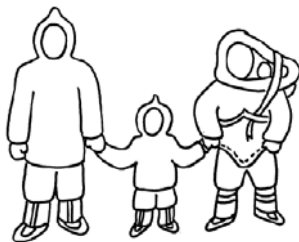


ᑏᑦᐱᑏᑦ ᑎᑦᑏᑏᑎᑎᑎᑎ
Société Kuujjuamiut Inc.



ᑏᑎᑎᑎ ᐃᑎᑎᑎᑎᑎᑎᑎ ᑎᑎᑎᑎᑎᑎᑎᑎ
Domestic Navigation Fund

ᑏᑎᑎᑎᑎᑎᑎᑎ ᐃᑎᑎᑎᑎᑎᑎᑎᑎ ᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎ
CLAIM FOR DAMAGES TO PROPERTY

Name of Claimant: _____
ᑏᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎ ᑎᑎᑎᑎᑎ:
Beneficiary Number: _____
ᐃᑎᑎᑎᑎᑎᑎᑎᑎᑎ ᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎ:

Date of claim: _____
ᑏᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎ ᑎᑎᑎᑎᑎ

Date damage occurred: _____
ᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎ ᑎᑎᑎᑎᑎ

List of passengers on board
(or witnesses on site): _____
ᐃᑎᑎᑎᑎ ᑎᑎᑎᑎᑎᑎ ᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎ
(ᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎ ᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎ)

1. ᑎᑎᑎᑎᑎᑎᑎᑎᑎ ᑎᑎᑎᑎᑎᑎᑎᑎᑎ
1. Description of damage(s) incurred:

2. ᑎᑎᑎᑎᑎᑎ ᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎ - ᑎᑎᑎᑎᑎ ᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎᑎ
2. Cause(s) of damage(s) / Location where incident occurred:

3. ካሬኔታጋገባጋጋጋጋ ለዋጭ - ለተካኝጋገባጋጋጋ ለዋጭ
3. Cost to effectuate repairs / Cost of replacement parts or equipment*:
<small>*Attach copies of all invoices and work orders in order to validate claim ለዋጭ ለተካኝ ለዋጭ ለተካኝ ለዋጭ</small>

4. ለተካኝ ጋገባጋጋጋ ለተካኝ ጋገባጋጋ ለተካኝ ጋገባጋጋ
4. Comments from claimant:

5. ለተካኝ ጋገባጋጋ ለተካኝ ጋገባጋጋ ለተካኝ ጋገባጋጋ ለተካኝ ጋገባጋጋ
5. Comments from Société Kuujjumiut authorized representative:

Signature of claimant: _____ **Date:** _____
 ለተካኝ ጋገባጋጋ ለተካኝ ጋገባጋጋ ለተካኝ ጋገባጋጋ ለተካኝ ጋገባጋጋ

Office use only

Claim #: _____

Validation date: _____

Comments: _____

Disbursement date(s): _____

Total amount of claim: _____

Reimbursement method: Cheque – Visa – P.O. # _____