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| ***MARINE HONOUR –* CLAIM FORM** | CLAIM NUMBER |  |

***To be completed by the CSO*** |  |
|  | Economic Losses -Tourism Sector |  |
|  | 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 |  |
|  | Type of business and length of operation since establishment of business (include seasonality and months of operation) |  |  |
|  | Details of revenue (monthly breakdown by unit sold, monthly revenue) |  |  |
|  | Amount of the claim and method of calculation of losses, with details of the commercial and financial impact on your business |  |  |
|  | Time period you consider that your economic loss had started and terminated |  |  |
|  | Anticipated income during the loss period claimed and details of income received during the equivalent claimed period for the previous **THREE** years |  |  |
|  | 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 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 |  |
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| 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 ECONOMIC LOSSES**

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| **1** | Capacity of the business (e.g. number of rooms, covers, watercraft, 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 three years. |  |
| **6** | Annual accounts for the year in which the loss occurred, if available, and for the previous three years. For claims made within the existing trading year, please provide annual accounts for the last three 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 three years. |  |
| **8** | Where possible, monthly breakdown of the number of ‘units’\* sold for the period of the loss and for the previous three years. ***\* The term ‘Unit’ refers to:*** *- for hotels, the number of bedrooms let; - for restaurants, the number of meals sold;* *- for yacht charterers and watersports operators, the number of charters or rentals;- for other businesses such as shops and bars, a breakdown of income is required.* |  |
| **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, watercraft) for the claimed period and for the past three years. Please provide in list form. |  |

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