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UEN | GST Reg. No. 201538069C
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Proposal/Declaration Form – Work Injury Compensation & Public Liability Work-on-Board Vessel (OBV)

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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Name of Proposer:	_____

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

All Manual Employees			
Category/Description of Occupations	OBV/NON-OBV	No. of Employees	Estimated Annual Earnings
	Please select		S$
	Please select		S$
	Please select		S$
	Please select		S$
		Total	S$ 0.00

All Non-Manual Employees			
Category/Description of Occupations	OBV/NON-OBV	No. of Employees	Estimated Annual Earnings
	Please select		S$
	Please select		S$
	Please select		S$
	Please select		S$
		Total	S$ 0.00
		All employees in your organisation	S$ 0.00

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Name of Proposer:	_____

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

All Manual Employees			
Category/Description of Occupations	OBV/NON-OBV	No. of Employees	Past Annual Earnings
	Please select		S$
	Please select		S$
	Please select		S$
	Please select		S$
	Please select		S$
		Total	S$ 0.00

All Non-Manual Employees			
Category/Description of Occupations	OBV/NON-OBV	No. of Employees	Past Annual Earnings
	Please select		S$
	Please select		S$
	Please select		S$
	Please select		S$
	Please select		S$
		Total	S$ 0.00
		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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Name of Proposer: _____

Additional Information

1. Are any workers involved in manual works in connection with installation, erection, repair, testing, maintenance, demolition or construction outside insured's premises? _____ 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$	

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
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

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Name of Proposer: _____

Additional Information

i. Tunnelling and/or Tunnel construction works — Please select

j. Works in manhole/confined spaces — Please select

k. Shipbuilding and/or hull construction and/or ship breaking — Please select

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

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

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 involved in the use of 2-wheelers? Please select

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

7. What is the maximum number of employees involved in work-on-board per vessel any one time?

8. (A) For Non OBV employees:
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: _____

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Name of Proposer:	_____

Additional Information

(B) For OBV employees: Please complete the following:		Please select
	Work-on-Board offshore oil-rigs/platform	Sail with the vessel to complete the contract/assignment
i. Maximum no. employees working-on-board offshore oil rigs/platform each time		
ii. Occupation		
iii. Estimated Annual Wages		
iv. Nature of Work		
v. Location of offshore oil rigs/platform		
vi. Average duration per trip		
vii. Frequency of such trips per month		

9. Has any insurance company ever refused your Proposal or refused your renewal? If yes, please provide reasons. ☐ Work Injury Compensation Insurance _____ ☐ Public Liability Insurance _____	Please select

Annual Turnover (for Public Liability Insurance only)

On Board Vessel Related Business: S$_____	Non-on Board Vessel Related Business: S$_____

Limit of Indemnity (for Public Liability Insurance only)

Anyone Accident: S$_____	Any One Period of Insurance: Unlimited

ST Engineering Marine Ltd extension top up to S$500,000 any one accident and unlimited any one period Additional Premium: S$1,500.00 before prevailing GST	Please select

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Name of Proposer: _____

Claims Experience

Work Injury Compensation/Employers' Liability Insurance

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/Description of Claims	Paid Claims	Outstanding Claims
				S$	S$
				S$	S$
				S$	S$

Public Liability Insurance

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

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

List of Shipyards

Please check (✓) in the boxes beside the shipyards where the company carries out work

Major Shipyards

- ☐ SEATRIUM LIMITED AND/OR JURONG SHIPYARD PTE LTD AND/OR SEATRIUM (SG) PTE. LTD. AND/OR SEATRIUM O&G (INTERNATIONAL) PTE. LTD. AND/OR SEATRIUM REPAIRS & UPGRADES PTE. LTD. AND/OR SEATRIUM FIXED PLATFORMS PTE. LTD. AND/OR SEATRIUM SPECIALISED SHIPBUILDING PTE. LTD. AND/OR THEIR SUBSIDIARY AND/OR AFFILIATED AND/OR ASSOCIATED COMPANIES AND/OR SEATRIUM CONTRACTORS PTE. LTD. AND/OR ITS REGISTERED CONTRACTORS
- ☐ SEATRIUM OFFSHORE & MARINE LIMITED, SEATRIUM NEW ENERGY LIMITED, SEATRIUM O&G (AMERICAS) LIMITED, AND/OR THEIR SUBSIDIARIES AND/OR AFFILIATED AND/OR ASSOCIATED COMPANIES
- ☐ ST ENGINEERING MARINE LTD
- ☐ PPL SHIPYARD PTE LTD
- ☐ Any Other shipyards in Singapore
  (Kindly specify Name of Shipyard if its name is required to be reflected:

  _____)
- ☐ Any Other shipyards outside Singapore
  (Kindly specify Name of Shipyard if its name is required to be reflected:

  _____)

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Name of Proposer: _____

Mode of Payment

☐ Credit Card through AXS Online/AXS Stations

☐ Bank Transfer / PayNow Corporate

- Select Liberty as the billing organisation

- 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 Accountsreceivable.sg@libertymutual.com.

IMPORTANT NOTES

a) The liability of the Company does not commence until this Proposal has been accepted by the Company.
b) 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.
c) 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.
d) 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.
e) "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.
f) 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

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.

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Name of Proposer: _____

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
g) I/We 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

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

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

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Name of Proposer: _____

_____
Signatory of Employer & Company Stamp

_____
Name & Designation of Submitter

_____
Contact No.

_____
Email

_____
Date

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

_____
Name of Witness

_____
NRIC No. of Witness

_____
Date

This Work Injury Compensation Insurance 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).