|  |  |
| --- | --- |
| **COMPENSATION CLAIM FORM STATIC GEAR** | **Official Use Only** |
| Claim for compensation for damage or loss of fishing gear, loss of fishing time, or damage to vessel by offshore renewable activity | Ref. No. |  |
| Developer |  |
|  |  |

|  |
| --- |
| **SECTION 1:** To be completed by the Skipper |
| **1.1 Vessel Information:** |
| Name of Vessel |  | Registration No. |  |
| Name and Address of Skipper |  | Name and Address of Owner/Agent |  |
| Name of person on watch |  | Crew number |  |
| **1.2 Incident Information:** |
| Date of Incident |  | Type of Fishing in which engaged e.g. Creels / Lines  |  |
| Time of Incident |  |
| Nature of Incident e.g. how the incident occurred, how the skipper / crew responded, attempts made to retrieve gear. |  |

|  |
| --- |
| **Please complete section A:** |
| **A) Static Gear** (coordinates of all gear lost / damaged) |
| Conditions | Wind Force (mph) |  | Wind Direction (°) |  |
| Number of fleets |  |  |
| Fleet lengths |  |  |
| Number of pots per fleet |  |  |
|  | **Start Position** (DD°MM.M’) | **End Position** (DD°MM.M’) |
| **Fleet 1** | Latitude: |  | Latitude: |  |
| Longitude:  |  | Longitude:  |  |
|  | When was Fleet last lifted |  |  |  |
| **Fleet 2** | Latitude: |  | Latitude: |  |
| Longitude:  |  | Longitude:  |  |
|  | When was Fleet last lifted |  |  |  |
| **Fleet 3** | Latitude: |  | Latitude: |  |
| Longitude:  |  | Longitude:  |  |
|  | When was Fleet last lifted |  |  |  |
| If more than 3 fleets were used please add details here: |
| Number and description of surface markers used: |
| **1.3 Details of implicated party (if available):** |
| Name of Vessel |  | Registration No. |  |
| Name and Address of Skipper |  | Name and Address of Company |  |
| Evidence to support this party caused the damage |  |
| Where can the debris be inspected |  |
| Photographs attached?(Yes/No) |  | AIS information attached?(Yes/No) |  |
| Any other evidence to support damage or loss. Please add all relevant evidence |  |
| **1.4 Supporting evidence of vessels witnessing the incident:** (if none write “NONE”) |
| Name of Vessel(s) |  | Statement(s) are:(attached or to follow) |  |
| **1.5 Details of Damaged Gear:** |
| Full details of vessel damage or gear damaged: |  |
| Value of replacement or repairs**(excluding VAT)** | Fishing gear: | £ |  |
| Vessel damage: | £ |  |
| Loss of fishing time | Hours: |  | Value: | £ |  |
| Fish lost/dumped due to contamination | Quantity: |  | Value: | £ |  |
|  |  |  | **Total:** | **£** |  |
| **1.6 Details of Lost Gear:** |
| Full details of vessel damage or gear lost: |  |
| Value of replacement or repairs**(excluding VAT)** | Fishing gear: | £ |  |
| Vessel damage: | £ |  |
| Loss of fishing time | Hours: |  | Value: | £ |  |
| Fish lost/dumped due to contamination | Quantity: |  | Value: | £ |  |
|  |  |  | **Total:** | **£** |  |
| **1.7 Details of Insurance:** |
| The following details of the vessel’s Hull and Machinery Insurance are required if part of this claim relates to damage to the vessel |
| Insurer |  | Hull Excess | £ |
| Policy No. |  | Machinery Excess | £ |
| **Documentation:**Fishermen should provide evidence, where possible, of e.g. fishing licence, MCA safety cert, photo plotter, photos of damage gear, invoices for replacement gear or repairs. If claiming loss of earnings, please provide evidence of e.g. sales notes for time of year and accounts.Please list all documents included with this claim form:  |
| **1.7 Declaration of Skipper:** |
| I hereby certify that the details provided by me in this claim forms are, to the best of my knowledge, true and accurate |
| Signed ………………………… | Print Name ……………………… | Date …………………………… |

|  |
| --- |
| **SECTION 2:** To be completed by the Fishery Officer |
| The above statement was given to me at Fishery Office, and I have/have not been shown evidence (including but not limited to, damage to gear, vessel, debris etc.) which appears to be consistent with the statement in Section 1, subject to the following observations: - |
| Signed …………………………… | Print Name ……………………… | Date …………………………… |

|  |
| --- |
| **SECTION 3:** To be completed by the Fishery Officer |
| **3.1 Verification of Earnings** |  |
| Vessel Name and PLN |  |
| Voyage Commence: Date and Time |  |
| Voyage End: Date and Time |  |
| Fishing Operation: Commence Date and Time |  |
| Fishing Operations: End Date and Time |  |
| Total Hours of Fishing Operations |  |
| Gross Earnings for trip | £ |
| ICES Rectangle(s) where vessel fished |  |
| Gear type of vessel |  |
| Mesh Size (if applicable) |  |
| Average Daily Earnings for trip | £ /day |
| Average Daily Earnings not including day of damage | £ /day |
| Average Daily Earnings for vessels of same class/gear/area during the same period | £ /day |
| Number of Vessels used for average. |  |
| Signed …………………………… | Print Name ……………………… | Date …………………………… |
| Designation …………………… | Official Stamp: |
|  |

|  |
| --- |
| **SECTION 4:** To be forwarded to relevant developer of contractor, by owner, agent, or Fishery Officer as appropriate |
| Please enter address of developer or contractor: |