

## **Guide for Completing Loss Claim Form**

This Guide outlines the steps Fish Harvesters and Processors and Aqua-culturists should take to claim under the Program.

All potential claimants should read the document entitled **Fisheries Compensation Program for Gear and Vessel Damage and Oil Spills** which fully describes Program coverage, eligible claims and incident reporting procedures.

### **Making a Claim**

If you believe that you have sustained a loss because of Gear or Vessel Damage or an Oil Spill caused by Hibernia, as soon as possible you should,

1. Secure any documents or records (e.g. purchase receipts, sales slips) which may be used as evidence to support a claim;
2. Determine whether the harvester sustaining the damage has reported the incident and filed a **Damage Report Form** as soon as possible; and
3. Complete a **Loss Claim Form** within 45 days of the incident

If for some reason the Harvester who sustained the damage has not filed a Damage Report, inform the Operator immediately and give the full particulars to the best of your knowledge. You should also contact the harvester and ask him / her to supply information about the incident as quickly as possible, if a Damage Report has not already been filed.

It is important that you complete all relevant parts of the form so that your claim can be processed as quickly as possible and submit the form to the Operator's Designated Contact, as per Appendix A.

### **Eligible Claims**

Claims are not eligible under, this Program if they:

- are for damage which occurred because of a vessel being in the Operator's Safety Zone,
- have been started against the Operator through another process (such as the Courts).

### **Who Should Make the Claim**

Duly licensed and/or registered commercial fish harvesters (including aquaculture lists) and fish processors. Eligible processors are either of the following i) the licensed operator of the fish processing facility affected or ii) the owner of the fish processing enterprise/company. If not the same person, you will need to decide together who should make the claim.

**If you need assistance with the Claim Form or if you have questions about the Program or eligibility please contact the Hibernia designated contact.**

## **Loss Claim Form**

1. Person making this claim: \_\_\_\_\_

Position/Title \_\_\_\_\_

Telephone/Fax No: \_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

2. Fish Harvesting Enterprise: \_\_\_\_\_ Fish Processing Enterprise: \_\_\_\_\_

Enterprise Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone/Fax No: \_\_\_\_\_/\_\_\_\_\_

Fishing License Number: \_\_\_\_\_ Processing Permit Number: \_\_\_\_\_

3. Brief description of loss/damage incident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Date of incident: \_\_\_\_\_

5. Damage Report filed by: \_\_\_\_\_

6. Date Damage Report form filed: \_\_\_\_\_

(Note: A Damage Report must have been filed previously or at the same time as this Claim.)

7. Name of fishing vessel involved \_\_\_\_\_

8. CFV No: \_\_\_\_\_

Are you representing other Claimants in a joint claim? Yes: \_\_\_\_ No: \_\_\_\_

Are you being represented by another Claimant in a joint claim? Yes: \_\_\_\_ No: \_\_\_\_

If yes, by whom are you being represented? \_\_\_\_\_



9. Please describe how/why loss occurred (use additional sheet if necessary):

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10. Describe measures taken to use alternate grounds/find alternate suppliers or other measures taken to stop or limit losses (use additional sheet if necessary):

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11. Please itemize losses and costs you are claiming. (You will also be asked to support the value of this claim by providing purchase receipts/catch records, wage reports, etc.). Please attach additional sheets if necessary:

A. Source and Type of Loss:	Amount Claimed
Total Claimed	

[illegible]

**I hereby certify that the above information is, to the best of my knowledge, full and accurate in every detail.**

**Signed by (Print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Location:** \_\_\_\_\_

Date: \_\_\_\_\_