I know them or ought to know them, I/we may receive nothing from the policy
e) I/We agree to the policy terms, exclusions and conditions as expressed in the proposal form, policy wordings and endorsements
f) By signing this form, I/we consent to Liberty Pte Limited ("Liberty") and its authorised service providers, related entities, and partners (collectively, "Appointees") collecting, using, and disclosing my/our personal data, and any personal data of other individuals provided by me/us, for purposes including: assessing and providing insurance products and services; policy administration, renewals, claims, and payments; compliance, audit, and regulatory reporting; research, analytics, and service improvement; and communication and customer support. I/we confirm that I/we have read and agree to Liberty's Privacy Policy, which explains how Liberty manages personal data, including cross-border transfers. If I/we provide personal data of other individuals, I/we warrant that I/we have obtained their consent (or consent from their legal representatives, where applicable) for these purposes. I/we understand that I/we may access, correct, or withdraw consent for my/our personal data at any time by contacting Liberty's Data Protection Officer at privacy.officer.ap@libertymutual.com, subject to legal and contractual obligations.

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
   c) I, in my personal capacity, agree to indemnify and keep Liberty Pte Limited and its Directors, officers, employees, agents, & contractors indemnified against all proceedings, costs, expenses, claims, liabilities, losses or damages if any part of this form turns out to be false, howsoever, on a strict liability basis, that is, even if my state of mind was unintentional, intentional, negligent, inadvertent, accidental, unknowing, etc

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IMPORTANT NOTICE TO SUBMITTER

If you, the submitter of this form, are submitting this form for another person who is the actual Proposer; and in consideration for Liberty processing this application upon your request:

a) You agree that you have been validly & legally authorised by the Proposer to do so; and
b) You warrant that you have shown this entire completed document to the intended Proposer and had obtained his/her agreement to everything; and
c) You, in your personal capacity, agree to indemnify and keep Liberty Pte Limited and its Directors, officers, employees, agents, & contractors indemnified against all proceedings, costs, expenses, claims, liabilities, losses or damages if any part of this form turns out to be false, howsoever, on a strict liability basis, that is, even if my state of mind was unintentional, intentional, negligent, inadvertent, accidental, unknowing, etc

_____
Signatory of Employer & Company Stamp

_____
Signatory of Witness & Company Stamp (if witness is broker/agent); or Name & NRIC No. (if witness is employee of Insured)

_____
Name & Designation of Submitter

_____
Name of Witness

_____
Contact No.

_____
NRIC No. of Witness

_____
Email

_____
Date

_____
Date

This policy is protected under the Policy Owners' Protection Scheme 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 us (sgservicecenter@libertymutual.com) or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).