

Discarded Gear Claim Form



Basslink Pty Ltd
ACN 090 996 23
ABN 52 090 996 231

GPO Box 4606
MELBOURNE VIC 3001

Telephone: (03) 9607 4700
Facsimile: (03) 9607 4750
www.basslink.com.au

General

1. Claimant's Name:

.....

If a company or trust please insert ABN:

ABN:.....

2. Address

3. Telephone

4. Date of claim:

5. Name of vessel:

6. Registration of vessel:

7. Jurisdiction that vessel is registered:

Details of claim

Date of loss:

Time of loss:

am/pm

Position of loss:

Datum:

Latitude:

Longitude:

Gear lost:

Approximate value (AUD):

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Discarded Gear Claim Form



Basslink Pty Ltd
ACN 090 996 23
ABN 52 090 996 231

GPO Box 4606
MELBOURNE VIC 3001

Telephone: (03) 9607 4700
Facsimile: (03) 9607 4750
www.basslink.com.au

6.	6.
7.	7.
8.	8.
9.	9.

Please add additional pages if required.

Are additional pages added? Yes/No No of Additional pages:

Was Basslink contacted prior to gear loss?

Yes/No

Who: Date: Time:

Was the gear abandoned as the result of direct request to abandon equipment by Basslink Yes/No

By Who: Date: Time:

If the gear was abandoned for reasons other than a request by Basslink, please specify the reasons for abandoning it. Please add additional pages if required.

Are additional pages added? Yes/No No of Additional pages:

Discarded Gear Claim Form



Basslink Pty Ltd
ACN 090 996 23
ABN 52 090 996 231

GPO Box 4606
MELBOURNE VIC 3001

Telephone: (03) 9607 4700
Facsimile: (03) 9607 4750
www.basslink.com.au

I,
certify that this claim for discarded gear is a true and accurate.

Claim

Name: _____

Signature: _____

Date: _____

Witness

Name: _____

Signature: _____

Date: _____