

Claim form - Reimbursement

To ensure GDPR compliance and avoid unnecessary delay in paying your claim, please do not include person-sensitive information on this form. Supporting vouchers/invoices to be submitted as a separate attachment, and not as part of the Claim Form.

# Vessel name

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|  |
|  |
|  |
| Yes |  | No |  |

Port of Disembarkation

Date of Fitness Final claim

# Details of expenditure

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \*Supporting voucher Number | Invoice Currency | Invoice Amount | Policy Currency | Claimed Amount |
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| **nt Claimed** |  |  |  |  |
| *ial Security/ Insurances* |  |  |  |
| **ed amount** |  |  |  |

Date of Incident

Disability

% Rate

(If applicable)

Member Ref. Gard Ref.

Medical Expenses

Sick Wages Repatriation Expenses Substitute Expenses Claim Settlement Disability Compensation Death Compensation Funeral Allowance

Maintenance and Cure Personal Effects Diversion Expenses

Escort Termination Pay

**Gross Amou**

*Less Soc*

*Other*

**Total claim**

**Remittance Details:**

If the beneficiary and the bank are in different countries, we may, for KYC-purposes, need to collect additional information. This includes a dated statement (not older than 12 months) from the beneficiary bank confirming that the beneficiary is the sole holder of the bank account.

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| Beneficiary Name |
| Beneficiary Address (full) |
| Beneficiary Company’s Organization Number. |
| Account Number |
| Bank Name |
| Bank Address (full) |
| Bank’s OrganizationNumber |
| Receiver of PaymentConfirmation (E-mail address) |

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