

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 4 Breakdown of your annual turnover 5 On Board Vessel Offshore Oilrigs / Platform Petrochemical plant Workshop / Others 5 What is the percentage of work on board vessel, offshore oilrig or at petrol chemical plant compared to workshop? 6 Where are the vessels located when worked on (approximately)? 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?						
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	7	overseas, which countries are they located and the percentage of work being carried	Country		<u>%</u>	



8	Do any of your employees require to carry out the following in order to complete the contract/assignment :- a) sail with the vessel to international water?	No	Yes - Duration - Frequency
	b) travel to offshore island whilst engage in overseas assignment?	No	Yes - Mode of transportation - Duration - Frequency
	Which category of employees are involved in any of the above?	Category	
9	Does the work / employees involve:- a) shipbuilding, shiprepairing & shipbreaking?	No	Yes
	b) welding &/or hot work?	No	Yes
	c) the use of staging & slinging?	No	Yes
	c) diving &/or related underwater activities?	No	Yes Please advise details:
	Which category of employees are involved in any of the above work?	Category	



10	a) What is the maximum height involved from ground or floor level or deck level?	Max. Height				
	b) Which category of employees are involved in working at height?	Category				
11	What is the maximum number of your employees at any one time?	- On Board Vessel Offshore Oilrigs / Platform				
12	For your employees involved in offshore oil rigs/platform, please furnish the following :-	 Average duration per trip Frequency of such trip per month Location of offshore oilrigs/platform 				
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 Yes				
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.						
Nan	ne / Designation / Signature of Proposer / Comp	Date (dd/mm/yyyy)				
	For c	official use				
	Intermediary's name Inter	mediary Code Date (dd/mm/yyyy)				