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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 - Trading SectorClaim 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 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. | Registered Owner | Helper / Worker / Staff |
| 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 |
| How many days a week do you operate or work? Please circle.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Specify the type of trading business that you operate. Select applicable from list. | PTV | PTW | PTA | PTB | PTC | PTO |
| Where does most of your trading activity take place? | Home barangay | Neighbouring Barangay | Other Barangay / LGU |
| Where do you purchase your produce / stock / fish? | Home barangay | Neighbouring Barangay | Other Barangay / LGU | Other Province |
| Who do you purchase your produce / stock / fish from? | Fisherfolk | Commissioner / Middleman | Processor | Other (please specify) |
| Do you sell anything other than fish / shellfish? | Packaged Consumer Goods | Fruit and Vegetables | Other (please state): |
| 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 Buy Fish | Unable to Sell Fish | Reduced Consumer Confidence  | Other (please state) |
| Were you able to source fish from areas unaffected by the restrictions? | Yes | No |
| If you’re able to continue buying fish, did you notice a rise in the cost? | Yes | No |
| If you’re able to continue selling fish, did you notice a rise in the cost? | 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 or B3, as appropriate.** |  |
| Have you received any other compensation/aid in connection with the incident? (e.g. food pack or money).  | No | 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. 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 (Bermuda) 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 (Bermuda) 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 (Bermuda) 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 Fish Trading Sales Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Month** | **Number Of Days Operating Per Week (A)** | **Estimated Weight (kg) Sold Per Working 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 Fish Trading Expenses or Costs**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Working Week*****H=*(E x F x G*)*** | **Average Per Day *(I)******= (H /7)*** |
| Lean (Habagat) season month | Fuel | Litre |  |  |  |  |  |
| Labour | Persons |  |  |  |  |  |
| Stock | Kg |  |  |  |  |  |
| Equipment / Maintenance |  |  |  |  |  |  |
| Ice | Kg |  |  |  |  |  |
| Rent |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |
| Total |  |

**Table A.3 Table for computing losses for trading 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 suppliers) |  |  |  |
| 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 Trader workers/labourers/wage earners**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Type Of Expense** | **Costs Per Working Day** ***(E)*** | **Number Of Working Days Per Week** ***(F)*** | **Average Expenses Per Day** **(*G) = (E x F) / 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 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., 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) | (-) | (-) | (-) |