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|  | |  |  |  | | --- | --- | --- | | ***MARINE HONOUR*– CLAIM FORM** | CLAIM NUMBER |  |   ***To be completed by the CSO*** | |  |
|  | Claim for Property Damage | |  |
|  | Claimant's details | |  |
|  | Full name of Claimant  (Individual / Corporate entity / Government agency) |  |  |
|  | 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).  For government agencies, please state the government ministry you are incorporated under. |  |  |
|  | **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 property (please provide photographs) |  |  |
|  | Description of repairs or cleaning operations performed on the property, including dates of operations |  |  |
|  | Full details of normal repair or replacement schedule of the property |  |  |
|  | Number and roles of personnel used, including hours worked and rates applied |  |  |
|  | Equipment used, including price of equipment purchased or day/hour cost of equipment hired, and dates the equipment was used |  |  |
|  | Age of damaged property, if replaced |  |  |
|  | Are the losses referred to in this claim insured in whole or in part? If yes, please provide full details of insurance, including name of insurance company, policy type, amount insured, any exclusions, etc.  If any claim has been submitted under the policy, please provide all details of such claim, including whether such insurance claim has been successful, and the amounts paid under the insurance claim. |  |  |
|  | 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 | |  |
|  | |  |  |  | | --- | --- | --- | | 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:** | |  |
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| 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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**EVIDENCE TO BE SUBMITTED IN SUPPORT OF CLAIMS FOR PROPERTY DAMAGE**

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| **1** | Extent of pollution damage to property and an explanation of how the damage occurred |  |
| **2** | Description and photographs of items destroyed, damaged or needing cleaning, repair or replacement (for example watercraft, boats, fishing gear, roads, clothing), including their location |  |
| **3** | Cost of repair work, cleaning or replacement of items |  |
| **4** | Invoice of costs incurred |  |
| **5** | Age of damaged items replaced |  |
| **6** | Cost of restoration after clean up, with invoices, and information on normal repair schedules |  |
| **7** | Please declare whether you have received extra income as a result of the incident |  |