

CLAIMS MANUAL

[MARCH 2001]

CM 11/16

PREPARATION OF CLAIMS MANUAL

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In case if the claim occurred within those States whom are parties to the International Oil Pollution Compensation Fund;

- How to Fill the Claim Form
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HOW TO FILL IN THIS CLAIM FORM

Please read these notes carefully

The Claim Form is in three parts. You must complete and return each part:

Part 1 – this is for details of the claimant – the person(s) or the business who is claiming. There is one form for individual claimants and one form for business claimants.

Part 2 – this is for details of the claim – the loss and/or damage suffered because of the incident.

Part 3 – the declaration

EVIDENCE TO SUPPORT YOUR CLAIM

The original evidence (not photocopies) in support of all the loss and/or damage for which you are claiming must be sent with this claim form, or be available to be examined, so please make sure it is all kept. Evidence would include photographs or video of the damage, business cancellation letters, till receipts, invoices, consignment sales records, tax accounts, etc.

WHEN FILLING IN THIS CLAIM FORM

1. Please ensure you write clearly (use block capitals if you like), using black ink.
2. Give all information requested.
3. If there is not enough space for your answer, please use extra, blank sheets of paper, clearly marking them to show to which question they relate.
4. If you have a question where the answer is YES/NO, please circle the correct answer (YES/NO).
5. Carefully read the notes in the right-hand column of Parts 1 and 2 as you fill out the form – they are there to help you.
6. In order of faster claim process you have to give as much information as possible, checking that it is absolutely correct.
7. We strongly advise you to keep a photocopy of everything you prepared.
8. It is strongly advised that the claim has to be submitted with its full details as early as possible and without any delay.
9. If you would like any help with filling in this form, please contact the National Focal Point who will be happy to answer your questions.

PART 1

DETAILS OF INDIVIDUAL CLAIMANT(S)

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PART 1: Details of Business Claimant(s)		Claimant number:
1	REGISTERED NAME OF BUSINESS: TRADING NAME OF BUSINESS: REGISTRATION NUMBER:	State the full name of the business claiming the loss stated below as a result of the incident.
2	REGISTERED ADDRESS: TRADING ADDRESS:	Give the full postal address. Please show to which address we should send all correspondence.
3	CONTACT NAME(S) AND NUMBERS: NAME (1): NAME (2): Work Tel: Mobile Tel: Fax: E-mail:	Give the names and contact numbers of the one or two people within the business with whom we may speak about the claim. Give the names in full – initials are not sufficient and will not be accepted.
4	ADVISER OR REPRESENTATIVE: Name: Address: Telephone: Mobile: Fax: E-mail:	As is normal practice, if you appoint an adviser or representative to help you with this claim, all correspondence will be addressed and sent to them and a copy sent to you, unless you write and give us different instructions.
5	Is this claim covered, in full or in part, by an insurance policy? YES / NO If YES, give all relevant details:	Include the insurance company's name and address, type of policy, amount for which the property is insured, any exclusions, etc.
6	Have you received any loan or monies as a result of this incident? YES / NO If YES, please give all details:	Include who paid you the money, when it was paid and how much, whether it is a loan or a grant, etc.
7	Have you already submitted any claims as a result of this incident? YES / NO Are you thinking of submitting any more? YES / NO	If YES, please give claim number(s) and/or brief details. If YES, please give brief details.

PART 1: Details of Business Claimant(s)

8 IS THE BUSINESS:

- A) **A SOLE TRADER:** YES / NO
(enclose a copy of
- B) **A PARTNERSHIP** YES / NO
(list below all the Partners and enclose a copy of the statutes of the Partnership)
- C) **A PRIVATE LIMITED COMPANY** YES / NO
(list below the Company Secretary and all the Directors who may legally represent the Company in this matter, and enclose a copy of the statutes of the Company)
- D) **A PUBLIC LIMITED COMPANY OR PUBLIC ENTITY** YES / NO
(list below the Company Secretary, the Chairman and all the Directors who may legally represent the Company or Entity, and enclose a copy of the statutes of the Company or Entity)

9 NAME OF COMPANY SECRETARY

NAME OF PRINCIPAL PARTNER / CHAIRMAN

PART 2.01

CLEAN-UP

	<p>PART 2.01: Clean-up</p>	<p>Claimant name</p> <p>Claimant number:</p> <p>- - -</p>
1	<p>WHAT HAS BEEN CONTAMINATED?</p>	<p>Give a short description of the area for which you are claiming, and the extent it has suffered as a direct result of the incident.</p>
2	<p>WHEN DID IT HAPPEN?</p>	<p>Please be as accurate as possible. If you do not know the precise date, state the period during which it must have occurred.</p>
3	<p>WHERE IS IT LOCATED?</p>	<p>Show this on a drawing or a map.</p>
4	<p>HOW AND / OR WHY DID IT HAPPEN?</p>	
5	<p>ARE YOU THE SOLE OWNER/ENTITY RESPONSIBLE FOR THIS AREA? YES / NO</p> <p>If NO, state to whom it belongs, and the connection the claimant has with both the owner and the area in question:</p>	

6	DESCRIBE THE NECESSARY CLEANING, AND THE METHODS USED:	
7	HAVE YOU CONSULTED AN EXPERT FOR THIS, OR EMPLOYED A SPECIALIST COMPANY? YES / NO	Give their name(s), address(es and contact numbers, and describe their precise role in your clean-up operations.
8	GIVE THE DATE(S) WHEN THIS WORK HAS BEEN OR WILL BE CARRIED OUT:	
9	SUMMARY OF COSTS OF MATERIALS AND / OR PERSONNEL: A) Cost of materials bought: <div style="text-align: right;">+</div> B) Cost of materials hired: <div style="text-align: right;">+</div> C) Cost of labour: <div style="text-align: right;">_____</div> <div style="text-align: right;">TOTAL:</div>	Detailed invoices, estimates and/or worksheets listing all the items or hours claimed must be presented with this claim form.
10	SUMMARY LIST OF ALL OTHER COSTS OR EXPENSES INCURRED: <div style="text-align: right;">TOTAL:</div> <div style="text-align: right;">_____</div>	

11	<p>CALCULATION OF THE TOTAL AMOUNT OF YOUR CLAIM:</p> <p>Item 9 - Costs of material and / or personnel:</p> <p>Item 10 - All other costs or expenses</p> <p style="text-align: right;">+ _____</p> <p style="text-align: right;">TOTAL: \$</p>	
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12 JUSTIFYING EVIDENCE FOR YOUR CLAIM:

A) Invoices, estimates or receipts for the repairs and / or cleaning

B) Photographs or video

C) Invoices, estimates or receipts for any extra expenses or costs:

D)

E)

So that we can assess your claim, you must enclose the requested evidence.

If you do not enclose the evidence, we may not be able to assess your claim, and may even have to reject it.

If there is any other evidence you would like us to see, please do list and enclose it.

13 COMMENTS:

If you would like to make any comments, please do so.

PART 2.02

PROPERTY DAMAGE

	<p>PART 2.02: Property Damage</p>	<p>Claimant name</p> <p>Claimant number: - - -</p>
1	<p>WHAT HAS BEEN CONTAMINATED, DAMAGED OR LOST?</p>	<p>Give a short description of the property or item for which you are claiming, and the extent it has suffered as a direct result of the incident.</p> <p>Contaminated: only needs cleaning.</p> <p>Damaged: needs repair or possibly replacement</p>
2	<p>WHEN DID IT HAPPEN?</p>	<p>Please be as accurate as possible. If you do not know the precise date, state the period during which it must have occurred.</p>
3	<p>WHERE DID IT HAPPEN?</p>	<p>If a drawing or a map is the easiest way to show this, please include one.</p>
4	<p>HOW AND / OR WHY DID IT HAPPEN?</p>	

5	<p>ARE YOU THE SOLE OWNER OF THIS PROPERTY OR ITEM? YES / NO</p> <p>If NO, state to whom the property belongs, and the connection the claimant has with both the owner and the property in question:</p>	
6	<p>IF THE ITEM IS A BOAT, EQUIPMENT OR FISHING GEAR USED FROM A BOAT:</p> <p>A) What kind of boat is it?</p> <p>B) Name of the boat:</p> <p>C) Licence number of the boat:</p> <p>D) Home port and / or registered port:</p>	<p>Give a brief description of the boat – is it for fishing or pleasure? If it is a fishing boat what kinds of fish are usually caught from it?</p>
7	<p>DESCRIBE THE NECESSARY REPAIRS AND / OR CLEANING, AND THE METHODS USED:</p>	
8	<p>GIVE THE DATE(S) WHEN THIS WORK HAS BEEN OR WILL BE CARRIED OUT:</p>	

<p>12</p>	<p>JUSTIFYING EVIDENCE FOR YOUR CLAIM:</p> <p>A) Boat licence / Certificate of registration <input type="checkbox"/></p> <p>B) Invoices, estimates or receipts for the repairs and / or cleaning <input type="checkbox"/></p> <p>C) Photographs or video <input type="checkbox"/></p> <p>D) Invoices, estimates or receipts for any extra expenses or costs: <input type="checkbox"/></p> <p>E) <input type="checkbox"/></p>	<p>So that we can assess your claim, you must enclose the requested evidence.</p> <p>If you do not enclose the evidence, we may not be able to assess your claim, and may even have to reject it.</p> <p>If there is any other evidence you would like us to see, please do list and enclose it.</p>
<p>13</p>	<p>COMMENTS:</p>	<p>If you would like to make any comments, please do so.</p>

PART 2.03

FISHING – FROM A BOAT (LOSS OF INCOME)

	<p align="center">PART 2.03: Fishing – From a Boat (Loss of Income)</p>	<p>Claimant name: Claimant number: - - -</p>
1	<p>HOW AND WHAT DO YOU USUALLY FISH?</p>	<p>Describe the methods you use to fish, which species you usually catch and the fishing season periods for each species.</p>
2	<p>WHAT PERIOD DOES THIS CLAIM COVER?</p>	<p>If you are making more than one claim in this category, ensure that your claim periods do not overlap.</p>
3	<p>WHERE DO YOU USUALLY FISH?</p>	<p>Show your home port and usual fishing grounds on a drawing or a map.</p>
4	<p>DETAILS OF THE BOAT:</p> <p>A) What kind of boat is it?</p> <p>B) Name of the boat:</p> <p>C) Licence number of the boat:</p> <p>D) Registered port:</p>	
5	<p>ARE YOU THE SOLE OWNER OF THIS BOAT? YES / NO</p> <p>If NO, state to whom the boat belongs, and the connection the claimant has with both the owner and the boat in question:</p>	
6	<p>FISHING LICENCE:</p> <p>A) Number:</p> <p>B) Issued by:</p> <p>C) Start Date:</p> <p>D) Expiry Date:</p>	

7	WHY ARE YOU MAKING THIS CLAIM FOR LOSS OF INCOME?				<p>Are you not permitted to fish or are you suffering a decrease in income? If there is a fishing ban in force, give the official details.</p> <p>Remember that the loss of income for which you are claiming must arise entirely as a direct result of the oil pollution.</p>	
8	IS YOUR FISHING SUBJECT TO A QUOTA? YES / NO If YES, please give all details:					
9	TO WHOM DO YOU SELL YOUR CATCH?				<p>Give the name(s), address(es) and contact numbers.</p>	
10	DETAILS OF LOSS OF INCOME FROM FISHING:				<p>Estimate the species, weight, price per kilo and total value of your catch per day, if the incident had not taken place.</p> <p>The dates given should comply with your claim period (Question 2 above).</p> <p>This table is a suggestion of how to give your answer. If there is a better way to give your information, please do so on another piece of paper, marking it clearly to show that it belongs to this question.</p>	
	DATE	SPECIES	WEIGHT CAUGHT	PRICE PER KG		TOTAL
TOTAL:						

<p>15</p>	<p>JUSTIFYING EVIDENCE FOR YOUR CLAIM:</p> <p>A) Drawing or map showing your home port and usual fishing grounds <input type="checkbox"/></p> <p>B) Boat licence / Certificate of registration - photocopies <input type="checkbox"/></p> <p>C) Fishing licence - photocopy <input type="checkbox"/></p> <p>D) Evidence of your income from fishing for the same period for the past 3 years <input type="checkbox"/></p> <p>E) Invoices, estimates or receipts for any extra expenses or costs: <input type="checkbox"/></p> <p>F) Evidence of cancellation of orders: <input type="checkbox"/></p> <p>G) <input type="checkbox"/></p>	<p>So that we can assess your claim, you must enclose the requested evidence.</p> <p>If you do not enclose the evidence, we may not be able to assess your claim, and may even have to reject it.</p> <p>If there is any other evidence you would like us to see, please do list and enclose it.</p>
<p>16</p>	<p>COMMENTS:</p>	<p>If you would like to make any comments, please do so.</p>

PART 2.04

**FISHING – NOT FROM A BOAT
(LOSS OF INCOME)**

	<p align="center">PART 2.04: Fishing – Not from a Boat (Loss of Income)</p>	<p>Claimant name: Claimant number: - - -</p>
1	<p>HOW AND WHAT DO YOU USUALLY FISH?</p>	<p>Describe the methods you use to fish, which species you usually catch and the fishing season periods for each species.</p>
2	<p>WHAT PERIOD DOES THIS CLAIM COVER?</p>	<p>If you are making more than one claim in this category, ensure that your claim periods do not overlap.</p>
3	<p>WHERE DO YOU USUALLY FISH?</p>	<p>Show your home port and usual fishing grounds on a drawing or a map.</p>
4	<p>FISHING LICENCE:</p> <p>A) Number:</p> <p>B) Issued by:</p> <p>C) Start Date:</p> <p>D) Expiry Date:</p>	
5	<p>WHY ARE YOU MAKING THIS CLAIM FOR LOSS OF INCOME?</p>	<p>Are you not permitted to fish or are you suffering a decrease in income? If there is a fishing ban in force, give the official details.</p> <p>Remember that the loss of income for which you are claiming must arise entirely as a direct result of the oil pollution.</p>
6	<p>IS YOUR FISHING SUBJECT TO A QUOTA? YES / NO</p> <p>If YES, please give all details:</p>	

7 TO WHOM DO YOU SELL YOUR CATCH?

Give the name(s), address(es) and contact numbers.

8 DETAILS OF LOSS OF INCOME FROM FISHING:

Estimate the species, weight, price per kilo and total value of your catch per day, if the incident had not taken place.

The dates given should comply with your claim period (Question 2 above).

This table is a suggestion of how to give your answer. If there is a better way to give your information, please do so on another piece of paper, marking it clearly to show that it belongs to this question.

DATE	SPECIES	WEIGHT CAUGHT	PRICE PER KG	TOTAL
TOTAL:				

13	JUSTIFYING EVIDENCE FOR YOUR CLAIM: A) Drawing or map showing your home port and usual fishing grounds B) Fishing licence - photocopy C) Evidence of your income from fishing for the same period for the past 3 years D) Invoices, estimates or receipts for any extra expenses or costs: E) Evidence of cancellation of orders: F)	So that we can assess your claim, you must enclose the requested evidence. If you do not enclose the evidence, we may not be able to assess your claim, and may even have to reject it. If there is any other evidence you would like us to see, please do list and enclose it.
14	COMMENTS:	If you would like to make any comments, please do so.

PART 2.05

FISHING – FISH OR SHELLFISH FARM (LOSS OF INCOME)

	<p align="center">PART 2.05: Fishing – Fish or Shellfish Farm (Loss of Income)</p>	<p>Claimant name: Claimant number: - - -</p>
1	<p>HOW AND WHAT DO YOU USUALLY CULTIVATE AT YOUR FARM?</p>	<p>Describe the methods you use and the species you cultivate, and state the usual sales periods for each species.</p>
2	<p>WHAT PERIOD DOES THIS CLAIM COVER?</p>	<p>If you are making more than one claim in this category, ensure that your claim periods do not overlap.</p>
3	<p>WHERE IS YOUR FARM?</p>	<p>Give the farm's address and show its location on a drawing or a map.</p> <p>Include any relevant details such as the high tide and low tide levels of the sea or river which feeds your farm.</p>
4	<p>ARE YOU THE SOLE OWNER OF THIS FARM? YES / NO</p> <p>If NO, state to whom the farm belongs, and the connection the claimant has with both the owner and the farm in question:</p>	
5	<p>FARMING LICENCE:</p> <p>A) Number:</p> <p>B) Issued by:</p> <p>C) Start Date:</p> <p>D) Expiry Date:</p>	
6	<p>WHY ARE YOU MAKING THIS CLAIM FOR LOSS OF INCOME?</p>	<p>Are you not permitted to fish or are you suffering a decrease in income? If there is a fishing ban in force, give the official details.</p> <p>Remember that the loss of income for which you are claiming must arise entirely as a direct result of the oil pollution.</p>

7	IS YOUR FARMING SUBJECT TO A QUOTA?	YES / NO
	If YES, please give all details:	
8	TO WHOM DO YOU SELL YOUR PRODUCE?	Give the name(s), address(es) and contact numbers.

9	DETAILS OF LOSS OF INCOME:				Estimate the species, weight, price per kilo and total value of your sales if the incident had not taken place.
	DATE(S)	SPECIES	WEIGHT	PRICE PER KG	TOTAL
	TOTAL:				

The dates given should comply with your claim period (Question 2 above).

This table is a suggestion of how to give your answer. If there is a better way to give your information, please do so on another piece of paper, marking it clearly to show that it belongs to this question.

The figures given in this claim must be for the loss of profit and not for the turnover of the business.

14	JUSTIFYING EVIDENCE FOR YOUR CLAIM: A) Drawing or map showing the position of your farm B) Farming licence - photocopy C) Evidence of your income for the same period for the past 3 years D) Invoices, estimates or receipts for any extra expenses or costs: E) Evidence of cancellation of orders: F)	So that we can assess your claim, you must enclose the requested evidence. If you do not enclose the evidence, we may not be able to assess your claim, and may even have to reject it. If there is any other evidence you would like us to see, please do list and enclose it.
15	COMMENTS:	If you would like to make any comments, please do so.

PART 2.06

**FISHING – PROCESSING OR RETAILING BUSINESS
(LOSS OF INCOME)**

	<p align="center">PART 2.06: Fishing – Processing or Retailing Business (Loss of Income)</p>	<p>Claimant name:</p> <p>Claimant number:</p> <p align="center">- - -</p>
1	<p>HOW AND WHAT DO YOU USUALLY PROCESS OR SELL?</p>	<p>Describe the methods you use in your business and the species with which you usually deal, and state the usual seasonal sales periods for each species.</p>
2	<p>WHAT PERIOD DOES THIS CLAIM COVER?</p>	<p>If you are making more than one claim in this category, ensure that your claim periods do not overlap.</p>
3	<p>FROM WHOM DO YOU OBTAIN YOUR FISH AND/OR SHELLFISH, AND WHERE DO THEY CATCH OR FARM IT?</p>	<p>Give the names, addresses and contact numbers of your suppliers and the names of their boats, and their usual fishing grounds or farms, showing their locations on a drawing or a map.</p>
4	<p>ARE YOU THE SOLE OWNER OF THIS BUSINESS? YES / NO</p> <p>If NO, state to whom the business belongs, and the connection the claimant has with both the owner and the business in question:</p>	
5	<p>WHICH LICENCES DO YOU HOLD FOR THIS BUSINESS?</p> <p>A) Licence title:</p> <p>B) Number:</p> <p>C) Issued by:</p> <p>D) Start Date:</p> <p>E) Expiry Date:</p>	
6	<p>WHY ARE YOU MAKING THIS CLAIM FOR LOSS OF INCOME?</p>	<p>Are you not permitted to use local fish or are you suffering a decrease in income? If there is a fishing ban in force, give the official details.</p> <p>Remember that the loss of income for which you are claiming must arise entirely as a direct result of the oil pollution.</p>

7	IS YOUR BUSINESS SUBJECT TO A QUOTA?	YES / NO
If YES, please give all details:		
8	TO WHOM DO YOU SELL YOUR GOODS?	<p>Give details of your market: do you sell to local, regional, national or international clients? Are they small shops, businesses, restaurants or are they large supermarket chains or distributors?</p>
9	DETAILS OF LOSS OF INCOME:	<p>Ensure that the details comply with the dates given as your claim period (Question 2 above).</p> <p>The figures given in this claim must be for the loss of profit and not for the turnover of the business.</p>
<p style="text-align: right;">TOTAL: _____</p>		

14	JUSTIFYING EVIDENCE FOR YOUR CLAIM: A) Drawing or map showing the fishing grounds and farms of your suppliers <input type="checkbox"/> B) Any licences - photocopy <input type="checkbox"/> C) Evidence of your income for the same period for the past 3 years <input type="checkbox"/> D) Invoices, estimates or receipts for any extra expenses or costs: <input type="checkbox"/> E) Evidence of cancellation of orders: <input type="checkbox"/> F) <input type="checkbox"/>	So that we can assess your claim, you must enclose the requested evidence. If you do not enclose the evidence, we may not be able to assess your claim, and may even have to reject it. If there is any other evidence you would like us to see, please do list and enclose it.
15	COMMENTS:	If you would like to make any comments, please do so.

PART 2.09

TOURISM - ACCOMMODATION (LOSS OF INCOME)

	<p align="center">PART 2.09: Tourism - Accommodation (Loss of Income)</p>	<p>Claimant name:</p> <p>Claimant number:</p> <p align="center">- - -</p>
<p>1 THE ACCOMMODATION:</p> <p>A) Type:</p> <p>B) Name:</p> <p>C) Address:</p> <p>D) Telephone:</p> <p>E) Fax:</p> <p>F) E-mail:</p>		<p>Type: is it a hotel, guest house, bed & breakfast, caravan and/or camp site, etc?</p>
<p>2 WHAT PERIOD DOES THIS CLAIM COVER?</p>		<p>If you are making more than one claim in this category, ensure that your claim periods do not overlap.</p>
<p>3 WHERE IS THE ACCOMMODATION?</p>		<p>Show the location of the accommodation and any relevant local features (eg: how close is it to the beach?) on a drawing or a map.</p>
<p>4 DESCRIPTION OF THE ACCOMMODATION:</p> <p>A) Number of bedrooms:</p> <p>B) List catering facilities provided:</p> <p>C) List meals served:</p> <p>D) List any special facilities offered by the accommodation:</p> <p>E) List any special attractions in the area:</p> <p>F) Any other information:</p>	<p align="right">Total number of beds:</p>	<p>Catering facilities: public restaurant, public café, private dining room, etc.</p> <p>Meals served: all meals, breakfast only, snacks only, etc.</p> <p>Facilities: swimming-pool on site, etc.</p> <p>Attractions: located by the beach, etc.</p> <p>Specialise in seminars, weddings, etc.</p>

<p>16</p>	<p>JUSTIFYING EVIDENCE FOR YOUR CLAIM:</p> <p>A) Drawing or map showing the accommodation location <input type="checkbox"/></p> <p>B) Any licences or certificates - photocopy <input type="checkbox"/></p> <p>C) Brochures and / or advertisements for the accommodation <input type="checkbox"/></p> <p>D) Evidence of your income for the same period for the past 3 years <input type="checkbox"/></p> <p>E) Invoices, estimates or receipts for any extra expenses or costs: <input type="checkbox"/></p> <p>F) Evidence of cancellation of bookings: <input type="checkbox"/></p> <p>G) <input type="checkbox"/></p>	<p>So that we can assess your claim, you must enclose the requested evidence.</p> <p>If you do not enclose the evidence, we may not be able to assess your claim, and may even have to reject it.</p> <p>If there is any other evidence you would like us to see, please do list and enclose it.</p>
<p>17</p>	<p>COMMENTS:</p>	<p>If you would like to make any comments, please do so.</p>

PART 2.10

TOURISM – CATERING BUSINESS (LOSS OF INCOME)

<p>15</p>	<p>JUSTIFYING EVIDENCE FOR YOUR CLAIM:</p> <p>A) Drawing or map showing the accommodation location <input type="checkbox"/></p> <p>B) Any licences or certificates - photocopy <input type="checkbox"/></p> <p>C) Menus, brochures and / or advertisements <input type="checkbox"/></p> <p>D) Evidence of your income for the same period for the past 3 years <input type="checkbox"/></p> <p>E) Invoices, estimates or receipts for any extra expenses or costs: <input type="checkbox"/></p> <p>F) Evidence of cancellation of bookings: <input type="checkbox"/></p> <p>G) <input type="checkbox"/></p>	<p>So that we can assess your claim, you must enclose the requested evidence.</p> <p>If you do not enclose the evidence, we may not be able to assess your claim, and may even have to reject it.</p> <p>If there is any other evidence you would like us to see, please do list and enclose it.</p>
<p>16</p>	<p>COMMENTS:</p>	<p>If you would like to make any comments, please do so.</p>

PART 2.11

TOURISM – ATTRACTION (LOSS OF INCOME)

<p>14</p>	<p>JUSTIFYING EVIDENCE FOR YOUR CLAIM:</p> <p>A) Drawing or map showing the accommodation location <input type="checkbox"/></p> <p>B) Any licences or certificates - photocopy <input type="checkbox"/></p> <p>C) Menus, brochures and / or advertisements <input type="checkbox"/></p> <p>D) Evidence of your income for the same period for the past 3 years <input type="checkbox"/></p> <p>E) Invoices, estimates or receipts for any extra expenses or costs: <input type="checkbox"/></p> <p>F) Evidence of cancellation of bookings: <input type="checkbox"/></p> <p>G) <input type="checkbox"/></p>	<p>So that we can assess your claim, you must enclose the requested evidence.</p> <p>If you do not enclose the evidence, we may not be able to assess your claim, and may even have to reject it.</p> <p>If there is any other evidence you would like us to see, please do list and enclose it.</p>
<p>15</p>	<p>COMMENTS:</p>	<p>If you would like to make any comments, please do so.</p>

PART 2.14

**ANY OTHER BUSINESS
(LOSS OF INCOME)**

	<p>PART 2.14: Any Other Business (Loss of Income)</p>	<p>Claimant name: Claimant number: - - -</p>
1	DESCRIBE YOUR BUSINESS:	
2	WHAT PERIOD DOES THIS CLAIM COVER?	If you are making more than one claim in this category, ensure that your claim periods do not overlap.
3	WHERE IS YOUR BUSINESS LOCATED?	<p>Show the business location and its trading point(s) if these are relevant to your claim.</p> <p>Show their locations on a drawing or a map.</p>
4	<p>ARE YOU THE SOLE OWNER OF THIS BUSINESS? YES / NO</p> <p>If NO, state to whom the business belongs, and the connection the claimant has with both the owner and the business in question:</p>	
5	<p>WHICH LICENCES DO YOU HOLD FOR THIS BUSINESS?</p> <p>A) Licence title:</p> <p>B) Number:</p> <p>C) Issued by:</p> <p>D) Start Date:</p> <p>E) Expiry Date:</p>	

13	JUSTIFYING EVIDENCE FOR YOUR CLAIM: A) Drawing or map showing your business or trading location B) Any licences - photocopy C) Evidence of your income for the same period for the past 3 years D) Invoices, estimates or receipts for any extra expenses or costs: E) Evidence of cancellation of orders: F)	So that we can assess your claim, you must enclose the requested evidence. If you do not enclose the evidence, we may not be able to assess your claim, and may even have to reject it. If there is any other evidence you would like us to see, please do list and enclose it.
14	COMMENTS:	If you would like to make any comments, please do so.

PART 3

DECLARATION BY CLAIMANT(S)

**IN CASE IF THE CLAIM OCCURRED WITHIN THOSE
STATES WHOM ARE PARTIES TO THE INTERNATIONAL
OIL POLLUTION COMPENSATION FUND;**

- HOW TO FILL THE CLAIM FORM**
- ABOUT YOUR CLAIM**

ABOUT YOUR CLAIM

Please read these notes carefully

TIME BAR

There is a limited time in which to settle your claim. To be valid claims **must** have been submitted, assessed and a settlement agreed within three years from the date when the damage happened (usually the date of the incident). If your claim is not settled within this period, it will no longer be valid (time barred) unless you take legal action to protect the claim. More details on time bar are available on request. **[NB: This does not apply in JAPAN – legal action must always be taken. How about other countries?]** We therefore strongly advise you to send in your claim, and all further details requested as early as possible.

REPRESENTATIVE/ADVISER

You do not have to have a representative or adviser to help you make your claim, unless you want to do so. We will be happy to answer your questions and to help you fill out this form.

SPECIAL PAYMENTS

If you are having severe financial problems as a result of the incident (eg if you are a fisherman, are prevented from fishing and this is your only source of income, you cannot get another job and have no savings) you can apply for a Special Payment to cover immediate problems. This Special Payment will later be deducted from the assessed total of your claim. Please contact us to explain your situation and apply for a Special Payment.

INTERIM PAYMENTS

If you will be claiming for loss of income over a long period you do not have to wait until it ends before making a claim (eg a fisherman during a lengthy fishing ban). You may submit claim forms at intervals (eg monthly) and we would assess what your income might have been for each period, and make payments accordingly.

PERCENTAGE PAYMENTS

In some incidents, the total amount being claimed by all the claimants might be, or is potentially much more than the total sum available for compensation. In these cases, to make sure that everybody with a valid claim receives some compensation, a percentage is decided upon during the first few months, and that proportion is paid of every agreed claim. For instance, if the percentage is 70% and we agree you claim with you at £100, you would receive £70. As time goes by, a more accurate assessment of the total amount can be made and it is possible that a further proportional payment might be made to everyone.

FUTURE LOSSES

Losses must have already been incurred before you make a claim (eg you cannot claim for future loss of income, or for cancelled tourism bookings in advance). You will be expected to try to lessen your loss (eg by looking for other jobs or ways of making money, or by promoting your tourism venues in different markets).

ONCE YOU HAVE COMPLETED THE CLAIM FORM(S)

Please send us the form(s), together with all documents, **as soon as possible**. We will then send you an official Claimant Number (Part 1) and Claim Number(s) (one for each section completed under Part 2) which you should quote whenever you contact us. **If you do not hear from us with these numbers within one month, you must contact us to ensure that your claim form has/have not been lost.**

WHAT HAPPENS NEXT

Your claim(s) will be assessed by our experts (who may visit you) on the basis of the information given by you in these forms. Then we will inform you whether your claim has been rejected or, if accepted, the assessed amount. You will be required to sign a Receipt and Release form so that you may be paid the compensation.

We cannot tell you how long it will be before your claim is assessed. It will depend on the number of other claims, how complex your claim is and whether you have provided sufficient details to help assess it.

We understand to give your claim our best attention and to ensure as fair and accurate an assessment as possible. Should you have any queries on your claim, please contact us.

HOW TO FILL IN THIS CLAIM FORM

Please read these notes carefully

The Claim Form is in three parts. You must complete and return each part:

Part 1 – this is for details of the **claimant** – the person(s) or the business who is claiming. There is one form for individual claimants and one form for business claimants.

Part 2 – this is for details of the claim – the loss and/or damage suffered because of the incident.

Part 3 – the declaration

EVIDENCE TO SUPPORT YOUR CLAIM

The original evidence (not photocopies) in support of all the loss and/or damage for which you are claiming **must** be sent with this claim form, or be available to be examined, so please make sure it is all kept. Evidence would include photographs or video of the damage, business cancellation letters, till receipts, invoices, consignment sales records, tax accounts, etc.

We usually use experts to help us to assess claims. This ensures that claims are assessed in a fair and consistent way.

WHEN FILLING IN THIS CLAIM FORM

10. Please ensure you write clearly (use block capitals if you like), using black ink.
11. Give all information requested. If you do not give us information that is needed to assess the claim, then the form will have to be returned to you so you can supply the missing details.
12. If there is not enough space for your answer, please use extra, blank sheets of paper, **clearly** marking them to show to which question they relate.
13. If you have a question where the answer is **YES/NO**, please circle the correct answer(YES / NO).
14. We advise you to refer to the information given in the enclosed [1971/1992] Fund's Claims Manual, which will give further advice on the provisions of the [1971/1992] Conventions.
15. Carefully read the notes in the right-hand column of Parts 1 and 2 as you fill out the form – they are there to help you.
16. It will help us to process your claims faster if you give us as much information as possible, checking that it is absolutely correct.
17. We strongly advise you to keep a photocopy of everything you send us, in case it gets lost in the post.
18. If you would like any help with filling in this form, **please contact us**. We will be happy to answer your questions.

NB: ONLY THE IOPC FUNDS [AND ITS PARTNERS] CAN APPROVE CLAIMS OR PAYMENTS. THE CLAIMS HANDLING OFFICE IS ONLY THEIR LOCAL REPRESENTATIVE TO HELP CLAIMANTS AND ADMINISTRATION TASKS, AND DOES NOT HAVE ANY AUTHORITY.