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WORK INJURY COMPENSATION ACT 2019
(ACT 27 OF 2019)

WORK INJURY COMPENSATION
(INSURANCE) REGULATIONS 2020

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In exercise of the powers conferred by section 82 of the Work Injury Compensation Act 2019, the Minister for Manpower makes the following Regulations:

PART 1

PRELIMINARY

Citation and commencement

1. These Regulations are the Work Injury Compensation (Insurance) Regulations 2020 and come into operation on 1 September 2020.

PART 2

INSURANCE OBLIGATIONS

Compulsory terms

2.—(1) Subject to paragraphs (2) and (3), the compulsory terms of an approved policy for the purposes of section 26(1)(a) of the Act —

(a) are those prescribed in Part 1 of the First Schedule; and

(b) include the Schedule to the approved policy set out in Part 2 of the First Schedule, duly completed in respect of each employer insured under the approved policy.

(2) In the Schedule to the approved policy set out in Part 2 of the First Schedule —

(a) the “Insurance Policy Commencement Date” must be a date on or after 1 September 2020; and

(b) if the “Insurance Policy Commencement Date” is before 1 January 2021, the “Insurance Policy End Date” must be a date within the period of 12 months starting on the “Insurance Policy Commencement Date”.

(3) The compulsory terms may be included in the approved policy with slight variations that do not affect their substance or coverage.

(4) Subject to section 26(1)(b) and (3) of the Act, an approved policy may provide additional insurance cover for an employer’s

liability to pay compensation for work injury of the employer's employee, including such liability under common law or any other written law.

Excluded classes of employees

3. The excluded classes of employees for the purposes of section 24(2)(a) of the Act are as prescribed in the Second Schedule.

Insurer to issue certificate of insurance

4.—(1) Where a designated insurer insures an employer under an approved policy, the designated insurer must, within 7 days after the date on which the approved policy commences or is renewed, issue to the employer a certificate of insurance containing the following particulars:

- (a) the name of the insurer;
- (b) the name of the insured;
- (c) the date of commencement of the policy;
- (d) the date of expiry of the policy.

(2) A person that contravenes paragraph (1) shall be guilty of an offence and shall be liable on conviction —

- (a) to a fine not exceeding \$2,000; or
- (b) if the person is a repeat offender, to a fine not exceeding \$4,000.

(3) The certificate of insurance mentioned in paragraph (1) may be provided in electronic form if the information contained therein is accessible so as to be usable for subsequent reference.

Employer to display certificate of insurance

5.—(1) Where a certificate of insurance has been issued to an employer in accordance with regulation 4, the employer must display a copy of the certificate of insurance in accordance with paragraphs (2) and (3) throughout the period of validity of the insurance policy to which the certificate relates —

- (a) at the employer's place of business; or

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- (b) where the employer has more than one place of business, at each place of business at which the employer employs any employee whose claims may be the subject of an indemnity under the insurance policy to which that certificate relates.
- (2) The copies of certificates of insurance displayed for the purposes of paragraph (1) must be displayed in a manner that is easily seen and read by every employee whose claims may be the subject of indemnity under the insurance policy to which the certificate relates.
- (3) Copies of certificates of insurance must be displayed at the places mentioned in paragraph (1)(a) or (b) only during the period of validity of the insurance policy to which the certificate relates.
- (4) In this regulation, the period of validity of an insurance policy is the period —
- (a) starting on the date of commencement of the insurance policy; and
 - (b) ending on the date of expiry or cancellation of that insurance policy.
- (5) A person who contravenes paragraph (1) shall be guilty of an offence and shall be liable on conviction —
- (a) to a fine not exceeding \$2,000; or
 - (b) if the person is a repeat offender, to a fine not exceeding \$4,000.

Production of certificate of insurance for inspection

- 6.—(1) An employer who has been issued a certificate of insurance in accordance with regulation 4 and the insurer who issued the certificate of insurance must produce a copy of the certificate to the Commissioner or any investigation officer when required to do so by the Commissioner or investigation officer, as the case may be.
- (2) A person who contravenes paragraph (1) shall be guilty of an offence and shall be liable on conviction —
- (a) to a fine not exceeding \$2,000; or

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- (b) if the person is a repeat offender, to a fine not exceeding \$4,000.

PART 3

DESIGNATED INSURERS

Application to be a designated insurer

7.—(1) A licensed insurer may apply, in the manner and form required by the Commissioner, to be designated as a designated insurer under section 31 of the Act.

(2) In determining an application for designation, the Commissioner may take into consideration whether, in the Commissioner's opinion —

(a) the applicant —

- (i) will satisfactorily meet its obligations under the Act and all approved policies issued by the applicant; or
- (ii) where the applicant is or has been a designated insurer, has unreasonably refused to make available work injury insurance to employers, which may include the refusal to quote for such insurance to any employer specified by the Commissioner;

(b) the applicant satisfies the following requirements:

- (i) the applicant is a licensed insurer under the Insurance Act (Cap. 142);
- (ii) where the applicant is or has been a designated insurer, the applicant has complied with all its obligations as a designated insurer, including any conditions imposed on it by the Commissioner under section 31 of the Act; and

(c) the application fee under paragraph (3) has been paid in the manner required by the Commissioner.

(3) The application fee for designation as a designated insurer is \$200.

(4) A licensed insurer's appeal under section 31(10)(a) of the Act against the Commissioner's refusal of the designation must be made —

- (a) within 14 days after the date of being notified of the Commissioner's refusal; and
- (b) in the form and manner specified by the Commissioner.

Modification of or addition to conditions

8.—(1) Where the Commissioner gives notice under section 31(4) of the Act to a designated insurer of intended modifications or additions to conditions imposed on the designated insurer, the designated insurer may make written representations to the Commissioner in the form and manner and within the time specified in the notice.

(2) A designated insurer's appeal under section 31(10)(b) of the Act against any modification or addition of conditions by the Commissioner must be made —

- (a) within 14 days after the date of being notified of the modification or addition of conditions; and
- (b) in the form and manner specified by the Commissioner.

Record keeping

9.—(1) A designated insurer must keep all records relating to each claim under every approved policy issued by the designated insurer until either of the following periods expires:

- (a) 10 years after the latest of the following events, as may be applicable to the claim:
 - (i) the withdrawal of the claim;
 - (ii) the issue of an order of compensation to the effect that no compensation is payable in respect of the claim;
 - (iii) the payment of the compensation payable on the claim;

(b) 15 years after the date of the deemed claim under section 35(1) of the Act.

(2) The requirement under paragraph (1) continues to apply under section 32(1) of the Act despite the expiry, suspension or cancellation of the designation of the designated insurer.

(3) A person that contravenes paragraph (1) shall be guilty of an offence and shall be liable on conviction —

(a) to a fine not exceeding \$2,000; or

(b) if the person is a repeat offender, to a fine not exceeding \$4,000.

Designation fee

10.—(1) A designated insurer must pay the following designation fee for each year during which the insurer is a designated insurer (called in this regulation the relevant year):

(a) where the annual gross premiums received in the previous year from approved policies provided by the designated insurer is more than \$10 million —

(i) \$36,000; or

(ii) where the insurer becomes a designated insurer after 1 January in the relevant year, an amount computed in accordance with the formula $\frac{(\$36,000 \times R)}{Y}$;

(b) in any other case —

(i) \$21,000; or

(ii) where the insurer becomes a designated insurer after 1 January in the relevant year, an amount computed in accordance with the formula $\frac{(\$21,000 \times R)}{Y}$.

(2) In paragraph (1)(a)(ii) and (b)(ii) —

(a) *R* is the remaining number of days in the relevant year starting on the date on which the insurer becomes a designated insurer; and

(b) *Y* is the number of days in the relevant year.

(3) Where the relevant year is 2020, “approved policies” in paragraph (1) refers to approved policies mentioned in section 23 of the repealed Act.

(4) Where the relevant year is 2021, “approved policies” in paragraph (1) refers to —

(a) approved policies mentioned in section 23 of the repealed Act; and

(b) approved policies under the Act.

(5) Where the relevant year is 2022 or later, “approved policies” in paragraph (1) refers to approved policies under the Act.

(6) The designation fee must be paid not later than the date specified by the Commissioner, which must not in any case be earlier than 7 days after the following date:

(a) where the designated insurer is a designated insurer on 1 January of the relevant year — 1 January of the relevant year;

(b) where the designated insurer is not a designated insurer on 1 January of the relevant year but becomes a designated insurer later in that relevant year — the date on which the designated insurer becomes a designated insurer in the relevant year.

(7) Where the designated insurer’s designation ceases during a relevant year, the Commissioner must refund a pro-rated amount of the designation fee paid by the designated insurer for that relevant year.

E-Service link fee

11. The fee for setting up a link to the E-Service system (being an electronic system specified by the Commissioner for the purposes of section 33 of the Act) at the request of a designated insurer is as follows:

(a) via Secure File Transfer Protocol — \$3,700;

(b) via Application Programming Interface — \$3,700.

Action under section 34(1) of Act

12.—(1) Where the Commissioner gives notice of the intention to take any action under section 34(1) of the Act against any designated insurer for failure to comply with section 32(1) of the Act, the designated insurer may make written representations to the Commissioner in the form and manner and within the time specified in the notice.

(2) A designated insurer's appeal under section 34(10) of the Act against the Commissioner's decision to do anything under section 34(1)(a), (b) or (c) of the Act must be made —

(a) within 14 days after the date of being notified of the Commissioner's decision; and

(b) in the form and manner notified by the Commissioner.

(3) The Commissioner's decision takes effect despite any pending appeal to the Minister against the decision.

PART 4**GENERAL****Revocation**

13. The following subsidiary legislation is revoked:

(a) the Work Injury Compensation Insurance Regulations (Cap. 354, Rg 3);

(b) the Workmen's Compensation (Exemption of Employers) (Consolidation) Notification (Cap. 354, N 1);

(c) the Work Injury Compensation (Waiver from Insurance Requirement) Notification (Cap. 354, N 3).

FIRST SCHEDULE

Regulation 2

PART 1

COMPULSORY TERMS OF APPROVED POLICY

1. This policy (hereinafter called the “Policy”) is issued as an approved policy under the Work Injury Compensation Act 2019.

Interpretation

2.—(1) References to “Act” in this Policy mean the Work Injury Compensation Act 2019, as may be amended from time to time.

(2) References to “the Legislation” in this Policy mean the Work Injury Compensation Act 2019 and any regulations made thereunder, as may be amended from time to time.

(3) Words used in this Policy have the meanings given by the Legislation.

(4) References to “Terms of this Policy” mean any terms, exceptions, conditions and warranties, and any memorandum if applicable, contained in or endorsed on this Policy, which are consistent with the compulsory terms prescribed under the Act.

(5) The Insured refers to each insured specified in the Schedule, including the Policyholder, that is participating in the insurance plan under this Policy.

(6) The Policyholder refers to the party executing the contract for itself and on behalf of all other Insured specified in the Schedule.

(7) The Insured’s risk profile is the risk of accident or disease to any employee in the Insured’s employment, taking account of the Insured’s workforce, payroll numbers and other material information required to be stated in the Schedule.

(8) References to “Relevant Injury” in this Policy mean death or personal injury —

(a) sustained by an employee that is caused by an accident that —

(i) arises out of and in the course of the employee’s employment with the Insured; and

(ii) occurs during the Period of Insurance; or

(b) that results from a disease contracted in the circumstances mentioned in section 10(1) of the Act in respect of the employee’s employment with the Insured during the Period of Insurance.

(9) References to “the employee’s employment with the Insured” in this Policy include work done by the employee for another person while the employee’s

FIRST SCHEDULE — *continued*

services are temporarily lent or let on hire by the Insured to that other person (as mentioned in section 3(2) of the Act).

(10) References to “earnings” have the meaning given by the Act.

(11) References to “Estimated Annual Earnings” in this Policy mean 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 other employers and known to the Insured) during the 12 months starting on the Commencement Date of the Policy.

(12) References to “Past Annual Earnings” of the Insured in this Policy mean 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.

(13) A word or expression to which a specific meaning has been attached in any part of this Policy or the Schedule shall bear such specific meaning wherever it may appear.

3. WHEREAS the Insured is carrying on the Business described in the Schedule, and has (a) submitted a Proposal to the Company for the insurance under this Policy and (b) paid or agreed to pay the premium stated in the Schedule as consideration for such insurance, this Policy incorporates the Schedule and the Proposal, which shall be read together as one contract.

4. NOW if any employee described in the Schedule in the Insured’s employment has a Relevant Injury the Company will, subject to the Terms of this Policy, indemnify the Insured against all sums that the Insured shall be liable to pay under the Legislation in respect of that employee and will in addition pay all costs and expenses incurred by the Insured with the written consent of the Company.

5. In the event of the death of the Insured the Company will indemnify the Insured’s legal personal representatives in accordance with the Terms of this Policy in respect of liability incurred by the Insured provided that such personal representatives shall observe, comply with, fulfil and be subject to the Terms of this Policy as though they were the Insured insofar as the Terms of the Policy can apply.

6. PROVIDED ALWAYS that —

(a) In the event of any change in the Legislation the Company reserves the right to cancel this Policy in accordance with clause 10(10) of this Policy or allow the Policy to remain in force and charge reasonable additional premium therefor;

(b) The contents of the Proposal are deemed to be representations, not warranties, but where there is fraudulent non-disclosure or

FIRST SCHEDULE — *continued*

misrepresentation of the Nature of the Business or Job Category or Category of Employee in the Proposal, the Company may avoid the contract and refuse all claims.

Jurisdiction

7.—(1) This Policy is governed by the laws of the Republic of Singapore.

(2) The indemnity under this Policy does not apply in respect of judgments delivered by or obtained from a court or tribunal of a jurisdiction outside Singapore.

Recovery from Insured

8.—(1) Where the Company pays any amount under this Policy that an Insured is liable to pay under the Legislation, the Company shall have the right to recover from the Insured —

- (a) where there is a non-disclosure of any material fact which an Insured could reasonably be expected to have disclosed, or a deliberate or negligent misstatement of any material fact, the amount paid by the Company which is attributable to any Relevant Injury arising in relation to those non-disclosed or misstated material facts;
- (b) where the Insured causes a fraudulent claim to be brought, the amount paid by the Company on behalf of the Insured in respect of the fraudulent claim;
- (c) where the Insured breaches any obligation under clause 10 of this Policy, the amount paid by the Company on behalf of the Insured which is attributable to that breach.

(2) For the avoidance of doubt —

- (a) material facts under clause 8(1)(a) of this Policy include but are not limited to the Nature of the Business or Job Category or Category of Employee required to be stated in the Schedule;
- (b) clause 8(1)(a) of this Policy does not confer any right of recovery where the amount paid is in relation to the employee's activities that are incidental to the Job Category or Category of Employee stated in the Schedule or reasonably foreseeable to be carried out by an employee in the Job Category or Category of Employee stated in this Schedule.

FIRST SCHEDULE — *continued***Exceptions**

9.—(1) The Company shall not be liable in respect of —

- (a) any sum which the Insured would have been entitled to recover from any party but for an agreement between the Insured and such party;
- (b) any death, disability, loss, damage, destruction, any legal liabilities, cost or expense including consequential loss of whatsoever nature, directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss:
 - (i) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising military or usurped power; or
 - (ii) any act of terrorism including but not limited to —
 - (A) the use of threat of force or violence; and/or
 - (B) harm or damage to life or to property (or threat of such harm or damage) including, but not limited to, nuclear radiation and/or contamination by chemical and/or biological agents,

by any person(s) or group(s) of persons, committed for political, religious, ideological or similar purposes, express or otherwise, and/or to put the public or any section of the public in fear;
- (c) any action taken in controlling, preventing, suppressing or in any way relating to clause 9(1)(b)(i) or (ii) of this Policy;
- (d) subject to clause 9(2) of this Policy, any liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from —
 - (i) nuclear weapons material; or
 - (ii) ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel and for the purposes of this exception combustion shall include any self-sustaining process of nuclear fission;
- (e) any liability directly or indirectly caused by, arising out of or in any way connected with any claim against the Insured to the extent that the provision of any cover, or the payment of any claim or benefit

FIRST SCHEDULE — *continued*

hereunder would expose the Company, or its parent to any sanction, prohibition or restriction implemented pursuant to resolutions of the United Nations or the trade and economic sanctions, laws or regulations of Singapore, the European Union, United Kingdom, or United States of America;

(f) any claims based upon or arising out of asbestosis and mesothelioma.

(2) Clause 9(1)(d) of this Policy does not exclude any liability caused by or contributed to by or arising from radioactive isotopes, other than nuclear fuel, when such isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific or other similar peaceful purposes.

Conditions

10.—(1) Insofar as it is not prohibited by the Legislation, the Insured shall at all times observe, comply with and fulfil the Terms of this Policy.

(2) The Policyholder warrants and shall be deemed to have the authority to enter into this Policy either as principal or where applicable as agent of all other Insured where applicable. The Policyholder also warrants and is deemed to have been authorised by all other Insured under this Policy to make such declarations or disclosures as the Company requires on their behalf.

On receipt of this Policy, the Policyholder must provide a copy of the Policy and the Schedule to all other Insured to be insured by the Company under this Policy, and all Insured that are insured by the Company under this Policy will be deemed to have consented to the Terms of this Policy.

(3) Every notice or communication to be given or made under this Policy shall be delivered in writing to the Company.

(4) The Insured shall take all reasonable precautions to prevent accidents and disease to the Insured's employees and shall comply with all statutory obligations and requirements.

(5) In the event of the occurrence of any accident or any disease mentioned in section 10(1) of the Act that may give rise to a claim under this Policy, the Insured shall give notice of the occurrence to the Company with full particulars within the time required by the Legislation.

(6) Every letter, claim, writ, summons and process relating to any accident or any disease mentioned in section 10(1) of the Act that may give rise to a claim under this Policy shall be notified or forwarded to the Company as soon as possible after receipt. Notice shall also be given to the Company as soon as possible after the Insured knows of any impending prosecution inquest or fatal inquiry in connection with any such accident or disease.

FIRST SCHEDULE — *continued*

(7) No admission, offer, promise, or payment shall be made by or on behalf of the Insured without the written consent of the Company.

(8) The Company shall be entitled if it so desires to take over and conduct in the Insured's name the defence or settlement of any claim or to prosecute in the Insured's name for its own benefit any claim for indemnity or damages or otherwise and shall have full discretion in the conduct of any proceedings and in the settlement of any claim and the Insured must give such information and assistance as the Company may require. This does not affect any right of the Insured to participate in the resolution of disputes by the Commissioner in accordance with the Legislation.

(9) The Insured must notify the Company immediately if the Nature of the Business or Job Category or Category of Employee as described in the Schedule has changed in such a way as to increase the risk of accident or disease to any employee in the Insured's employment and at the latest within 14 days from the date of the change. The Insured must, in addition, specify in the notice the changes in the Nature of the Business or Job Category or Category of Employee and the date of the change.

Where the Insured corrects an inaccuracy in the description of the Nature of the Business or Job Category or Category of Employee in the Schedule by notifying the Company of the change, the Company may adjust the premium to an amount reasonably payable for the Insured's risk profile applicable to its proper description of the Nature of the Business or Job Category or Category of Employee.

(10) The Company may cancel this Policy by giving 14 days' notice by registered letter to the Insured at his last known address; and provided no claim has arisen during the period during which the Policy had been in force the Company will return to the Insured the premium paid less the actual premium payable for the period during which the Policy had been in force subject to a minimum premium payment of \$50* by the Insured.

The Insured may cancel this Policy by giving 7 days' written notice to the Company and provided no claim has arisen during the period during which the Policy had been in force the Insured shall be entitled to a return of premium paid less the actual premium payable for the period during which the Policy had been in force subject to any adjustment of premium required by the Terms of this Policy and subject to a minimum premium payment of \$25* by the Insured.

(11) Any dispute arising out of or in connection with this Policy, including any question regarding its existence, validity or termination, shall be referred to arbitration in accordance with Singapore arbitration laws. The seat of the

* The Insurer may substitute a lower amount.

FIRST SCHEDULE — *continued*

arbitration shall be Singapore. The Tribunal shall consist of one arbitrator to be appointed by parties jointly, or, failing parties' agreement on the arbitrator, appointed by the Singapore International Arbitration Centre. The language of the arbitration shall be English. The making of an Award by the Tribunal as herein before specified shall be a condition precedent to any right of action against the Company.

(12) A person that is not a party to this Policy shall have no right under the Contracts (Rights of Third Party) Act to enforce any of its terms.

Data Governance

11.—(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:

- (a) workforce size and aggregated payroll for all, or any class of employees;
- (b) 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.

Premium Adjustment and Declaration of Earnings

12.—(1) The premium payable by the Insured shall be based on the total amount of earnings paid by the Insured (as well as other employers and known to the Insured) to every employee in the Insured's employment during the Period of Insurance.

(2) If the total amount of earnings paid by the Insured (as well as other employers and known to the Insured) during the Period of Insurance differs from the total amount on which the premium was calculated at the commencement of this Policy, the difference in the premium shall be met by an additional payment or by a refund as the case may be, subject to a minimum premium payment of \$50* by the Insured.

(3) For the purpose of the premium adjustment, the Insured shall keep and maintain a proper record of the name and full personal particulars of every

* The Insurer may substitute a lower amount.

FIRST SCHEDULE — *continued*

employee in the Insured's employment together with the amount of earnings paid by the Insured (as well as other employers and known to the Insured) during the Period of Insurance and the Insured shall at all times allow the Company to inspect such records.

(4) The Insured shall without demand and within a month after the end date or termination of this Policy, furnish the Company an account of all earnings paid by the Insured (as well as by other employers and known to the Insured) to every employee in the Insured's employment during the Period of Insurance.

Underinsurance and Average Condition

13.—(1) If the Estimated Annual Earnings declared by the Insured are less than the Past Annual Earnings, the Insured may not be indemnified for the full extent of the Insured's liability, as the Insured will be deemed to be his own insurer to the extent of the shortfall in the Estimated Annual Earnings declared and the Insured shall bear a rateable proportion of the liability accordingly.

(2) In the event the Company is required to make any payment to the claimant by virtue of its obligations under the Legislation, the Company shall pay the claimant the compensation in full but reserves the right of recovery of the rateable proportion of the liability mentioned in clause 13(1).

Premium Payment Warranty

14.—(1) Despite anything in this Policy but subject to clause 14(2) of this Policy, it is hereby agreed and declared that if the period of insurance is 60 days or more, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days⁺ of the Commencement Date of the Policy, Renewal Certificate or Cover Note.

(2) In the event that any premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the 60-day⁺ period referred to above, then:

- (a) the cover under the Policy, Renewal Certificate or Cover Note is automatically terminated immediately after the expiry of the said 60-day⁺ period;
- (b) the automatic termination of the cover shall be without prejudice to any liability incurred within the said 60-day period; and

⁺ The Insurer may substitute a shorter period of not less than 14 days.

⁺ The Insurer may substitute a shorter period of not less than 14 days.

FIRST SCHEDULE — *continued*

(c) the Company shall be entitled to a pro-rata time on risk premium subject to a minimum of \$25*.

(3) If the period of insurance is less than 60 days, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the period of insurance⁺.

Policy Owners' Protection Scheme

15. This Policy is protected under the Policy Owners' Protection Scheme, which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for this Policy under the Policy Owners' Protection Scheme is automatic and requires no further action from the Insured. 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 the Company or visit SDIC website (<https://www.sdic.org.sg/>).

No Avoidance of Compulsory Terms

16. Nothing in this Policy (including the Schedule and the Proposal) or any memorandum or endorsement affects the compulsory terms under section 26 of the Act.

PART 2

SCHEDULE TO APPROVED POLICY

Policy No.	
Entity Name (Insured)	
Business Registration No. (UEN)	
Address	
Nature of Business	
Insurance Policy Commencement Date	
Insurance Policy End Date	
Premium	

* The Insurer may substitute a lower amount.

⁺ The Insurer may substitute a shorter period of not less than 14 days.

FIRST SCHEDULE — *continued*

<i>No. of Employees</i>	<i>Job Category/ Category of Employee</i>	<i>Estimated Annual Earnings (\$\$)</i>
Endorsements Applicable:		

SECOND SCHEDULE

Regulation 3

EXCLUDED CLASSES OF EMPLOYEES

1. Any employee —
 - (a) who is employed otherwise than by way of manual labour; and
 - (b) whose salary within the meaning of the Employment Act (Cap. 91) received from the employer (excluding any overtime payment, bonus payment, annual wage supplement, productivity incentive payment and any allowance however described) exceeds \$2,600 a month.
[S 179/2021 wef 01/04/2021]
2. Any employee of the Government.
3. Any employee of a person listed in paragraph 6 of the First Schedule to the Central Provident Fund Act (Cap. 36).
4. Any employee of a company wholly-owned by the Government.
5. Any employee of an air operator that has in force an operations permit granted under the Air Navigation (119 — Air Operator Certification) Regulations 2018 (G.N. No. S 443/2018) and operates international air transport.
6. Any employee of an international shipping line.
7. Any employee of an international oil company.

SECOND SCHEDULE — *continued*

8. Any employee of a bank in Singapore as defined in section 2(1) of the Banking Act (Cap. 19).
9. Any employee of a finance company within the meaning of section 2 of the Finance Companies Act (Cap. 108).
10. Any employee of an employer engaged in retail trade.
11. Any employee employed in the operation of a hairdressing saloon.
12. Any employee employed in the operation of a photographic saloon.
13. Any employee employed in the operation of a coffee shop.
14. Any employee employed in the operation of a tailoring or dressmaking shop.
15. Any employee employed in the operation of a theatre or cinema.
16. Any employee of a hotel-keeper as defined by the Hotels Act (Cap. 127).

Made on 28 August 2020.

AUBECK KAM
*Permanent Secretary,
Ministry of Manpower,
Singapore.*

[HQ/Legis/WICA/SL/Sep2020; AG/LEGIS/SL/354/2020/2 Vol. 1]