



7 Temasek Boulevard, #10-01 Suntec Tower One, Singapore 038987  
 Tel: 63374779 Fax: 63389267 (Company Registration No: 198901301C)

## WORK INJURY COMPENSATION INSURANCE PROPOSAL FORM

### IMPORTANT NOTICE

1. Pursuant to Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you must tell us (ECICS Ltd) in this Proposal Form fully and faithfully all facts which you know, or ought to know. Otherwise, you may receive nothing from the Policy.
2. Our liability in respect of this proposal does not commence until acceptance has been communicated by us to you.
3. Our policy carries a Premium Payment Warranty. Coverage under the Policy will be automatically terminated pursuant to the terms of the Premium Payment Warranty if the premium is not paid in full within 60 days from the commencement of the cover.
4. You must answer all the questions in this Proposal Form. Any questions not answered will be taken as answered in the negative.
5. The Work Injury Compensation Act (the "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\$1600 per month) is not compulsory, employers will still be required to pay compensation in the event of a valid claim.

Intermediary Name: \_\_\_\_\_ Intermediary Code: \_\_\_\_\_

### INSURED'S PARTICULARS

Name of Employer (Proposer) \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_

Places of Employment: \_\_\_\_\_

#### **Section A (for Annual policies)**

Section 1 – Employees to be insured for compensation under the Act and Common Law				
No. of Employees	Category / Description of Occupations	Est. Annual wages, salaries and other monetary earnings	FOR OFFICE USE ONLY	
			Rate (%)	Premium
<b>TOTAL</b>				

**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 OFFICE USE ONLY	
			Rate (%)	Premium
<b>TOTAL</b>				

Are there any employees based outside Singapore? YES / NO

If "YES", kindly provide the following details:

Country Based In	No. of Employees	Nature of Work	Estimated Wages

**Section B (for Project policies)**

Contract Title: \_\_\_\_\_

\_\_\_\_\_

Contract Period: \_\_\_\_\_ to \_\_\_\_\_ (inclusive of maintenance period)

Estimated wage roll of contract: \_\_\_\_\_

\_\_\_\_\_

**Section C (Claims Experience)**

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 SGD	Number	Amount SGD

## Section D (Other Information)

1. Do you wish to insure employees of sub-contractor ?  Yes  No  
(If yes, please provide name of sub-contractor, nature of work sub-let and amount)  
(For the avoidance of doubt, ECICS will not be liable in any event where the insured party seeking an indemnity under the Policy is not the direct and/or immediate employer of the employee seeking compensation under the Act or at common law)
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2. Are there any employees involved in the following :-
- a) Manual works in connection with installation, erection, repair, maintenance, testing, demolition or construction outside the insured's premises ?  Yes  No
- b) Works at a height of more than 30 feet above floor or ground level ?  Yes  No  
- if yes, will there be any scaffolding/gondola works and/or other related activities ?
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- c) Works involving explosives, gases, dangerous or toxic chemicals such as chemicals that are under the Environmental Protection and Management Act (EPMA)?  Yes  No
- d) Works involved in excavation, work in manholes, underground or tunnels etc ?  Yes  No
- e) Works involved in using heavy industrial machines that involve cutting, pressing, grinding etc ?  Yes  No
- f) Works involved in using circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power ?  Yes  No  
If yes, please provide details \_\_\_\_\_
- g) Works involved in lifting or hoisting operations especially in public areas?  Yes  No
- h) Works on board vessel in shipyards  Yes  No  
If yes, please state the maximum no of employees on board any one time \_\_\_\_\_
- i) Diving and/or related underwater activities ?  Yes  No
3. Are you at present proposing (excluding this Proposal Form), or have you ever proposed for an insurance in respect of your liability to your employees? If yes, please state  Yes  No
- (i) Name of Insurer : \_\_\_\_\_
- (ii) Estimated Annual Earnings : \_\_\_\_\_
4. Have you carried out all the obligations imposed on you by the Laws and Regulations governing the use, conduct or maintenance of your Premises ?  Yes  No
5. Has any insurer ever, in respect of WICA Insurance :  Yes  No  
Declined your proposal and / or cancelled your policy?  Yes  No  
Refused to renew your policy?  Yes  No  
Required an increase premium or impose new terms on renewal?  Yes  No  
If you have answered YES to any of the above, please provide details
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## DECLARATION

- For the purpose of this proposal, the undersigned being an authorised representative of the Proposer and any other parties to be included for this insurance declare that the statements herein are true, accurate and complete; otherwise the policy issued may be void. ECICS Ltd is authorised to make any inquiry in connection with this proposal. Neither the acceptance of this proposal nor the making of any further inquiry will bind ECICS Ltd to complete the insurance.
- The information contained in and submitted with this proposal is on file with ECICS Ltd and along with the proposal is considered physically attached to the Policy and will become part of it. ECICS Ltd has relied upon this proposal and attachments in issuing the Policy. The undersigned authorised representative proposed for this insurance agrees that the information contained in and submitted with this proposal is deemed material to the risk assumed by ECICS Ltd.
- If the information in this proposal materially changes between the date this proposal is signed and prior to the inception date of the Policy, the proposer will notify ECICS Ltd, who may modify or withdraw the quotation and/or revise the terms of the Policy.

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Designation:

\_\_\_\_\_  
Signature & Company Stamp:

\_\_\_\_\_  
Date: