Ship Registry e-Services User Guide

Application for Civil Liability Oil Pollution (CLC) 92 Certificate

01 July 2016
1.10 Overview

Application for CLC is an e-Service owned by the Maritime and Port Authority of Singapore (MPA) for the maritime community.

1.11 New Application for CLC

1. Go to Marinet website at https://marinet.mpa.gov.sg
2. Enter your Logon ID and Password, then click “Login” button.
3. Under e-Shipping, click on the “+” beside the Application for Civil Liability Certificate (CLC). Click on “New Application”
4. Click on the “Start Application” button to proceed.
5. Click “Search to Add” button to select and add vessel in the application.

6. Enter ship name on the “Ship Name” text box, then click “Search”. Mark the check box beside the ship name on the search results, then click “Add” button to add the ship in the application. You can add up to 5 vessels in one application provided that the vessels are under the same owner.
7. Click on the “Next” button to proceed.

Application for Civil Liability Oil Pollution (CLC) 92 Certificate
Step 2 of 6: Owner

Owner Information

Owner Name: ORIENT LINE'S SHIPPING CO
Block No.: 116
House No.: 17-D
Address 1: NOL BUILDING
Address 2: ALEXANDRA RD
Address 3:
Country: SINGAPORE
Postal Code: 123111
Phone No.: 96400999
Fax No.: 98807777

8. Verify that the displayed owner information is correct. Click “Next” button to proceed.

Application for Civil Liability Oil Pollution (CLC) 92 Certificate
Step 3 of 6: Certificate

Ship Information

Name of Ship*: SHIP 10
Official Number*: 311105
Type of ship*: ACCOMMODATION BARGE
Flag of Registry*: SINGAPORE
Gross Tonnage*: 7000.00
Registration Date: 17/1/2012

Company Information

Company Name:
Block No.:
House No.:
Address Line 1:
Address Line 2:
Address Line 3:
Country: <Select>*
Postal Code:

Insurance Information

Insured Type*: P&I COVER *
Insured From Date (dd/mm/yyyy)*: 1/2/2016
Insured From Time (HHMM): 1000 GMT NOON *
Insured Till Date (dd/mm/yyyy)*: 1/2/2017
Insured Till Time (HHMM): 1100 GMT NOON *
9. Provide the Care of Company information if applicable. Provide Insurance information. Note that mandatory information are marked with asterisk (*).

10. Add Insurer Information by clicking the “Add Insurer” button

<table>
<thead>
<tr>
<th>Insurer Name</th>
<th>Insurer Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRITISH MARINE</td>
<td>PLANTATION PLACE 30 FENCHURCH STREET LONDON EC3M 3BJ UNITED KINGDOM</td>
</tr>
<tr>
<td>BRITISH MARINE HULLAND &amp; FRIEZE INSURANCE</td>
<td>WINDHUSBURY HOUSE, 46 GEETING LANE, LONDON EC3N 1DG</td>
</tr>
<tr>
<td>BRITISH MARINE LUXEMBOURG S.A.</td>
<td>3 BOULEVARD ROYAL LUXEMBOURG</td>
</tr>
</tbody>
</table>

11. Enter Insurer Name then click “Search” button to search for the insurer. In the search result, mark the checkbox beside the insurer’s name, then click “Add” button to add the insurer in the application

12. Upload Blue card for each Insurer.

13. Click “Next” button to proceed.
14. Choose the type of applicant and provide all the mandatory information marked with asterisk. Note that for Authorized Agent, an authorization letter must be attached. Click “Next” button to proceed.

Application for Civil Liability Oil Pollution (CLC) 92 Certificate

Step 5 of 6: Summary

<table>
<thead>
<tr>
<th>Ship Name</th>
<th>IMO No</th>
<th>Official No.</th>
<th>Port No</th>
<th>Ship Type</th>
<th>GT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHIP 10</td>
<td>1114444</td>
<td>361105</td>
<td>01178012</td>
<td>ACcommodation Barge</td>
<td>7000.09</td>
</tr>
</tbody>
</table>

Owner Information

Registered Owner Name: ORIENT LINES SHIPPING CO
- Docks No.: 11C
- House No.: 17-23
- Address 1: NOL BUILDING
- Address 2: ALEXANDRA RD
- Address 3: 
- Country: SINGAPORE
- Postal Code: 123111
- Phone No.: 65459999
- Fax No.: 86927777
- Email Address: 

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15. In the summary page, verify that all the information is correct. Mark the checkbox beside “I hereby certify that all the information given is true and correct”, then click “Submit” button to submit the application.
16. Acknowledgement page will be displayed when your application has been successfully submitted. A reference number will be given and an email will be sent to the applicant’s email address.

1.12 View Application for CLC

1. Go to Marinet website at https://marinet.mpa.gov.sg
2. Enter your Logon ID and Password, then click “Login” button.
3. Under e-Shipping, click on the “+” beside the Application for Application for Civil Liability Certificate (CLC). Click on “View Application”

View Application for Civil Liability Oil Pollution (CLC) O2 Certificate
This service facilitates the enquiry of the CLC application status.

Please enter application number and ship name to search for application.

<table>
<thead>
<tr>
<th>Search Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Number : 2016071210044345</td>
</tr>
<tr>
<td>Ship Name : SP10</td>
</tr>
<tr>
<td>Submit</td>
</tr>
</tbody>
</table>

4. Enter your application number and the ship name. Click “Submit” button to view the status of your application.
### Application for Civil Liability Oil Pollution (CLC) 92 Certificate

#### Application Information
- **Application No:** 2811071213848545
- **Application Date:** 12/07/2016
- **Status:** PENDING

<table>
<thead>
<tr>
<th>Ship Name</th>
<th>IMO No</th>
<th>Official No.</th>
<th>Port No</th>
<th>Ship Type</th>
<th>GT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHIP 19</td>
<td>911155</td>
<td>911105</td>
<td>61128312</td>
<td>ACCOMMODATION BARGE</td>
<td>7065.0</td>
</tr>
</tbody>
</table>

#### Owner Information
- **Registered Owner Name:** OASIS LINES SHIPPING Co.
- **Block No.:** E116
- **House No.:** 17.7
- **Address 1:** NOL BUILDING
- **Address 2:** ALEXANDRA RD
- **Address 3:**
- **Country:** SINGAPORE
- **Postal Code:** 12811
- **Phone No.:** 65459599
- **Fax No.:** 5567777
- **Email Address:**

#### Ship Information
- **Name of ship:** SHIP 19
- **Official Number:** 911155
- **Type of ship:** ACCOMMODATION BARGE
- **Flag of Registry:** SINGAPORE
- **Gross Tonnage:** 7065.0
- **Registration Date:** 12/07/2016

#### Care Of Company
- **Company Name:**
- **Block No.:**
- **House No.:**
- **Address Line 1:**
- **Address Line 2:**
- **Address Line 3:**
- **Country:**
- **Postal Code:**
- **Phone No.:**
- **Email If any:**
- **Fax No.:**

#### Insurance Information
- **Insurance Type:** P & I COVER
- **Insured From date (DD/MM/YYYY):** 12/07/2016
- **Insured From Time (HHMM):** 10:00 GMT NOON
- **Insured To date (DD/MM/YYYY):** 11/07/2017
- **Insured To Time (HHMM):** 11:00 GMT NOON

#### Insurers Information
- **Insured Name:** BRITISH MARINE
- **Insured Address:** PLANTATION PLACE 31 Fenchurch Street London E1 8DJ UNITED KINGDOM

#### Additional Information
- **Fully Authorised Agent**
- **Owner Authority Letter for Agent:** Authorization Letter
- **Company Name:** MPA
- **Applicant Name:**
- **Address:**
- **Email Address:**
- **Insurers Information**
- **Insurance Policy No.:**
- **Insurance Information**
- **Insurers Information**
- **Insurers Information**