



NAME AND ADDRESS OF WITNESSES TO ACCIDENT, IF ANY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WERE ANY ITEMS OF YOUR PERSONAL PROPERTY ABOARD THE BOAT UNDAMAGED OR SAVED?

YES  NO

WERE ANY ITEMS OF PERSONAL PROPERTY SALVAGED AND CLEANED OR REPAIRED?

YES  NO

WHAT IS YOUR OWN ESTIMATE OF THE VALUE OF THE PERSONAL BELONGINGS YOU LOST AS A RESULT OF THE ACCIDENT? (NOTE: DO YOU INCLUDE IN THIS ESTIMATE ANY CASH, FOOD, CROCKERY, BOAT EQUIPMENT OR NETS — YOU MAY INCLUDE IN YOUR ESTIMATE COSTS FOR CLEANING OR REPAIRING OR DAMAGED PERSONAL BELONGINGS \$\_\_\_\_\_

I HEREBY MAKE CLAIM TO THE BOARD OF TRUSTEES OF THE UNITED FISHERMEN'S BENEFIT FUND FOR \$\_\_\_\_\_ AS COMPENSATION IN RESPECT OF PERSONAL BELONGINGS IN ACCORDANCE WITH THE RULES OF THE FUND AND CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT. I AGREE THAT THE DECISION OF THE TRUSTEES UPON THIS CLAIM WILL BE ACCEPTED BY ME AS FINAL.

DATE: \_\_\_\_\_ SIGNATURE OF CLAIMANT: \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE CLAIMANT \_\_\_\_\_

WHO IS PERSONALLY KNOWN TO ME, APPEARED BEFORE ME ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ AND STATED THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT, AND THAT ALL MATERIAL FACTS HAVE BEEN STATED HEREIN.

SIGNATURE OF WITNESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

RECOMMENDATION OF LOCAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information is true and complete. I consent to the disclosure of this personal information to UFBF, to other insurance companies, and to other authorized third parties for the purpose of administering my plan, assessing, and providing benefit coverage, or when required by law.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF MEMBER

**All claims should be mailed or delivered to:**  
Benefit Fund Director, UFAWU-UNIFOR #4 -830 14<sup>th</sup> Ave Campbell River, V9W 4H4