

Work Injury Compensation Insurance (Unnamed basis) Application/Declaration Form (Annual policy)

Statement under section 23(5) of Insurance Act 1966 (or any future amendments to it)

You must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for.
Otherwise, the insurance policy may not be valid.

Important notes

1. This insurance is subject to the premium being paid and received in full by Income Insurance Limited ("Income"):
 - (a) before the inception date where the Policy is issued to an individual; or
 - (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
2. The liability of Income shall only commence when this application/declaration form is accepted and premium is paid in accordance to Point 1 above.
3. 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.
4. 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.
5. The information declared in this form may be made known to the Ministry of Manpower as and when required.
6. This form is not a contract of insurance. Full details of the terms, conditions and exceptions of this insurance are provided in the policy documents and will be sent to you upon acceptance of your application.
7. Income reserves the right to request for more information.

Important notes pursuant to The Work Injury Compensation Act 2019

1. If there are multiple entities to be insured, please use the excel template as enclosed to fill in the information for each entity.
2. It is MANDATORY to provide the Unique Entity No. (UEN) and declare the correct headcount of each category of employee under the Insured's employment and their Estimated Annual Earnings for verification purposes and submission to Ministry of Manpower (MOM).

General Information

Entity Name (Insured)	Policy No.
Contact No. (Office) (Handphone)	UEN.
Address	Email
Name of company's contact person	Designation of company's contact person
Nature of Business	Period of insurance (dd/mm/yyyy) From To
Place of Employment	

Section A - New/Renewal

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.

Warning

If the Insured misrepresents the number of employees, category of employee/job category or the Estimated Annual Earnings:

1. The amount of the Income'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 Income may recover this amount from the Insured under clause 13, or
2. Income 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).

Section 1 – Mandatory WIC Insurance

(Categorise foreign workers (Work Permit & S-pass holders) separately)

As an employer, you are required by law to purchase work injury compensation (WIC) insurance for:

1. All employees doing manual work, regardless of salary level.
2. All employees doing non-manual work, earning less than S\$2,100 (w.e.f. Apr 2020) or \$2,600 (w.e.f. Apr 2021)

Category / Description of Occupations	No. of employees	Est. Annual wages, salaries and other monetary earnings	Brief Description of Job Scope
Foreign Workers (Work Permit & S-Pass Holders)			
All others			
Combined total			

Section 2 – Non-Mandatory WIC Insurance

The Work Injury Compensation Act 2019 covers all employees regardless of their level of earnings. Whilst insurance is not compulsory under the Act for employees involved in non-manual work with earnings above S\$2,100 (w.e.f. Apr 2020) or \$2,600 (w.e.f. Apr 2021), employers will still be required to pay compensation in the event of a valid claim.

For this group of employees, do you want to insure them?

Please tick (✓) the appropriate box

Yes ☐

No ☐

Category / Description of Occupations	No. of employees	Est. Annual wages, salaries and other monetary earnings	Brief Description of Job Scope
Total			

Do you have any employees seconded outside of Singapore?

Please tick the appropriate box.

Yes ☐

No ☐

If yes, please specify either in Section 1 or 2 above

Are you insuring all employees in your company under

this policy? Please tick the appropriate box

Yes ☐

No ☐

	Total No. of employees in your organisation insured under this policy	Total Estimated Annual Earnings in your organisation (S\$) insured under this policy
Total (Sections 1 + 2)		

Section 3 – Claims experience for the past 3 years, as at _____ (Month/Year)

Period of Insurance (dd/mm/yyyy)		Category/Description of Occupations / No. of employees	Paid claims for period		Outstanding claims for period	
From	To		No.	Amount (S\$)	No.	Amount (S\$)

Section B - Premium Adjustment and Declaration of Actual Wages (Past year)

Actual Wages Declaration for expiring period from: _____ **to** _____

Categorise foreign workers (Work Permit & S-pass holders) separately

Category / Description of Occupations	No. of employees	Actual annual wages, salaries and other monetary earnings
Foreign Workers (Work Permit & S-Pass Holders)		
All others		
Combined total		

Declaration

I/We hereby declare that the particulars of this Application/Declaration Form are true and I/We agree that this Application/Declaration shall form part of the basis of the Contract between me/us (the Insured) and Income.

I/We further agree that employees indicated as not insured under the non-mandatory WIC insurance section above, or not included in this Application/Declaration, will not be covered under the Policy.

By submitting information to Income,

- (1) The Insured agrees and gives consent for Income 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 Income:
 - (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 Income'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.

Signature of employer & company stamp

Date (dd/mm/yyyy)

For official use

Intermediary's name

Intermediary's code

Date (dd/mm/yyyy)