

## WORK ON BOARD VESSEL QUESTIONNAIRE FOR WORK INJURY COMPENSATION INSURANCE

**Important Notice:**

1. Pursuant to Section 25(5) of the Insurance Act (Cap 142), if the Insured does not fully and faithfully give the facts as he knows them or ought to know them, the Insured may receive nothing from the policy.
2. 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.
3. 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.
4. The Society 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 &amp; shipbreaking?</p> <p>b) welding &amp;/or hot work?</p> <p>c) the use of staging &amp; slinging?</p> <p>c) diving &amp;/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	No <input type="checkbox"/> Yes <input type="checkbox"/>

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 the Society. I/We have not misstated or suppressed any material facts. I/We agree to inform the Society on any changes in the material facts prior to commencement of coverage and the Society reserves the rights to review the terms and conditions accordingly.

\_\_\_\_\_  
Name / Designation / Signature of Proposer / Company Stamp

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

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