



Claim form

Crew Sickness/Injury/Death/Desertion

Vessel Name		Members' ref:	
Port/date		(Gard's ref.)	
Name of Crewmember		Rank	
Diagnosis		Y.O.B.	
Repatriated from		Deviation/ Escort	
Name of Substitute		Port joined (Substitute)	
Medical reports	<input type="checkbox"/> YES <input type="checkbox"/> NO	Fit for duty/ Disability rate	
Health certificate/PEME	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Employment contracts	<input type="checkbox"/> YES <input type="checkbox"/> NO		
CBA	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Final statement	<input type="checkbox"/> YES <input type="checkbox"/> NO		
GDPR Notice	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Details of expenditure

	Voucher No.	Currency	Exchange Rate	Claim Amount
Medicine/Hospital Expenses				
Transportation/hotel expenses				
Escort Expenses				
Repatriation (air fare)				
Substitute's Expenses				
Substitute's Travelling Expenses				
Deviation Expenses				
Communication Expenses				
Sick Wages				
Local Agents Expenses/Fees				
Other Costs & Expenses				



Gross Amount Claimed
Less Social Security/Other Insurances

Sub-Total
Less Deductible

Net Amount Claimed

Remittance to Account No:

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