

اینسورنس ستندارد سندین برحد STANDARD INSURANCE SDN. BHD.

(Incorporated in Negara Brunei Darussalam)
No. 2, Bangunan Hasbullah 1, Jalan Gadong, Bandar Seri Begawan 3180,
P. O. Box 12, Berakas MPC, Bandar Seri Begawan 3700, Negara Brunei Darussalam.
Tel: 02-450077 Fax: 02-450076

APPLICATION FOR WORKMEN'S COMPENSATION INSURANCE

NOTICE: You are to disclose in the proposal form fully and faithfully all the facts you know or ought to know otherwise the policy issued hereunder may be void. Under the Workmen's Compensation Act you are required to INSURE ALL your employees or be liable to a fine of \$4000.

Client Details

Name of Insured			5 1 1			
Address	Ling			Telephone No		
Description of Business Activity			Situation to Which This Insurance Applies			
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eriod Of Insurance						
From		*******************	То	The process of the rice of decisions as a second of		

Schedule Data

Item No.	Occupation	No. of Employees	Total Earnings (incldg bonus/ allowances)	 Tariff Code	Rate	Premium	Warranties
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UNDERWRITING INFORMATION

1. Are y	ou insuring all emp	loyees? cupation excluded		-y 1318	Yes	No 🔲
	ployees of your sub	-contractors are incl	ud e d,			
Name Sub-C		Occupation of imployees	Nature of Work Sublet	Total Amor of Sub-Con		Total Wages of Sub-Contractors Employees
l				s		. \$
		y		_ s		s <u> </u>
Author	ity requirements?		ed in accordance with (Yes	No 🔲
4. Are exp	plosives or gasses un give details of typ	der pressure used?			Yes	No [
5. Are em If yes,	ployees engaged in give details of occ	hazardous occupation de number	ons? s involved		Yes	No No
dam/bri	dge/sub-acqueous co	instruction, tunelling	with ships, aircraft, g, quarries, mine, oil-ref & numbers involved	îning?	Yes	No 🔲
7. Have you	state:- the number of	Compensation to your f workmen to whom of compensation pro	our employees in the pa in compensation paid S aid S	st 3 years?	200	
(a) dec	Insurer ever lined a proposal of es, give details	insurance from you?	•		Yes	No 🔲
(b) Can	celled or refused to es, give details	renew any insurance	e in your name?		Yes	No 🔲
9. Are you If yes, g	now insured in respire details of Insur	pect in respect of W er & expiry date	orkmen's Compensation	n Insurance?	Yes	No 🔲
eclaration				· · · · · · · · · · · · · · · · · · ·		
shall be the b	mich may affect the	between myself/ours ained therein.	npany in considering the elves and the Company	risk and I/We here	he some that this	cts have been witheld or proposal and declaration ny's Policy subject to the
		F(OR OFFICE US	EONLY		
Annual Pr e mie	ım: \$		First Premium: \$	3.11.22		
Accept	Authorised 1	nitial [Date	NOTES		
Confirmed	Authorised 1	nitial E	Date			
Agent Stamp		 			-	
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