

Additional Questionnaire for Work Injury Compensation quotation			
Please complete and declare the following for our consideration : -		Yes	No
1	<p>Working at height exceeding 30ft from floor / ground level If yes, please provide details as follows :-</p> <ul style="list-style-type: none"> a. Job scope b. Any work involving use of gondola/scaffolding/rope access c. Erection of steel structures d. Works involving construction of building e. Others (please specify) 		
2	<p>Work involving piling, excavation, basement, underground, tunneling</p> <ul style="list-style-type: none"> a. Maximum depth from ground level b. Tunneling construction exceeding 50m in length c. Pipe jacking, subway construction d. Work in manhole/confined areas e. Others (please specify) 		
3	<p>Work involving Hacking / Demolition / Blasting</p> <ul style="list-style-type: none"> a. Hacking and/or coring of structural elements such as column, beams, load bearing walls b. Construction, Maintenance, Demolition of towers, steeples, bridges and chimney shaft c. Wrecking and Demolition using explosive or implosive methods of demolition d. Blasting 		
4	<p>Work in chemical / petro-chemical / refinery / wafer plants, cleanroom environment If yes, please provide details</p>		
5	<p>Work involving : -</p> <ul style="list-style-type: none"> a. Welding / hot works b. Carpentry – use of bench saw, table saw, circular saw c. Chemical, petro-chemical, hazardous goods d. Asbestos e. Tree climbing / pruning f. Petroleum and gas exploration, production, drilling, refining and distributing g. Manufacture and/or production, storage , filling, breaking down, transport of Fireworks, explosives, liquefied gases, toxic substances and toxic waste 		

6	Work involving : - a. Hoisting operation b. Tandem lifting operation c. Use of heavy machinery d. Stevedoring operation e. Driving / delivery f. Use of two/three wheelers, PMD																																																				
7	Others that are not specific above																																																				
8	Shipyard related activities a. Shipbuilding, ship breaking, hull construction b. Diving &/or underwater activities c. Ship crews on ocean going vessel If yes, please provide details : - Territorial Limit : <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width:25%;">Occupation</th> <th colspan="2" style="width:50%;">Work without on board vessel</th> <th colspan="2" style="width:25%;">Work on board vessel</th> </tr> <tr> <th></th> <th style="width:25%;">Headcount</th> <th style="width:25%;">EAW</th> <th style="width:25%;">Headcount</th> <th style="width:25%;">EAW</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> d. Repair / maintenance work on board vessel / oil rig / platform, bunkering services If yes, please advise the following : - Territorial limit : Nature of work : % of work on board vessel ____ % of work on board sailing vessel / rig / platform ____ % of work at shipyard/workshop ____ % of work on land ____ The maximum no. of workers on board any one time/any one vessel : ____ Employee sailing with vessel : _____ Diving / subaqueous work : Yes / No <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Occupation</th> <th colspan="2" style="width:50%;">Work without on board vessel</th> <th colspan="2" style="width:25%;">Work on board vessel</th> </tr> <tr> <th></th> <th style="width:25%;">Headcount</th> <th style="width:25%;">EAW</th> <th style="width:25%;">Headcount</th> <th style="width:25%;">EAW</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Occupation	Work without on board vessel		Work on board vessel			Headcount	EAW	Headcount	EAW																Occupation	Work without on board vessel		Work on board vessel			Headcount	EAW	Headcount	EAW																	
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Declaration

I/we hereby declare that the particulars of this proposal form are true, and I/we agree that this proposal shall be the basis of the contract between us (employer) and the insurer.

Signature of employer & company stamp

Signature of broker/agent/employee of the insured & company stamp (witness to employer's signature)

Date :

Date :

NO LIABILITY IS ATTACHED UNTIL THIS PROPOSAL FORM IS ACCEPTED BY THE INSURER.

IMPORTANT NOTES:

- Unless exempted, any employer who fails to insure himself in accordance with the Work Injury Compensation Act shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding one year or both.
- The information declared in this form may be made known to the Ministry of Manpower as and when required.