



Claim For Compensation

CLAIMANT

NAME

ADDRESS

CITY/TOWN

Commercial Fishing Licence No. (if applicable)

Commercial Trapping Licence No. (if applicable)

DETAILS OF CLAIM

Date & Time of Injury/Loss/Damage

Activity at time of Injury/Loss/Damage

Cause of Injury/Loss/Damage

Commercial Fishing Licence No. (if applicable)

Commercial Trapping Licence No. (if applicable)

Nature of Injury

Goods or Property Lost or Damaged

General Description

Make

Model

Serial No.

Year Manufactured

Year Purchased

Purchase Price

Location where Injury/Loss/Damage occurred (Attach Sketch or Map)

Names Witnesses in Injury/Loss/Damage

Is the claim covered by insurance in whole or in part

Yes

No

If yes, give particulars

Large empty text box for providing details of the claim.

Please fax hard copy of this form to TRUST OFFICE



