

ACE WORK GUARD

Proposal Form

FOR OFFICIAL USE ONLY

Broker/Agent: _____

Account No.: _____

Important Notice

1) Statement pursuant to Section 25 (5) of the Insurance Act (Cap. 142) (or any subsequent amendments thereof) - You are to disclose in this Proposal Form fully and faithfully all facts which you know or ought to know, otherwise the policy issued hereunder may be void.

2) The Work Injury Compensation Act covers all employees regardless of their level of earnings. An Employer has the flexibility not to insure non-manual employees earning above \$1,600 per month. However, if there is a valid claim, an Employer is still required to pay compensation even though there is no insurance in place.

3) The Insurer reserves the right to request for more information.

4) No liability is attached until this Proposal form is accepted by the Insurer.

5) Wages, salaries and other monetary earnings must consist of the normal wages, food and housing allowances, overtime payments, bonuses and annual wages supplements, excluding travelling allowances and employers' CPF contributions.

This policy is protected under the Policy Owner's 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 contact ACE Insurance Limited (ACE) or visit the following websites:

- GIA, www.gia.org.sg or
- SDIC, www.sdic.org.sg

Advisory

Unless exempted, any employer who fails to insure himself in accordance with the Work Injury Compensation Act shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding one year or to both.

The information declared in this form may be made known to the Ministry of Manpower as and when required.

GENERAL INFORMATION

Name of Employer (Proposer) _____

Business Address _____

Postal Code _____

Business Description _____

Tel No. _____

Period of Insurance From

D	D	/	M	M	/	Y	Y	Y	Y
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To

D	D	/	M	M	/	Y	Y	Y	Y
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No. of years in operation _____

Website (if any) _____



insured.™

ACE Insurance Limited

Co Regn No: 199702449H

600 North Bridge Road

#04-02 Parkview Square

Singapore 188778

Tel: (65) 6398 8000 Fax: (65) 6298 1055

www.acegroup.com/sg

SECTION 1: COMPANY INFORMATION

Please fill in this table for Employees (including Work Permit and S-Pass holders) to be insured for ACT benefits and Common Law.

NO. OF EMPLOYEES	CATEGORY	DESCRIPTION OF OCCUPATION / WORK	ESTIMATED ANNUAL WAGES, SALARIES AND OTHER MONETARY EARNINGS				FOR INTERNAL USE ONLY	
			2 YEARS PRIOR	PRIOR YEAR	CURRENT YEAR	NEXT YEAR	RATE (%)	PREMIUM
TOTAL								

Do you have any employees based outside Singapore? ☐ Yes ☐ No

If yes, please provide the following details.

COUNTRY BASED IN	NO. OF EMPLOYEES	NATURE OF WORK	ESTIMATED EARNINGS	STATUS (SINGAPOREAN /PR/ WORK PERMIT)

Please state your known and/or reported work injury losses/circumstances incurred in the last 5 years.

ESTIMATED ANNUAL EARNINGS	INSURANCE PERIOD (YEAR ENDING)	NO. OF LOSS	DESCRIPTION OF LOSS CIRCUMSTANCES, TYPE AND EXTENT OF INJURY	PAID CLAIMS	OUTSTANDING CLAIMS	CLAIM STATUS
				AMOUNT (SGD)	AMOUNT (SGD)	

SECTION 2: SPECIFICATIONS

Please place a tick in the relevant boxes.

1. Do you have a Safety and Health Management System in place?

If yes, please attach a copy of your latest Risk Assessment Register.

☐ Yes ☐ No

2. Safety Management Accreditation, if any.

Please specify your BizSAFE level.

☐ Yes ☐ No
☐ 1 ☐ 2 ☐ 3

☐ 4 ☐ 5

3. Are any workers involved in manual works outside your registered premises?

☐ Yes ☐ No

4. Will there be any scaffolding works and/or other related activities?

☐ Yes ☐ No

5. Are any workers involved in works involving explosives, dangerous or toxic chemicals? E.g. Chemicals that are under the Poison Act or Gases

☐ Yes ☐ No

6. Please advise the maximum number of employees, at any one time, who will be:

- a. underground at any one site _____
- b. setting sail with any one ocean-going vessel _____
- c. at any one oil refining location _____
- d. at any one offshore drilling site _____

DECLARATION

I/We hereby declare that the particulars of this Proposal/Declaration are true, and I/We agree that this Proposal shall be the basis of the Contract between us (Employer) and the Insurer.

I/ We further agree that Employees not included in Categories/Description of Occupation (under Sections 1 and 2) will not be covered under the Policy.

Signature of Employer and Company Stamp

Signature of Broker/Agent and Company Stamp
(Witness to Employer Signature)

Date

Date

