

Panama Maritime Documentation Services, Inc. I N T E R N A T I O N A L M A R I T I M E B U R E A U		Code: I-GC-051 Revision: 2 Date: 21/03/03 Page: 1 of 3
QUALITY SYSTEM INSTRUCTIVE		
PREPARED BY: QA	APPROVED & REVISED BY: DGM	

1.0 TITLE

WORK INSTRUCTION TO FILL OUT THE CLAIM REPORT FORM.

2.0 OBJECTIVE

To determine the way to fill out the Claim Report Form.

3.0 RESPONSIBILITY:

3.1 It is the responsibility of the Operations Manager to verify the accomplishment of this work instructions.

4.0 DEFINITIONS:

4.1 NON-CONFORMITY SERVICES: The followings are the services determined as non-conformity:

1. Forms not related to the service requested: non-conformity caused by the sending of a document not requested.
2. Typing or orthographic errors: those forms which are not current according to the last edition or do not comply with the service requested; and typing errors at the moment of the issuance of the certificate.
3. Error on the validity period: error either at issuance or expiration of built, or tonnage.
4. Missing of seal, signature or other important information.
5. Error on the particulars of the ship: for example wrong Call Letters, Ship's Name, IMO Number, Year of Built, or Tonnage.
6. The documentation does not correspondent to the Codes of the Surveys, Records, Forms and Supplements: when there is not relation between the codes of the certificates or any other documents and its Surveys, Records, Forms or Supplements.

5.0 ACTIVITIES:

Customers/Surveyor 5.1 Fill out the Claim Report Form in the following way:

1. Consecutive number of the Claim.
2. Issue date.
3. Ship's Name, concerned with non-conformity document
4. Port of Registry of ship concerned
5. Call Letters
6. IMO Number
7. Type of Certificate subject to claim

Panama Maritime Documentation Services, Inc. I N T E R N A T I O N A L M A R I T I M E B U R E A U		Code: I-GC-051 Revision: 2 Date: 21/03/03 Page: 2 of 3
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- | | | |
|-----------------------|-----|---|
| | 8. | Certificate Code |
| | 9. | Issued date of the Certificate |
| | 10. | Expiration Date |
| | 11. | Surveyor name |
| | 12. | Port of Inspection |
| | 13. | Mark with an X to non-conformity related or found. |
| | 14. | Comments from Customer |
| | 15. | Comments from PMDS/ Operation Department after the verification of the claim. |
| | 16. | Mark with an X if the claim is accepted |
| | 17. | Corrective Action Number applied to this claim. |
| | 18. | Mark with an X if the claim is not accepted. |
| CUSTOMER/SURVEYOR | 19. | Signature of the person who prepared the claim |
| OPERATIONS DEPARTMENT | 20. | Signature of the person whom received the claim in PMDS. |

6.0 RECORD:

F-GC-11I CLAIM REPORT FORM

7.0 EVALUATION CRITERIA:

Those Claim Report Forms which do not comply with all the steps described in this work instructions, will not fit for the acceptance or not of the claim.

8.0 RELATED DOCUMENTS

F-GC-11I CLAIM REPORT FORM

9.0 REFERENCE

P-GC-04 PROCEDURE FOR THE CORRECTIVE AND PREVENTIVE ACTIONS.

Panama Maritime Documentation Services, I nc. I N T E R N A T I O N A L M A R I T I M E B U R E A U	Code: I-GC-051 Revision: 2 Date: 21/03/03 Page. 3 of 3
QUALITY SYSTEM INSTRUCTIVE	
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I N T E R N A T I O N A L M A R I T I M E B U R E A U

CLAIM REPORT FORM

No. (1) _____ DATE:(2) _____

NAME OF SHIP (3)	Port of Registry (4)	Call Letters (5)	IMO No. (6)
Type of Certificate (7)	Certificate Code (8)	Issue Date (9)	Expiration date: (10)
Surveyor Name (11)	Port of Inspection: (12)		

Mark with an X the cause of the Non-Conformity:

(13)

- Forms do not correspond to the service requested.....
- Typing or spelling errors in the Certificate or Document form.....
- Validity Date error.....
- Missing the seal, signature or other important information.....
- Error on the particulars of the ship:
- Call Letters.....
- Name of the Ship.....
- IMO Number.....
- Built Date.....
- GT or NT.....
- Documentation does not correspond to the Codes of the Surveys, Records, Forms and Supplements.....
- Special Cases:
- Request for change in any particulars of the vessel (Name, Owners, etc.).....
- Others.....

----- For Office use only -----

Comments by claimant :(14).....

Comments by PMDS/IMB: (15).....

Accepted: (16) No. CAR: (17) _____

Rejected: (18)

Prepared by: (19) _____

Approved by: (20) _____