

Work Injury Compensation Insurance Proposal Form

Workplace Protect





Disclosure Notice

Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof: you are to disclose in the application, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void and you may receive no compensation from the policy.

4. Other Underwriting Information

- a. Does your company have a formal written safety program? Yes No
 Attach a copy of the safety program, if any.
 If no, explain:

- b. Are any employees involved in manual works in United States/Australia/Canada? Yes No
 If yes, which category/categories of employees:

- c. Are any employees involved in works in connection with explosives, dangerous or toxic chemicals or asbestos? Yes No
- d. Are any employees involved in diving and/or underwater activities in connection with the business? Yes No
 If yes, please request and complete the Divers' Questionnaire.
- e. Are any employees involved in works in connection with tunnels/manholes/excavation and/or underground works?
- f. Identify new operations which will begin within the next 12 months.

5. Claims and/or Loss Experience

- a. After investigation, please provide claims experience over the last five years.

Dates		# Claims Reported	Amount paid & Outstanding (SGD)	Description of claim
From	to			
From	to			
From	to			
From	to			
From	to			

- b. After investigation, are you aware of any circumstances which could give rise to a claim under the proposed Policy and which are not mentioned above? Yes No
 If "Yes", please provide details

6. Previous Insurance History

Who is your current insurer for work injury compensation? _____

After investigation have you ever had any:

- a. Insurance declined or cancelled? Yes No
- b. Renewal refused? Yes No
- c. Special conditions imposed? Yes No

d. Claims denied for this class of insurance?

Yes No

7. Broker Information

Broker Name:

Broker Address:

Declaration

I declare that to the best of my knowledge and belief the answers given above and any documents submitted represent the true position and that I have not withheld any material information from this Proposal. I agree that this Proposal and any accompanying documents shall form or partly form the basis of the contract proposed. I am authorised by the proposed Insured to make this declaration on its behalf.

Signed

Print Name

Title

Dated

Insert Company Stamp

Checklist

Have you:

Answered all questions on this Proposal Form?

Provided all required attachments?

Signed and dated this Proposal Form?