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|  | |  |  |  | | --- | --- | --- | | ***MARINE HONOUR* – CLAIM FORM** | CLAIM NUMBER |  |   ***To be completed by the CSO*** | |  |
|  | Economic Losses - Fisheries, Mariculture and Processing Sector | |  |
|  | Claimant's details | |  |
|  | Full name of Claimant  (Individual / Corporate entity) |  |  |
|  | NRIC No. / FIN No. / Passport No. / UEN No. / Company No. / Business Registration No. |  |  |
|  | Name of Business (if different from name of Claimant) |  |  |
|  | Mailing address |  |  |
|  | Email address |  |  |
|  | Contact No. |  |  |
|  | For corporate entities, please state the type of business structure (e.g. sole proprietorship / partnership / private limited company etc). |  |  |
|  | Cooperative/fishing association membership (if applicable) |  |  |
|  | **Particulars of person authorised to complete this form** | |  |
|  | Name of Individual |  |  |
|  | NRIC / FIN / Passport No. |  |  |
|  | Relationship to Claimant  (e.g. self / director / employee / solicitor) |  |  |
|  | Date of birth |  |  |
|  | Email address |  |  |
|  | Contract No. |  |  |
|  | Claim details (please provide evidence in support of the claim as described below) | |  |
|  | PLEASE USE ADDITIONAL SHEETS IF NEEDED | |  |
|  | Brief description of the type of business, e.g. fishing, harvesting, processing, selling (please specify). |  |  |
|  | Name of fishing vessel and licence/ registration number |  |  |
|  | Is the business subject to quota? (please provide details) |  |  |
|  | Location of the base of operations |  |  |
|  | Details of fish usually caught/produced/ harvested (please provide evidence) |  |  |
|  | Volume or weight of fish usually sold |  |  |
|  | Time period you consider that your economic loss had started and terminated |  |  |
|  | Anticipated income generated during the loss period when compared to the income received for the previous **THREE** years |  |  |
|  | Amount of the claim and method of calculation of losses, with details of the commercial and financial impact on your business |  |  |
|  | Have you 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 | |  |
| C:\Users\Kate Wardman\AppData\Local\Microsoft\Windows\INetCache\Content.Word\form background 2a.png | |  |  |  | | --- | --- | --- | | 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.  **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 directly involved with the review and assessment of your claim and the payment of compensation (including QBE, the 1992 Fund, its/their representatives, lawyers and experts and the courts of Singapore) for the following purposes in accordance with the Personal Data Protection Act 2012:  (a) the processing and assessment of your claim;  (b) contacting you for matters relating to your claim; and  (c) paying you the assessed compensation (if any) for your claim.  **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 QBE, 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 June 2024 *Marine Honour* 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 *Marine Honour* 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.  QBE 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: | |  | | | Date: | |  | | | |  |
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|  | C:\Users\Kate Wardman\AppData\Local\Microsoft\Windows\INetCache\Content.Word\submit-form-tab.png | **PLEASE SUBMIT ALL SUPPORTING DOCUMENTS AND EVIDENCE FOR ALL COSTS INCURRED AS DETAILED ABOVE TO:** | |  |
|  |  |  | |  |
| C:\Users\Kate Wardman\AppData\Local\Microsoft\Windows\INetCache\Content.Word\submit-arrow.png | | ***Marine Honour*  Claims Submission Office** 100 Pasir Panjang Road,  #07-07,  Singapore 118518 | Telephone: **+65 9632 3868 / +65 9018 3030**  Email: **claims.marinehonour@iopcfundsclaims.org**  Website: **www.iopcfunds.org** |  |
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1. **FISHERIES SECTOR**

**SPECIFIC INFORMATION REQUIRED RELATING TO CLAIMS FOR ECONOMIC LOSSES IN THE FISHERIES SECTOR**

|  |  |  |
| --- | --- | --- |
| **1** | Type of vessel |  |
| **2** | Size of vessel |  |
| **3** | License number |  |
| **4** | Landing base |  |
| **5** | Fishing area |  |
| **6** | Cooperative membership |  |
| **7** | Nature of the loss, including evidence that the alleged loss resulted from the contamination |  |
| **8** | Monthly breakdown of income for the period of the loss and over the previous three years |  |
| **9** | Commission sales records over the previous three years |  |
| **10** | Type of species caught |  |
| **11** | Where possible, monthly breakdown of the quantity (kilograms) of each marine product caught for the period of the loss and over the previous three years |  |
| **12** | Saved overheads or other normal variable expenses (sales commission, cost of fuel, gas and electricity, bait, ice, packaging, maintenance) |  |
| **13** | Saved labour costs (if labourers have been let go) |  |
| **14** | Method of calculation of loss |  |
| **15** | 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 cost |  |
| **16** | **You must** declare **any** extra income as a result of the incident |  |

**2. MARICULTURE AND MARINE PRODUCT PROCESSING SECTORS**

**SPECIFIC INFORMATION REQUIRED RELATING TO CLAIMS FOR ECONOMIC LOSS  
IN THE MARICULTURE AND MARINE PRODUCT PROCESSING SECTORS**

|  |  |  |
| --- | --- | --- |
| **1** | Location of operation |  |
| **2** | Proof of ownership |  |
| **3** | License number |  |
| **4** | Number of production units |  |
| **5** | Nature of the loss, including evidence that the alleged loss resulted from the contamination |  |
| **6** | Monthly breakdown of income for the period of the loss and over the previous three years |  |
| **7** | Commission sales records over the previous three years |  |
| **8** | Type of species produced, harvested or processed |  |
| **9** | Where possible, monthly breakdown of the quantity (kilograms) of each marine product harvested or processed for the period of the loss and over the previous three years |  |
| **10** | Saved overheads or other normal variable expenses (sales commission, cost of fuel, gas and electricity, bait, ice, packaging, maintenance) |  |
| **11** | Saved labour costs (if labourers have been let go) |  |
| **12** | Method of calculation of loss |  |
| **13** | 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 cost |  |
| **14** | Please declare whether you have received extra income as a result of the incident. |  |