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Guide for Completing a Damage Report

This Guide outlines steps a claimant may take to report an incident and begin a claim under the Compensation Plan.

All potential claimants should read the document entitled **Fisheries Compensation Program For Gear and Vessel Damage and Oil Spills** which fully describes Program coverage, eligible claims and incident reporting procedures.

Reporting an Incident

If you discover damage which you believe was caused by the Operator, you should:

- 1. take all reasonable action to prevent further or continuing damage, without risking the safety of the vessel or crew;
- 2. if it can be done safely, secure any materials (e.g. debris), or other information (photo of damage) which may be used as evidence to document the incident and/or support a claim;
- 3. as soon as possible after discovering the damage, and no later than 72 hours afterwards, notify the Operator's Designated Contact, as per Appendix A, that a damage incident has occurred; and
- 4. complete a **Damage Report Form** as soon as possible.

Making a Claim

If you want to make a claim for losses resulting from the incident, you should

- 1. secure any documents or records (e.g. fish plant settlement sheet/buyer's sales slip) which might be used as evidence to support a claim; and
- 2. complete a Loss Claim Form.

It is important that you complete all relevant parts of the forms so that your claim can be processed as quickly as possible. You can submit these forms separately or both together to the Operator's Designated Contact (see Appendix A).

Eligible Claims

Claims are not eligible under this Program if they

• are for damage which occurred because of being in Safety Zone,

• have been started against the Operator through another process (such as the Courts).

No part of a claim may be for loss of life or personal injury.

Who Should Make the Claim

Those eligible to make a claim under this Program are either:

- 1. the operator or owner of the Canadian Fishing Vessel (CFV) involved in the incident (sustaining damage and / or using the gear that was damaged), or
- 2. the holder of the DFO commercial fishing license related to the lost, or
- 3. the owner of the fishing enterprise' company.

If not the same person, you will need to decide together who should make the claim.

If you need assistance with any form or if you have questions about the Program or eligibility please contact the Operator designated contact.

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Preliminary Report :Final Report:	
1 .Person completing this Report:	
Position:	
Telephone/Fax No://	
Address:	
2. Skipper at time of incident:	
Telephone/Fax No/	
Address:	
3. Name of fishing vessel:	
CFV No:	
Vessel Owner:	
Owner Address:	
4. License or Permit holder's name:	
(Of gear and/or vessel involved)	
Position:	
License / Permit Held (Include Number):	
Telephone/Fax No: /	
Address:	
5. Person who will be making the claim for this incident	(if known):
Date of the loss/damage incident:	
Approximate time of the incident:	
Location of the incident or discovery:	
Lat: Long:	
Wind / weather / visibility / sea state at time of incident	or discovery:

Damage Report Form

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Draw a sketch/diagram showing the position of your vessel/gear in relation to the vessel, debris, spill etc., which caused the damage (use separate sheet if necessary):

Describe the type of loss or damage sustained (e.g. quantity & description of gear damaged or affected):

Describe how the incident occurred (use separate sheet if necessary):

Describe measures you took to recover gear, or to stop or limit the damage or loss:

Names of other vessels in the area at the time of the incident (if known):

How was Hebron initially contacted (including time, name of contact):

Was Canadian Coast Guard / DFO informed?	Yes:	No:
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f yes, who was contacted?	,	When?
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Identify any witnesses, debris collected, evidence of the damage (e.g. photographs) or other information you have about the incident (use separate sheet if necessary).

I hereby certify that the above information is, to the best of my knowledge, full and accurate in every detail.

Signed by (Print):	Signature:
Location:	Date: