



Claim form - Reimbursement

To ensure GDPR compliance and avoid unnecessary delay in paying your claim, please do not include person-sensitive information on this form. Supporting vouchers/invoices to be submitted as a separate attachment, and not as part of the Claim Form.

Vessel name

Vessel name				Date of Incident	
Port of Disembarkation				Disability % Rate (If applicable)	
Date of Fitness				Member Ref.	
Final claim	Yes		No	Gard Ref.	

Details of expenditure

	*Supporting voucher Number	Invoice Currency	Invoice Amount	Policy Currency	Claimed Amount
Medical Expenses					
Sick Wages					
Repatriation Expenses					
Substitute Expenses					
Claim Settlement					
Disability Compensation					
Death Compensation					
Funeral Allowance					
Maintenance and Cure					
Personal Effects					
Diversion Expenses					
Escort					
Termination Pay					
Gross Amount Claimed					
<i>Less Social Security/ Other Insurances</i>					
Total claimed amount					

Remittance Details:

If the beneficiary and the bank are in different countries, we may, for KYC-purposes, need to collect additional information. This includes a dated statement (not older than 12 months) from the beneficiary bank confirming that the beneficiary is the sole holder of the bank account.

Beneficiary Name	
Beneficiary Address (full)	
Beneficiary Company's Organization Number.	
Account Number	
Bank Name	
Bank Address (full)	
Bank's Organization Number	
Receiver of Payment Confirmation (E-mail address)	