

APPENDIX A: WORK INJURY COMPENSATION QUOTATION CHECKLIST

Please declare if employees are involved in work as defined below:

1	Dealing with asbestos directly or indirectly	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Working at height exceeding 3 storeys or 10 metres from ground/floor level If yes, please tick accordingly <input type="checkbox"/> a) Scaffolding / platform <input type="checkbox"/> b) Gondolas <input type="checkbox"/> c) Rope access or abseiling <input type="checkbox"/> e) Others (please specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please advise	(%) of total works
	a) Average height involved (metres)	
	b) Maximum height involved (metres)	
	c) Maximum number of employees involved	
3	Contractors involved in: <input type="checkbox"/> a) Blasting works <input type="checkbox"/> b) Demolition works If yes, please advise method statement of demolition works eg explosives <input type="checkbox"/> c) Forestry / jungle clearing <input type="checkbox"/> d) Piling works <input type="checkbox"/> e) Erection of Steel Structures	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please advise	(%) of total works
	a) Average height involved (metres)	
	b) Maximum height involved (metres)	
	c) Maximum number of employees involved	
4	Construction, maintenance and/or demolition of towers, steeples, bridges and chimney shaft	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide	
	(a) Method statement	
	(b) Maximum height involved	
5	Working underground, in tunnels (including pipejacking) or in manhole / confined space If yes, please advise the following :- Kindly elaborate under what circumstances would your employees be required to work in such environments :- Maximum no. of workers in tunnels at any one time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		(%) of total works
6	Diving / underwater / subaqueous activity If yes, please kindly complete the diving form for further underwriting review	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Works involving the following activities :- a) Hot / welding works b) Operation of heavy industrial or construction equipment c) Lifting and/or hoisting operations (i.e crane)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8	Working on board vessels / in shipyard / on board vessel / oil rig / platform or oil platform, Shipbuilding, shiprepairing and shipbreaking If yes, please kindly complete the secondary Work onboard vessel form for further underwriting review	<input type="checkbox"/> Yes <input type="checkbox"/> No

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9	Stevedoring / freight handling commercial trucking / terminal operators / "bunkering &/or debunkering" activities or services If yes, please provide track records of projects undertaken by proposer and the claim experience for such projects	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Manufacturing, production, storage, transport or handling of : a) Butane, Methane, Propane, and other liquefied gases b) Celluloid and pyroxylin c) Fireworks, fuse(s), cartridges, ammunition, powder, nitroglycerine or any explosives/ pyrotechnics d) Gases and/or air under pressure in containers e) Natural gas f) Petrochemicals and chemicals of toxic, noxious, explosive or flammable nature especially those as listed under Singapore National Environment Agency Hazardous Substances If yes, please submit standard operating procedures / manual as part of underwriting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
11	Manufacturing, distribution, refurbishing and/or recycling of storage tank If yes, please advise (a) Method statement (b) Maximum height involved	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Dealing with radiation and radioactive contamination in large amounts (excluding radiographers) If yes, please provide track records of projects undertaken	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Oil & natural gas exploration, drilling, producing, refining and maintenance works If yes, please advise a) Maximum no of employees involved b) Shift rotation details	<input type="checkbox"/> Yes <input type="checkbox"/> No

- a). I/ We hereby declared that the particulars of this proposal are true, and I/ We agree that this proposal shall form the basis of the contract between the Proposer and the Company.
- b). Any misrepresentation or material non -disclosure might prejudice the coverage which might result in repudiation of claims.
- c). By submitting information to the Company, I/ We consents to the collection, use, disclosure and dissemination of all information (including but not limited to information provided by the Insured related to the Policy to the Insured's insurance intermediaries and the Company's authorised agents and service providers) for purposes relating to or incidental to the Insured's claims under the Policy or in accordance with the Legislation.
- d). I/ We acknowledge the detailed Privacy Policy Statement, governing the above, posted at www.tokiomarine.com.sg

Name

Designation

Email

Contact No.

**Company Stamp and Signatory of
 Authorised Proposer**
 Date : _____