

## 4. SMALL CLAIMS FORM

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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](mailto: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: \_\_\_\_\_

\_\_\_\_\_





## 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.