



Claim form Crew Sickness/Injury/Death/Desertion

Vessel Name			Members' ref:	
Port/date			(Gard's ref.)	
Name of Crewmember			Rank	
Diagnosis			Age	
Repatriated from			Deviation/ Escort	
Name of Substitute			Port joined (Substitute)	
Final Statement	Yes	No	Fit for duty/ Disability rate	

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				
Diversion Expenses				
Communication Expenses				
Sick Wages				
Local Agents Expenses/Fees				
Other Costs & Expenses				
Gross Amount Claimed				
<i>Less Social Security/Other Insurances</i>				
Sub-Total				
<i>Less Deductible</i>				
Net Amount Claimed				

Remittance to Account No:

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