

AQUACULTURE INSURANCE CLAIM FORM

IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT THE FURNISHING OF THIS BLANK FORM TO THE ASSURED OR THE ASSISTANCE OF ANY ADJUSTERS OR ANY AGENT OF THE INSURER IN THE MAKING OF THIS PROOF IS NOT A WAIVER OF ANY RIGHTS OF THE SAID INSURER OR ANY OF THE CONDITIONS OF THIS POLICY

Personal Information we collect from or about you is for the purpose of insurance. Such information may be disclosed to and/or collected from others in the course of that insurance.

You can choose not to provide personal information, however we may therefore be unable to provide insurance cover or process claims.

Please contact us if you wish to obtain a copy of our privacy policy or should you wish to update or access the information we hold about you.

IF THERE IS INSUFFICIENT SPACE ON THIS FORM TO PROVIDE FULL DETAILS, ATTACH A SEPARATE SHEET.

	AILS				
insured's Name:	sured's Name:				
Insured's Address:	ured's Address:TEL No:TEL No:				
Policy No		to.			
	10111	to	·····		
2. SITE DETAILS					
SITE NAME:				_	
SITE ADDRESS					
SITE ADDRESS (IF DIFFERE	NT FROM ABOVE):			_	
SITE LOCATION: (Latitu	de and Longitude):			_	
SITE LICENCE NO:	- · ·				
SITE LICENCE NO				_	
3. STOCK ON SITE II	MMEDIATELY PRIOR TO	O LOSS Attach further groups if necess	ary.		
	Group 1	Group 2	Group 3		
			•		
Species					
Species Number of Fish					
Number of Fish					



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S. BY WHOM LOSS REPORTED (POS	SITION WITHIN COM	PANY):	
5. DATE, TIME AND METHOD OF NO	TIFICATION TO INSU	IRERS (OR AGENTS):	
PERSON(S) NOTIFIED:			
. CAUSE OF LOSS/DAMAGE:			
- FULL DESCRIPTION OF WEATHE	R & TIDAL CONDITION	PNS:	
0. WATER PARAMETERS AT THE	TIME OF THE LOSS	3	
WATER TEMPERATURE	MIN:	MAX:	
TURBIDITY (Secchi Disk reading)			
D.O. LEVELS	MIN:	MAX:	
Ph LEVELS	MIN:	MAX:	
SALINITY	MIN:	MAX:	
1. DISEASES IDENTIFIED: (Attach v	reterinary reports for before	during and after loss)	
2. ACTION TAKEN:			
-			



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13. STICK LOST: (Attach Production Records from intake and further groups if necessary)

	Group 1	Group 2	Group 3	
Species				
Year Class				
Number of Fish				
Average Weight				
Indemnity Value				
Est. Value of loss				

EQUIPMENT LOST / DAMAGED

14. -	DETAILS OF EQUIPMENT/DAMAGE: To include make, type, age and present location (where applicable):
_	
15.	APPROXIMATE VALUE:
16.	METHOD OF REPAIR / REPLACEMENT:
_ 17.	ESTIMATED / ACTUAL COST OF REPAIR: (Enclose estimates/ receipts)
18.	STATEMENT: (THIS MUST BE COMPLETED BY ALL CLAIMANTS.)
	ase provide a brief description of the events leading up to, during and after the loss. (The company will instructions to obtain detailed statements where required)