



International Oil Pollution  
Compensation Funds

ABBJ Building  
Barangay Sto. Nino, Calapan City  
5200 Oriental Mindoro, Philippines  
Email: [CSO\\_PE@iopcfundsclaims.org](mailto:CSO_PE@iopcfundsclaims.org)

PRINCESS EMPRESS INCIDENT

CLAIM NUMBER

To be completed by the CSO

## Economic Losses -Tourism Sector

### Personal/Company's details

Given name, middle name and surname	
Date of birth	
Postal address	
Email address	
Phone number	
Individual identification number - Government-issued valid ID (Please specify)	
Company name (if applicable)	
Company address	
Company phone number	
Tax Identification Number/Trade Register Numbers (as applicable)	

### Claim details (please provide evidence in support of the claim as described below)

PLEASE USE ADDITIONAL SHEETS IF NEEDED

Name of the business	
Describe the ownership scheme of your business (i.e. single ownership, partnership, etc.) If not the legal representative, describe your connection with the business	
Type of business (e.g. hotels, restaurants, shops etc.) and length of operation since establishment of business (include seasonality and months of operation)	
Details of revenue including previous years (monthly breakdown by unit sold, monthly revenue)	Refer/Use table to be included – 1
Details of any savings (e.g. personnel, utility)	Refer/Use table to be included - 2

Additional revenues as a result of incident (e.g. other business income and substitute income)	Refer/Use table to be included – 3
Amount of the claim and method of calculation of losses, with details of the commercial and financial impact on your business	Refer/Use table to be included – 4
Time period you consider that your economic loss had started and terminated	
Are the losses referred to in this claim insured in whole or in part? If yes, please provide full details of insurance	
Have you made any claims for, or received any other compensation in connection with the incident? If yes, please provide full details	
Any other information you consider useful in support of your claim	

## Declaration

My claim is, to the best of my knowledge and belief, a true and accurate reflection of my actual loss. It includes information on all financial and/or material gains I have received, including from clean-up activities and aid organisations or government funds, during the period claimed.

I certify that the contents of this claims form have been translated to me in my national language/local dialect, which is Filipino, and that I fully understand its terms and conditions.

### Terms and Conditions

By signing the declaration, claimants are deemed to have agreed to the disclosure of the information contained within the claim form and any supporting evidence produced in support, to the relevant parties involved with the review and assessment of your claim and the payment of compensation (including the Shipowners' Mutual Protection and Indemnity Association (Luxembourg) , the 1992 Fund, its/their representatives, lawyers and experts, and the Philippine courts).

**Submitting your application for compensation constitutes your consent to the storage and processing of the personal data contained in this claim form, any supporting documentation and additional information provided in relation to your claim by the Shipowners' Mutual Protection and Indemnity Association (Luxembourg), 1992 Fund and their appointed representatives.** The storage and processing of such data is necessary for the purpose of reviewing and assessing your claim for compensation relating to the February 2023 MT Princess Empress oil spill. You may exercise your right to access or object to the storage and processing of personal data by submitting an application to the Princess Empress Claims Submission Office. The data obtained shall only be retained for as long as necessary and shall be destroyed after the claims processes have been terminated.

The Shipowners' Mutual Protection and Indemnity Association (Luxembourg) and the 1992 Fund reserve the right to claim back any amounts of compensation that may subsequently be proven to have been paid on the basis of false and/or fraudulent documents and evidence and to press criminal charges against any parties involved.

Tick box to confirm you have read, understood and consent to these terms and conditions.

Signed by claimant:

Thumbmark by claimant:

Date:

## SUBMIT FORM

PLEASE SUBMIT ALL SUPPORTING DOCUMENTS AND EVIDENCE FOR ALL COSTS INCURRED AS DETAILED ABOVE TO:

PRINCESS EMPRESS CLAIMS SUBMISSION  
OFFICE  
ABBJ Building  
Barangay Sto. Nino, Calapan City  
5200 Oriental Mindoro, Philippines

Email:  
[CSO\\_PE@iopcfundsclaims.org](mailto:CSO_PE@iopcfundsclaims.org)

## CHECK LIST

### Evidence To Be Submitted in Support of Claims For Economic Losses

1	Capacity of the business (e.g. number of rooms, restaurant seats, area of retail space, etc.).	
2	Title/position of claimant (owner, manager, etc.). Please provide proof of title.	
3	Length of period of activity of the business under current ownership.	
4	Evidence that the alleged loss resulted from the contamination.	
5	Monthly breakdown of income for the period of the loss and for the same period for the previous years.	
6	Annual accounts for the year in which the loss occurred, if available, and for the previous years. For claims made within the existing trading year, please provide annual accounts for the last full trading years and monthly management accounts for the year to date.	
7	Income statement and balance sheet per business unit for the year in which the loss occurred, if available, and for the previous years.	
8	<p>Where possible, monthly breakdown of the number of 'units'* sold for the period of the loss and for the previous years.</p> <p>* The term 'Unit' refers to:            - for hotels/resorts, the number of bedrooms let;            - for restaurants, the number of meals sold;            - for tourist attractions, the number of visitors/tickets sold</p> <p>For other businesses such as shops and bars, a breakdown of sale income and items sold are required.</p>	
9	Business operating expenses (wages, rent, utilities, supplies, maintenance, insurance, fees, taxes, interest, depreciation (capital expenses), training, etc.)	
10	Details of any measures taken to prevent or minimise pure economic loss by counteracting the negative impact of the pollution on the activity, including description and costs.	
11	Declaration of any extra income received as a result of the incident.	
12	Any relevant business licenses. Please submit with claim form.	
13	An analysis of your business assets (employees, buildings, facilities, rooms, covers, vehicles, equipment) for the claimed period and for the past years. Please provide in list form.	

For further information please refer to sections 3.4 and 3.5 in the Claims Manual.

**ANNEX - FOR REFERENCE ONLY**

Table 1 – Details of Revenue

Month	Year of Incident -3		Year of Incident -2		Year of Incident -1		Year of the Incident	
	Units* sold	Monthly revenue **	Units* sold	Monthly revenue **	Units* sold	Monthly revenue**	Units* sold	Monthly revenue **
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								
TOTAL								

Table 2 – Cost Savings

Cost Savings				
	Staff	Energy/ Fuel	Other 1	Other 2
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total				

Please name cost included in Other 1	
Please name cost included in Other 2	

**ANNEX - FOR REFERENCE ONLY**

Table 3 – Other Revenues

Other Revenues				
	Room sales	Food & Drink	Other 1	Other 2
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total				

Please name cost included in Other 1	
Please name cost included in Other 2	

Table 4 – calculation of losses

Estimated loss of revenue (excluding tax) (A)	
Variable costs related to revenue (in %) (B)	
Savings of variable costs related to the loss of revenue (C) = (A) x (B)	
Amount of loss during claim period (A) - (C)	