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| --- | --- | --- |
| **TERRANOVA** INCIDENT | CLAIM NUMBER |  |

To be completed by the CSO

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

 |  |
|  | Economic Losses – Processing 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) |  |
|  | Business Registration number i.e. mayor’s permit for processing and trading sectors |  |
|  | Is the business registration number registered to claimant or claimants employer? | Claimant | Claimant Employer |

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

|  |  |  |
| --- | --- | --- |
| Describe your involvement in the activity.  | Registered Owner | Helper / Worker / Staff |
| If helper / worker / staff, please include the Individual identification number of your employer / the registered owner |  |
| If registered owner, how many people do you employ? Please state or circle. | None | Number of Permanent Staff |  | Number of Temporary Staff |  |
| If an owner, describe the ownership scheme of your business. | Single | Partnership |
| Permanent / Temporary (please specify) | Permanent  | Temporary |
| Full time/Part time (please specify) | Part Time | Full Time |
| Specify the type of processing business that you operate. Select applicable from list. | PPRF | PPRE | PPI | PPM | PPRO | If ‘Other’ (PPRO) please specify below: |
| How many days a week do you operate or work during Habagat? Please circle. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Where does most of your activity take place? | Home barangay | Neighbouring Barangay | Other Barangay / LGU |
| Where do you purchase your stock for processing? | Home barangay | Neighbouring Barangay | Other Barangay / LGU |
| Where do you sell most of your ice or mend boats / nets? If applicable. | 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 Buy fish | Unable to Sell Product | Unable to Sell Ice | No boat / nets to mend | If ‘Other’ (PPRO) please specify below: |
| Were you able to source fish from areas unaffected by the restrictions? | Yes | No |
| Were you able to sell ice or fix boats / gear in areas unaffected by restrictions? | Yes | No |
| When did your business activity return back to normal? | Lifting of the Ban | It didn’t | After\_\_\_\_ number of weeks after the incident (please State) |
| Do you keep records of your sales, stock and / or income? Please tick. | Sales | Stock | Income | None |
| **Total amount claimed (PHP) for period of economic loss. Refer/Use Tables A3, B3 or C3, 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 / notes 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: |  |
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| 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 Sales Information From Processors**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Month** | **Average Number Of Days Processing Per week** **(*A*)** | **Species Being Processed** (E.G. Small Pelagic, Reef Fish, Mollusc, Crustacean, Squid / Octopus) | **Amount Of Raw Material Used To Make 1 Kg Of Processed Product**(E.G. 5 Kilos Of Raw Material To 1 Kilo Processed) | **Average Weight (Kg) Of Processed Product Created Per Day** **(*B)*** | **Sales Price (PHP) Of Processed Material Per Kg** **(C*)*** | **Average Gross Income Per Calendar Day****= ((*B X C) \* A)/7*** |
| **Lean (Habagat) season months** |
| **July** |  |  |  |  |  |  |
| **August** |  |  |  |  |  |  |
| **September** |  |  |  |  |  |  |

**Table A.2 Expense or Cost Information from Processors**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Season** | **Type Of Expense** | **Unit** | **No. Of Units Needed Per Working Day** **(*E)*** | **Unit Cost (PHP)** **(F*)*** | **No. Of Operating Days Per Week** ***(G)*** | **Cost Per Week** **(*H) = (E X F X G)*** | **Average Per Calendar Day** ***(I) = (H /7)*** |
| Lean (Habagat) season month | Fuel | Litre |  |  |  |  |  |
| Labour / Helpers | Persons |  |  |  |  |  |
| Raw Material (e.g., fish) | Kg |  |  |  |  |  |
| Consumables (e.g., bottles) | Items |  |  |  |  |  |
| Ingredients (e.g., salt) | Kg |  |  |  |  |  |
| Rent  |  |  |  |  |  | (-) |
| Repairs / Maintenance | Item |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |
| **Total** |  |

**Table A.3 Table for computing losses for processing 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 trading 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., sourcing alternative supplies) |  |  |  |
| 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 Sales Information from Ice Producers**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month** | **Average Number Of Days Producing Per Week** **(*A)*** | **Wight (Kg) Of Ice Produced Per Day** **(*B)*** | **Sales Price (PHP) Of Ice Per Kg (C)** | **Average Gross Income Per Calendar Day****= ((*B X C) \* A)/7*** |
| **Lean (Habagat) season months** |
| **July** |  |  |  |  |
| **August** |  |  |  |  |
| **September** |  |  |  |  |

**Table B.1 Sales Information from Menders**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month** | **Average Number Of Days Working Per Week** **(*A*)** | **Number Of Nets Or Boats Mended Per Day** **(*B*)** | **Cost To Repair Net Or Boat** **(*C)*** | **Average Gross Income Per Calendar Day****= ((*B X C) \* A)/7*** |
| **Lean (Habagat) season months** |  |  |  |  |
| **July** |  |  |  |  |
| **August** |  |  |  |  |
| **September** |  |  |  |  |

**Table B.2 Expense or Cost Information from Ice Producers or Menders**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Season** | **Type Of Expense** | **Unit** | **No. Of Units Needed Per Working Day****(*E)*** | **Unit Cost (PHP)****(F*)*** | **No. Of Working Days Per Week** ***(G)*** | **Cost Per Week** **(*H)= (*(*E X F) X G)*** | **Average Per Calendar Day** ***(I) = (H /7)*** |
| Lean (Habagat) season month | Fuel | Litre |  |  |  |  |  |
| Labour / Helpers | Persons |  |  |  |  |  |
| Raw materials (e.g., water) | Litre |  |  |  |  |  |
| Raw material (e.g., nylon) | Metre |  |  |  |  |  |
| Raw material (e.g., wood, nails, paint etc) | Item |  |  |  |  |  |
| Electricity | Kilowatt |  |  |  |  |  |
| Rent |  |  |  |  |  | (-) |
| Other (please specify) |  |  |  |  |  |  |
| **Total** |  |

**Table B.3 Table for computing losses for ice producing or mending 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 stopped working 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., travelling to other areas for work) |  |  |  |
| 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 C. 1 Processing workers/labourers/wage earners**

|  |  |  |  |
| --- | --- | --- | --- |
| **Month** | **Number Of Working Days Per Week*****(A)*** | **Income / Salary Per Working Day (PHP)*****(B)*** | **Average Gross Income Per Calendar Day (PHP)****(*D*)*= (A X B) / 7*** |
| **Lean (Habagat) season months** |
| **July** |  |  |  |
| **August** |  |  |  |
| **September** |  |  |  |

**Table C. 2 Processing workers/labourers’ expenses**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type Of Expense** | **Costs Per Working Day *(E)*** | **Number Of Days Worked Per Week *(F)*** | **Average Expenses Per Calander Day (*G)******= (E X F) / 7*** |
| **Transportation** |  |  |  |
| **Fuel**  |  |  |  |
| **Other (please specify)** |  |  |  |
| **Total** |  |  |  |

**Table C.3 Table for computing losses for processing workers**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **July** **(31 days)** | **August** **(31 days)** | **September****(30 days)** |
| 1. Average gross income per calendar day (See Table C.1) |  |  |  |
| 2. Average expenses per calendar day (See Table C.2) |  |  |  |
| 3. Average net income per calendar day (**line 1 – line 2**) |  |  |  |
| 4. Number of days stopped working 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., travelling to other areas for work) |  |  |  |
| 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) | (-) | (-) | (-) |