

# CONSTRUCTION INDUSTRY

## Important Notice

Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof: You are to disclose in this Proposal, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void and you may receive nothing from the policy.

## QUESTIONNAIRE

1.	Does your company arrange a toolbox meeting before the start of a job or work shift?	Yes	No
2.	How are manual employees trained?		
3.	Do you ensure all your employees wear personal protective equipment as required according to WSH Guidelines?	Yes	No
	Please list mandatory personal protective equipment employees must wear when on site.		
4.	Are there any employees who are exposed to prolonged noisy environments?  If yes, what are the prevention programmes and risk management processes in place?	Yes	No

5.	<p>Are your employees required to work in confined space* eg. tanks, manholes, pipes, pits or silos?</p> <p style="text-align: right;">Yes      No</p> <p>If yes, what is the maximum number of employees working in a confined space at any one time?</p>																		
	<p>Are your employees required to conduct piling works?</p> <p style="text-align: right;">Yes      No</p> <p>If yes, to what depth?</p>																		
6.	<p>Are there any employees who are currently covered under Project WICA Insurance?</p> <p style="text-align: right;">Yes      No</p> <p>If yes, please provide the following:</p>																		
	<p>a. Are these employees also covered under your Annual WICA Insurance?</p> <p style="text-align: right;">Yes      No</p> <p>If yes, do you intend to continue providing cover for these employees during the proposed period of insurance?</p> <p style="text-align: right;">Yes      No</p> <p>If no, do you intend to provide cover for these employees during the proposed period of insurance?</p> <p style="text-align: right;">Yes      No</p>																		
	<p>b. Categories of Employees, Headcount &amp; Total Annual Wages under your annual WICA whom are currently covered under Project WICA Insurance:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e1eef6;"> <th style="padding: 5px;">Categories of Employees</th> <th style="padding: 5px;">Headcount</th> <th style="padding: 5px;">Total Annual Wages</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> </tbody> </table> <p style="margin-top: 10px;">Please use separate worksheet/s if needed.</p>	Categories of Employees	Headcount	Total Annual Wages															
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c. List of Project WICA Insurance in the past 5 years including ongoing projects with the following information:

	1	2	3
Contract Title:			
Contract Work:			
Contract Value:			
Contract Period (including Maintenance Period):			
Principal:			
Insurer			
Claims Experience since commencement of project:			
Is there any plan to terminate such policy(ies)?			

Please use separate worksheet/s if needed.

7. Please provide the past 5 years total annual wages and claims experience including claims filed under Project WICA Insurance (if any)

Year	Total Annual Wages	Total Paid Claims	Total Reserves Amount	No. of Claims	Loss Description

Please also provide the detailed claims statistics of each claim separately.

8. If there are claims in the past 5 years, please provide your mitigation plan.

**\*Definition of confined space**

Any chamber, tank, pit, pipe, flue including any other similar spaces in which dangerous airborne substances are liable to be present to pose the risk of fire/explosion, persons overcome by toxic substances, asphyxiated from lack of oxygen. Not meant/ designed for human occupancy. Limited ventilation or limited to opening

**ATTENTION: INCOMPLETE FORM WILL NOT BE ATTENDED TO**

**DECLARATION AND CONSENT**

**NOTE: SIGNING THIS PROPOSAL DOES NOT OBLIGATE THE PROPOSER TO PURCHASE THIS INSURANCE.**

1. I/We declare that the statements and particulars in this proposal are true and that no material facts have been misstated or suppressed after enquiry. I/We agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance affected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance of assessment of risk.
2. I/We further agree that Employees not included in the Categories of Employees will not be covered under the Policy.
3. By submitting information to AIG, I/we agree and give consent for AIG 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 AIG;
  - a. Workforce size and aggregate payroll for all, or any class of employees;
  - b. Number of compensation cases and amount of work injury compensation paid or payable or all, or any class of employees.
4. By submitting information to AIG relating to any identifiable individual, I/We represent and warrant that I/We have the authority to provide that personal information to AIG. With respect to any individual about whom I/We provide personal information to AIG, I/We undertake and warrant that:
  - i. I/We have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed or transferred by AIG, as set out in the consent clause contained at (ii) below; and
  - ii. the individual agrees and consents that AIG may collect, use and process his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such personal information to the following, whether in or outside of Singapore: (i) AIG's group companies; (ii) AIG's (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, his/her authorised agents or representatives, legal process participants and their advisors, other financial institutions; (iv) governmental / regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in AIG's Data Privacy Policy which include:
    - (a) Processing, underwriting, administering and managing his/her relationship with AIG;
    - (b) Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
    - (c) Compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;
    - (d) Managing AIG's infrastructure and business operations; and
    - (e) Carrying out market research and analysis and satisfaction surveys.

Note: Please refer the individual to the full version of [AIG's Data Privacy Policy \(www.aig.sg/privacy\)](http://www.aig.sg/privacy) before you provide the above representation and warranty.

Name:	
Title:	
Signature:	
Date:	



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Additional information about AIG can be found at [www.aig.com](http://www.aig.com) and at [www.aig.sg](http://www.aig.sg) | YouTube: [www.youtube.com/aig](https://www.youtube.com/aig) | Twitter: [@AIGinsurance](https://twitter.com/AIGinsurance) [www.twitter.com/AIGinsurance](https://www.twitter.com/AIGinsurance) | LinkedIn: [www.linkedin.com/company/aig](https://www.linkedin.com/company/aig). These references with additional information about AIG have been provided as a convenience, and the information contained on such websites is not incorporated by reference into this material.

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**AIG Asia Pacific Insurance Pte. Ltd.**

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