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|  |  |  |
| --- | --- | --- |
|  | CLAIM NUMBER |  |

To be completed by the CSO**TERRANOVA** INCIDENT

|  |  |
| --- | --- |
| Fishing Sector Code |  |
|  | To be completed by the CSO |
| Multiple Claims Forms/ Fishing Sector Code (tick) |  |
| To be completed by the CSO |

 |  |
|  | Economic Losses – Capture Fisheries Sector Claim form **must be completed in full**. Where information is missing, a comment should be included explaining why.  |  |
|  | Personal/Company's Details |  |
|  | Given name, middle name and surname |  |
|  | Date of birth  |  |
|  | Home address |  |
|  | Sitio |  |
|  | Barangay |  |
|  | Municipality |  |
|  | Phone number (if applicable) |  |
|  | Email address (if applicable) |  |
|  | Barangay Captain (full name) |  |
|  | Barangay Captain (contact details) |  |
|  | Individual identification number - Government-issued valid ID (Please specify) |  |
|  | Company name (if applicable) |  |
|  | Company address |  |
|  | Tax Identification Number/Trade Register Numbers (as applicable if company) |  |
|  | Fisherfolk Registration Number (FishR) |  |
|  | Fishing Boat Registration Number (BoatR)  |  |
|  | Gear Registration (GearR) |  |
|  | Is the BoatR number registered to claimant or claimants employer / boat owner? | Claimant Employer / Boat Owner | Claimant |

Claim Details (**Please circle, tick or state, where appropriate**)
Please provide evidence in support of the claim as described below. Use additional sheets if required.

|  |  |  |  |
| --- | --- | --- | --- |
| Describe your involvement in the activity. Select all that is applicable.  | Boat Owner | Boat Pilot | Crew |
| Permanent / Temporary | Permanent | Temporary |
| Full time/Part time | Part Time | Full Time |
| How many days a week do you operate or work as a fisher?  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Do you travel from another barangay or LGU to work? | No. I work and live in the same barangay. | I travel from another barangay | I travel from another LGU |
| What type of fishing vessel do you use? | Motor Bangka | Bangka | None |
| Specify Length x Width x Depth of Bangka | Length (m) |  | Width (m) |  | Depth (m) |  |
| Where is the bangka’s home port / berthing place? Please state. |  |
| Including the pilot, how many people in total work from the bangka? | 1 | 2 | 3 | 4 | Other (Please State): |
| How is the catch earnings shared (%) amongst boat? | Boat Owner |  | Pilot |  | Crew |  |
| What type of fisherfolk are you? Select applicable. | Capture Fisherfolk | Gleaner |
| Where do you carry out most of your fishing activities? | Shoreline | <15km | >15km | Other (please state) |
| Top three target species during Habagat – please state number from CSO list | 1° |  | 2° |  | 3° |  | Other (please state) |
| What type of fishing gear / method is used? Select applicable from list provided.  | FMN1 | FMN2 | FMN3 | FMN4 | FMN5 | FMN6 | FMN7 | FMT1 | FMT2 | FMG | FC | FMO |
| Of the fishing gear used during Habagat, what is your primary, secondary or tertiary gear? | Primary |  | Secondary |  | Tertiary |  |
| During Habagat, how many days a week do you use your primary, secondary or tertiary gear? | Primary |  | Secondary |  | Tertiary |  |
| How many days a week do you usually fish during each season? | Habagat (lean) |  | Amihan (peak) |  |
| What do you do with your catch? | Personal Consumption | Sell or Give to Neighbour | Sell to Vendor, Processor or Commissioner | Other (Please State) |
| Where do you sell your catch? | Home barangay | Neighbouring Barangay | Other Barangay / LGU |
| Time period you consider that your economic loss had started and terminated | Start Date (dd/mm) |  | End Date (dd/mm) |  |
| Reason for economic loss? | Unable to Catch Fish | Unable to Sell Fish | Other (Please State) |
| Do you keep records of your catch, sales and / or income?  | Catch | Sales | Income | None |
| **Total amount claimed (PHP) for period of economic loss.****Refer/Use Tables A3 or B3, as appropriate.** |  |
| Have you received any other compensation/aid in connection with the incident? (e.g. food pack or money) If yes, please provide full details | No | If ‘Yes’ please specify below: |
| 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 Steamship Mutual Underwriting Association Limited, 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 Steamship Mutual Underwriting Association Limited, 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 July 2024 MT Terranova 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 Terranova 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 Steamship Mutual Underwriting Association Limited 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: |

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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 | TERRANOVA CLAIMS SUBMISSION OFFICEUnit 2, Ground Floor, Lou-is BuildingCapitol Drive, San Jose, Balanga City5100 Bataan, Philippines | Email: claims.terranova@iopcfundsclaims.org |  |
|  |  |  |  |

**Table A.1 Fishing production details (Gleaners, fishers, fishing boat operations)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Month** | **No. Of Fishing Trips / Days Per Week (*A*)** | **Estimated Weight (kg) Caught Per Fishing Trip / Day (*B*)** | **Average Sales Price (PHP) Per Kilogram (*C*)** | **Gross Income (*D)* (PHP) Per Week****(*B x C x A)*** | **Average (PHP) Per Calendar Day****(Σ (D) / 7))** |
| **Small Pelagic** | **Reef Fish** | **Mollusc (e.g., oyster / mussel)** | **Crustacean (e.g., crab shrimp)** | **Other (e.g., squid octopus)** | **Small Pelagic** | **Reef Fish** | **Mollusc (e.g., oyster / mussel)** | **Crustacean (e.g., crab shrimp)** | **Other (e.g., squid octopus)** | **Small Pelagic** | **Reef Fish** | **Mollusc (e.g., oyster / mussel)** | **Crustacean (e.g., crab shrimp)** | **Other (e.g., squid octopus)** |
| **Lean (Habagat) season months** |
| **July** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **August** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **September** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Table A.2 Fishing operation expenses/costs**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Season** | **Type Of Expense** | **Unit** | **No. Of Units Needed Per Fishing Trip / Day** | **Unit Cost (PHP)(*E)*** | **No. Of Fishing Trips Per Week *(F)*** | **Cost Per Week (G)****(*E x F)*** | **Average Costs Per Calendar Day (H)****= G / 7** |
| Lean (Habagat) season month | Fuel | Litre |  |  |  |  |  |
| Labour | Persons |  |  |  |  |  |
| Feed / bait | Kg |  |  |  |  |  |
| Equipment / Maintenance |  |  |  |  |  |  |
| Ice | Kg |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |
| **Total** |  |

**Table A.3 Table for computing losses for fisheries operations**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **July** **(31 days)** | **August** **(31 days)** | **September****(30 days)** |
| 1. Average gross income per calendar day (See Table A.1) |  |  |  |
| 2. Average expenses per calendar day (See Table A.2) |  |  |  |
| 3. Average net income per calendar day (**line 1 – line 2**) |  |  |  |
| 4. Number of days stop fishing due to total fishing ban |  |  |  |
| 5. Net income loss due to total fishing ban (**line 3 x line 4**) |  |  |  |
| 6. Other costs to minimize loss during fishing restrictions(e.g., fishing in alternative grounds) | (-) | (-) | (-) |
| 7. **Total Loss claimed = (line 5 + line 6)**Net income plus other cost to minimize loss minus income alternative/other sources |  |  |  |
| Income earned each day from alternative livelihood (e.g. cash for work scheme) | (-) | (-) | (-) |

**Table B. 1 Fish workers/labourers/Wage earner**

|  |  |  |  |
| --- | --- | --- | --- |
| **Month** | **Number Of Fishing Trip Per Week*****(A)*** | **Income Per Fishing Trip / Day (PHP)*****(B)*** | **Average Gross Income Calendar Day (C)*****= (A x B) / 7*** |
| **Lean (Habagat) season months** |
| **July** |  |  |  |
| **August** |  |  |  |
| **September** |  |  |  |

**Table B. 2 Fish workers/labourers’ expenses**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type Of Expense** | **Costs Per Day *(D)*** | **Number Of Fishing Trip Per Week *(E)*** | **Average Expenses Per Calendar Day (F*)******= (D xE) / 7*** |
| **Transportation** |  |  |  |
| **Fuel/gasoline**  |  |  |  |
| **Other (please specify)** |  |  |  |
| **Total** |  |  |  |

**Table B.3 Table for computing losses for fisheries operations**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **July** **(31 days)** | **August** **(31 days)** | **September****(30 days)** |
| 1. Average gross income per calendar day (See Table B.1) |  |  |  |
| 2. Average expenses per calendar day (See Table B.2) |  |  |  |
| 3. Average net income per calendar day (**line 1 – line 2**) |  |  |  |
| 4. Number of days stop fishing due to total fishing ban |  |  |  |
| 5. Net income loss due to total fishing ban (**line 3 x line 4**) |  |  |  |
| 6. Other costs to minimize loss during fishing restrictions(e.g., fishing in alternative grounds) | (-) | (-) | (-) |
| 7. **Total Loss claimed = (line 5 + line 6)**Net income plus other cost to minimize loss minus income alternative/other sources |  |  |  |
| Income earned each day from alternative livelihood (e.g. cash for work scheme) | (-) | (-) | (-) |