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Co. Reg. No. 201009404M

**Notice: Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof: You are to disclose in this application form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void and you may receive nothing from the policy.**

## **SHIP REPAIRER'S LEGAL LIABILITY INSURANCE PROPOSAL FORM**

1. Name and address of applicant:
2. Address(es) of ship repair yard(s)
3. Number of years in ship repair business under present management:
4. Number of employees (a) Full Time: \_\_\_\_\_ (b) Part Time \_\_\_\_\_
5. Please attach brief information about the number of years' ship repairing experience of principals and senior operation personnel.
6. Percentage of annual ship repairing gross receipts generated by repair of vessels with hulls made of:  
Steel \_\_\_\_\_%; Wood \_\_\_\_\_%; Others (specify hull material) \_\_\_\_\_ %
7. Type of work performed:  
Hull (Non-"Hot Work") \_\_\_\_\_%      Engine \_\_\_\_\_%  
Welding/Burning/"Hot Work" \_\_\_\_\_%      Boiler \_\_\_\_\_%  
Painting/Scraping/Sandblasting \_\_\_\_\_%      Electrical \_\_\_\_\_%
8. Do you do ship conversion/reconstruction work? ☐ Yes ☐ No  
If "Yes", what percentage of annual ship repairing gross receipts does this account for \_\_\_\_\_%
9. Please provide the following information for each type of vessel worked on:

| VESSEL TYPE | NO. OF VESSELS WORKED ON | AVERAGE/MAX. VESSEL VALUE) | % OF ANNUAL GROSS RECEIPTS GENERATED BY WORK ON EACH VESSEL |
|-------------|--------------------------|----------------------------|-------------------------------------------------------------|
|             |                          |                            |                                                             |
|             |                          |                            |                                                             |
|             |                          |                            |                                                             |
|             |                          |                            |                                                             |

\* Put down length and G.R.T. if values not known



10. Number of vessels in yard at any one time:

| LOCATION OF YARD | AVERAGE NO. OF VESSELS<br>IN YARD | MAX. NO.OF VESSELS<br>YARD CAN<br>ACCOMODATE |
|------------------|-----------------------------------|----------------------------------------------|
|                  |                                   |                                              |
|                  |                                   |                                              |
|                  |                                   |                                              |
|                  |                                   |                                              |
|                  |                                   |                                              |
|                  |                                   |                                              |
|                  |                                   |                                              |
|                  |                                   |                                              |

11. Please advise the following information for each kind of facility used:

| TYPE OF FACILITY | NO. OF EACH<br>TYPE OF<br>FACILITY | YEAR BUILT | DIMENSIONS<br>IN FLEET | CAPACITY<br>IN TONS |
|------------------|------------------------------------|------------|------------------------|---------------------|
| Graving Dock     |                                    |            |                        |                     |
| Floating Drydock |                                    |            |                        |                     |
| Marine Railway   |                                    |            |                        |                     |
| Repair Pier      |                                    |            |                        |                     |

12. Are any vessels repaired under cover of a repair shed or other shelter?

☐ Yes ☐ No

If "Yes", what is the published fire and E.C. rate?

13. Do you employ, or subcontract to, divers to do work underwater?

☐ Yes ☐ No

If "Yes", how often?

14. Do you ever do work on navy vessels involving firing or testing of weapons systems? ☐ Yes ☐ No

15. Does your work ever involve lifting and/or moving vessels using cranes, hoists, etc? ☐ Yes ☐ No



If "Yes", please advise:

- (a) How many times a year?
- (b) Lifting capacity of each crane

16. (a) Are gas-freeing operations performed at your yard(s)? ☐ Yes ☐ No  
If "Yes", do your own employees or outsiders perform gas-freeing certification work?
- (b) If external parties do the gas-freeing work, do you have any contractual liabilities related thereto?  
☐ Yes ☐ No
- (c) If your own employees do the gas-freeing work, please attach a list of their names, professional qualifications and work experience.
- (d) How many gas freeings are done annually?
17. Within how many miles of the yard are following operations performed?
- (a) Vessel Tests/Trials: \_\_\_\_\_ miles.
- (b) Vessel movements in connection with repair operations (such as from one repair pier to another):  
\_\_\_\_\_ miles.
- (c) Describe the extent of any assumed contractual liabilities arising out of vessel movements, tests or trials.
18. (a) Describe below the nature of any repairs carried out away from the yard
- (b) What percentage of your total annual ship repairing gross receipts does this account for?  
\_\_\_\_\_ %
19. Do you do any work on vessels that are not repair, reconstruction or conversion work? ☐ Yes ☐ No  
If "Yes" describe the nature of such work, and note the value of gross receipts it generates
20. (a) How close (in miles) is the nearest Public Fire Department Station?
- (b) Is your Public Fire Dept. paid or volunteer?
- (c) Number of fire hydrants and their proximity to your yard?
- (d) Describe fully below all private fire protection facilities available, including number of hand-held fire extinguishers and the nature of any sprinkler system.
- (e) What are the published fire rates at your yard?



- (f) What co-insurance percentage are these rates based on? \_\_\_\_\_%
21. (a) Is your yard fenced? ☐ Yes ☐ No
- (b) Describe nature of security measures in place, including watchmen.
22. Please enclose copies of any Property Insurance surveys done at your yard within the past 18 months, plus diagrams or maps of the yard layout.
23. Please enclose a copy of your standard contract terms, and of any contracts extending your contractual liabilities beyond the terms of your standard contract.
24. Please note what percentage of your total ship repairing gross receipts are from work
- (a) Sub-contracted in \_\_\_\_\_%.
- (b) Sub-contracted out \_\_\_\_\_%.
25. When performing repair work involving installation of replacement parts, are the parts installed
- a) By your employees alone? ☐ Yes ☐ No
- b) By your employees under the supervision and/or direction of a representative of the manufacturer ☐ Yes ☐ No
- c) By a representative of the manufacturer ☐ Yes ☐ No
- d) Is there any contract between you and the manufacturer relating to liabilities arising out of installation? ☐ Yes ☐ No
- If "Yes" please provide a full copy of the contract.
26. Please provide details of your annual gross receipts for the last 7 years

| <u>Year</u> | <u>Annual Gross Receipts</u> |
|-------------|------------------------------|
| 20____      |                              |
| 20____      |                              |
| 20____      |                              |
| 20____      |                              |
| 20____      |                              |
| 20____      |                              |
| 20____      |                              |

27. Estimated gross receipts (\$) for the next 12 months



28. Please provide details of all ship repairing losses, insured or not, in the last 7 years:

| DATE OF LOSS | AMT OF LOSS<br>(BEFORE DEDUCTIBLE) | STATUS OF LOSS<br>(RESERVED/PAID) | LOSS DESCRIPTION |
|--------------|------------------------------------|-----------------------------------|------------------|
|              |                                    |                                   |                  |
|              |                                    |                                   |                  |
|              |                                    |                                   |                  |
|              |                                    |                                   |                  |
|              |                                    |                                   |                  |

\* Identify legal or investigative fees separately.

29. Limit of liability (\$) required:

30. Current insurer:

31. Current insurance broker:

32. Has any insurer ever canceled or refused to renew your insurance? ☐ Yes ☐ No

If "Yes", please explain why

33. When does your current insurance expire?



## **DECLARATION**

I/WE HEREBY CONFIRM TO THE BEST OF MY/ OUR KNOWLEDGE THAT THE STATEMENTS CONTAINED IN THIS PROPOSAL FORM ARE TRUE AND CORRECT AND I/WE HAVE NOT CONCEALED, MISREPRESENTED OR MISSTATED ANY MATERIAL FACT.

I/WE AGREE THAT THE STATEMENTS AND DECLARATION CONTAINED IN THIS PROPOSAL FORM SHALL BE THE BASIS OF THE CONTRACT OF INSURANCE WITH THE COMPANY AND ARE DEEMED TO BE INCORPORATED IN THE CONTRACT.

IN ADDITION, I AGREE AND CONSENT, AND IF I AM SUBMITTING INFORMATION RELATING TO ANOTHER INDIVIDUAL, I REPRESENT AND WARRANT THAT I HAVE THE AUTHORITY TO PROVIDE THAT INFORMATION TO AIG, I HAVE INFORMED THE INDIVIDUAL ABOUT THE PURPOSES FOR WHICH HIS/HER PERSONAL INFORMATION IS COLLECTED, USED AND DISCLOSED AS WELL AS THE PARTIES TO WHOM SUCH PERSONAL INFORMATION MAY BE DISCLOSED BY AIG, AS SET OUT IN THE CONTENTS OF THE CONSENT CLAUSE CONTAINED BELOW AND THE INDIVIDUAL AGREES AND CONSENTS, THAT AIG MAY COLLECT, USE AND PROCESS MY/HIS/HER PERSONAL INFORMATION (WHETHER OBTAINED IN THIS APPLICATION FORM OR OTHERWISE OBTAINED) AND DISCLOSE SUCH INFORMATION TO THE FOLLOWING, WHETHER IN OR OUTSIDE OF SINGAPORE: (I) AIG'S GROUP COMPANIES; (II) AIG'S (OR AIG'S GROUP COMPANIES') SERVICE PROVIDERS, REINSURERS, AGENTS, DISTRIBUTORS, BUSINESS PARTNERS; (III) BROKERS, MY/HIS/HER AUTHORISED AGENTS OR REPRESENTATIVES, LEGAL PROCESS PARTICIPANTS AND THEIR ADVISORS, OTHER FINANCIAL INSTITUTIONS; (IV) GOVERNMENTAL / REGULATORY AUTHORITIES, INDUSTRY ASSOCIATIONS, COURTS, OTHER ALTERNATIVE DISPUTE RESOLUTION FORUMS, FOR THE PURPOSES STATED IN AIG'S DATA PRIVACY POLICY WHICH INCLUDE:

- A. PROCESSING, UNDERWRITING, ADMINISTERING AND MANAGING MY/HIS/HER RELATIONSHIP WITH AIG;
- B. AUDIT, COMPLIANCE, INVESTIGATION AND INSPECTION PURPOSES AND HANDLING REGULATORY / GOVERNMENTAL ENQUIRIES;
- C. COMPLIANCE WITH LEGAL OR REGULATORY OBLIGATIONS, RISK MANAGEMENT PROCEDURES AND AIG INTERNAL POLICIES;
- D. MANAGING AIG'S INFRASTRUCTURE AND BUSINESS OPERATIONS; AND
- E. CARRYING OUT MARKET RESEARCH AND ANALYSIS AND SATISFACTION SURVEYS.

NOTE: PLEASE REFER TO (AND IF SUBMITTING INFORMATION RELATING TO ANOTHER INDIVIDUAL, REFER SUCH INDIVIDUAL TO) THE FULL VERSION OF AIG'S DATA PRIVACY POLICY FOUND AT [WWW.AIG.SG/PRIVACY](http://WWW.AIG.SG/PRIVACY) BEFORE YOU PROVIDE YOUR CONSENT, AND/OR THE ABOVE REPRESENTATION AND WARRANTY.

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**SIGNATURE & STAMP**

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**DATE**