

# Claim Form

## **2001 International Convention on Civil Liability for Bunker Oil Pollution Damage**

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## **PREAMBLE**

Both liability insurers (P&I Clubs) of vessels "CSL VIRGINIA3 and "ULYSSE" set up an office in order for you to easily submit your claim files. These claim files should be completed pursuant to terms, questions and tables of this form.

This office is named: "Claims Submission Office" (C.S.O.)

Its address is: 8, place d'Armes

83000 Toulon

Phone: +33 (0)5 38 40 04

Email: [claimsofficetoulon@yahoo.com](mailto:claimsofficetoulon@yahoo.com)

Open from Monday to Friday, between 09h00 and 12h30 and between 14h00 and 17h30

## **CLAIM FORM FOR COMPENSATION UNDER THE 2001 INTERNATIONAL CONVENTION ON CIVIL LIABILITY FOR BUNKER OIL POLLUTION DAMAGE**

This form is dedicated to provide you with guidelines of the kind of information that is necessary to support a compensation claim depending on the type of loss suffered.

This process is intended to uniform the way claims are submitted, which should allow them to be processed more swiftly.

The different kind of loss categories are, for instance, cleaning and safeguarding costs, damage to goods, financial loss etc. (each category corresponds to a section, please see hereafter).

### **Time limit:**

**Applicable time limit for filing claims is 3 years from the date when the damage occurred** pursuant to article 8 of the 2001 International Convention on Civil Liability for Bunker Oil Pollution Damage.

However, in no case shall an action be brought more than six years from the date of the incident which caused the damage. Where the incident consists of a series of occurrences, the six-years' period shall run from the date of the first such occurrence.

**Mitigation of losses :**

You will be expected to try to lessen your loss (e.g. by using cost-effective response methods) by looking for other employment or ways of making money, by promoting your venues in different markets or fishing in alternative areas, etc.).

You should notify the Claims Submission Office as soon as you suffer losses as they may be able to assist you to mitigate against further losses. You should also preserve damaged property so that the experts employed by the Claims Submission Office may view the damaged property and the extent of the damage sustained.

**Future losses :**

You cannot claim for future loss of income or damage until it has actually occurred.

**Representative / Adviser :**

There is no requirement for you to use the services of, or employ a representative or adviser to help prepare your claim. The Claims Submission Office/1992 Fund will be happy to answer your questions, help you prepare your claim and to fill out this form.

**Amount of compensation :**

Pursuant to article 6 of the 2001 International Convention on Civil Liability for Bunker Oil Pollution Damage, shipowner and the person or persons providing insurance or other financial security are entitled to limit their liability under any applicable national or international regime, such as the Convention on Limitation of Liability for Maritime Claims, 1976, as amended.

**Interim claims :**

If you claim for loss of income over a long period (e.g. a fisherman claiming for losses incurred during a lengthy fishing ban), you do not have to wait until the end of the period in which all the losses occur, before making a claim. You may submit claim forms at intervals (e.g. monthly) and an assessment will be made as to what your income would have been for each period and payment will be made accordingly.

**Equal treatments of claimants :**

All claimants will be treated on an equal basis; the latest claimants to present their claim before the expiration of the time bar have the same rights to compensation as those who applied in the early days following the incident.

**Part 1 : Claimant's details**

1. Title	
2. First/Given name(s)	
3. Surname/Family name(s)	
4. Age	
5. Date of Birth (day/month/year)	
6. Social Security/National Reference/ Identification Number (as applicable)	
7. Name of Business/Partnership/ Association/ Cooperative/Company/Company number / Government Department or Agency / Other (as applicable)	
8. Are you the sole owner of the business or the sole appointed representative of the government agency etc., which is subject of the claim?	
9. Contact details (please specify the address at which you wish to be contacted by entering X in the relevant checkbox)	
a) <input type="checkbox"/> Claimant's address	Address:
Claimant's telephone number, fax number and email address	Tel : Fax : E-mail :
b) <input type="checkbox"/> Business address (if different to above)	Address:
Business telephone number, fax number and email address	Tel : Fax : E-mail :

**Please submit all supporting documents and evidence for all costs incurred as detailed above.**

## **Part 2 : Claim for compensation**

### **Summary of your claim**

In addition to the information required under the checklist, please also provide the following information. Please enter a summary of the requested information below. The boxes below can be expanded when completing electronically. When completing by hand, separate sheets can be added if further space is required. However, please provide detailed information in a spreadsheet.

### **Section A : Costs of clean up and preventive measures**

- 1) A summary of events (description and justification of the work carried out at sea, in coastal waters and on shore, together with an explanation of why the various working methods were selected).
  
- 2) Details of the area(s) where the clean-up operations and preventive measures were undertaken. Please provide a marked map/chart and photographs (if available) indicating the location of the clean-up operations conducted.
  
- 3) Date(s) on which such clean-up operations and preventive measures took place.
  
- 4) A detailed description of the clean-up operations conducted and preventive measures undertaken.
  
- 5) Details of the personnel used for the operations, including:
  - a) Number and roles of personnel employed

- b) Days/hours worked, daily/hourly rate and overtime rate (specify calculation method, other labour costs, etc.);
  - c) Travel and accommodation expenses for response personnel;
  - d) Summary of costs of food, personal protective equipment, communications, etc. for response personnel
- 6) Details of the equipment used for the operations. Please provide full details on a spreadsheet and send with your claim form. Please also provide information on how and where the equipment was used together with full technical specifications (equipment manufacturer, capacity, etc.).

For large items of expenditure such as vessels or aircraft, treatment of waste, establishment of wildlife treatment centres, or removal of oil from wrecks, please see the separate lists at the end of this section which detail the type of information required.

You may wish to use the following tables as examples of the type of information required, in respect of equipment owned, used or hired for the clean up and response operations. Templates of similar tables and spreadsheets are available to download from the IOPC Funds website.

- A. Equipment owned by the claimant (type of equipment, purchase cost and residual value, transport costs, daily rate and period of use)

Description of equipment owned	Date of purchase	Purchase cost	Residual value after use	Transport costs		Daily rate		Period of use (days)						Total Cost
				Delivery	Return			Mon 3rd	Tue 4th	Wed 5th	Thur 6th	Fri 7th	etc.	
						In use								
						Standby								
						In use								
						Standby								
<b>6A - Total</b>														

B. Equipment rented/hired from third parties (type of equipment, cost of transport, cost and duration of use)

Description of equipment rented/hired	Date of hire	Transport costs (if applicable)		Daily hire rate	Period of use (days)						Total Cost
		Delivery	Return		Mon 3rd	Tue 4th	Wed 5th	Thur 6th	Fri 7th	etc.	
				In use							
				Standby							
				In use							
				Standby							
<b>6B - Total</b>											

C. Equipment purchased by the claimant (type of equipment purchased, cost and duration of use, cost of transport)

Description of equipment purchased	Date of purchase	Purchase cost	Unit Cost	Resale value after use	Transport costs (delivery)	Equipment held in stock/issued for use		Period of use (days)						Total Cost
						In stock	Issued for use	Mon 3rd	Tue 4th	Wed 5th	Thur 6th	Fri 7th	etc.	
						In stock								
						Issued for use								
						In stock								
						Issued for use								
<b>6C - Total</b>														

7) If any equipment has been damaged during the clean-up operations or preventive measures undertaken, indicate circumstances of the damage, cost of repair/refurbishment or replacement of the item.

8) Costs of storage or disposal of oil, oily waste and oily products recovered (specify quantity of waste and disposal method)

9) Total of other costs or expenses incurred eg. aircraft hire, vessel hire, treatment of waste, establishment of wildlife treatment centre, removal of oil from the wreck, etc.

**Calculation of the total amount of the claim**

You may wish to use the following table as an example of how to calculate the total amount of the claim. Whichever method you use, you must provide an explanation of the method used to calculate the total amount of the claim.

Item 5: Cost of personnel (5b+5c+5d)	+	
Item 6(A): Net cost of equipment owned	+	
Item 6(B): Cost of equipment rented	+	
Item 6(C): Cost of equipment purchased	+	
Item 7: Equipment repair costs	+	
Item 8: Cost of storage/disposal of oil or oily products	+	
Item 9: Other costs/expenses	+	
<b>Total</b>	=	

**Additional information**

Are the expenses referred to in this claim insured in whole or in part?

Yes  No

If YES, please provide full details (name of insurance company, policy type, claim submitted, amount paid, amount insured, any exclusions, etc.)

Provide details of any other claims for compensation you have made in connection with this incident.

Provide details of any other compensation or form of income you have received (e.g. state or regional emergency funds, charitable donations, etc.) or you will receive in connection with this incident (name of payer, amount received, etc.). If none, state NONE.

Have you submitted additional pages/documents to this claim form? (Please specify)

Yes  No

**Please submit all supporting documents and evidence for all costs incurred as detailed above.**

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**Section B : Property damage**

It is imperative that any property damaged beyond repair is retained until an expert appointed by the Claims Submission Office has examined the property and/or has expressly agreed to the disposal of the property.

**Summary of your claim :**

1) Brief description of property damaged and explanation of how damage occurred. Please provide detailed photographs. Please mark the photographs to indicate the item shown and how this relates to the claim.

2) Are you the sole owner of the damaged property ?

Yes  No

If NO, indicate who owns the property and the nature of the relationship between the applicant and property

3) Description of repairs or cleaning operations performed to the property, or cost of replacement.

4) License/registration number (if applicable. e.g. for fishermen)

5) Date(s) on which the repair or cleaning of goods took place or date on which replacement was purchased.

6) Details of normal repair or replacement schedules of property

7) Personnel used, please specify:

a) Number and roles of personnel employed

b) Days/hours worked, daily/hourly rate and overtime rate (specify calculation method, other labour costs, etc)

- c) Travel and accommodation expenses for personnel involved in repair or cleaning
- d) Summary of costs of food, personal protective equipment, communications, etc. for response personnel

8) Equipment used, please specify

(a) Purchase price of equipment

(b) Cost per day/hour (please specify) of equipment hired

(c) Duration of use of equipment (days/hours – please specify)

9) Detail of other costs or expenses incurred (e.g. survey costs)

10) Residual value of equipment/goods purchased

11) Age of damaged goods replaced

**Calculation of the total amount of the claim**

You may wish to use the following table as an example of how to calculate the total amount of the claim.

Whichever method you use, you must provide an explanation of the method you have used to calculate the total amount of the claim.

Item 7: Cost of personnel (7b +7c + 7d)	+	
Item 8: Cost of equipment used (Total of 8a +(8bx8c))	+	
Item 9: Other costs (e.g. survey costs)	+	
Item 10: Residual value of equipment purchased	-	
<b>Total</b>	=	

### **Additional information**

Are the damages referred to in this claim insured in whole or in part?

Yes

No

If YES, please provide full details (name of insurance company, policy type, claim submitted, amount paid, amount insured, any exclusions, etc.)

Provide details of any other claims for compensation you have made in connection with this incident.

Provide details of any other compensation or form of income you have received (e.g. state or regional emergency funds, charitable donations, etc.) or you will receive in connection with this incident (name of payer, amount received, etc.). If none, state NONE.

Have you submitted additional pages/documents to this claim form? (Please specify)

Yes

No

**Please submit all supporting documents and evidence for all costs incurred as detailed above.**

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### **Section C : Economic loss in the fisheries, mariculture and fish processing sectors**

#### **Summary of your claim**

- 1) Brief description of the type of activity/operation conducted e.g. fishing/mariculture/fish processing:
  
- 2) Brief description of the loss claimed
  
- 3) Results of laboratory analysis and/or other evidence linking the oil pollution with the ship(s) involved in the incident

4) Type and size of vessel used (if applicable)

5) Name of vessel, and fishing licence/registration number (if applicable)

6) Cooperative/fishing association membership (if applicable)

7) Name of owner of fishing/mariculture/fish processing business

8) Is the claimant the sole owner of the business/vessel/operation detailed above?

Yes  No

If NO, indicate who owns the business/vessel/operation and the nature of the relationship to the claimant

9) Is the claimant's business or operation subject to an administrative ban as a result of the incident?

Yes  No

If YES, indicate the nature and date of this ban (start and finish)

10) Is your business subject to a quota?

Yes  No

If YES, please provide further details

11) Location of your homeport and fishing grounds/operation/usual place of business.  
Please also provide separately the location on a map or chart giving co-ordinates.

12) Details of the species usually caught/produced/harvested/processed

13)Details of any alternative fishing ground(s) in which you operated during the ban

**Summary of the claimed loss :**

14)Brief description of loss incurred and explanation of how the loss occurred

15)Claim period

From ..... to .....

16)Details of the age of the stock at the time of contamination and the normal planned harvest date(s) of the stock

**Revenues by month for the period of loss claimed and in the preceding three years of fishing/mariculture/fish processing.**

The example table below should be completed for the three years before the incident, as well as for the claim period. If necessary, please use additional pages clearly marking them, to show to which question and time period they relate. Templates of this table and other similar spreadsheets can be downloaded from the IOPC Funds website.

Date or period of activity		Species caught/ harvested	Volume or weight caught/ harvested/ sold	Price per kilogram on date of sale	Income per month	
Month	Year				Gross	Net
				<b>Total</b>		

17) Total net loss during claim period (from table above)

### Details of any savings

18) Saved overheads or other normal variable expenses due to the incident (e.g. sales commission, cost of fuel, gas and electricity, diesel, feeding costs, ice for storage, packaging, maintenance, cost of fish, food for fish etc. which were not purchased or used) (see box 19 below for saved labour costs)

19) Saved labour costs (if labour/staff have been released or have worked reduced hours).

20) Details of any measures taken to prevent or minimise pure economic loss, including description and cost

21) Details of alternative income you earned during the time your business/operation was interrupted (eg participation in cleaning operations, paid employment for other tasks, etc.)

### Calculation of the total amount of the claim

You may wish to use the following table as an example of how to calculate the total amount of the claim.

Whichever method you use, you must provide an explanation of the method you have used to calculate the total amount of the claim:

Item 17: Amount of loss during claim period		
Item 18: Saved overheads or other normal variable costs	-	
Item 19: Saved labour costs	-	
Item 20: Costs incurred to minimise loss	+	
Item 21: Alternative income earned	-	
<b>Total</b>	=	

In order to calculate your loss:

The estimated loss of revenue is the difference between the revenue (excluding taxes) over the claim period and the revenue that would have been obtained over the same period, if the incident had not occurred. The revenues used in this calculation should be based on actual revenues attained in the business and NOT on an estimation of future losses.

**Additional information :**

Are the losses referred to in this claim insured in whole or in part?

Yes  No

If YES, please provide full details (name of insurance company, policy type, claim submitted, amount paid, amount insured, any exclusions, etc.)

Provide details of any other claims for compensation you have made in connection with this incident.

Provide details of any other compensation or form of income you have received (e.g. state or regional emergency funds, charitable donations, etc.) or you will receive in connection with this incident (name of payer, amount received, etc.). If none, state NONE.

Have you submitted additional pages/documents to this claim form? Please specify.

Yes  No

**Please submit all supporting documents and evidence for all costs incurred as detailed above.**

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**Section D : Economic loss in the tourism sector and other related businesses**

**Summary of your claim**

- 1) Name/type of business activities, e.g. hotel, restaurant, shop (please specify what type of shop), guest house, boat operator, other activity (please specify)

2) Capacity of the business (e.g. number of rooms, restaurant seats, area of retail space etc.)

3) How long have you run the business under the current ownership?

**Opening period of your business**

4) Please indicate the normal opening period of your business by ticking the appropriate checkbox and completing the relevant information:

Open all year : from ...../..... to ...../.....

Seasonal opening (specify hours of opening) : opening hours from ..... to .....

5) After the incident, did you close your business?

Yes  No

If YES, indicate the period and the reasons for the closure

**Changes in capacity**

6) If the capacity of your business has changed during the three years before the incident, provide details and evidence of any changes to your business in a table as shown below:

Year	Year of incident - 3	Year of incident - 2	Year of incident -1	Year of incident
Capacity				
Changes to capacity				

**Details of revenue**

7) Using a table similar to that below will help you record your sales and monthly revenue during the period of your claim, as well as for the three years prior to the incident. Templates of similar tables and spreadsheets are available to download from the IOPC Funds website. Please use additional sheets of paper clearly marking them, to show to which question and time period they relate. Please refer to the note below this table.

Month	Year of incident - 3		Year of incident - 2		Year of incident - 1		Year of incident	
	Units* sold	Monthly Revenue**	Units* sold	Monthly Revenue**	Units* sold	Monthly Revenue**	Units* sold	Monthly Revenue**
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								
Total								

The table should be completed to provide the sales per 'unit'\* as well as the monthly revenue for the year of the incident and for the three years prior to the incident.

\* The term 'unit' refers to:

- For hotels: the number of bedrooms let
- For campsites: the number of pitches let
- For self-catering accommodation: the number of weeks let
- For restaurants: the number of meals sold
- For tourist attractions: the number of visitors/tickets sold
- For shops: retail floor area
- For beach rental business: the number of units available for hire

\*\*Monthly revenue should exclude sales tax

For businesses such as shops and bars, a breakdown of the sales income and items sold is required.

### Summary of the claimed loss

- 8) Brief description of loss incurred and explanation of how the loss occurred
  
- 9) Claim period

10) Amount claimed and method of calculation for claim period

**Amount of loss during claim period**

Estimated loss of revenue (excluding tax) (A)	
Variable costs related to revenue (in %) (B)	
Savings of variable costs related to the loss of revenue (C) = (A) x (B)	
Amount of loss during claim period (A) - (C)	

In order to calculate your loss:

- (A) The estimated loss of revenue is the difference between the revenue (excluding taxes) over the claim period and the revenue that would have been obtained over the same period, if the incident had not occurred. The revenues used in this calculation should be based on actual revenues attained in the business and NOT on an estimation of future losses.
- (B) Variable costs are expenses directly related to revenue. They are expressed as a percentage of revenue. For a hotel/restaurant, variable costs could be goods consumed, water and energy, cleaning, laundry, dry cleaning, guest welcome kits, cleaning contract, etc. For a furnished apartment, variable costs could be water and energy, booking commission fees, management and maintenance of furnished apartment, etc.

**Details of savings and additional revenues and costs**

- 11) Savings on personnel (e.g. salary and non-seasonal staff hired)
  
- 12) Details and costs of measures taken to minimise losses
  
- 13) Details of your business income received as a direct result of incident (e.g. earned during exceptional opening hours). This should be net business income, calculated as additional revenue minus variable costs.
  
- 14) Details of all other substitute income that you earned during the relevant period (e.g. resulting from other paid activities including clean up response)
  
- 15) Other expenses incurred as a result of the incident

### Calculation of the total amount of the claim

You may wish to use the following table as an example of how to calculate the total amount of the claim. Templates of similar tables and spreadsheets are available to download from the IOPC Funds website. Whichever method you use, you must provide an explanation of the method you have used to calculate the total amount of the claim.

Amount of loss during claim period (see table on page 33)		
Item 11: Savings	-	
Item 12: Costs incurred to minimise losses	+	
Item 13: Other business income	-	
Item 14: Substitute income	-	
Item 15: Other expenses	+	
<b>Total</b>	=	

### Additional information

Are the losses referred to in this claim insured in whole or in part?

Yes  No

If YES, please provide full details (name of insurance company, policy type, claim submitted, amount paid, amount insured, any exclusions etc.)

Provide details of any other claims for compensation you have made in connection with this incident.

Provide details of any other compensation or form of income you have received (e.g. state or regional emergency funds, charitable donations, etc.) or you will receive in connection with this incident (name of payer, amount received, etc.). If none, state NONE.

Have you submitted additional pages/documents to this claim form?

Yes  No

**Please submit all supporting documents and evidence for all costs incurred as detailed above.**

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## **Section E : Other losses**

### **Summary of your claim**

#### **I. Cost of studies to establish the nature and extent of the damage caused to the environment by the oil spill and to determine whether or not reinstatement measures are necessary and feasible**

Has a post-spill study been undertaken prior to the measure being undertaken?

Yes  No

- 1) Date and scope (Terms of Reference) of the study
- 2) Description of the work carried out
- 3) Relationship between the study and the reinstatement measure
- 4) Breakdown of the cost of the study
  - a) Cost of personnel (number and categories, hours and rate)
  - b) Type of material used (cost and duration of use)
  - c) Equipment used (cost and duration of use)
- 5) Other costs/expenses (including laboratory costs)

#### **Calculation of the total amount of the claim**

You may wish to use the following table as an example of how to calculate the total amount of the claim.

Whichever method you use, you must provide an explanation of the method you have used to calculate the total amount of the claim:

Item 4(A): Cost of personnel	+	
Item 4(B): Cost of material used	+	
Item 4(C): Cost of equipment used	+	
Item 5: Other costs/expenses	+	
<b>Total</b>	=	

## **II. Costs of reasonable measures to reinstate the contaminated environment**

- 1) Description and extent of the area(s) affected by the spill, degree of pollution and resources impacted by the oil (please also add separately maps/charts/photos or other evidence)
- 2) Results of laboratory analysis and/or other evidence linking the oil pollution with the ship(s) involved in the incident
- 3) Description of reinstatement measures undertaken
- 4) Date(s) on which such measures were undertaken
- 5) Personnel used for the reinstatement measures :
  - a) Number and roles of personnel employed
  - b) Hours worked and rate (specify calculation method, other labour costs, etc)
  - c) Travel and accommodation expenses for reinstatement personnel
  - d) Summary of costs of food, personal protective equipment, communications, etc. for response personnel

6) Equipment used for the reinstatement measures. Please refer to the following tables as examples of the information requested. Templates of similar tables and spreadsheets are available to download from the IOPC Funds website. Please provide full details on a spreadsheet and send with your claim form..

A. Equipment owned (type of equipment, purchase cost and residual value, transport costs, daily rate and period of use)

Description of equipment owned	Date of purchase	Purchase cost	Residual value after use	Transport costs		Daily rate		Period of use (days)						Total Cost	
				Delivery	Return			Mon 3rd	Tue 4th	Wed 5th	Thur 6th	Fri 7th	etc.		
						In use									
						Standby									
						In use									
						Standby									
<b>6A - Total</b>															

B. Equipment rented/hired (type of equipment, cost of transport, cost and duration of use)

Description of equipment rented/hired	Date of hire	Transport costs (if applicable)		Daily hire rate		Period of use (days)						Total Cost	
		Delivery	Return			Mon 3rd	Tue 4th	Wed 5th	Thur 6th	Fri 7th	etc.		
				In use									
				Standby									
				In use									
				Standby									
<b>6B - Total</b>													

C. Equipment purchased (type of equipment purchased, cost and duration of use, cost of transport)

Description of equipment purchased	Date of purchase	Purchase cost	Unit Cost	Resale value after use	Transport costs (delivery)	Equipment held in stock/issued for use		Period of use (days)						Total Cost	
								Mon 3rd	Tue 4th	Wed 5th	Thur 6th	Fri 7th	etc.		
						In stock									
						Issued for use									
						In stock									
						Issued for use									
<b>6C - Total</b>															

7) Costs of storage or disposal of oil and oily products recovered (specify quantity of waste and disposal method)

8) Total of other costs or expenses incurred

**Calculation of the total amount of the claim**

You may wish to use the following table as an example of how to calculate the total amount of the claim.

Whichever method you use, you must provide an explanation of the method you have used to calculate the total amount of the claim.:

Item 5: Cost of personnel (5b+5c+5d)	+	
Item 6(A): Net cost of equipment owned	+	
Item 6(B): Cost of equipment rented	+	
Item 6(C): Cost of equipment purchased	+	
Item 7: Cost of storage/disposal of oil or oily products	+	
Item 8: Other costs/expenses	+	
<b>Total</b>	=	

**Additional information**

Provide details of any other claims for compensation you have made in connection with this incident.

Provide details of any other compensation or form of income you have received (e.g. state or regional emergency funds, charitable donations, etc.) or you will receive in connection with this incident (name of payer, amount received, etc.). If none, state NONE.

**Please submit all original supporting documents and evidence for all costs incurred as detailed above.**

**Part 3 : 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 or material gains I have received, including from clean-up activities and aid organisations or government funds, during the period claimed.

I am aware that the Claims Submission Office and the 1992 Fund takes the presentation of fraudulent documentation seriously and if it/they becomes aware that such documentation has been submitted in support of my claim, it/they reserves the right to inform the appropriate national authority should that be the case.

Full name of claimant (printed):

Signature of claimant:

Claim number(s) (if known))

**Notes :**

- For partnerships (general partnerships and limited partnerships), all general partners must sign this declaration.
- For companies with limited liability, the declaration must be signed by all members/managers (unless it is managed by one member/manager).
- For corporations with a board of directors, the declaration must be signed by the chairman of the board of directors.
- For corporations with directors and a supervisory board, the declaration must be signed by the chairman of the supervisory board.
- For associations, cooperatives or other community of private law or public law, the declaration must be signed by the president or any legal representative of the said corporation, duly authorised to that effect.

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 payment of compensation (including the Claims Submission Office, its/their experts, and the Limitation Court.)