

Chubb Work Guard

Proposal and Declaration Form

Important Notices

“You” “your” “Employer” where used in this Proposal Form means the Insured and if more than one, each and every one of them.

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.

If there are multiple entities to be insured, please use the excel template to fill in the information for each entity.

Chubb reserves the right to request for more information. **No liability is attached until Chubb receives written notice of the Proposer’s acceptance of Chubb’s quotation.** All monetary values shall be deemed to be expressed in Singapore Dollars. Please stamp and initial at the bottom of each page of the form.

For Official Use Only

Broker/Agent _____ Account No. _____

General Information

Name of Entity (Insured) _____

Business Registration No. (UEN) _____ No. of years in operation _____

Address _____

Nature of Business _____

Tel No. _____ Email _____

Website (if any) _____

Insurance Policy Commencement Date D Month YYYY Insurance Policy End Date D Month YYYY

- 1) For New Business, please complete Part A & C
- 2) For Renewal Business, Please complete Part A, B & C

Part A. For Annual Policy

Employees to be insured for Act Benefits and Common Law. All employees within the same category must be insured.

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.

The types of remuneration that constitute “Earnings” are set out in Section 2 of the Work Injury Compensation Act 2019.

Warning

If the Insured misrepresents 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).

(I) Mandatory WIC Insurance

Category of Employee	No. of Employees	Job Category	Estimated Annual Earnings
All manual employees regardless of earnings			S\$
			S\$
			S\$
			S\$
			S\$
All non-manual employees with earnings up to S\$2,100 (w.e.f. April 2020) or S\$2,600 (w.e.f. April 2021)			S\$
			S\$
			S\$
			S\$
			S\$

(II) 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. April 2020) or S\$2,600 (w.e.f. April 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 below	No. of Employees	Job Category	Estimated Annual Earnings
<input type="checkbox"/> Yes			S\$
<input type="checkbox"/> No			S\$
			S\$
			S\$

(III) Total No. of employees and Estimated Annual Earnings in your organisation

	Total No. of employees in your organisation	Total Estimated Annual Earnings in your organisation
Total		S\$

(IV) Insured's known and/or reported work injury and/or employer's liability losses (including circumstances which may give rise to claim) incurred during the last 5 years - regardless whether uninsured or insured by annual or project-specific insurances.

Date of loss	Date reported	Description of loss circumstances, type and extent of injury	Paid	Outstanding / Reserve	Claim Status
			S\$	S\$	
			S\$	S\$	
			S\$	S\$	
			S\$	S\$	
			S\$	S\$	

(V) Please place a tick in the relevant boxes.

1. Do you have a Workplace Safety and Health Management Programme in place? Yes No
If **Yes**, please attach a copy of your latest Risk Assessment Register.

2. Safety Management Accreditation, if any. Yes No
Please specify your BizSAFE level. 1 2 3
 4 5

3. Are any of your employees involved in the following works?

a. Demolition Yes No

b. Height of more than 5 metres above floor or ground level Yes No

If **Yes**, please state the maximum and average height involved: _____

c. Scaffolding erection or dismantling Yes No

d. Explosives, dangerous or toxic substances e.g. chemicals that are regulated under the Poisons Act Yes No

e. Manual and / or handheld power tool that involve cutting, pressing, grinding, etc Yes No

f. Welding and / or hot work Yes No

4. Do you have more than 600 employees present at the same time at one location? Yes No
If **Yes**, please state the address and occupancy type of the location.

Address _____

Occupancy Type Office Warehouse Factory Others

5. Maximum number of employees / Frequency and duration of those who will be working at any one of the following locations at any one time:

	Maximum No. of Employees	Frequency	Duration
a. on board any one vessel docked at the shipyard / jetty			
b. on board any one conveyance (e.g. aircraft, vessel) offshore			
c. any one offshore rig or platform			
d. underground at any one work site			
e. underwater at any one work site			
f. any one petrochemical location			
g. at airside premises including runways and hangars			

Part B. Declaration of Earnings for Expiring Period of Insurance (Applicable for Renewal Business only)

Insurance Policy Commencement Date D Month YYYY Insurance Policy End Date D Month YYYY

Please tick if Actual Annual Earnings for Expiring Period of Insurance is the same as the Estimated Annual Earnings in Part A above

(I) Mandatory WIC Insurance

Category of Employee	No. of Employees	Job Category	Actual Annual Earnings
All manual employees regardless of earnings			S\$
			S\$
			S\$
			S\$
			S\$
All non-manual employees with earnings up to S\$2,100 (w.e.f. April 2020) or S\$2,600 (w.e.f. April 2021)			S\$
			S\$
			S\$
			S\$
			S\$

(II) 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. April 2020) or S\$2,600 (w.e.f. April 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 below	No. of Employees	Job Category	Actual Annual Earnings
<input type="checkbox"/> Yes <input type="checkbox"/> No			S\$
			S\$
			S\$
			S\$

(III) Total No. of employees and Actual Annual Earnings in your organisation

	Total No. of employees in your organisation	Total Actual Annual Earnings in your organisation
Total		S\$

Part C. 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.

Contact Us

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Name of the Insured employer or the
Policyholder on behalf of all the Insured
employers

Authorised Signature

Date

Chubb. Insured.™