

# Proposal Form for Works in Shipyard and Onboard Vessel



QBE Insurance (International) Limited A member of the worldwide QBE Insurance Group Unique Entity No. S16FC0047K

Important Notice: You have a duty under Section 25(5) of the Insurance Act (Cap 142) to disclose fully and faithfully, all the facts which you know or ought to know, otherwise, the policy issued thereafter may be void.

## Section A: Insured's / Proposer's Information

1. Insured / Proposer's Name	_____	
2. Correspondence Address		
3. Nature of business		
4. Estimated annual Turnover		
5. Period of Insurance	From	To

## Section B: Nature of Work

1. a) Describe in details the nature of work on board vessel or at shipyard			
b) Scope of Work			
i.	Non-manual work or supervisory or inspection work	%	
ii.	Use of simple tools but no work at height and no welding work	%	
iii.	Work that involves light engineering, work at height but no welding	%	
iv.	Work that involves heaving engineering, work at height and welding	%	
v.	Use of staging and slinging when at work	%	
Total		100%	
2. a) Territorial Limits			
i.	Anywhere in Singapore and international waters surrounding Singapore	%	
ii.	Anywhere in Asia Pacific and international waters	%	
Total		100%	
b) Where are vessels located when worked on (approximately)?			
Singapore Waters:	%	International Waters:	%
Others:	%	Total:	100%
3. What is the percentage of work on the following:			
i.	Working on board vessel	%	
ii.	Working on oil rigs/ offshore platforms	%	
iii.	Working on petrol chemical plant	%	
iv.	Working on workshop / shipyard	%	
Total		100%	
4. At any one time, the maximum number of employee on board vessel?			
5. Do most of the works take place in ship hold or on deck of the vessel?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the percentage? Shiphold ____% On deck vessel ____%			
6. What type of equipment do you use onboard vessel?			

7. Do any of the employees have to follow the vessel out to international waters to carry out testing and commissioning?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often? _____	
8. Are you responsible for trails?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section C: Claims & Insurance Requirements**

1. Please provide the claims experience for the past 3 years.

a) Work Injury Compensation

Period of Insurance		Detail of Claim	Paid Claims for Period	Outstanding Claims for Period
From	To		Amount (S\$)	Amount (S\$)

b) Public Liability

Period of Insurance		Detail of Claim	Paid Claims for Period	Outstanding Claims for Period
From	To		Amount (S\$)	Amount (S\$)

2. Please provide your insurance requirements.

a) Work Injury Compensation

Category of Staff	No. of Staff	Estimated annual wages	Indicate (Tick box if appropriate)	
			Welding	Height (>10m)
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

b) Public Liability

Limit of Liability required: S\$ \_\_\_\_\_

3. Please attach any requirements your principals has imposed on you.

**DECLARATION**

We declare that:

- No insurance company has declined our proposal nor required any special terms
- We agree that this proposal and declaration shall form the basis of the contract between us and QBE Insurance (International) Ltd and we accept the terms and conditions of the policy to be issued
- We understand and agree that the proposal will be effective only if it has been accepted by QBE Insurance (International) Ltd

**POLICY OWNERS' PROTECTION SCHEME**

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your QBE servicing agent / broker or visit the GIA / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

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 Signature of Employer  
 Name:  
 Designation:  
 Company Stamp (if applicable):  
 Date: