

Chubb Work Guard

Proposal Form



Important Notices

“You” “your” “Employer” where used in this Proposal Form means the Proposer and if more than one, each and every one of them.

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 contract of insurance issued (hereon referred to as “this policy” or “the policy”) pursuant to this insurance application may be void.

Chubb reserves the right to request for more information.

No liability is attached until Chubb receives written notice of the Proposer’s acceptance of Chubb’s quotation.

All monetary values shall be deemed to be expressed in Singapore dollar.

Please stamp and initial at the bottom of each page of the form.

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 Chubb Insurance Singapore Limited (Chubb) or visit the following websites:

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

For Official Use Only

Broker/Agent _____ Account No. _____

General Information

Name of Employer (Proposer)

Business Address _____

Postal Code _____

Business Description

ROC No. _____ No. of years in operation _____

Tel No. _____ Email _____

Website (if any) _____

Period of Insurance From DD / MM / YYYY To DD / MM / YYYY

Places of Employment _____

- 1) For New Business, please complete Part A & C
- 2) For Renewal Business, Please complete Part A, B & C

Part A. For Annual Policy

Employees to be insured for Act Benefits and Common Law (please attach list if space is insufficient).
All employees within the same category must be insured.

* Estimated Annual Earnings refers to wages, salaries and other monetary earnings which 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 estimated to be paid during the Period of Insurance.

(I) Category / Description of Occupations or Work Activities

Category / Description of Occupations or Work Activities	No. of Employees	Estimated Annual Earnings*
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total		\$

(II) Do you have any employees based outside Singapore?

Yes No

If **Yes**, please provide the following details.

Country based in	Status (S'porean / PR / Work Permit)	Category / Description of Occupations or Work Activities	No. of Employees	Estimated Annual Earnings*
				\$
				\$
				\$

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

Date of loss	Date reported	Description of loss circumstances, type and extent of injury	Paid	Outstanding / Reserve	Claim status
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

(IV) Please place a tick in the relevant boxes.

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

Yes No

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

2. Safety Management Accreditation, if any.

Yes No

Please specify your BizSAFE level.

1 2 3
 4 5

3. Are any of your employees involved in the following works:

a. Demolition

Yes No

b. Height of more than 5 metres above floor or ground level

Yes No

If **Yes**, please state the maximum and average height involved: _____

c. Scaffolding erection or dismantling

Yes No

d. Explosives, dangerous or toxic substances e.g. chemicals that are regulated under the Poisons Act

Yes No

e. Manual and / or handheld power tool that involve cutting, pressing, grinding, etc

Yes No

f. Welding and / or hot work

Yes No

4. Maximum number of employees / Frequency and duration of those who will be working at any one of the following locations at any one time:

	Maximum No. of Employees	Frequency	Duration
a. on board any one vessel docked at the shipyard / jetty			
b. on board any one conveyance (e.g. aircraft, vessel) offshore			
c. any one offshore rig or platform			
d. underground at any one work site			
e. underwater at any one work site			
f. any one petrochemical location			

Part B. Declaration of Earnings for Expiring Period of Insurance (Applicable for Renewal Business only)

Expiring Period of Insurance From DD/MM/YYYY To DD/MM/YYYY

Please tick if Actual Earnings for Expiring Period of Insurance is the same as the Estimated Annual Earnings in Part A above

Employees to be insured for Act Benefits and Common Law (please attach list if space is insufficient).

All employees within the same category must be insured.

****Actual Earnings refers to wages, salaries and other monetary earnings which 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 that is paid during the Expiring Period of Insurance.**

- (I) Description of Occupations / Work Activities

Description of Occupations / Work Activities	No. of Employees	Actual Earnings**
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total		\$

- (II) Do you have any employees based outside Singapore? Yes No

If Yes, please provide the following details.

Country Based In	Status (S'porean / PR / Work Permit)	Category / Description of Occupations or Work Activities	No. of Employees	Actual Earnings**
				\$
				\$
				\$

Part C. Declaration

We acknowledge that we have read and understood the Important Notices contained in this Proposal.

We agree that this Proposal, together with any other information or documents supplied, shall form the basis of any contract of insurance.

We acknowledge that if this Proposal is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by Chubb.

We declare after enquiry that the statements, particulars and information contained in this Proposal and in any documents accompanying this Proposal are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

We undertake to inform Chubb of any material alteration to those facts before or during the contract of insurance/insurance policy period (whenever applicable).

I/ We further agree that Employees not included in Categories/Description of Occupations or Work Activities (under Parts A and B) will not be covered under the policy.

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.

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 above S\$1,600 per month) is not compulsory, employers will still be required to pay compensation in the event of a valid claim.

Contact Us

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Signature of Proposer and Company Stamp

Date

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

Date

Chubb. Insured.TM