

## Construction Related Risk Questionnaire

Please declare if your employees are involved in the following works:

1. Work at height of more than 10 metres above floor or ground level? If yes, please specify the following: a. Max height _____ b. Safety measures undertaken _____  Does the work at height involved the following: a. Scaffolding / Platform b. Gondolas c. Rope Access d. Others (please specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Wrecking and Demolition Works with explosives	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Piling Works	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Engaged in the following: a. Construction, maintenance and/or demolition of towers, steeples, bridges and chimney shaft b. Tunnelling and associated excavation works c. Subway construction d. Manhole / Confined Space i) If yes for manhole / confined space, please specify the max. depth _____ ii) Safety measures undertaken _____   	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Working on board vessels including staging & slinging / sail with vessels / in shipyard / oil rig / platform or oil platform (If yes, please complete the shipyard questionnaire as per enclosed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Declaration**

- a) I/We hereby declare that the particulars of this proposal are true and I/We agree that this proposal shall form part of the basis of the Contract between me/us (the Insured) and Income Insurance Limited ("Income").
- b) Any misrepresentation or non-disclosure of material fact might prejudice the coverage which might result in repudiation of claims.
- c) By submitting information to Income, I/we consent 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 Income'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.

\_\_\_\_\_  
 Signature of employer & company stamp

\_\_\_\_\_  
 Date (dd/mm/yyyy)