

Work On Board Vessel Questionnaire for Work Injury Compensation Insurance

Important Notice:

- Statement under section 23(5) of Insurance Act 1966 (or any future amendments to it)**
You must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, the insurance policy may not be valid.
- It is compulsory for this questionnaire to be completed if the Insured is involved in work on board vessel or at shipyard or offshore oilrigs/platform.
- It is important that a complete answer be given to every question. If insufficient space is provided for your answers, please continue on a separate signed and dated sheet.
- Income Insurance Limited ("Income") reserves the right to request for more information.

1	Name of Employer/Proposer			
2	Nature of Business			
3	Describe in details the nature of work on board vessel or at shipyard or offshore oilrigs/platform			
4	Breakdown of your annual turnover	On Board Vessel	S\$	_____
		Offshore Oilrigs / Platform	S\$	_____
		Petrochemical plant	S\$	_____
		Workshop / Others	S\$	_____
		Total	S\$	_____
5	What is the percentage of work on board vessel, offshore oilrig or at petrol chemical plant compared to workshop?	On Board Vessel	_____	%
		Offshore Oilrigs / Platform	_____	%
		Petrochemical Plant	_____	%
		Workshop	_____	%
		Total	100	%
6	Where are the vessels located when worked on (approximately)?	Slipway, Dockyard or Moored in		
		Singapore	_____	%
		Singapore Water	_____	%
		International Water	_____	%
		Total	100	%
7	For vessels located at International Water or overseas, which countries are they located and the percentage of work being carried out at each country?	<u>Country</u>	<u>%</u>	

8	<p>Do any of your employees require to carry out the following in order to complete the contract/assignment :-</p> <p>a) sail with the vessel to international water?</p> <p>b) travel to offshore island whilst engage in overseas assignment?</p> <p>Which category of employees are involved in any of the above?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>- Duration _____</p> <p>- Frequency _____</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>- Mode of transportation _____</p> <p>- Duration _____</p> <p>- Frequency _____</p> <p><u>Category</u></p>
9	<p>Does the work / employees involve:-</p> <p>a) shipbuilding, shiprepairing & shipbreaking?</p> <p>b) welding &/or hot work?</p> <p>c) the use of staging & slinging?</p> <p>c) diving &/or related underwater activities?</p> <p>Which category of employees are involved in any of the above work?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>- Shipyard, On board Vessel, Offshore Oil Rig/Platform, Petrol Chemical Plant ____%</p> <p>- Insured's workshop not within the above location _____ %</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Allocation _____%?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Please advise details: _____</p> <p><u>Category</u></p>

10	<p>a) What is the maximum height involved from ground or floor level or deck level?</p> <p>b) Which category of employees are involved in working at height?</p>	<p><u>Max. Height</u></p> <p><u>Category</u></p>
11	What is the maximum number of your employees at any one time?	<p>- On Board Vessel _____</p> <p>- Offshore Oilrigs / Platform _____</p>
12	For your employees involved in offshore oil rigs/platform, please furnish the following :-	<p>- Average duration per trip _____</p> <p>- Frequency of such trip per month _____</p> <p>- Location of offshore oilrigs/platform _____</p>
13	Claims Experience for past 3 years (to provide details & claim amount for each year)	
14	Duly signed and completed Approved WICA 2019 Declaration Form has been attached with this Questionnaire	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>

I/We declared that the statements and particulars in this Questionnaire are true and I/We agree that this Questionnaire together with the Application/Declaration Form & Appendix – Additional Information shall form part of the basis of the Contract between me/us (the Insured) and Income. I/We have not misstated or suppressed any material facts. I/We agree to inform Income on any changes in the material facts prior to commencement of coverage and Income reserves the rights to review the terms and conditions accordingly.

Name / Designation / Signature of Proposer / Company Stamp

Date (dd/mm/yyyy)

For official use		
_____ Intermediary's name	_____ Intermediary Code	_____ Date (dd/mm/yyyy)