



International Oil Pollution  
Compensation Funds

*“Providing compensation for oil  
pollution damage resulting from  
spills of persistent oil from tankers.”*

Agia Zoni II Claims Submissions Office  
Skouze 26 Street, 4th floor  
Piraeus 18536  
Greece

Telephone/Fax: **+30 210 4282334**  
Email: **cs0@iopcfundsclaims.org**

**AGIA ZONI II INCIDENT**

CLAIM NUMBER

*To be completed by the CSO*

# Claim for Property Damage

## Personal/Company's details

Name and surname	
Date of birth	
Mailing address	
Email address	
Phone number	
Company name (if applicable)	
Tax Identification Number/Trade Register Numbers (as applicable)	

## Claim details (please provide evidence in support of the claim as described below)

PLEASE USE ADDITIONAL SHEETS IF NEEDED

Brief description of property (please provide photographs)	
Describe the ownership scheme of your business (i.e. single ownership, partnership, etc). If not the owner, describe your connection with the business	
License/registration number (if applicable)	
Description of repairs or cleaning operations performed on the property, including dates of operations	
Full details of normal repair or replacement schedule of the property	
Number and roles of personnel used, including hours worked and rates applied	
Equipment used, including price of equipment purchased or day/hour cost of equipment hired, and dates the equipment was used	

## Claim details (continued)

Age of damaged property, if replaced	
Are the losses referred to in this claim insured in whole or in part? If yes, please provide full details of insurance	
Have you received any other compensation in connection with the incident? If yes, please provide full details	
Any other information you consider useful in support of your claim	

## Declaration

My claim is, to the best of my knowledge and belief, a true and accurate reflection of my actual loss. It includes information on all financial or material gains I have received, including from clean-up activities and aid organisations or government funds, during the period claimed.

By signing the declaration, claimants are deemed to have agreed to the disclosure of the information contained within the claim form and any supporting evidence produced in support to the relevant parties directly involved with the payment of compensation (including the shipowner's insurer, the 1992 Fund, its/their experts, and the Greek courts).

Submitting your application for compensation constitutes your consent to the storage and processing of your personal data in accordance with Greek law by the 1992 Fund. You may exercise your right to access or object to the processing of personal data, by submitting an application to the *Agia Zoni II* Claims Submission Office.

The 1992 Fund reserves the right to claim back any amounts of compensation that may subsequently be proven to have been paid on the basis of false and/or fraudulent documents and evidence and to press criminal charges against any parties involved in that respect.

Tick box to confirm you have read, understood and consent to these terms and conditions.

Signed by claimant

Date

**SUBMIT FORM**

**PLEASE SUBMIT ALL SUPPORTING DOCUMENTS AND EVIDENCE FOR ALL COSTS INCURRED AS DETAILED ABOVE TO:**

→ **AGIA ZONI II CLAIMS SUBMISSIONS OFFICE**

Skouze 26 Street, 4th floor  
Piraeus 18536  
Greece

Telephone/Fax: **+30 210 4282334**

Email: **[cs@iopcfundsclaims.org](mailto:cs@iopcfundsclaims.org)**

Website: **[www.iopcfunds.org](http://www.iopcfunds.org)**

## CHECK LIST

### EVIDENCE TO BE SUBMITTED IN SUPPORT OF CLAIMS FOR PROPERTY DAMAGE

1	Extent of pollution damage to property and an explanation of how the damage occurred	
2	Description and photographs of items destroyed, damaged or needing cleaning, repair or replacement (for example boats, fishing gear, roads, clothing), including their location	
3	Cost of repair work, cleaning or replacement of items	
4	Invoice of costs incurred	
5	Age of damaged items replaced	
6	Cost of restoration after clean up, with invoices, and information on normal repair schedules	
7	Tax return for the year in which the loss occurred, if available, and for the previous three years.	
8	Please declare whether you have received extra income as a result of the incident	