



WORK INJURY COMPENSATION INSURANCE / PUBLIC LIABILITY INSURANCE

Important Notice

1. 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 nothing from the policy.
2. The Work Injury Compensation 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 S\$2,100 or more per month) is not compulsory, employers will still be required to pay compensation in the event of a valid claim
3. AIG may request further information.

As per the principal of Utmost Good Faith the insured must declare all risk exposure that is material to the underwriting and acceptance of the risk. If any non-disclosure is apparent AIG reserves the right to seek reimbursement for costs associated with any such non-disclosure.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please visit the AIG, GIA or SDIC websites (www.aig.sg, www.gia.org.sg or www.sdic.org.sg).

To:	Casualty Department	Email Address:	agt.lia@aig.com
Date of Submission:	(DD/MM/YYYY)		
Name of Producer:		Email Address:	
Producer Code:		Contact No.:	

PLEASE COMPLETE ALL RELEVANT SECTIONS TO ENABLE US TO PROVIDE YOU WITH A QUOTATION

GENERAL INFORMATION

Name of Employer / Proposer (include all subsidiaries):		UEN No.	
Principal Address:			
Telephone No.:		Email Address:	
Nature of Business:			
Period of Insurance:	From: (DD/MM/YYYY)		To: (DD/MM/YYYY)
Number of years in operation:			
Website (if any):			



SECTION 1: WORK INJURY COMPENSATION INSURANCE – CATEGORIES OF EMPLOYEES

I wish to purchase Common Law / Employers Liability Limit: \$10,000,000.00

Yes

No

Only categories listed will be covered.

WORK INJURY COMPENSATION INSURANCE – MANDATORY WIC INSURANCE

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

WORK INJURY COMPENSATION INSURANCE – NON-MANDATORY WIC INSURANCE

The Work Injury Compensation 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 with earning above S\$2,100 (w.e.f. Apr 2020) or \$2,600 (w.e.f. Apr 2021) are not compulsory, 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:	Please provide the following information for both “Yes” or “No”:			
	UEN	Job Category	No. of Employees	*Estimated Annual Earnings (S\$)
Yes				
No				

VOLUNTARY WORK INJURY COMPENSATION INSURANCE (Not within legislation)

Are there any employees based outside of Singapore?	Yes	No		
If Yes, please provide the following details:				
UEN	Country based in:	Job Category:	No. of Employees:	*Est. Annual Earnings (S\$)
*in addition to the above information please provide the Full Name, Passport No/ID No, Nationality & D.O.B if the employees are permanently residing outside of Singapore				
Territory to be covered:				

*Definition of Annual Wages

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 under-declared the 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).

SECTION 2: PUBLIC LIABILITY INSURANCE

List all locations to be insured under this policy including principal address if insurance required.

(If more space is required, please list locations on the sheet provided at the end of this document.)

Note: Any locations not listed will not be covered.

Address	Occupancy	Leased / Owned	if Owned, Date of Purchase	Construction Type	Brief Description of Surrounding Properties

Estimated Annual Turnover
 (provide geographical split if coverage is required in more than one country for next 12 months)

 (Provide split between different operations if applicable)

Are you involved in project works? If Yes, please state:	Yes No
Maximum Contract Value:	
Average Contract Value:	
Limit of Liability Required:	
Territory to be covered:	
What is your current policy deductible?	

SECTION 3: WORK INJURY COMPENSATION INSURANCE / PUBLIC LIABILITY INSURANCE – ADDITIONAL INFORMATION		
1	Are any workers involved in manual works in connection with installation, erection, repair, maintenance, testing, demolition, or construction outside insured's premises? If Yes a supplementary questionnaire may be provided	Yes No
2	Are any workers involved in works at a height of more than 30 feet above floor or ground level?	Yes No
	If Yes, please state the maximum and average height involved: Maximum: Average:	
	(i) Access by scaffolding?	Yes No
	(ii) Erection of scaffolds?	Yes No
	(iii) Any other access?	Yes No
	If Yes, please state:	
3	Are any workers involved in works involving explosives, dangerous or toxic chemicals e.g. chemicals that are under the Poison Act or Gases? If Yes a supplementary questionnaire may be provided	Yes No

4	<p>Are any workers involved in excavation/piling/blasting works, work in manholes, underground or tunnels, degassing or tank cleaning etc.?</p> <p>If Yes, please state the maximum number at any time:</p>	Yes	No
5	a. Are any of the workers involved in using heavy industrial machines that involved cutting, pressing, grinding, hot works or welding etc?	Yes	No
	b. Are any of your workers involved in lifting or hoisting operations especially in public areas?	Yes	No
6	<p>Are any workers required to work onboard vessels or oilrigs, etc?</p> <p>If Yes, please state the maximum number of employees onboard any vessel any one time:</p> <ul style="list-style-type: none"> - Shipyard/Jetty: - Offshore Works: 	Yes	No
7	Will there be any Diving &/or related Underwater activities pertaining to your business?	Yes	No
8	<p>Is there any shipyard requirement to be fulfilled?</p> <p>If yes, please provide the necessary shipyard requirements.</p>	Yes	No
9	<p>Has your company been accredited with bizSAFE and if so what level?</p> <p>Do you have any active safety improvement plans in place?</p> <p>If Yes, how often is this being reviewed?</p>	Yes	No
10	Do you have a dedicated risk manager or safety officer?	Yes	No
11	<p>Are you premises together with your plant, equipment and machinery in good condition and well maintained?</p> <p>(Please provide property survey report if applicable.)</p>	Yes	No
12	Do any of your business activities produce toxic waste or other pollutants which have the potential to cause bodily injury or property damage?	Yes	No
	<p>Do you store more than 2,000 litres of chemical, oils or other liquids or powders which could pollute the environment?</p> <p>If Yes, please provide details including specified items, quantities, method of storage, disposal and safety measures in place</p>	Yes	No
13	Do you ensure that the sub-contractors have adequate liability insurance in force with an indemnity limit at least as high as that which you are arranging and do you ensure that such insurance are maintained and in force?	Yes	No

14	Does your Company have quality systems according to ISO 9000 or ISO 14000?	Yes	No
15	Has any Insurer declined, cancelled or not renewed any of the company's insurance cover in the past 5 years?	Yes	No

SECTION 4: OTHER ADDITIONAL INFORMATION

Loss Experience

Have you had any claims under any similar insurances in the past 5 years? Yes No

If Yes, please provide details.

(If more space is required, please provide details on the sheet provided at the end of this document.)

Claim Experience for the last 5 years:

A. Work Injury Compensation

Current Insurer:					
Insurance Period	Policy	Date of Claim	Paid Amount	Outstanding Amount	Details of Claims

B. Public Liability

Current Insurer:					
Insurance Period	Policy	Date of Claim	Paid Amount	Outstanding Amount	Details of Claims

ATTENTION: INCOMPLETE PROPOSAL FORM WILL NOT BE ATTENDED TO

DECLARATION

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 this 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.

Authorised Signature of Insured/ Employer Company Stamp	
Name and Designation of Company's Contract Person	
Company Emails Address	
Company Contact No.	
Date:	

Additional Sections – if space is required in previous sections.

SECTION 4: OTHER ADDITIONAL INFORMATION

Loss Experience – Use this space to add more information

Claim Experience for the last 5 years:

A. Work Injury Compensation

Current Insurer:					
Insurance Period	Policy	Date of Claim	Paid Amount	Outstanding Amount	Details of Claims

B. Public Liability

Current Insurer:					
Insurance Period	Policy	Date of Claim	Paid Amount	Outstanding Amount	Details of Claims



American International Group, Inc. (AIG) is a leading global insurance organization. Building on 100 years of experience, today AIG member companies provide a wide range of property casualty insurance, life insurance, retirement solutions, and other financial services to customers in more than 80 countries and jurisdictions. These diverse offerings include products and services that help businesses and individuals protect their assets, manage risks and provide for retirement security. AIG common stock is listed on the New York Stock Exchange.

Additional information about AIG can be found at www.aig.com and at www.aig.sg | YouTube: www.youtube.com/aig | Twitter: [@AIGinsurance](https://twitter.com/AIGinsurance) www.twitter.com/AIGinsurance | LinkedIn: 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.

AIG is the marketing name for the worldwide property-casualty, life and retirement, and general insurance operations of American International Group, Inc. For additional information, please visit our website at www.aig.com and at www.aig.sg. All products and services are written or provided by subsidiaries or affiliates of American International Group, Inc. Products or services may not be available in all countries and jurisdictions, and coverage is subject to underwriting requirements and actual policy language. Non-insurance products and services may be provided by independent third parties. Certain property-casualty coverages may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds, and insureds are therefore not protected by such funds.

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