

4. SMALL CLAIMS FORM

We recommend that you use this Form to submit a Small Claim to the Administrator of the Ship Fund, following the directions carefully as you proceed. The digital version of this Form is fillable.

Two examples of the completed Form have been prepared by the Ship Fund. The first presents a sample Small Claim submitted by an individual. The second presents a sample Small Claim submitted by a government agency.

Email your completed Form to the Ship Fund at claims@sr-nr.gc.ca. Alternatively, you may mail it to the address below. Registered mail is recommended.

Ship and Rail Compensation Canada – Ship Fund
Suite 830, 180 Kent Street
Ottawa, Ontario, Canada
K1A 0N5

A. CLAIMANT INFORMATION

Complete the appropriate box or boxes below, according to the instructions.

INDIVIDUALS

Full name: _____

Telephone: _____

Email: _____

Address: _____

Identification: Individual claimants must provide a copy of a piece of government-issued identification. The name and address on the provided piece of identification must match the information provided above. If you are unable provide the requested identification, please contact the Ship Fund before submitting your Small Claim.

AUTHORIZED REPRESENTATIVE OF INDIVIDUAL CLAIMANT

Complete this box if you are submitting this claim on behalf of another individual, with authorization. In addition, complete the **INDIVIDUALS** box using the information of the person you represent.

Full name: _____

Relationship to the claimant: _____

Telephone: _____

Email: _____

Address: _____

Identification: Provide a piece of government-issued identification. The name and address on the provided piece of identification must match the information provided above. If you are unable provide the requested identification, please contact the Ship Fund before submitting a Small Claim on behalf of anyone.

CORPORATIONS OR OTHER ORGANIZATIONS

Full official name of corporation or organization: _____

Type of corporation or organization: _____

Official identification number, if applicable: _____

Full name of authorized representative for the purposes of this claim: _____

Title of authorized representative: _____

Telephone: _____

Email: _____

Address: _____

B. DESCRIPTION OF THE INCIDENT

Your **Description of the Incident** may be in point form and need not be lengthy.

At minimum you must provide the following information:

- Location, date, and time of the incident;
- Whether there was an actual or anticipated oil spill;
- Name and type of ship that caused the incident, if known;
- Name(s) of the shipowner or shipowners, if known;
- A brief chronology of the incident, including any measures you took; and
- Indicate whether you have taken any actions to recover your damages from the shipowner(s), an insurer, or otherwise.

C. DESCRIPTION OF CLAIMED DAMAGES

Your **Description of Claimed Damages** may be in point form and need not be lengthy.

At minimum you must provide the following information:

- A list of each item claimed with the corresponding amount claimed; and
- The total amount of your Small Claim (cannot exceed \$35,000 in principal, unless the Administrator has increased the limit to \$50,000).

D. ATTESTATION

If the claimant is an individual, that individual must attest. If the claimant is a corporation or other organization, the authorized representative for the purposes of this claim must attest.

I, the Attestor, hereby attest to the Administrator of the Ship Fund (the “Administrator”) that:

- 1. The facts set out in my Small Claim are true;**
- 2. I have no reason to believe that my damages were not caused by a ship;**
- 3. I can and will provide the Administrator with full documentation in support of my claimed damages within 30 days if so requested by the Administrator.**

I understand that my claim may be subject to reassessment by the Administrator if payment is ultimately directed to me, and that I may be required to repay to the Administrator any amount deemed not to be properly compensable under the Small Claims Process.

I also understand that if I fail to provide the Administrator with full supporting documentation within 30 days of receiving a request for such documentation, I may be required to repay the full amount I originally received from the Administrator in respect of my Small Claim.

I further understand that if I fail to repay any amount as directed by the Administrator, I may be required to pay interest on that amount.

Signature of Attestor: _____

Printed full name of Attestor: _____

Place of attestation: _____

Date of attestation: _____

Signature of Witness: _____

Printed full name of Witness: _____

Witness telephone: _____

Witness email: _____

Witness address: _____

E. CLAIMANT DIRECT DEPOSIT FORM

Claimants are encouraged to fill out the attached **Direct Deposit Enrolment Form** with their current banking information and submit it to the Administrator along with their other completed forms. The Direct Deposit Enrolment Form is designed for business use, but it can also be used by individuals or other entities. This will facilitate prompt payment from the Administrator. Claimant banking information is carefully protected.