

# Claims report as per "Act on protection against the consequences of industrial injuries"

Danish Shipowners' Accident Insurance Association (UFDS)



Solely for reporting of claims relating to spectacles/contact lenses without personal injury

Name of ship	Home port & country	Ship's identification	
Shipowner's name & address		Phone No.	Comp. I.D.
Shipmaster's name & address		Ship's gross tonnage	

1.a Full name of claimant		Personal ID code	
1.b Full address of claimant		Phone No.	E-mail
1.c Title/Occupation			
2. Date of claims occurrence: / 20	Weekday	Hour (0-24)?	
3. Where did the claim occur? (if the claim occurred away from the ship, this must be stated together with the errand)			
4. Work occupation at time of claims occurrence?			
5.a Was claimant wearing spectacles at the time occurrence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, 5.c must also be completed?
5.b Does the claimant require spectacles/lenses for working purposes, and if so, which?			
5.c Where did the claimant keep the spectacles?			
6. Reason for damaging spectacles/lenses? (A short description)			
7. Nature of damage to the spectacles/lenses?			
8.a When were the damaged spectacles/lenses acquired?			
8.b At what price and from which optician?			
9. Type of glass in the damaged spectacles/lenses?	Ordinary glass <input type="checkbox"/>	Bifocal <input type="checkbox"/>	Toned <input type="checkbox"/>
	Antireflex coated <input type="checkbox"/>	Other <input type="checkbox"/>	
10. Bank account of injured seaman	Reg. nr.:	Konto nr.:	Name:

Please enclose a specified invoice for the cost of repair of the damaged spectacles/lenses or for new spectacles/lenses. If the damaged spectacles/lenses were less than one year old, this must be verified by submitting e.g. the original invoice, if full compensation is requested.

Date: \_\_\_\_\_

Police Number: \_\_\_\_\_

Stamp of claims reporter

Signature of claims reporter



## Compensation for Damage to Spectacles/Lenses Occurred while Working

In accordance with the "Act on protection against the consequences of industrial injuries" it is possible to obtain compensation for spectacles (including contact lenses) which are damaged or destroyed while working.

Compensation applies if the claim has arisen in connection with a working accident, or under certain circumstances, if the spectacles have been damaged or destroyed gradually as a consequence of the work performed or the working conditions.

### Conditions:

The spectacles/lenses must have been used while working and the damage must be a direct consequence of the work, or a consequence of special conditions in the working environment. This clause does not provide compensation for random damage, which might just as well have happened while at

leisure, e.g. loss of spectacles/lenses during a coughing fit, drop of spectacles out of a pocket, loss of spectacles while wiping the lenses.

### Principles for Compensation:

It is assumed, that while working so called daylight- or working spectacles/lenses are used. **If more fashionable or luxurious spectacles are used, full compensation for the frame cannot be expected.**

The National Board of Industrial Injuries applies a maximum compensation for frames in accordance with the cost of a pair of daylight- or working spectacles, which is used as a guideline.

This compensation is adjusted according to the development in prices. **The cost of glasses/lenses will normally be refunded as per invoice submitted.**