Caisse d'indemnisation des dommages dus à la pollution par les hydrocarbures causée par les navires

180, rue Kent, pièce 830, Ottawa ON K1A 0N5

General Claims Process

Claims Form

This form assists claimants in preparing and submitting claims. Its use is optional.

If you choose to use this form, you must also attach supporting documentation.

For information on eligibility for compensation, the kinds of compensable damages, submission deadlines, and the assessment process, see the General Claims Manual, available online at www.sopf.gc.ca under the "Submit a Claim" tab.

Our Claims Centre takes questions and provides free guidance at every step of the way. We can be reached at (613) 991-1726 or claims-demandes@sopf-cidphn.gc.ca.

IMPORTANT: Most claims should be submitted within two years of the incident that caused your damages.

Part A: Identification of the Claimant

1.	Full name of claimant:		
2.	Mailing address		
	Street and number:		
	Unit or apartment number (if applicable):		
	City:	Province:	
	Country:	Postal code:	
3.	Telephone:		
	Fax:		
	Email:		
	Preferred method(s) of contact:		_



Ship-source Oil Pollution Fund Suite 830, 180 Kent, Ottawa, ON K1A 0N5

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Authorized Representative (optional)

You may choose to use an authorized representative to assist you in submitting a claim. Authorized representatives must be clearly identified.

7.	Name of authorized representative:		
8.	Relationship to claimant (e.g., family member, lawy	er, corporate officer/director, e	etc.):
9.	Mailing address		
	Street and number:		
	Unit or apartment number (if applicable):		
	City:	Province:	
	Country:	Postal code:	
10.	Telephone:		
11.	. Fax:		
12.	. Email:		
13.	Preferred method(s) of contact:	□ Telephone □ Fax	☐ Email



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Part B: Incident

Provide as much detail as possible about the incident that caused your damages. The information collected in this Part is important to supporting your claim.

1.	Incident date or date range:		
2.	Location of incident (be as specific as possible):		
3.	Name and type of the ship(s) involved:		
	□ Not known		
4.	Did the incident result in an oil spill?	□Yes	□No □Not known
5.	Type(s) of oil that spilled or threatened to spill from the subject ship:		
	☐ Not known		
6.	Have you communicated with the shipowner?	□Yes	□No
	If yes, identify and provide all known contact information:		
7.	Have you communicated with any government agencies (e.g., the Can	adian C	oast Guard)?
	□Yes □No		,
	If yes, list agencies and provide brief details:		
8.	Are you seeking compensation from any other source?	□Yes	□No
	If yes, provide details:		



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Part C: Damages

Provide the best possible evidence in support of your damages. Any questions can be directed to our Claims Centre.

1.	For what type(s) of damages are you seeking compensation? Check all that apply.
	☐ Response measures and clean-up
	Costs associated with measures taken to prevent, repair, remedy, or minimize the effects of oil pollution from a ship. These measures may be taken in anticipation of a spill, during a spill, or after a spill.
	☐ Environmental reinstatement
	Costs associated with measures taken to accelerate the natural recovery of the environment after an oil spill. This includes the costs of post-spill environmental impact studies. Environmental costs that have not yet been incurred may also be compensable.
	☐ Property damage
	Costs associated with cleaning, repairing, or replacing oil-contaminated property. Compensation is also available where property is damaged by response measures.
	☐ Economic, subsistence, and cultural losses
	Lost wages or earnings in any industry, including reduced yields for those who fish, hunt, or harvest on a subsistence basis. Compensation for economic loss is available even if your property has not been contaminated with oil. Economic loss caused by response measures is also compensable.
	Certain cultural impacts of an oil spill may also result in compensable damages. Compensation for cultural losses is limited to the cost of replacement options, where available.
	☐ Claim preparation
	Costs associated with preparing and submitting a claim, including professional advice and assistance.
	☐ I don't know
	Damages that aren't easy to classify may still be compensable.
2.	Total dollar amount of your claim:
	☐ Amount not known
3.	Have you already received compensation from any other source? □Yes □No
	If yes, provide details:

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Part D: Supporting Documentation

As noted in Parts B and C, additional documentation is required to support your claim.

Narrative

Attach a description of the incident from your perspective. Your narrative should be chronological. If possible, it should be organized in daily or hourly blocks. It should answer the following questions:

- How did you first learn of the incident?
- What happened?
- What did you do in response?
- Why did you do what you did?
- Who did you interact with during and after the incident?
- How did the incident cause your damages?

\square I am including a narrative.
Incident Documentation
Any additional documentation that you have on the incident is useful to support your narrative. Attach copies of a relevant documentation to this form.
Check only the boxes that apply, and provide a brief description of each piece of your documentation:
☐ Photographs (include dates and times if possible)
\square Map showing the location of incident and affected areas
☐ Logbooks and notes made during and after the incident
☐ Copies of any correspondence with the shipowner and/or other involved parties



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\square Any other relevant information or documentation
Description of Damages
Attach a description of your damages, including dollar amounts, if known. Where appropriate, explain how you assigned a dollar value to each of your damages.
\square I am including a description of my damages.
Documentation of Damages
Attach copies of additional documentation in support of your damages.
Check only the boxes that apply, and provide a brief description of each piece of your documentation:
☐ Contracts, statements of work, price quotes, invoices, and receipts
\square Financial records and income tax documentation
☐ Appraisals, assessments, and survey reports
☐ Any other relevant information or documentation



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Part E: Attestation

Read the following statement carefully and sign only if it accurately describes your situation.

For corporations and other organizations, an authorized representative must complete this Part.

My claim submission is, to the best of my knowledge and belief, a true and accurate reflection of my actual damages. I have included information on any compensation that I am seeking or have already received from sources other than the Ship-source Oil Pollution Fund. Finally, I understand that the documentation and information that I submit will be publicly accessible.

For individuals:	For corporations and other organizations:
Signature	Signature
Full name (printed)	Full name (printed)
Date	Date

Submit Your Claim

Claims can be submitted in person, by mail (ideally registered), by email, or by fax to the following coordinates:

Attn: Claims Centre
Ship-source Oil Pollution Fund
Suite 830, 180 Kent Street
Ottawa, Ontario, Canada, K1A 0N5

T: (613) 991-1726 F: (613) 990-5423

E: claims-demandes@sopf-cidphn.gc.ca



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