



VESSEL WORKS / SHIPYARD RISKS QUESTIONNAIRE

Important Notice: You have a duty under Section 25(5) of the Insurance Act (Cap 142) to disclose fully and faithfully, all the facts which you know or ought to know, otherwise, the policy issued thereafter may be void.

1. Insured's Name
2. Corresponding Address
3. Describe in detail your nature of business
4. Describe in details the nature of work on board vessel or at shipyard
5. What is the percentage of work on board vessel, on oilrig or at petrol chemical plant compared to workshop?
a) Working on board vessel
b) Working on oil rig
c) Working on Petrol chemical plant
d) Working on workshop
6. Where are vessels located when worked on (approximately)
a) Slipway Dockyard %
b) Dry Dockyard %
c) Moored Singapore %
d) Singapore Water %
e) International Water %
7. Do any of the employees have to follow the vessel out to international water to carry out testing and commissioning? If yes, how often?

8. Will any employees have to travel offshore island to carry out works? If yes, is the company provide the transportation and what do they normally travel by?
9. Do most of the works take place in ship hold or on deck of the vessel? What is the percentage?
10. Are you responsible for trials?
11. What type of equipment do you use onboard vessel?
12. Is there any welding work &/or hot work onboard vessel? What is the Percentage?
13. Does any of your employees involve in work the use of staging & slinging
14. What is the maximum height involved?
15. At any one time, the maximum number of employees on board vessel?
16. Do you engage any foreign worker(s)? If yes, how many?
17. What are the safety controls / measures adopted to minimise accidents at work place? Pls furnish us with details of such measures.
18. What is your business turnover for work onboard vessel?
19. What is your total business annual turnover?

20. Kindly provide us a list of the principals you are working with.
21. 3 Years Claims Experience in details
(A) <u>Worker's Injury Compensation</u>
<i>Kindly furnish us with details as required in the WICA Declaration Form</i>
(B) <u>Public Liability</u>
<u>WORK INJURY COMPENSATION ACT</u>
22. Kindly complete the WICA Declaration Form on staff to be insured and their estimated Total Annual Wages for Work Injury Compensation Insurance cover
<u>PUBLIC LIABILITY INSURANCE</u>
23. Limit of Liability required?

I/We declared that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts. I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effect thereon.

Signing this proposal form does not bind the Insured or Underwriter to complete this insurance

Dated this _____ day of _____ 20_____

For and on behalf of

 (Insert name of Company/Company Stamp)

Signature of partner or principal

 (Insert name of Name and NRIC)