



TJÓNSTILKYNNING / SKÝRSLA FISKELDI - ELDISSTOFN / BÚNAÐUR

I. Insured's details

Insured name _____ Policy number _____
Contact name _____
Mailing address _____ Postcode _____
Telephone no _____ Fax no _____
Mobile no _____ Email _____

II. Site details

Site name _____
Site address _____ Postcode _____
Site location (Latitude and Longitude) _____
Site licence no _____
Tel no _____ Fax no _____ Email _____

III. Stock on site immediately prior to loss (Attach further groups if necessary)

	Group 1	Group 2	Group 3
Species	_____	_____	_____
Year Class	_____	_____	_____
Number of Fish	_____	_____	_____
Average Weight	_____	_____	_____
Indemnity Value	_____	_____	_____
Total Site Value	_____	_____	_____

IV. Date and time of loss/damage commenced

V. By whom loss reported (position within company)

VI. Date, time and method of notification to insurers (or agents)

VII. Person(s) notified

VIII. Cause of loss/damage

IX. Full description of weather and tidal conditions

Attach weather data prior to, during and after the loss

X. Water parameters at the time of the loss

Water Temp	Min _____	Max _____
Turbidity (Secchi Disk reading)	_____	
D.O. levels	Min _____	Max _____
Ph levels	Min _____	Max _____
Salinity	Min _____	Max _____

XI. Disease(s) identified

Attach veterinary reports prior to, during and after the loss

XII. Action taken

Continue on further sheets if necessary

XIII. Stock lost (Attach production records from intake and further groups if necessary)

	Group 1 _____	Group 2 _____	Group 3 _____
Species	_____	_____	_____
Year Class	_____	_____	_____
Number of Fish	_____	_____	_____
Average Weight	_____	_____	_____
Indemnity Value	_____	_____	_____
Est. Value of loss	_____	_____	_____

Please attach an orientated sketch or chart extract showing the location of the site and the site layout whether that be land based or sea site including cage/tank numbers.

DECLARATION

In completing and signing this document I am formally registering a claim for the above loss/damage and agree to abide by the policy terms and conditions in all matters relating to the claim.

I hereby declare that the particulars and answers given in this claim form are in every respect true and correct and that I have not withheld any information which may influence the decision of the company in regard to the claim.

Failure to disclose all relevant facts may invalidate your claim.

Signature Date

Print name _____

Company _____

Company address _____