



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\$1,600 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.

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.com.sg, www.gia.org.sg or www.sdic.org.sg).

To:	Liabilities Department	Email Address:	agt.lia@aig.com
Date of Submission:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (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):				
Principal Address:				
Telephone No.:		Fax No. / Email Address:		
Nature of Business:				
Period of Insurance:	From:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY)	To:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY)
Number of years in operation:				
Website (if any):				

SECTION 1: WORK INJURY COMPENSATION INSURANCE – CATEGORIES OF EMPLOYEES

Common Law / Employers Liability Limit: \$10,000,000.00

Do you require PA Top Up? Yes No

Only categories listed will be covered:

Categories of Employees	Brief Description of Occupation	No. of Employees	*Estimated Total Annual Wages (S\$)

Are there any employees based outside of Singapore? Yes No

If Yes, please provide the following details:

Country based in:	Category of Employees:	No. of Employees:	*Est. Total Annual Wages (S\$)

Territory to be covered: _____

***Definition of Annual Wages**

The Annual 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.

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? Yes No

If Yes, please state:

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<p>Are any workers involved in works at a height of more than 30 feet above floor or ground level?</p> <p>If Yes, please state the maximum and average height involved:</p> <p>Maximum: Average:</p> <p>(i) Access by scaffolding? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(ii) Erection of scaffolds? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(iii) Any other access? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please state:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Are any workers involved in works involving explosives, dangerous or toxic chemicals e.g. chemicals that are under the Poison Act or Gases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<p>Are any workers involved in excavation works, work in manholes or tunnels etc.?</p> <p>If Yes, please state the maximum number at any time:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<p>a. Are any of the workers involved in using heavy industrial machines that involved cutting, pressing, grinding etc?</p> <p>b. Are any of your workers involved in lifting or hoisting operations especially in public areas?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Will there be any Diving &/or related Underwater activities pertaining to your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Is the vessel docked at the shipyard / jetty or is it anchored at sea (offshore works)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	<p>Is there any shipyard requirement to be fulfilled?</p> <p>If yes, please provide the necessary shipyard requirements.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

10	<p>Do you have any active safety improvement plans in place?</p> <p>If Yes, how often is this reviewed?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	<p>Do you have a dedicated risk manager or safety officer?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	<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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	<p>Do any of your business activities produce toxic waste of other pollutants which have the potential to cause bodily injury or property damage?</p> <p>If Yes, please provide details including method of storage and disposal?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	<p>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're arranging and do you ensure that such insurance are maintained in force?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	<p>Has any Insurer declined, cancelled or not renewed any of the company's insurance cover in the past 3 years?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: OTHER ADDITIONAL INFORMATION

Loss Experience

Have you had any claims under any similar insurances in the past 3 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 3 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 agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance affected thereon. I 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 relating to any identifiable individual, you represent and warrant that you have the authority to provide that personal information to AIG. With respect to any individual about whom you provide personal information to AIG, you undertake and warrant that:
 - i. you 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 \(www.aig.com.sg/privacy\)](http://www.aig.com.sg/privacy) before you provide the above representation and warranty.

<p>Signature of Employer & Company Stamp:</p> <p>(If you are completing and submitting this form electronically, enter as follows: Company Name, Name and Designation)</p>	
<p>Date:</p>	<div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; margin-bottom: 5px;"></div> (DD/MM/YYYY)

ADDITIONAL SECTIONS – if space is required in previous sections.

SECTION 2: PUBLIC LIABILITY INSURANCE – Additional Section

Please use this section to list other locations to be insured under this policy.

Any locations not listed will not be covered.

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

SECTION 4: OTHER ADDITIONAL INFORMATION

Loss Experience – Use this space to add more information

Claim Experience for the last 3 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. Founded in 1919, today AIG member companies provide a wide range of property casualty insurance, life insurance, retirement products, 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 and the Tokyo Stock Exchange.

Additional information about AIG can be found at www.aig.com | 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 press release.

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. 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 coverage is subject to 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.

Contact

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