

Tenet Insurance Company Ltd

(A wholly owned company of Hwa Hong Corporation Limited)
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 Company Registration No. 195700067Z <http://www.tenetinsurance.com>



WORK INJURY COMPENSATION INSURANCE PREMIUM ADJUSTMENT & DECLARATION OF WAGES FORM ON EXPIRING POLICY

AGENCY:	POLICY NO:
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NAME OF EMPLOYER:

Wageroll Declaration for Expiring Period from: _____ to _____

**Section 1-Employees insured for Act Benefits and Common Law (please attach list if space is insufficient)
 All employees within the same category must be insured**

Category/Description of Occupations	No. of Employees	Actual Annual Wages, Salary & Living/other allowances (if any)	FOR OFFICE USE ONLY	
			Rate (%)	Premium
❖ Foreign Workers (Work Permit & S-Pass holders)				
❖ All Others				
COMBINED TOTAL				

**Section 2-Employees insured for Common Law (Employers' Liability) only (please attach list if space is insufficient)
 All employees within the same category must be insured**

Category / Description of Occupations	No. of Employees	Actual Annual Wages, Salary & Living/other allowances (if any)	FOR OFFICE USE ONLY	
			Rate (%)	Premium
TOTAL				

DECLARATION

I/ WE HEREBY DECLARE THAT THE PARTICULARS OF THIS DECLARATION ARE TRUE.

_____ SIGNATURE OF EMPLOYER & COMPANY STAMP DATE:	_____ SIGNATURE OF BROKER/AGENT/EMPLOYEE OF THE INSURED & COMPANY STAMP (WITNESS TO EMPLOYER'S SIGNATURE) NAME: NRIC:
	DATE:

- IMPORTANT NOTES**
- 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.