**WORK INJURY COMPENSATION (WIC) INSURANCE**

**DECLARATION OF NUMBER OF EMPLOYEES AND EARNINGS FOR WIC INSURANCE**

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| **Important Notice under Section 25(5) of the Insurance Act (Cap 142)**  **If the Insured does not fully and faithfully give the facts as he knows them or ought to know them, the Insured may receive nothing from the policy.** |

**If there are multiple entities to be insured, please use the excel template to fill in the information for each entity.**

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| **GENERAL INFORMATION** | |
| **Entity Name (Insured)** |  |
| **Business Registration No. (UEN)** |  |
| **Address** |  |
| **Nature of Business** |  |
| **Insurance Policy Commencement Date** |  |
| **Insurance Policy End Date** |  |

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| **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 misrepresents the number of 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). | | | |
| **Mandatory WIC Insurance** | | | |
| **Category of Employee** | **No. of Employees** | **Job Category** | **Estimated Annual Earnings (S$)** |
| All manual employees regardless of salary. |  |  |  |
| All non-manual employees with salary up to $2,100 (w.e.f. Apr 2020) or $2,600 (w.e.f. Apr 2021) |  |  |  |
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| **Non- Mandatory WIC Insurance**  The Work Injury Compensation Act 2019 covers all employees regardless of their level of earnings. Whilst insurance is not compulsory under the Act for employees involved in non-manual work with salary above S$2,100 (w.e.f. Apr 2020) or $2,600 (w.e.f. Apr 2021), employers will still be required to pay compensation in the event of a valid claim. | | | |
| **For this group of employees, do you want to insure them? Please tick (✓) the appropriate box below:** | **Please provide the following information for both “Yes and “No”:** | | |
| **No. of Employees** | **Job Category** | **Estimated Annual Earnings (S$)** |
| Yes  No |  |  |  |

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| --- | --- | --- |
|  | **Total No. of employees in your organisation** | **Total Estimated Annual Earnings in your organisation (S$)** |
| **Total** |  |  |

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| **DECLARATION** | | |
| **I/** We hereby declare that the particulars of this Declaration Form are true, and I/We agree that this Declaration shall form part of the basis of the Contract between me/us (the Insured) and the Company**.**  I/We further agree that employees indicated as not insured under the non-mandatory WIC insurance section above, or not included in this Declaration, will not be covered under the Policy.  By submitting information to the Company**,**  (1) The Insured agrees and gives consent for the Company 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 the Company:   1. workforce size and aggregated payroll for all, or any class of employees; 2. number of compensation cases and amount of work injury compensation paid or payable for all, or any class of employees.   (2) The Insured also consents to the collection, use, disclosure and dissemination of all information (including but not limited to information provided by the Insured related to the Policy to the Insured’s insurance intermediaries and the Company’s authorised agents and service providers) for purposes relating to or incidental to the Insured’s claims under the Policy or in accordance with the Legislation. | | |
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| Name of the insured employer or the Policyholder on behalf of all the insured employers | Authorised Signature | Date |